



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 08/19/2021  
LAST REVIEW DATE:  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

---

## NUPLAZID® (pimavanserin tartrate) oral

---

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

**BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.**

---

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com). **Incomplete forms or forms without the chart notes will be returned.**



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 08/19/2021  
LAST REVIEW DATE:  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

---

## NUPLAZID® (pimavanserin tartrate) oral

---

### Criteria:

➤ **Criteria for initial therapy:** Nuplazid (pimavanserin tartrate) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Neurologist or Psychiatrist
2. Individual is 18 years of age or older
3. A confirmed diagnosis of hallucinations and delusions associated with Parkinson disease psychosis with ALL of the following:
  - a. Hallucinations or delusions have been present for at least 1 month
  - b. Hallucinations or delusions occur at least once weekly
4. Documented failure, contraindication per FDA label, intolerance, or not a candidate to quetiapine or clozapine
5. Individual **does not have any** of the following:
  - a. Dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease
  - b. QT Interval prolongation
  - c. History of cardiac arrhythmias, symptomatic bradycardia, hypokalemia, or hypomagnesemia
6. There are no significant interacting drugs
  - a. Medications that prolong the QT interval (e.g., Class 1A antiarrhythmics such as quinidine or procainamide or Class 3 antiarrhythmics such as amiodarone, sotalol) antipsychotics such as ziprasidone, chlorpromazine, or thioridazine, or antibiotics such as gatifloxacin, moxifloxacin)
  - b. Strong or moderate CYP3A4 inducers (carbamazepine, St. John's wort, phenytoin, rifampin, modafinil, thioridazine, efavirenz, nafcillin)

**Initial approval duration:** 6 months

➤ **Criteria for continuation of coverage (renewal request):** Nuplazid (pimavanserin tartrate) is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Neurologist or Psychiatrist
2. Individual's condition has responded
  - a. Response or Worsening is defined as:
    - i. Decrease in hallucinations or delusions by 30% or more
3. Individual has been adherent with the medication



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 08/19/2021  
LAST REVIEW DATE:  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

---

## NUPLAZID® (pimavanserin tartrate) oral

---

4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use
  - a. Significant adverse effect such as:
    - i. QT Interval prolongation
5. There are no significant interacting drugs
  - a. Medications that prolong the QT interval (e.g., Class 1A antiarrhythmics such as quinidine or procainamide or Class 3 antiarrhythmics such as amiodarone, sotalol) antipsychotics such as ziprasidone, chlorpromazine, or thioridazine, or antibiotics such as gatifloxacin, moxifloxacin)
  - b. Strong or moderate CYP3A4 inducers (carbamazepine, St. John's wort, phenytoin, rifampin, modafinil, thioridazine, efavirenz, nafcillin)
6. Individual does not have dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease

**Renewal duration:** 12 months

➤ Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of a Non-Cancer Medications**
2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

---

### **Description:**

Parkinson's disease (PD) is a progressive neurodegenerative disease with the primary motor features of tremor, bradykinesia, and rigidity. The treatment primarily resolves around enhancing effects of dopamine or inhibiting the effects of acetylcholine. However, almost all individuals with PD also report non-motor manifestations. Nonmotor symptoms include cognitive dysfunction and dementia, psychosis and hallucinations, mood disorders, sleep disturbances, fatigue, and autonomic dysfunction. The treatment of non-motor symptoms is targeted at each individual symptom.

Psychosis is a frequent non-motor symptom and may affect up to 40% of individuals with PD, particularly those with advanced stages. The most important cause of psychosis in PD is antiparkinsonian medications, in particular, dopamine agonists. Underlying dementia also predisposes patients to hallucinations and delusions. Psychosis is primarily characterized as visual hallucinations and delusions, but auditory, olfactory, and tactile hallucinations can also occur. Psychosis is associated with increased caregiver burden and is the greatest risk factor for nursing home patients with PD.

The management of psychosis in PD involves both treating contributing causes such as infections and decreasing medications when able. While it is not possible to stop all antiparkinsonian drugs, reducing or stopping some may



An Independent Licensee of the Blue Cross Blue Shield Association

**PHARMACY COVERAGE GUIDELINES**  
**SECTION: DRUGS**

**ORIGINAL EFFECTIVE DATE: 08/19/2021**  
**LAST REVIEW DATE:**  
**LAST CRITERIA REVISION DATE:**  
**ARCHIVE DATE:**

---

## **NUPLAZID® (pimavanserin tartrate) oral**

---

balance benefit while reducing harm. For hallucinations and delusions refractory to dose reductions, antipsychotic medications may be necessary. Quetiapine, clozapine and pimavanserin have been studied for PD associated psychosis. Clozapine is largely effective but the need for laboratory monitoring and hematologic risks limits its use.

Nuplazid (pimavanserin tartrate) is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson's disease (PD) psychosis. It is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis and there is a Boxed Warning for elderly patients treated with antipsychotic drugs due to an increased risk of death. The mechanism of action is unclear, but the effect may be mediated through a combination of inverse agonist and antagonist activity at serotonin 5-HT<sub>2A</sub> receptors and to a lesser extent at serotonin 5-HT<sub>2C</sub> receptors.

---

### **Resources:**

Nuplazid product information, revised by Acadia Pharmaceuticals Inc. November 2020. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed on July 30, 2021.

Chahine L, Tarsy D. Management of nonmotor symptoms in Parkinson disease. In: UpToDate, Hurtig HI, Eichler AF (Ed), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on August 11, 2021.

Chou KL. Clinical manifestations of Parkinson disease. In: UpToDate, Hutig HI, Eichler AF (Ed), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on August 11, 2021.

---