

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

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| Program Number    | 2026 P 1195-12   |
| Program           | Prior Authorization/Notification   |
| Medication        | Nuplazid® (pimavanserin)   |
| P&T Approval Date | 7/2016, 7/2017, 8/2018, 8/2019, 10/2019, 11/2020, 11/2021, 12/2022, 1/2024, 3/2025, 3/2026 |
| Effective Date    | 6/1/2026   |

**1. Background:**

Nuplazid (pimavanserin) is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson’s disease psychosis. Nuplazid is not approved for the treatment of patients with dementia who experience psychosis unless their hallucinations and delusions are related to Parkinson’s disease.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Nuplazid** will be approved based on the following criteria:

- a. Diagnosis of Parkinson’s disease

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Nuplazid** will be approved based on the following criterion:

- a. Documentation of positive clinical response to Nuplazid therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Nuplazid [package insert]. San Diego, CA: Acadia Pharmaceuticals Inc.; January 2025.

| Program               | Prior Authorization/Notification – Nuplazid  |
|-----------------------|--|
| <b>Change Control</b> |  |
| 7/2016                | New program.   |
| 7/2017                | Annual review. Updated references.   |
| 8/2018                | Annual review. Updated references.   |
| 12/2018               | Administrative change to add statement regarding use of automated processes.   |
| 8/2019                | Annual review. Updated references. Clarified that hallucination and delusion symptoms started after Parkinson’s disease diagnosis. |
| 10/2019               | Removed hallucinations requirement to match Diagnosis to Drug program.   |
| 11/2020               | Annual review. Updated references.   |
| 11/2021               | Annual review. Updated references.   |
| 12/2022               | Annual review. Added state mandate language.   |
| 1/2024                | Annual review. Updated references. Updated background information.   |
| 3/2025                | Annual review. Updated references.   |
| 3/2026                | Annual review with no changes.   |