Original Effective Date: 05/13/2018
Current Effective Date: 06/23/2023
Last P&T Approval/Version: 04/26/2023
Next Review Due By: 04/2024
Policy Number: C12066-A

Nuplazid (pimavanserin)

PRODUCTS AFFECTED

Nuplazid (pimavanserin)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This 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 Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Hallucinations and/or delusions associated with Parkinson's disease

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review.

A. PARKINSON'S DISEASE HALLUCINATIONS:
1. Documented diagnosis of Parkinson's disease psychosis (defined by illusions, a false sense of presence, hallucinations, or delusions).
AND
2. Prescriber attests that other underlying conditions that may contribute to

hallucinations and/or delusions have been ruled out (other conditions may include, but are not limited to, another mental disorder or physiological effects of a substance)
AND

3. Prescribing physician has attempted to adjust Parkinson's disease medications in order to reduce psychosis without worsening motor symptoms PRIOR to requesting Nuplazid
AND
4. Prescriber attests that member does not have a history of cardiac arrhythmias or QT prolongation and member will not use Nuplazid concomitantly with medications that prolong the QT interval
AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Nuplazid (pimavanserin) include: Known hypersensitivity to NUPLAZID or any of its components and concomitant use of Strong or Moderate CYP3A4 Inducers]

CONTINUATION OF THERAPY:

A. PARKINSON'S DISEASE HALLUCINATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms

DURATION OF APPROVAL:

Initial authorization: 6 months Continuation of Therapy: for up to 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified neurologist or psychiatrist [If prescribed in consultation, consultation notes must be submitted within initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age or older

QUANTITY:

Maximum 34 mg/day

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Antipsychotics - Misc

FDA-APPROVED USES:

For the treatment of hallucinations and delusions associated with Parkinson's disease psychosis

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
None

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Nuplazid (pimavanserin) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Nuplazid (pimavanserin) include: Known hypersensitivity to Nuplazid or any of its components and concomitant use of Strong or Moderate CYP3A4 Inducers.

OTHER SPECIAL CONSIDERATIONS:
Nuplazid (pimavanserin) has a black box warning for increased mortality in elderly patients with dementia-related psychosis. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Nuplazid (pimavanserin) is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Nuplazid CAPS 34MG 30 ct bottle, Nuplazid TABS 10MG 30 ct bottle

REFERENCES

1. Nuplazid capsules and tablets (34 and 10 mg pimavanserin) [prescribing information]. San Diego, CA: Acadia Pharmaceuticals Inc; November 2020.
2. Miyasaki JM, Shannon K, Voon V, et al. Practice parameter: evaluation and treatment of depression, psychosis, and dementia in Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2006;66(7):996-1002.Available at: http://www.neurology.org/content/66/7/996.full.pdf+html.
3. Goldman JG, Holden S. Treatment of psychosis and dementia in Parkinson's disease. CurrTreat Options Neurol. 2014; 16(3):281.
4. Seppi K, Weintraub D, Coelho M, et al. The Movement Disorder Society evidence-based medicine review update: treatments for the non-motor symptoms of Parkinson's disease. Mov Disord.

2011;26(Suppl 3):S42-S80.
5. Seppi K, Chahine L, Chaudhuri RK, et al. International Parkinson and Movement Disorder Society evidence-based medicine review: update on treatments for the non-motor symptoms of Parkinson's disease. Update: June 22, 2018. Available at:
6. Update on Treatments for Non-Motor Symptoms of Parkinson's Disease - an Evidence-Based Medicine Review (movementdisorders.org)

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q2 2023
REVISION-Notable revisions: Duration of Approval Prescriber Requirements Available Dosage Forms References	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file