



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Nuplazid™ (pimavanserin)

Review Criteria

Member must meet all of the following criteria:

- Subject to Preferred Drug List requirements
- Member must have diagnosis of Parkinson's Disease Psychosis with hallucinations and delusions.
- Coverage authorization will be granted for 1 year.
- Maximum dose is 34mg per day (max of 1.0 tablets daily).