

Pimavanserin (Nuplazid™) Safety Edit

Goals:

- Promote safe use of pimavanserin in patients with psychosis associated with Parkinson's disease.

Length of Authorization:

- Up to 6 months

Requires PA:

- Pimavanserin

Covered Populations: FFS and CCO enrolled patients (pharmacy claims only).

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the treatment for hallucinations and/or delusions associated with Parkinson's disease?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Are the symptoms likely related to a change in the patient's anti-Parkinson's medication regimen?	Yes: Go to #4 Consider slowly withdrawing medication which may have triggered psychosis.	No: Go to #5
4. Has withdrawal or reduction of the triggering medication resolved symptoms?	Yes: Pass to RPh; Deny; medical appropriateness	No: Go to #5
5. Is the patient on a concomitant first- or second-generation antipsychotic drug?	Yes: Pass to RPh; Deny; medical appropriateness	No: Go to #6
6. Has the patient been recently evaluated for a prolonged QTc interval?	Yes: Approve for up to 6 months	No: Pass to RPh; Deny; medical appropriateness

P&T Review: 8/25 (DM); 8/20 (SF); 3/19; 9/18; 3/18; 01/17
 Implementation: 4/1/17