acadia connect™

Patient & Caregiver Support

Enrollment Form

Here for you. Here with you.

If your doctor has prescribed a medication by Acadia Pharmaceuticals for you or your loved one's hallucinations and delusions associated with Parkinson's disease, our support program is here to offer guidance on insurance coverage, financial resources, and prescription support.

Please complete this form to enroll and submit by email acadiaconnect@lashgroup.com, fax 1-844-737-2224, or mail to PO Box 220305, Charlotte, NC 28222-0305. If you need additional assistance, please contact us at 1-844-737-2223, Monday–Friday from 8:30am–8:30pm ET.

1 Patient Information *Tell us about yourself.*

First name _____ Last name _____ DOB (MM/DD/YYYY) _____

Address _____ Phone number (mobile preferred) _____

City _____ State _____ ZIP _____ Email _____

2 Caregiver Information *(if applicable) Who else can speak on your behalf?*

First name _____ Last name _____

Email _____ Phone number (mobile preferred) _____

3 Insurance Information *Tell us about your provider.*

Prescription drug plan _____ Payer phone number _____

Cardholder name _____ Plan ID number _____ Medicare ID number _____

4 Prescriber Information *What doctor prescribed this medication?*

Name _____ Phone number _____

Please remember to read and sign the HIPAA authorization on page 2.

HIPAA Authorization *Please read before signing.*

By signing this authorization, I authorize my health plans, physicians, long-term care and other healthcare providers, pharmacies, and health insurance companies, and each of their respective representatives, employees, staff, and agents (collectively "Providers") to use and disclose my Protected Health Information ("PHI"), which is defined to include, but is not limited to, my name, address and phone number, information relating to my medical condition, treatment, care management, and health insurance, as well as information provided on this form and any prescription to Acadia Pharmaceuticals Inc. and its representatives or agents (collectively "Acadia"). I authorize and direct my Providers to use my PHI to make disclosures of PHI to Acadia for the following purposes:

- Reimbursement support associated with the filling of my prescription for NUPLAZID® (pimavanserin), including the performance of an insurance verification and assisting in securing of any insurance coverage for NUPLAZID to which I am entitled
- Facilitating the provision of patient assistance, reduced cost medication, and/or other NUPLAZID-related services offered by Acadia
- Receiving marketing and promotional communications related to my disease condition, NUPLAZID, and other information from Acadia. I hereby give consent to Acadia, its affiliates and their agents and representatives, and my Providers to send communications and information to me via the contact information provided.

With respect to any disclosures by my pharmacies, I understand that my pharmacies will receive remuneration (payment) from Acadia for making disclosures of PHI and/or support services to Acadia.

I understand that once my PHI is disclosed under this authorization, it is no longer protected by Federal privacy laws, including HIPAA, and may be further disclosed by Acadia.

I understand that I may refuse to sign this authorization and that treatment, payment, or eligibility for benefits is not conditioned on my signing this authorization.

I understand that I will be provided with a signed copy of this authorization, by the Provider who collects it from me.

I understand that this authorization is valid for a period of 10 years or for a shorter period dictated by applicable state law.

I understand that I may cancel (revoke) this authorization at any time by mailing a letter requesting such cancellation to Acadia Connect, PO Box 220305, Charlotte, NC 28222-0305, but that this cancellation will not apply to any PHI already used or disclosed through this authorization before notice of the cancellation is received by my Providers.

I have read and agree to HIPAA authorization

» _____ _____

Patient signature Date

Authorization to disclose information to individuals involved in my care *(optional)*

I further authorize Acadia Pharmaceuticals Inc. to discuss the coordination of my care with the following family member(s) and/or caregiver(s):

Authorized representative (1) name (please print): _____ Relationship to patient: _____

Authorized representative (2) name (please print): _____ Relationship to patient: _____

» Patient/Legal guardian signature: _____ Date: _____

Important Safety Information and Indication

WARNING: INCREASED RISK OF DEATH IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

- **Medicines like NUPLAZID can raise the risk of death in elderly people who have lost touch with reality (psychosis) due to confusion and memory loss (dementia).**
- **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.**

- **Do not take NUPLAZID if you** have had an allergic reaction to any of the ingredients in NUPLAZID. Allergic reactions have included rash, hives, swelling of the tongue, mouth, lips, or face, throat tightness, and shortness of breath.
- **NUPLAZID may cause serious side effects including:**
  - **QT Interval Prolongation:** NUPLAZID may increase the risk of changes to your heart rhythm. This risk may increase if NUPLAZID is taken with certain other medications known to prolong the QT interval. Tell your healthcare provider about all the medicines you take or have recently taken.
  - **Do not take NUPLAZID if you have certain heart conditions** that change your heart rhythm. It is important to talk to your healthcare provider about this possible side effect. Call your healthcare provider if you feel a change in your heartbeat.
- **Tell your healthcare provider about all the medicines you take.** Other medicines may affect how NUPLAZID works. Some medicines should not be taken with NUPLAZID. Your healthcare provider can tell you if it is safe to take NUPLAZID with your other medicines. Do not start or stop any medicines while taking NUPLAZID without talking to your healthcare provider first.
- The **common side effects** of NUPLAZID include swelling in the legs or arms, nausea, confusion, hallucination, constipation, and changes to normal walking. These are not all the possible side effects of NUPLAZID. For more information, ask your healthcare provider about this medicine.

Indication

NUPLAZID is a prescription medicine used to treat hallucinations and delusions associated with Parkinson's disease psychosis.

Dosage and Administration

The recommended dose of NUPLAZID is one 34 mg capsule once per day, taken by mouth.

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

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088. You can also call Acadia Pharmaceuticals Inc. at 1-844-4ACADIA (1-844-422-2342).

Please read the accompanying full Prescribing Information, including **Boxed WARNING**, also available at NUPLAZID.com.

ACADIA™ acadia connect™ ONCE-DAILY NUPLAZID® (pimavanserin) 34mg capsules