Dear Mr. Burrell:

Please refer to your New Drug Application (NDA) dated and received September 1, 2016, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Nuplazid (pimavanserin) 17 mg immediate-release, film-coated oral tablets.

This new drug application provides for the use of Nuplazid (pimavanserin) immediate-release, film-coated oral tablets for the treatment of hallucinations and delusions associated with Parkinson’s disease psychosis.

**APPROVAL & LABELING**

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

We note that your April 28, 2016, submission includes final printed labeling (FPL) for your package insert. We have not reviewed this FPL. You are responsible for assuring that the wording in this printed labeling is identical to that of the approved content of labeling in the structured product labeling (SPL) format.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at [http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm](http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm). Content of labeling must be identical to the enclosed labeling text for the package insert. Information on submitting SPL files using eLIST may be found in the guidance for industry SPL Standard for Content of Labeling Technical Qs and As, available at [http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf).
The SPL will be accessible via publicly available labeling repositories.

**CARTON AND IMMEDIATE CONTAINER LABELS**

We acknowledge your April 8, 2016, submission containing final printed carton and container labels.

**REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable, as the disease does not exist in pediatric patients.

**POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

- **3069-1** Conduct a randomized withdrawal trial comparing pimavanserin 34 mg/day to placebo.

  The timetable you submitted on April 28, 2016, states that you will conduct this trial according to the following schedule:

  - Final Protocol Submission: 05/2017
  - Trial Completion: 12/2020
  - Final Report Submission: 12/2021

- **3069-2** Conduct a randomized placebo-controlled trial or trials with predominantly frail and elderly subjects that would involve exposure of at least 500 subjects to pimavanserin 34 mg daily for a minimum of 8 weeks.

  The timetable you submitted on April 28, 2016, states that you will conduct this trial according to the following schedule:

  - Final Protocol Submission: 05/2017
  - Trial Completion: 05/2021
  - Final Report Submission: 05/2022
Conduct an in vivo drug-drug interaction study to measure the effect of strong CYP3A4 inducers (e.g., rifampin) on the exposure to pimavanserin. Depending on the results of the study, a maximum dose could be recommended when CYP3A4 inducers are co-administered with pimavanserin.

The timetable you submitted on April 28, 2016, states that you will conduct this study according to the following schedule:

- Final Protocol Submission: 01/2017
- Study Completion: 06/2018
- Final Report Submission: 12/2018

**POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

Perform microscopic re-evaluation of lung tissue samples using special stains to detect collagen from high dose (30 mg/kg/day male and female groups) of the 6-month rat study (146.02), the high dose groups (30 mg/kg/day male and 50 mg/kg/day female) from the 2-year rat carcinogenicity study (616004), and also the high dose groups (25/60 mg/kg/day) from the 12-month monkey study (146.01). If drug-related inflammation is detected in the lungs of any of the re-evaluated high dose groups from a particular study, then re-evaluation of lung tissue samples from the low and mid dose groups of that study should be conducted in order to identify a No Observed Effect Level (NOEL) for inflammation in the lungs of animals.

The timetable you submitted on April 28, 2016, states that you will conduct this study according to the following schedule:

- Final Report Submission: 12/2017
- Final Data Submission: 12/2017

Submit clinical protocols to your IND 068384 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled “Postmarketing Commitment Protocol,” “Postmarketing Commitment Final Report,” or “Postmarketing Commitment Correspondence.”
**PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert, Medication Guide, and patient PI (as applicable) to:

OPDP Regulatory Project Manager  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Prescription Drug Promotion  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at: [http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf)).

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at [http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf](http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf). Information and Instructions for completing the form can be found at [http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf](http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf). For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see [http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm](http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm).

**REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

**MEDWATCH-TO-MANUFACTURER PROGRAM**

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at [http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm](http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm).
POST APPROVAL FEEDBACK MEETING

New molecular entities and new biologics qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

PDUFA V APPLICANT INTERVIEW

FDA has contracted with Eastern Research Group, Inc. (ERG) to conduct an independent interim and final assessment of the Program for Enhanced Review Transparency and Communication for NME NDAs and Original BLAs under PDUFA V (‘the Program’). The PDUFA V Commitment Letter states that these assessments will include interviews with applicants following FDA action on applications reviewed in the Program. For this purpose, first-cycle actions include approvals, complete responses, and withdrawals after filing. The purpose of the interview is to better understand applicant experiences with the Program and its ability to improve transparency and communication during FDA review.

ERG will contact you to schedule a PDUFA V applicant interview and provide specifics about the interview process. Your responses during the interview will be confidential with respect to the FDA review team. ERG has signed a non-disclosure agreement and will not disclose any identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final assessments. Members of the FDA review team will be interviewed by ERG separately. While your participation in the interview is voluntary, your feedback will be helpful to these assessments.

FDA BENEFIT-RISK FRAMEWORK APPLICANT INTERVIEW

FDA has also contracted with Eastern Research Group, Inc. (ERG) to conduct an assessment of FDA’s initial phase implementation of the Benefit-Risk Framework (BRF) in human drug review. A key element of this evaluation includes interviews with applicants following FDA approval of New Molecular Entity (NME) New Drug Applications (NDAs) and original Biologic License Applications (BLAs). The purpose of the interview is to assess the extent to which the BRF provides applicants with a clear understanding of the reasoning behind FDA’s regulatory decisions for NME NDAs and original BLAs.

ERG will contact you to schedule a BRF applicant interview and provide specifics about the interview process. Your responses during the interview will be confidential with respect to the FDA review team. ERG has signed a non-disclosure agreement and will not disclose any identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final reports. Members of the FDA review team will be interviewed by ERG separately. While your participation in the interview is voluntary, your feedback will be helpful to this evaluation.
If you have any questions, contact Dr. Brendan Muoio, Regulatory Project Manager, at (240) 402-4518 or brendan.muoio@fda.hhs.gov.

Sincerely,

(See appended electronic signature page)

Robert Temple, MD
Deputy Director, Office of Drug Evaluation I and Deputy Center Director for Clinical Science
Office of Drug Evaluation I
Center for Drug Evaluation and Research

Enclosures:
Content of Labeling
Carton and Container Labeling
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

ROBERT TEMPLE
04/29/2016