



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 28, 2018 August 8, 2018

NUPLAZID® (pimavanserin tartrate)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

- Patient must be 18 years of age or older.
- Patient must have Parkinson's disease.
- Diagnosis of Parkinson's disease psychosis manifesting hallucinations or delusions by a neurologist, psychiatrist or in consultation with a neurologist or psychiatrist.
- Adjustment of medications tried to reduce psychosis without worsening motor symptoms documented prior to request for Nuplazid®.

CONTINUATION OF THERAPY:

- Improvement in Parkinson's disease psychosis of hallucinations or delusions.

DOSING

- 34mg by mouth once daily