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.

DOURING
- 34mg by mouth once daily