

[Please note – providers should be sure to follow individual payers’ requirements for preparing and submitting appeals. Although this template letter is intended to support an appeal, providers may need to comply with additional requirements to appeal an adverse coverage decision.]

[Contact name of Pharmacy Director or other payer representative]

[Contact title]

[Name of health insurance company]

[Address]

[City, State, ZIP]

RE: Appeal of denied claim for NUPLAZID® (pimavanserin)

Patient: [Patient name]

Date of birth: [Date]

Group/policy number: [Number]

Policyholder: [Policyholder’s name]

Dear [Contact name]:

I am writing on behalf of my patient, [Patient name], to support [his/her] appeal of [Payer name]’s denial of a prior authorization request for NUPLAZID® (pimavanserin), a medication that is approved by the US Food and Drug Administration (FDA) for the treatment of hallucinations and delusions associated with Parkinson’s disease (PD) psychosis. I believe NUPLAZID is medically necessary for the treatment of [Patient name]’s PD psychosis and should be covered.

In April 2016, the FDA approved NUPLAZID 34 mg for the treatment of hallucinations and delusions associated with PD psychosis, and is the only product approved by the FDA for this indication.¹ NUPLAZID is a selective serotonin inverse agonist/antagonist with a high binding affinity to the 5-HT_{2A} receptor and to a lesser extent 5-HT_{2C}.¹ The efficacy of NUPLAZID for the treatment of hallucinations and delusions associated with PD psychosis was established in a randomized, double-blind, placebo-controlled study (Study ACP-103-020) of 199 adults (aged ≥40 years, mean age 72).^{1,2} In the primary analysis, the Parkinson’s disease–adapted scale for assessment of positive symptoms (SAPS-PD) demonstrated that NUPLAZID significantly reduced hallucinations and delusions associated with PD psychosis compared with placebo (a mean point change from baseline: –5.79 vs –2.73 [37% vs 14% improvement, $P=0.0014$]) at Week 6.^{1,2} Drug-induced involuntary body movements and motor complications can significantly contribute to overall disability in Parkinson’s disease.³ NUPLAZID 34 mg did not show an effect compared to placebo on motor function, as measured using the Unified Parkinson’s Disease Rating Scale Parts II and III.¹ In the clinical trials, the most common side effects were peripheral edema and confusional state. The discontinuation rates due to adverse reactions were 8% (16/202) with NUPLAZID vs 4% (10/231) with placebo, based on 6-week studies.^{1,2} [Please see NUPLAZID Prescribing Information and Cummings et al 2014 study for additional details.]

Patient Medical History and Diagnosis

[Patient name] is a [age]-year-old [male/female] diagnosed with Parkinson’s disease (ICD-10-CM [insert code]). [Patient name] has been in my care since [date], and in addition to Parkinson’s disease, has also been diagnosed with [insert description of psychosis, hallucinations, and/or delusions] (ICD-10-CM [insert code]), which, in my clinical judgment, [is/are] attributable to Parkinson’s disease. This condition

impacts [Patient name]'s ability to [insert, if appropriate, description of how condition affects activities of daily living or other outcome measures]. [If other treatments for PD psychosis were used prior to NUPLAZID, indicate what was prescribed as well as the outcome(s).] The attached medical records support [Patient name]'s diagnosis of hallucinations and delusions associated with PD psychosis and the medical necessity of NUPLAZID® (pimavanserin) for the treatment of this condition. This patient is appropriate for NUPLAZID because [insert verification: for example, the patient does not have a contraindication to the drug, the patient does not have any of the heart problems (eg, QT prolongation, history of cardiac arrhythmias) described in the prescribing information for NUPLAZID, and is not on another medication known to prolong the QT interval].

Based on the above, as well as the enclosed attachments, I respectfully request [Payer name] to reconsider its denial of this prior authorization for the clinical rationale summarized above. If [Payer name] chooses to reject this appeal, please provide in writing the non-FDA-approved alternative therapy you are willing to cover for this patient.

Please refer to the enclosed supporting documents for further details, and please don't hesitate to contact me if you have any further questions regarding this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Prescriber's name], [Credential]

cc: [Patient name]

Optional enclosures: NUPLAZID Prescribing Information (PI), clinical notes and records, [variable published literature].

Healthcare Professional Note: The Important Safety Information on the following page is for your reference only and does not need to be sent to the insurance company with the above optional enclosures.

Indication

NUPLAZID is indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

Important Safety Information

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

- **Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.**
- **NUPLAZID is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.**
- **Contraindication:** NUPLAZID is contraindicated in patients with a history of a hypersensitivity reaction to pimavanserin or any of its components. Rash, urticaria, and reactions consistent with angioedema (e.g., tongue swelling, circumoral edema, throat tightness, and dyspnea) have been

reported.

- **Warnings and Precautions:** QT Interval Prolongation
 - NUPLAZID prolongs the QT interval. The use of NUPLAZID should be avoided in patients with known QT prolongation or in combination with other drugs known to prolong QT interval including Class 1A antiarrhythmics or Class 3 antiarrhythmics, certain antipsychotic medications, and certain antibiotics.
 - NUPLAZID should also be avoided in patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of torsade de pointes and/or sudden death, including symptomatic bradycardia, hypokalemia or hypomagnesemia, and presence of congenital prolongation of the QT interval.
- **Adverse Reactions:** The common adverse reactions ($\geq 2\%$ for NUPLAZID and greater than placebo) were peripheral edema (7% vs 2%), nausea (7% vs 4%), confusional state (6% vs 3%), hallucination (5% vs 3%), constipation (4% vs 3%), and gait disturbance (2% vs $<1\%$).
- **Drug Interactions:**
 - Coadministration with strong CYP3A4 inhibitors (e.g., ketoconazole) increases NUPLAZID exposure. Reduce NUPLAZID dose to 10 mg taken orally as one tablet once daily.
 - Coadministration with strong or moderate CYP3A4 inducers reduces NUPLAZID exposure. Avoid concomitant use of strong or moderate CYP3A4 inducers with NUPLAZID.

Dosage and Administration

Recommended dose: 34 mg capsule taken orally once daily, without titration.

NUPLAZID is available as 34 mg capsules and 10 mg tablets.

Please read the full [Prescribing Information](#), including **Boxed WARNING**, also available at NUPLAZIDhcp.com.

References: **1.** Acadia Pharmaceuticals Inc. NUPLAZID® [package insert]. San Diego, CA; 2019. **2.** Cummings J, Isaacson S, Mills R, Williams H, et al. Pimavanserin for patients with Parkinson's disease psychosis: a randomised, placebo-controlled phase 3 trial. *Lancet*. 2014;383(9916):533-540. **3.** Xia R, Mao ZH. Progression of motor symptoms in Parkinson's disease. *Neurosci Bull*. 2012;28(1):39-48.

©2020 Acadia Pharmaceuticals Inc.

Acadia and NUPLAZID are registered trademarks of Acadia Pharmaceuticals Inc.

All rights reserved. ACAC-0048 09/20.