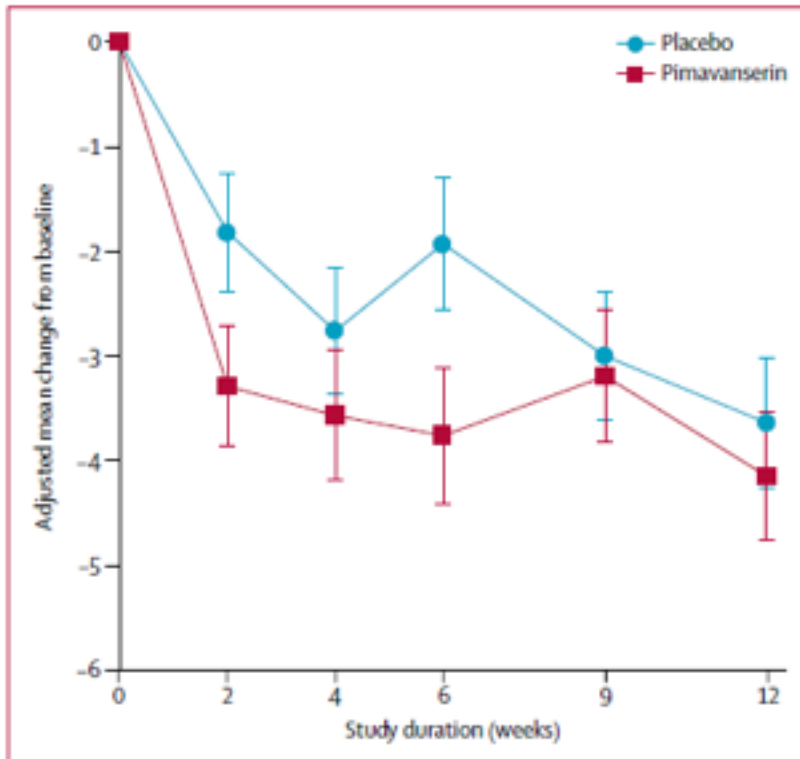


1. Why did Acadia bring over so many former members of Avanir Pharmaceuticals' long term care (LTC) sales force?
2. In light of the media and regulatory attention Avanir's received from their business practices, is Acadia still committed to this LTC-centric model?
3. What is the Nuplazid prescription breakdown between home and LTC patients?
4. Please describe the reason(s) for Nuplazid's many recent price hikes?
5. What is the script breakdown between speaker bureau participants and non-speaker bureau participants?
6. How many different physicians have written at least one Nuplazid script?
7. What percentage of Acadia's total script count are the top 10 prescribers responsible for?
8. Does Acadia have any post-approval commitments with the FDA?
9. USC Medical School's Dr. Lon Schneider recently wrote an essay for Lancet that was bluntly critical of Pimavanserin's efficacy. Does Acadia wish to comment upon his assessment?
10. Given Nuplazid's black box warning, how does Acadia know a patient doesn't have co-existent dementia?
11. In Acadia's presentation to the FDA for breakthrough therapy designation did the company present the week 12 data (below) that was recently detailed in Lancet Neurology?
12. Re: Lancet Neurology chart, can the company explain why Pimavanserin shows a clear separation (versus placebo) at week six but at weeks nine and -12, an equally clear re-convergence?



**Figure 2: Adjusted mean change from baseline to week 12 in the NPI-NH psychosis score**  
Error bars are SE. NPI-NH–Neuropsychiatric Inventory–Nursing Home version.