

Prescriber Criteria Form

Nuplazid 2025 PA Fax 1366-A v1 010125.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:** \_\_\_\_\_