

## **Program Details and Patient Eligibility**

### **NUPLAZID Free 14-Day Supply**

- NUPLAZID Free 14-Day Supply is only for patients 18 years or older who are diagnosed with hallucinations and delusions associated with Parkinson's disease psychosis (PDP) and who have not previously received a commercial supply of NUPLAZID
- Patients who have received NUPLAZID samples from their health care provider (HCP) are still eligible for the NUPLAZID Free 14-Day Supply
- To enroll a patient, NUPLAZIDconnect must receive a fully completed NUPLAZID treatment form from the patient's HCP
- NUPLAZID Free 14-Day Supply is available in either the recommended dose of 34 mg capsules or 10 mg tablets taken once-daily for 14 days. If dosing information is written and dispensed for less than the 34 mg dose, the remaining amount (i.e., the difference between 34 mg and the prescribed dose) will not be filled or shipped at a later time
- NUPLAZID Free 14-Day Supply is dispensed by TheraCom Pharmacy; all remaining prescriptions will be dispensed by an in-network specialty pharmacy
- NUPLAZID Free 14-Day Supply may only be shipped to a physical address within the United States or its Territories. Product will not be shipped to a PO box
- No portion of the NUPLAZID Free 14-Day Supply may be submitted for reimbursement to any third-party payer, including Medicare or Medicaid, either directly or indirectly
- Some patients may be eligible to receive a second NUPLAZID Free 14-Day Supply if it is determined that such a shipment is necessary to keep a patient on NUPLAZID due to a confirmed delay with their commercial product shipment of NUPLAZID
- ACADIA Pharmaceuticals Inc. reserves the right to limit, terminate, or deny the benefit herein at any time, in its sole discretion
- ACADIA Pharmaceuticals Inc. reserves the right to rescind, revoke, or amend this program at any time, in its sole discretion, and without notice
- Offer void outside the United States or where prohibited by law, taxed, or restricted
- This offer is not health insurance, redeemable for cash, or transferable, and is not valid with any other offer

### **NUPLAZID Copay Assistance**

- The NUPLAZID Copay Assistance program is for patients who have commercial health insurance and may have an out-of-pocket cost share, including co-pays, co-insurance and deductibles
- Patient must have a valid prescription for NUPLAZID for treatment of hallucinations and delusions associated with Parkinson's disease psychosis (PDP), and be receiving treatment from a licensed physician in the United States or a United States Territory
- Patient must have coverage for NUPLAZID through commercial health insurance and be 18 years or older

- Offer is not valid for patients seeking coverage of NUPLAZID through any federal-, state-, or government-funded healthcare program. Such patients may be eligible to participate in the Foundation Copay Assistance program
- Patients who are enrolled in Medicare Part A, B, or D, but who are seeking coverage of NUPLAZID through a commercial prescription drug plan are eligible for this offer
- Patients, pharmacists, and prescribers may not seek reimbursement from commercial health insurance or any third-party for any part of the benefit received by the patient through this offer
- To enroll a patient, NUPLAZIDconnect must receive a fully completed NUPLAZID treatment form from the patient's HCP, or a fully completed NUPLAZID LTC service request form
- Enrollment is valid for 12 months from the date of approval; upon expiration, a re-application will need to be submitted by the Specialty Pharmacy online to NUPLAZIDconnect
- NUPLAZIDconnect Care Coordinators will automatically enroll commercially insured patients who may have a co-pay or co-insurance amount
- Once verified and enrolled in the NUPLAZID Copay Assistance program, ACADIA Pharmaceuticals Inc. will cover 100% of the eligible out-of-pocket drug costs after insurance benefits are paid
- Only prescription drug costs defined as the applicable co-pay and/or co-insurance required by the patient to pay for an on-label prescription of NUPLAZID are eligible for reimbursement under this program. Transportation and appointment fees are not eligible for reimbursement under this program
- Requests for NUPLAZID Copay Assistance may be received from the patient during the eligible lookback period of 90 days prior to their enrollment into the NUPLAZID Copay Assistance program
- Patients will be discontinued from the NUPLAZIDconnect Copay Assistance program if they no longer meet the eligibility guidelines for assistance. Patients may be terminated for the following reasons: Patient obtains government or federally funded prescription coverage, Patient is no longer taking NUPLAZID as verified by the Patient or HCP, Patient does not comply with program guidelines, and/or Patient declines co-pay assistance
- ACADIA Pharmaceuticals Inc. reserves the right to limit, terminate, or deny the benefit herein at any time, in its sole discretion
- ACADIA Pharmaceuticals Inc. reserves the right to rescind, revoke, or amend this offer at any time, in its sole discretion, and without notice
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**Patient Instructions**

By using the NUPLAZID Free 14-Day Supply program and/or the NUPLAZID Copay Assistance program, you certify that:

- 1) You understand and agree to comply with these Program Details and Patient Eligibility requirements
- 2) You meet the eligibility criteria

- 3) No claim for reimbursement of the out-of-pocket expense amount covered by this Program shall be submitted to any third party payer, whether public or private
- 4) You agree to share your personal information, including name, address, phone number, email address, and information related to health insurance and treatment, with ACADIA Pharmaceuticals Inc. and companies working with ACADIA Pharmaceuticals for the purpose of administering this program
- 5) You will notify your health insurance provider or other third-party payer of the use this Commercial Co-Pay assistance program, if required to do so
- 6) If your insurance situation changes, you must notify NUPLAZIDconnect immediately at 1-844-737-2223

For questions about this program, patients and caregivers may call us at 1-844-737-2223 or visit <https://www.nuplazid.com/nuplazid-connect>.

### **Pharmacy Instructions**

By submitting a claim for reimbursement pursuant to the NUPLAZID Copay Assistance program, the Pharmacy represents and warrants that:

- 1) It understands and agrees to comply with these Program Details and Patient Eligibility requirements, and will dispense NUPLAZID (pimavanserin) medication to an eligible patient and in accordance with the patient's prescription and these Program Details and Patient Eligibility requirements;
- 2) Participation in this Program complies with all applicable laws and any obligations, including its contract with the applicable payer;
- 3) If the patient's insurance situation changes, it will notify NUPLAZIDconnect immediately by calling 1-844-737-2223;
- 4) It will report co-pay assistance received to payers, if so required; and
- 5) The entire benefit amount received will go to eligible expenses and it will not retain any portion of the benefit as payment to it for administration or other ineligible expenses

For questions regarding processing, claim transmission, patient eligibility, or other issues, pharmacists may contact NUPLAZIDconnect and reference the NUPLAZID Copay Assistance program at 1-844-737-2223.

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