

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Nuplazid (pimavanserin)

Member

Last Name: _____

First Name: _____

ID #: _____

DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____

Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____

Contact Name: _____

Provider Signature: _____

Date: _____

Product Information

New request Continuation request

Drug product: Nuplazid 17 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet the following criteria:

1. Patient has psychotic symptoms (hallucinations and delusions) associated with Parkinson's disease psychosis
2. Patient has had psychotic symptoms for at least 1 month
3. Psychotic symptoms occur at least weekly
4. Psychosis secondary to other disorders has been ruled out
5. Patient does not have a history of cardiac arrhythmias, history of QT prolongation, or concomitant use of medications that prolong the QT interval

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

1. What condition is this drug being requested for?

Psychotic symptoms (hallucinations and delusions) associated with Parkinson's disease psychosis

Other – the patient's condition is: _____

2. When did the patient begin experiencing psychotic symptoms?

Date: _____

3. What is the frequency of the patient's psychotic symptoms?

Frequency: _____

4. Has psychosis secondary to other disorders been ruled out?

Yes

No

5. Does the patient have a history of cardiac arrhythmias, history of QT prolongation, or concomitant use of medications that prolong the QT interval?

No

Yes; Rational for use: _____