

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: \_\_\_\_\_

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_