

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

PIMAVANSERIN (NUPLAZID)

Generic	Brand	HICL	GCN	Exception/Other
PIMAVANSERIN	NUPLAZID	43373		

If the caller wishes to initiate a request then a MRF must be completed. This drug requires a written request for prior authorization. All requests for high-impact medications require review by a pharmacist prior to final approval.

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for a member with a diagnosis of hallucinations or delusions associated with Parkinson's disease psychosis?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Nuplazid (pimavanserin) guideline, Nuplazid is only covered for patients with a diagnosis of Parkinson's disease psychosis. Your provider did not indicate that you have this diagnosis and therefore your request was not approved.

2. Is the request prescribed by or in consultation with a neurologist, geriatrician or psychiatrist?

If yes, continue to #3.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Nuplazid (pimavanserin) guideline, Nuplazid is only covered when prescribed by or in consultation with a specialist, such as a neurologist, geriatrician or psychiatrist. Your provider did not indicate they are a specialist or you were seen by a specialist for this condition and therefore your request was not approved.

3. **Approve for 12 months by HICL.** The quantity limit is hard-coded with the following quantity limits:
 - Nuplazid 34mg (GPID 44963): 1 capsule per day
 - Nuplazid 10mg (GPID 44959): 1 capsule per day
 - Nuplazid 17mg (GPID 41264): 2 tablets per day

Please use status code #056 and the approval text provided.

Requests for products on formulary with a restriction:

APPROVAL TEXT: Your request for Nuplazid has been approved for a 12-month period for a quantity of ____ [**capsules/tablets**] per 30 days.

Requests for products not on formulary:

APPROVAL TEXT: Your request for Nuplazid has been approved for a quantity of ____ [**capsules/tablets**] per 30 days for a 12-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

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**HARVARD PILGRIM HEALTH CARE
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PIMAVANSERIN (NUPLAZID)

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is the request for a member with a diagnosis of hallucinations or delusions associated with Parkinson's disease psychosis?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Nuplazid (pimavanserin) guideline, Nuplazid is only covered for patients with a diagnosis of Parkinson's disease psychosis. Your provider did not indicate that you have this diagnosis and therefore your request was not approved.

2. Is the request prescribed by or in consultation with a neurologist, geriatrician or psychiatrist?

If yes, continue to #3.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Nuplazid (pimavanserin) guideline, Nuplazid is only covered when prescribed by or in consultation with a specialist, such as a neurologist, geriatrician or psychiatrist. Your provider did not indicate they are a specialist or you were seen by a specialist for this condition and therefore your request was not approved.

3. Has the patient experienced improvement while on therapy?

If yes, continue to #4.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Nuplazid (pimavanserin) guideline, Nuplazid authorization for renewal requires documentation of improvement of symptoms while on therapy with Nuplazid. Your provider did not indicate that your symptoms have improved with Nuplazid therapy and therefore your request was not approved.

4. **Approve for 12 months by HICL.** The quantity limit is hard-coded with the following quantity limits:

- Nuplazid 34mg (GPID 44963): 1 capsule per day
- Nuplazid 10mg (GPID 44959): 1 capsule per day
- Nuplazid 17mg (GPID 41264): 2 tablets per day

Please use status code #056 and the approval text provided.

Requests for products on formulary with a restriction:

APPROVAL TEXT: Your request for Nuplazid has been approved for a 12-month period for a quantity of ____ [**capsules/tablets**] per 30 days.

Requests for products not on formulary:

APPROVAL TEXT: Your request for Nuplazid has been approved for a quantity of ____ [**capsules/tablets**] per 30 days for a 12-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

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RATIONALE

To promote appropriate use of Nuplazid (pimavanserin).

FDA APPROVED INDICATIONS

Nuplazid (pimavanserin) is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

REFERENCES

- Acadia Pharmaceuticals, Inc. Nuplazid prescribing information. San Diego, CA. March 2018.

Created: 06/16

Effective: 12/10/18

Client Approval: 07/18/18

P&T Approval: 09/17/18