

Prescriber Criteria Form
Nuplazid 2026 PA Fax 1366-A v1 010126.docx
Nuplazid (pimavanserin)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Nuplazid (pimavanserin).

Drug Name:
Nuplazid (pimavanserin)

Patient Name:

Patient ID:

Patient DOB:

Patient Phone:

Prescriber Name:

Prescriber Address:

City:

State:

Zip:

Prescriber Phone:

Prescriber Fax:

Diagnosis:

ICD Code(s):

Please circle the appropriate answer for each question.

1	Is the requested drug prescribed for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis? [If no, then no further questions.]	Yes	No
2	Was the diagnosis of Parkinson's disease made prior to the onset of psychotic symptoms?	Yes	No

Comments:

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ **Date:** _____