

# Acadia Pharmaceuticals (NASDAQ: ACAD) — Psychosis Cured?

---

Thomas Giroux

April 2024

## Disclaimer

---

This project does not contain material non-public information and does not breach confidentiality restrictions from a current or previous employer. This project was created exclusively by me, and no other individuals contributed.

# Executive Summary

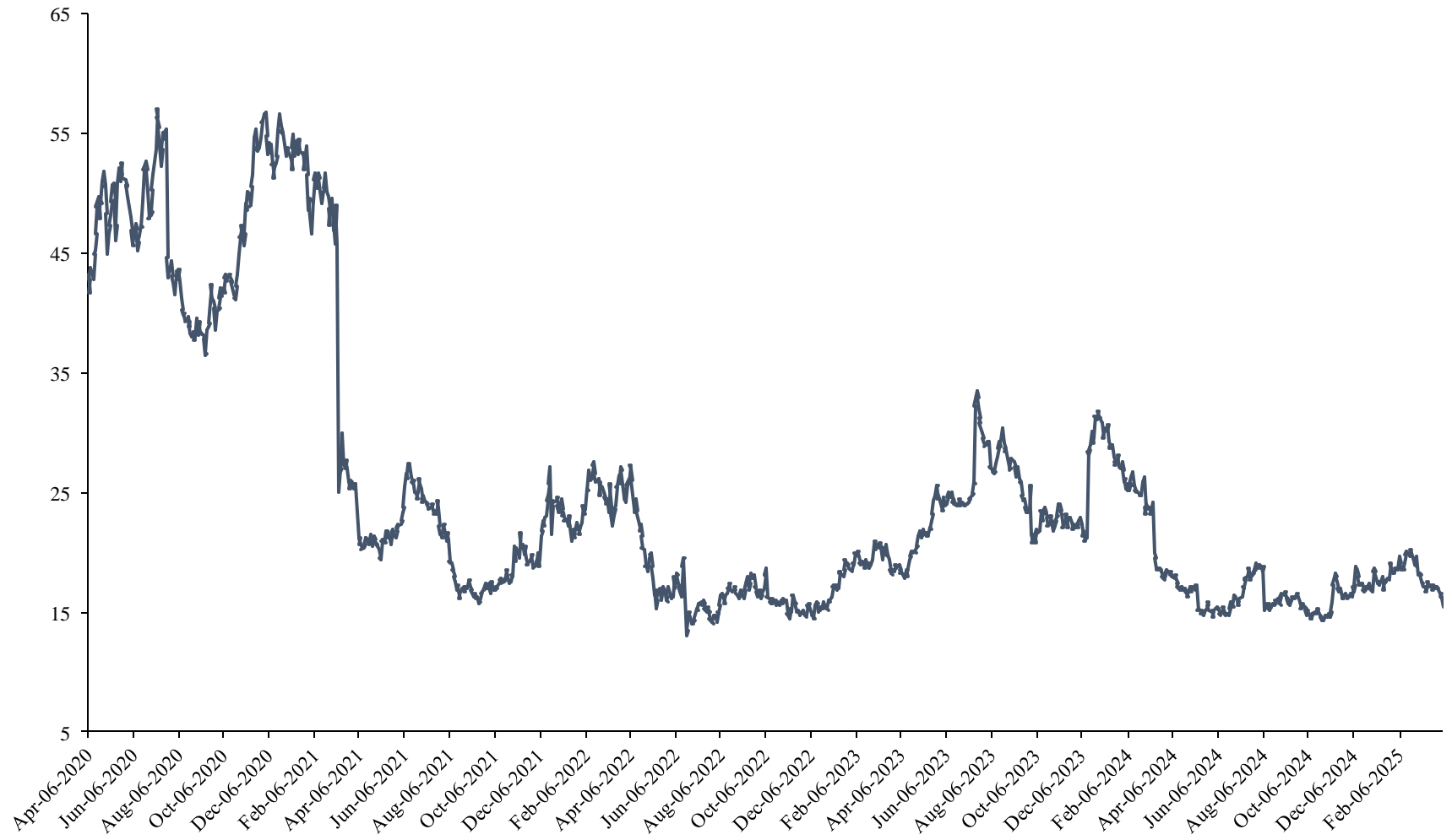
---

- **Current Price: \$14.10**
- **Bear DCF Price: \$20.57 [P.28](#)**
- **Bull DCF Price: \$24.62 [P.31](#)**
- Reverse DCF Assumptions (what market is pricing) [P.25](#)
- Scientific Analysis [P. 33 to 37](#)
- Summary [P. 38](#)
- Bibliography [P. 39](#)

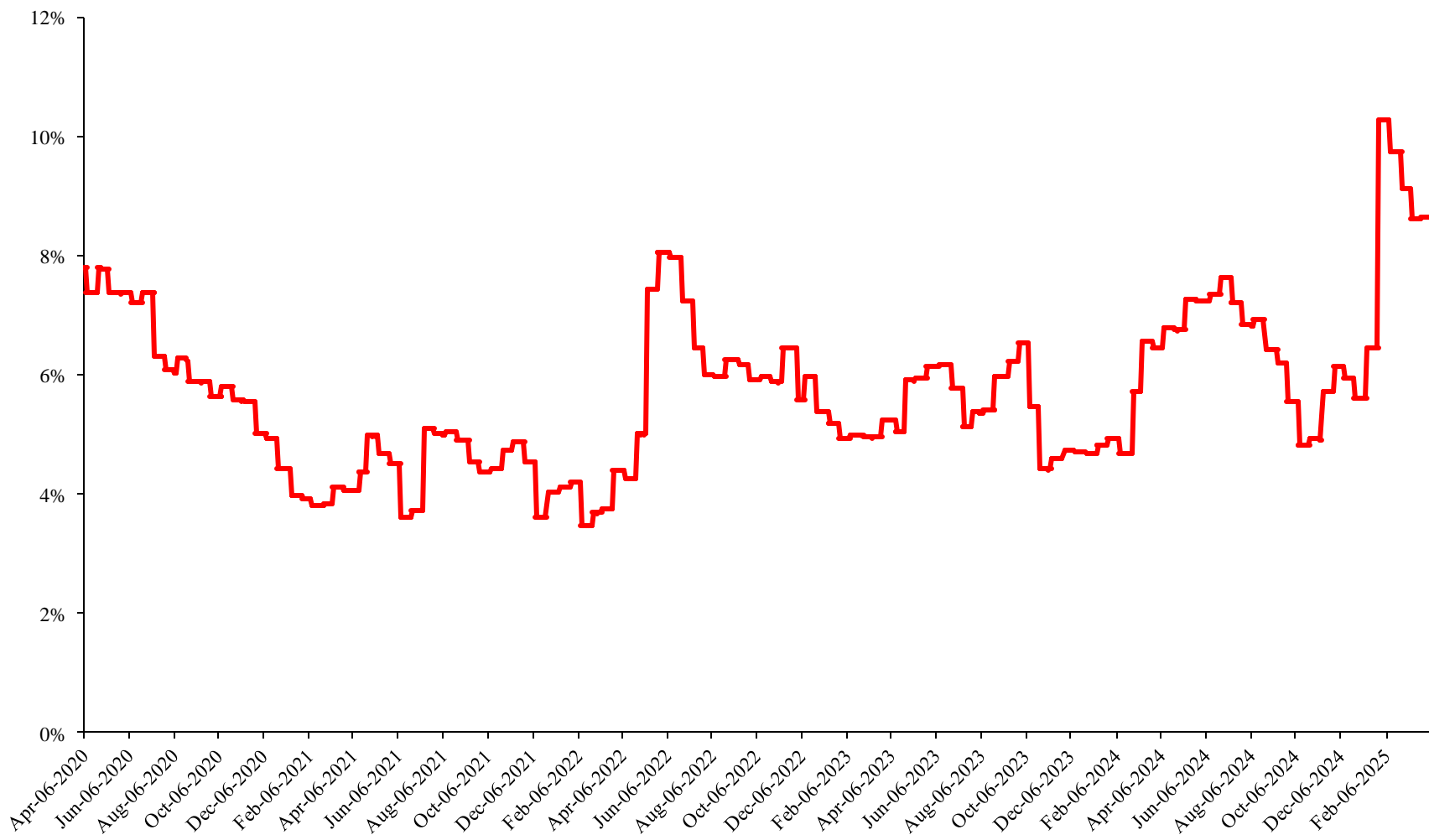
## Recommendation

- Long \$ACAD (PT: \$24.62)  
*upside of 74.62%*
- Long June 20<sup>th</sup>, 2025, \$12  
puts (30% - 40% of pos. roll  
out if needed)

# ACAD 5Y Historical Stock Price

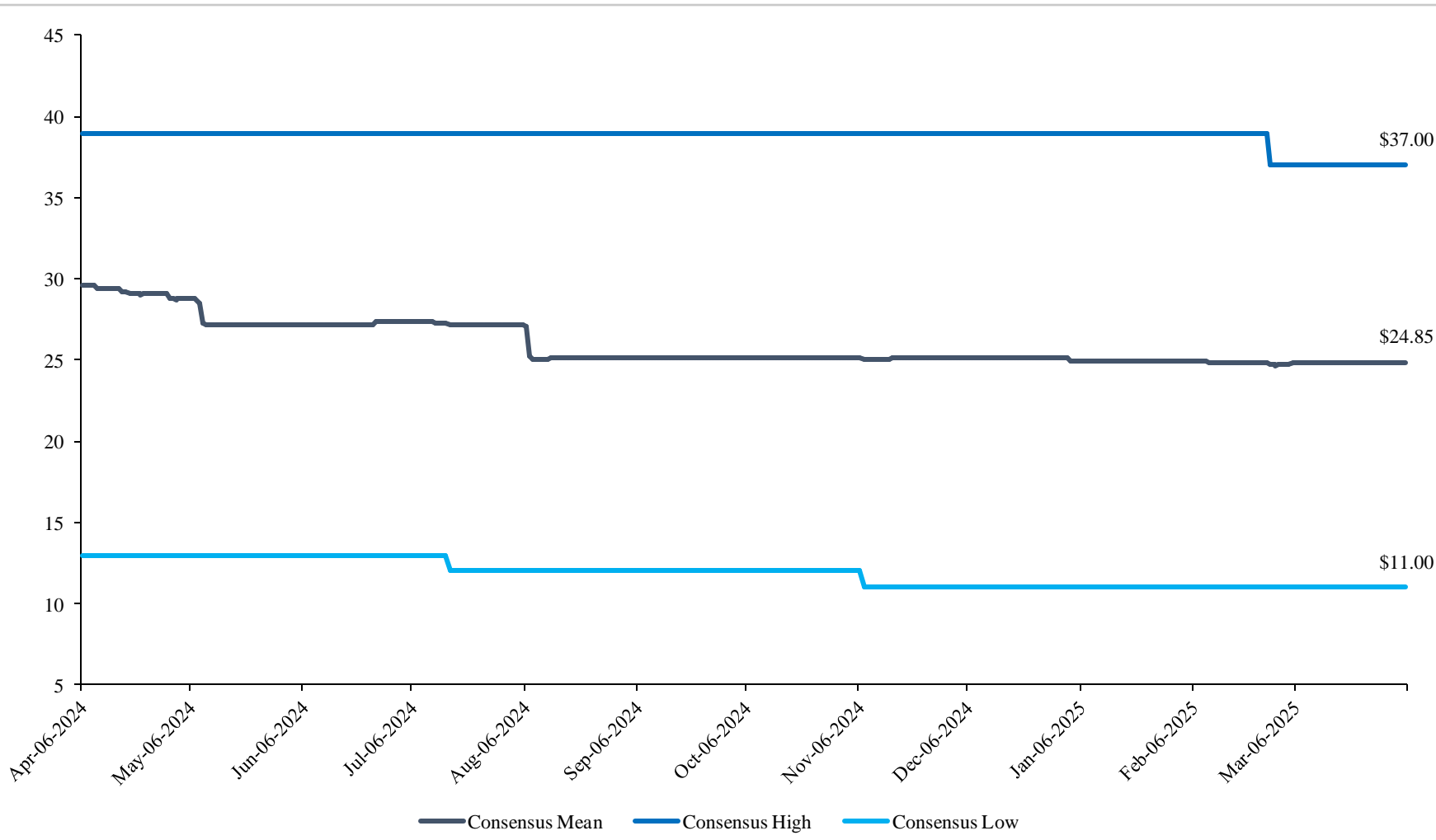


# ACAD 5Y Historical Short Interest



# ACAD Analyst Price Targets

Market Sentiment Shows Upside of 62% (@ \$15.38 price – April 4, '25)



# Business Overview

ACAD Snapshot *usd mm* – April 8, 2025

Price	\$14.10
Shares	167
Mkt Cap	2,352
(-) Cash	756
(+) Debt	42
EV	1,638
Net Cash/Share	\$4.28
Pipeline Value/Share	\$9.82

Major Holders (as of Dec. 31, 2024)

Holder	Shares (millions)	% of Out.
Baker Bros. Advisors Lp	42.88	25.71%
Vanguard Group Inc	13.95	8.36%
BlackRock	12.73	7.63%
RTW Investments	8.71	5.22%
Morgan Stanley	7.3	4.38%
State Street	4.52	2.71%
DE Shaw	3.24	1.94%

[Source: Nasdaq](#)

# Business Overview

## How Acadia Makes Money

Acadia Pharmaceuticals develops and commercializes treatments for neurological disorders, including Parkinson's disease psychosis and Rett syndrome, with a pipeline targeting Prader-Willi syndrome and Alzheimer's disease psychosis. Latest pipeline below:

PROGRAM	INDICATION	PROPOSED MECHANISM OF ACTION	DISCOVERY	IND ENABLING	PHASE 1	PHASE 2	PHASE 3	LAUNCHED
<b>CNS</b>								
NUPLAZID <sup>1</sup>	Parkinson's Disease Psychosis	5HT2A inverse agonist and antagonist						
ACP-204 <sup>4</sup>	Alzheimer's Disease Psychosis	New 5HT2A inverse agonist						
ACP-204 <sup>4</sup>	Lewy Body Dementia w/ Psychosis	New 5HT2A inverse agonist						
ACP-711 <sup>4 5</sup>	Essential Tremor	Selective GABA <sub>A</sub> -α3 modulator						
<b>RARE DISEASE</b>								
DAYBUE <sup>2</sup>	Rett Syndrome	Analogue of GPE						
ACP-101 <sup>3 4</sup>	Hyperphagia in Prader-Willi Syndrome	Intranasal Carbetocin						
ACP-2591 <sup>4</sup>	Rett Syndrome; Fragile X Syndrome	cGP analogue						
STOKE ASO 1 <sup>4 6</sup>	Rett Syndrome	Antisense oligonucleotide (ASO)						
STOKE ASO 2 <sup>4 6</sup>	SYNGAP1	Antisense oligonucleotide (ASO)						
STOKE ASO 3 <sup>4 6</sup>	Not disclosed	Antisense oligonucleotide (ASO)						
<b>CNS/RARE DISEASE</b>								
ACP-211 <sup>4</sup>	TRD/MDD/Other	NMDA receptor antagonist						
ACP-271 <sup>4</sup>	Neurology	GPR88 agonist						



# The Play

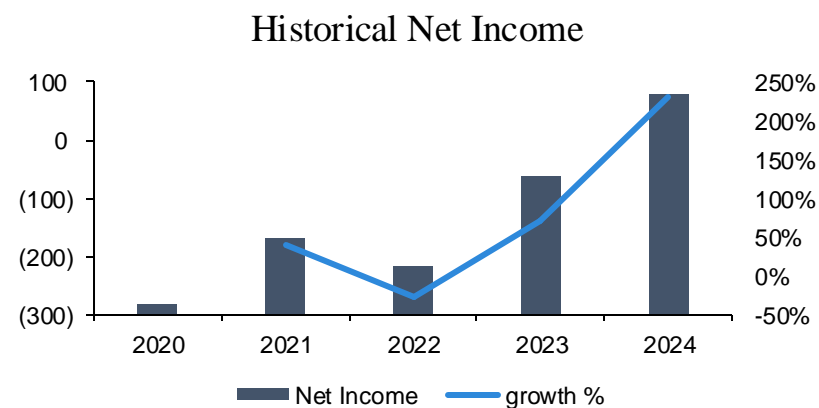
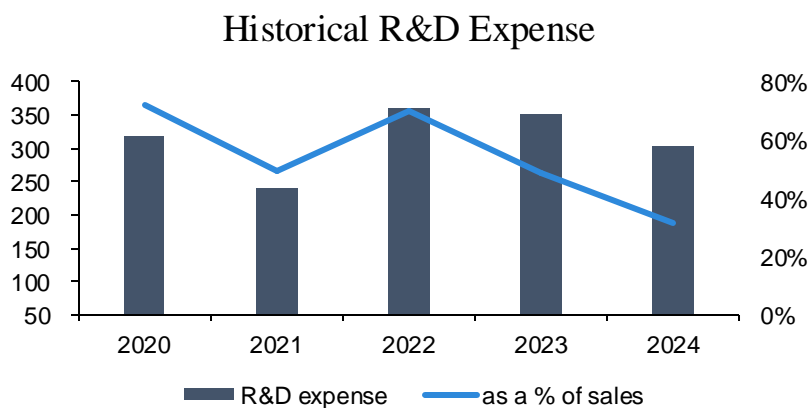
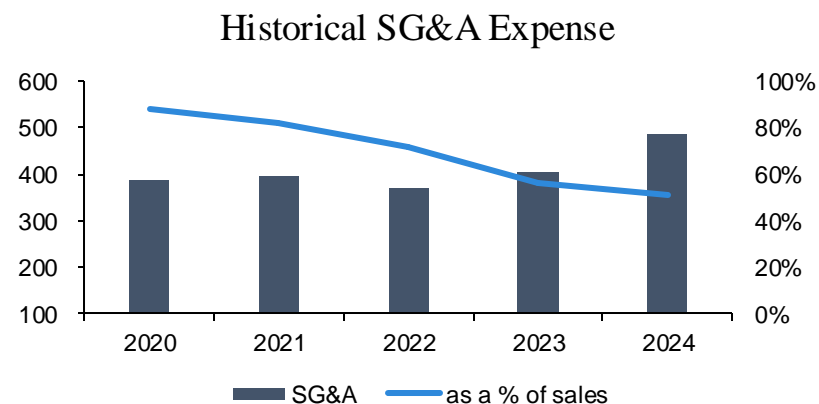
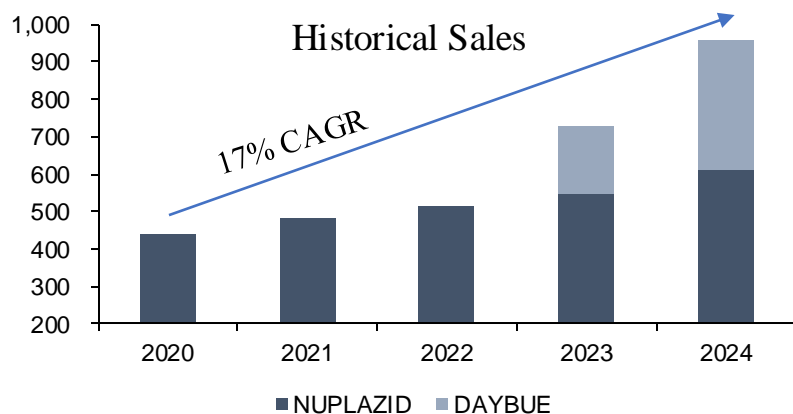
## Why ACAD is a Long

---

1. **Variant view (what I think will happen)** – I believe ACP-101 and ACP-204 get approved VS market not expecting approval of either. However, at \$14.10 the market is also discounting NUPLAZID and DAYBUE's future sales (\$16.35/share VS market's \$9.88/share – those share prices exclude net cash per share of \$4.28)
  2. **Variant view quantified** – Significant discount of market grab for NUPLAZID in PD Psychosis (\$10.69/share upside) + upside of \$4.15/share for ACP-101 and 204 approval
  3. **Provided evidence** – Scientific analysis [P.33-37](#)
  4. **Sentiment analysis** – ER assumptions and price targets [P.7](#) + reverse DCF assumptions [P.24-25](#)
  5. **Positioning Evaluation** – In spite of my confidence in the play, the larger sector volatility (RFK and FDA uncertainty at [P.13](#) require a hedge of 30-40% of the position)
  6. **Catalysts** – R&D Day June 25, '25 and Q1 '25 earnings on May 6
  7. **Biggest risk** – NUPLAZID failed to reach stat sig in AD psychosis and has the same MOA as ACP-204, why should ACP-204 work? Because ACP-204 has been perfected to overcome known mishaps: avoiding QT prolongation, allowing for higher dosing and reaching steady-state in 5 days vs 12 days (prior)
  8. **Risk/reward analysis** – ER analysts are using discounts of 25%-50% to forecast value the future sales of ACP-101 and 204 to mitigate approval uncertainty. With the stock sitting at pre-pandemic lows and trading at a PE of 10, the rewards outweigh the risks
  9. **Keeping track of thesis** – R&D day June 25<sup>th</sup>, '25 + Q1'25 earnings on May 6, '25
-

# Business Overview

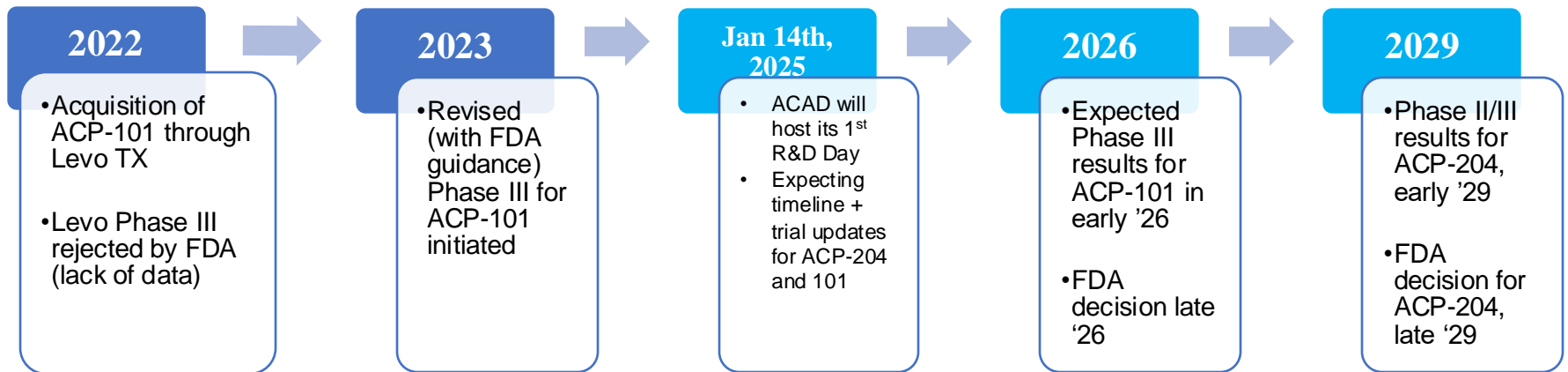
## Financial Snapshot



# Business Overview

## Timeline of Catalysts

---

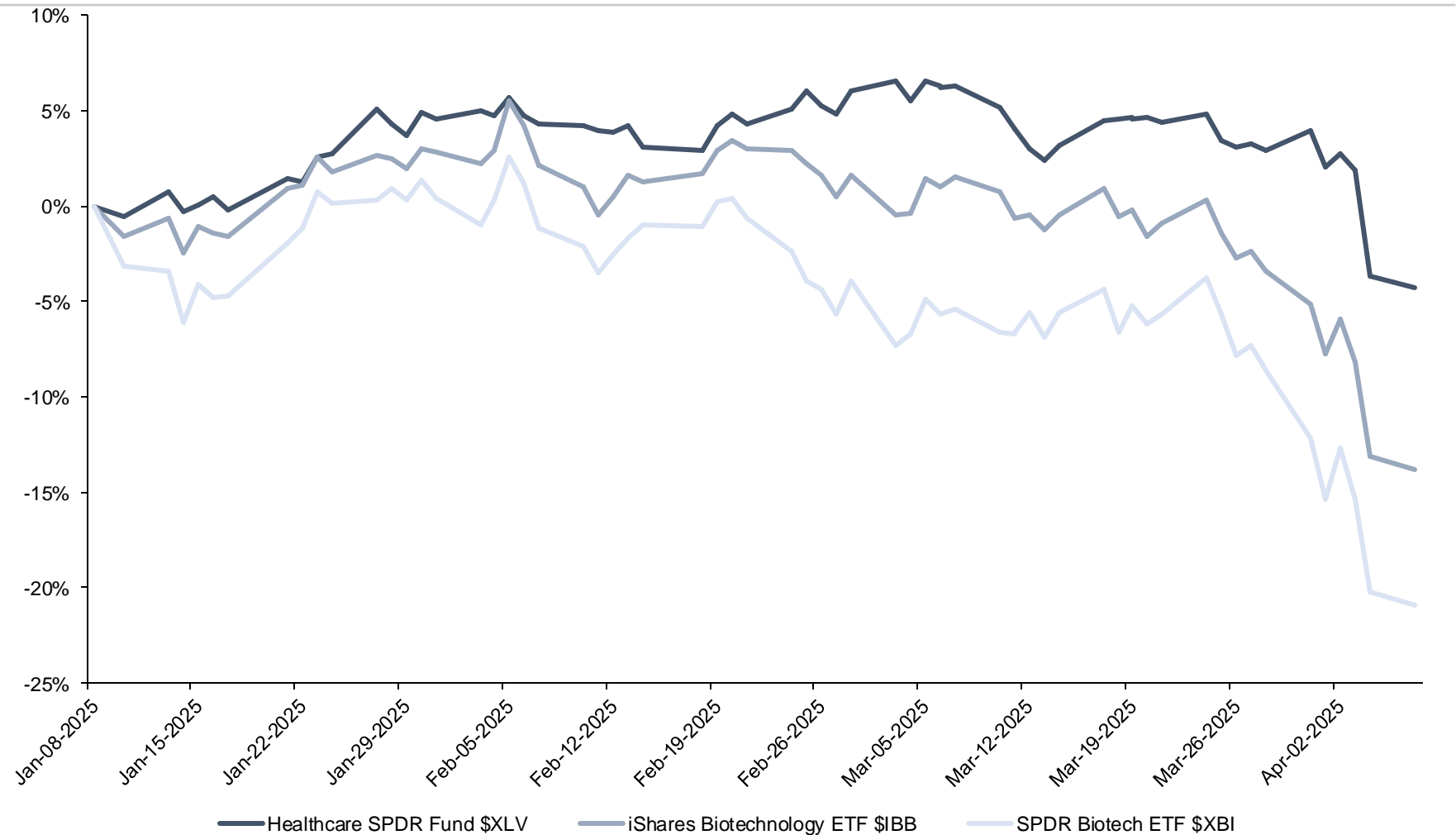


## Industry Overview

---

# Biotech Sector Selloff

RFK Jr Pressured Peter Marks to Resign from the FDA, Causing Sector-Wide Panic



# Industry Overview

Parkinson's, Alzheimer's, Rett and Schizophrenia

Name	Indication	Economics	Event	Timing
NGN-401	Rett Syndrome	Neurogene	Phase II start	2025
CVL-231	Schizophrenia	Abbvie	Phase II data	Q4'24
Anavex2-73	Parkinson's dimensia	Anavex	Phase IIb/III	Q4'24
TSHA-102	Rett Syndrome	Taysha	Phase I/II data	1H '25
CVL-231	Alzheimer's psychosis	Abbvie	Phase I results	Q1'25
RP5063	Schizophrenia	Reviva	Phase III Results	Q2'25
Pitolisant	Prader-Willi syndrome	Harmony Bio	Phase III Results	Q2'26

[ClinicalTrials.gov](#), [PubMed](#)

- Currently no other approved drug for Parkinson's psychosis and Rett Syndrome
- Potential new NUPLAZID competitor in ~'30 (Anavex2-73), depending on results
- Biggest threat is CVL-231, but it has a different MOA to NUPLAZID and ACP-101

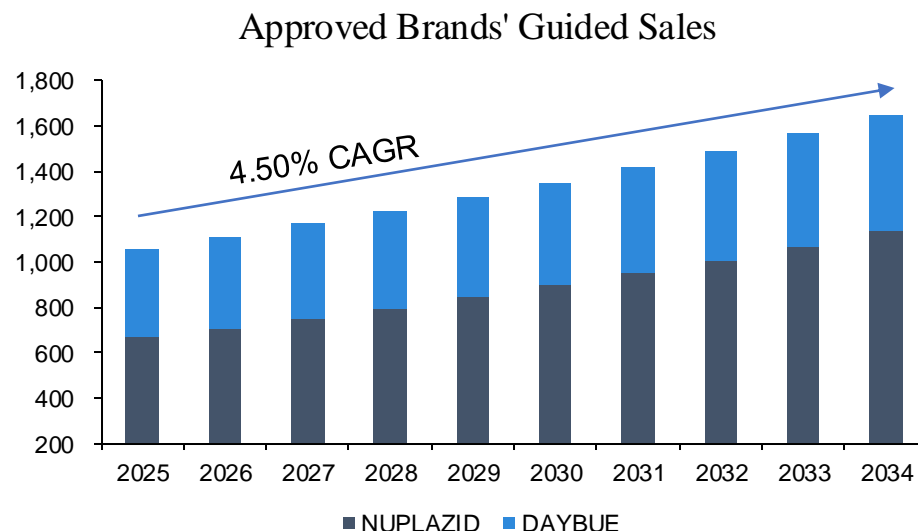
## Investment Theses

---

# Investment Theses for Bear Case

At \$14.10/share, the Market is Undermining ACAD's Approved Brands' Future Guided Sales

- This revenue build is in line with ACAD's guided # of patients on both NUPLAZID and DAYBUE
- My bear case investment thesis for ACAD is that, even if ACP-101 and 204 don't get approved, the firm's campaigns to increase the volume of sales (incremental growth) are underpriced by ~20%



Assumptions	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
<b>Income Statement</b>										
NUPLAZID Growth %	10%	6%	6%	6%	6%	6%	6%	6%	6%	6%
DAYBUE Growth %	13%	3%	3%	3%	3%	3%	3%	3%	3%	3%
# of Rett Patients on drug	1,050	1,071	1,092	1,114	1,137	1,159	1,182	1,206	1,230	1,255
# of Rett Patients in NA+EU	12,120	12,241	12,364	12,487	12,612	12,738	12,866	12,994	13,124	13,255
# of PD Psychosis Patients on drug	18,750	19,688	20,672	21,705	22,791	23,930	25,127	26,383	27,702	29,087
# of PD Psychosis Patients in NA+EU	815,157	847,764	881,674	916,941	953,619	991,764	1,031,434	1,072,692	1,115,599	1,160,223
Annual avg net cost to payors for DAYBUE	375,000	378,750	382,538	386,363	390,227	394,129	398,070	402,051	406,071	410,132
Annual avg net cost to payors for NUPLAZID	35,635	35,991	36,351	36,715	37,082	37,453	37,827	38,206	38,588	38,973
DAYBUE Revenue Build <i>usd</i>	393,750,000	405,641,250	417,891,616	430,511,943	443,513,403	456,907,508	470,706,115	484,921,439	499,566,067	514,652,962
NUPLAZID Revenue Build <i>usd</i>	668,156,250	708,579,703	751,448,775	796,911,426	845,124,567	896,254,604	950,478,007	1,007,981,927	1,068,964,833	1,133,637,206



# Investment Theses for Bull Case

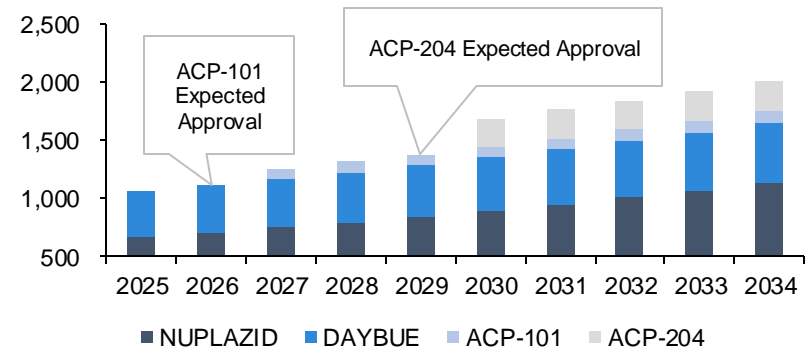
## Upcoming Approvals

- **I expect ACP-101 (for Hyperphagia in PWS) to get approved in late '26**
- **I also expect ACP-204 (for Alzheimer's Psychosis) to get approved in late '29**

### Why Will ACP-101 Get Approved?

- Previous Phase III reached statistically significant primary endpoint efficacy target
- ACAD designed its new Phase III around FDA guidance (closely resembles last trial = same results?)
- Direct delivery to the brain with intranasal admin. Overall reduction in hyperphagia behaviors in last trial.

## Expected Brands' Sales



### Why Will ACP-204 Get Approved?

- Both NUPLAZID (approved) and ACP-204 have the same MOA and targets
- Both indications for NUPLAZID and ACP-204 are very similar (neuropsychiatric diseases similar in symptoms)
- Scientifically, very unlikely that ACP-204 doesn't reach stat sig, given reverse agonist of 5-HT<sub>2A</sub> receptors and similar trial design to NUPLAZID

## Risks & Catalysts

---

# Risks & Catalysts

Where I Might be Wrong

---

- I'm confident that both ACP-101 and ACP-204 will get approved, but probabilistically, the approval odds are not 100%
- **The main risk in my analysis stems from ACP-101 and ACP-204 not getting approved and never materializing sales**
- **The other substantial risk is the approval of a competitor's drug (most likely CLV-231 and Anavex2-73), which could hinder future sales**
- If any of these two risks/catalysts were to occur, my assumptions and forecasts would need to be revised

## Valuation

---

# WACC Calculation

## Funded Debt + D/E + Bottom-Up Beta

### Debt/Equity Weightings

Funded Debt (usd millions)	52
Market Cap (usd millions)	2,352
Firm Value	2,404
Debt Weighting	2.16%
Equity Weighting	97.84%

### Funded Debt (Q4'24), usd mm

Current portion of leases	10
Non-current operating lease liability	42
Total Funded Debt	52
Weighted-avg lease discount rate	4.50%

### Bottom-Up Beta, usd mm - April 9, '25

levered beta/[1+(1-tax)*(DE)]										
TICKER	INDICATION	GEOGRAPHY	MKT CAP	LTM EBITDA Margin	Levered Beta (5Y)	D/E	Effective Tax Rate LTM	Unlevered Beta	Weight	Weight Rationale
NASDAQ: HALO	Human Hyaluronizade	US	7,086	61.80%	1.32	4.22x	20.30%	0.30	10%	Abnormal DE
NASDAQ: CORT	Hypercortisolism	US	7,437	22.90%	0.14	0.01x	12.60%	0.14	22.50%	Similar Growth and Mkt Cap to ACAD
NASDAQ: CPRX	Lambert-Eaton myasthenic	US	2,599	47.40%	0.79	0.00x	24.20%	0.79	22.50%	Similar Growth and Mkt Cap to ACAD
NASDAQ: PTGX	Plaque psoriasis	US	2,558	58.40%	2.3	0.02x	1.50%	2.26	22.50%	Similar Growth and Mkt Cap to ACAD
NASDAQ: LGND	IgA Nephropathy	US	1,861	34.90%	0.97	0.01x	260.10%	0.98	22.50%	Similar Growth and Mkt Cap to ACAD
NASDAQ: ACAD	Neuropsychiatric + CNS	US	2,352	8.11%	0.38	0.07x	37.52%	0.36		
								Relevered Beta	1.01	

# WACC Calculation

## WACC + TV WACC Breakdown

### Cost of Equity (Ke) $Ke = Rf + B(ERP)$

Rf	4.59%	10-year avg US 10Y
Beta	1.01	bottoms up
ERP	4.43%	Damodaran's Apr. '24
<b>Cost of Equity (Ke)</b>	<b>9.07%</b>	

### Cost of Debt (Kd) $Kd = Rf + \text{Credit Spread}$

Credit Rating	4.50%	Weighted-avg op. lease discount
Credit Spread	0.45%	Damodaran credit spread
Rf	4.59%	24-Dec US 10y
<b>Cost of Debt (Kd)</b>	<b>5.04%</b>	

$$WACC = ((E/V * Ke) + ((D/V * Kd) * (1 - Tc)))$$

### WACC Calculations FCF

Cost of Debt	5.04%
Weight of Debt	2.16%
Marginal Tax Rate	25.00%

Cost of Equity	9.07%
Weight of Equity	97.84%

**WACC 8.96%**

$$WACC = ((E/V * Ke) + ((D/V * Kd) * (1 - Tc)))$$

### TV WACC Calculations

Cost of Debt	5.04%
Weight of Debt	2.16%
Marginal Tax Rate	25.00%

Cost of Equity	11%
Weight of Equity	97.84%

**TV WACC 10.35%**

Larger WACC, bc of current growth phase

# Working Capital Forecast

## Non-Cash Working Capital (NCWC)

usd mm	Historicals					Assumptions	Forecasts									
	2020	2021	2022	2023	2024		2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Revenues	442	484	517	726	958		1,062	1,114	1,169	1,227	1,289	1,353	1,421	1,493	1,569	1,648
growth %		10%	7%	40%	32%		11%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Accounts Receivable	50	65	63	102	105											
% of revenue	11%	13%	12%	14%	11%											
Inventory	10	8	7	36	22											
% of revenue	2%	2%	1%	5%	2%											
Prepays + Other CA	26	24	21	39	56											
% of revenue	6%	5%	4%	5%	6%											
Non-Cash Current Assets	86	97	91	177	182											
% of revenue	19%	20%	18%	24%	19%											
Accounts Payable	8	7	13	18	16											
% of revenue	2%	1%	2%	2%	2%											
Accrued + Other CL	97	89	113	237	379											
% of revenue	22%	18%	22%	33%	40%											
Current Liabilities	106	96	126	254	395											
% of revenue	24%	20%	24%	35%	41%											
Non-Cash Working Capital	(20)	1	(35)	(77)	(213)		(53)	(56)	(58)	(61)	(64)	(68)	(71)	(75)	(78)	(82)
% of revenue	-5%	0%	-7%	-11%	-22%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%
Change in NCWC		21	(36)	(42)	(136)		159	(3)	(3)	(3)	(3)	(3)	(3)	(4)	(4)	(4)

# Reverse DCF Matrix

## What the Market is Assuming

Revenue Build											
	FY	Projected									
<i>usd mm</i>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
NUPLAZID	609	668	709	751	797	845	896	950	1,008	1,069	1,134
DAYBUE	348	394	406	418	431	444	457	471	485	500	515
ACP-101											
ACP-204											
<b>Total Revenue</b>	<b>958</b>	<b>1,062</b>	<b>1,114</b>	<b>1,169</b>	<b>1,227</b>	<b>1,289</b>	<b>1,353</b>	<b>1,421</b>	<b>1,493</b>	<b>1,569</b>	<b>1,648</b>
<i>growth %</i>		11%	5%	5%	5%	5%	5%	5%	5%	5%	5%

DCF Summary											
Revenue	958	1,062	1,114	1,169	1,227	1,289	1,353	1,421	1,493	1,569	1,648
(-) COGS	82	64	67	70	74	77	81	85	90	94	99
Gross Profit	876	998	1,047	1,099	1,154	1,211	1,272	1,336	1,403	1,474	1,549
<i>gross margin %</i>	91%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
(-) R&D	303	320	435	456	479	503	528	554	582	612	643
<i>% of rev</i>	32%	30%	39%	39%	39%	39%	39%	39%	39%	39%	39%
(-) SG&A	488	550	501	526	552	580	609	640	672	706	742
<i>% of rev</i>	51%	52%	45%	45%	45%	45%	45%	45%	45%	45%	45%
EBIT	84	128	111	117	123	129	135	142	149	157	165
(-) Taxes	32	27	24	35	37	39	41	43	45	47	49
<i>% of EBIT</i>	38%	21%	22%	30%	30%	30%	30%	30%	30%	30%	30%
NOPAT	53	101	87	82	86	90	95	99	105	110	115
(+) D&A	7	5	6	6	6	6	7	7	7	8	8
<i>% of rev</i>	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
(-) CapEx	(1)	1	1	1	1	1	1	1	1	2	2
<i>% of rev</i>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
(-) Δ in NCWC	(136)	(53)	(56)	(58)	(61)	(64)	(68)	(71)	(75)	(78)	(82)
<i>% of rev</i>	-14%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%
FCFF	195	159	148	145	152	160	168	176	185	194	204
PV of FCFF		146	124	112	108	104	100	97	93	90	87



# Reverse DCF

## Detailed Assumptions

	WACC	8.96%
	TV WACC	10.35%
	<i>Terminal Growth %</i>	-1.50%
	Sum of PV of FCFF	1,061
(FCFFlast*(1+TVg))/(WACC-TVg)	Terminal Value	1,698
TV/((1+TVWACC)^10)	<u>PV of Terminal Value</u>	<u>634</u>
	Enterprise Value	1,695
Q4'24	(+) Cash	756
Q4'24	<u>(-) Debt</u>	<u>52</u>
	Equity Value	2,399
Q4'24	Shares Out.	167
	Implied Share Price	\$14.38
	Current Share Price	\$14.10
	Upside %	1.99%

- At the low \$14 share price range, the market is assuming:
  - FCFF growth of 2.57% CAGR for next 10yrs
  - SG&A of roughly 45% of sales/per year for next 10yrs
  - R&D of roughly 39% of sales/per year for next 10yrs
- This means that if ACAD outperforms on any of these metrics, the stock should increase

# Bear Case DCF Matrix (No Approval of ACP-101 nor ACP-204)

Revenue Build											
	FY	Projected									
<i>usd mm</i>	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
NUPLAZID	609	668	709	751	797	845	896	950	1,008	1,069	1,134
DAYBUE	348	394	406	418	431	444	457	471	485	500	515
ACP-101											
ACP-204											
<b>Total Revenue</b>	<b>958</b>	<b>1,062</b>	<b>1,114</b>	<b>1,169</b>	<b>1,227</b>	<b>1,289</b>	<b>1,353</b>	<b>1,421</b>	<b>1,493</b>	<b>1,569</b>	<b>1,648</b>
<i>growth %</i>		11%	5%	5%	5%	5%	5%	5%	5%	5%	5%
DCF Summary											
Revenue	958	1,062	1,114	1,169	1,227	1,289	1,353	1,421	1,493	1,569	1,648
(-) COGS	82	64	67	70	74	77	81	85	90	94	99
Gross Profit	876	998	1,047	1,099	1,154	1,211	1,272	1,336	1,403	1,474	1,549
<i>gross margin %</i>	91%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
(-) R&D	303	320	312	327	344	361	379	398	418	439	462
<i>% of rev</i>	32%	30%	28%	28%	28%	28%	28%	28%	28%	28%	28%
(-) SG&A	488	550	501	526	552	580	609	640	672	706	742
<i>% of rev</i>	51%	52%	45%	45%	45%	45%	45%	45%	45%	45%	45%
EBIT	84	128	234	246	258	271	284	298	314	329	346
(-) Taxes	32	27	46	67	71	74	78	82	86	90	95
<i>% of EBIT</i>	38%	21%	20%	27%	27%	27%	27%	27%	27%	27%	27%
NOPAT	53	101	188	178	187	197	206	217	228	239	251
(+) D&A	7	5	6	6	6	6	7	7	7	8	8
<i>% of rev</i>	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
(-) CapEx	(1)	1	1	1	1	1	1	1	1	2	2
<i>% of rev</i>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
(-) Δ in NCWC	(136)	(53)	(56)	(58)	(61)	(64)	(68)	(71)	(75)	(78)	(82)
<i>% of rev</i>	-14%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%
FCFF	195	159	248	241	253	266	279	293	308	324	340
PV of FCFF		146	209	187	180	173	167	161	155	150	144

# Bear Case DCF Assumptions

## Revenue Build Assumptions

Assumptions	Historical					Average	Forecast									
	2020	2021	2022	2023	2024		2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Income Statement																
NUPLAZID Growth %		10%	7%	6%	11%	8%	10%	6%	6%	6%	6%	6%	6%	6%	6%	6%
DAYBUE Growth %					97%		13%	3%	3%	3%	3%	3%	3%	3%	3%	3%
# of Rett Patients on drug				1,925	920		1,050	1,071	1,092	1,114	1,137	1,159	1,182	1,206	1,230	1,255
# of Rett Patients in NA+EU	10,000	10,500	11,000	11,500	12,000		12,120	12,241	12,364	12,487	12,612	12,738	12,866	12,994	13,124	13,255
# of PD Psychosis Patients on drug					17,100		18,750	19,688	20,672	21,705	22,791	23,930	25,127	26,383	27,702	29,087
# of PD Psychosis Patients in NA+EU	670,000	696,800	724,672	753,659	783,805		815,157	847,764	881,674	916,941	953,619	991,764	1,031,434	1,072,692	1,115,599	1,160,223
Annual avg net cost to payors for DAYBUE							375,000	378,750	382,538	386,363	390,227	394,129	398,070	402,051	406,071	410,132
Annual avg net cost to payors for NUPLAZID							35,635	35,991	36,351	36,715	37,082	37,453	37,827	38,206	38,588	38,973
DAYBUE Revenue Build <i>usd</i>							393,750,000	405,641,250	417,891,616	430,511,943	443,513,403	456,907,508	470,706,115	484,921,439	499,566,067	514,652,962
NUPLAZID Revenue Build <i>usd</i>							668,156,250	708,579,703	751,448,775	796,911,426	845,124,567	896,254,604	950,478,007	1,007,981,927	1,068,964,833	1,133,637,206
Revenue Growth %		10%	7%	40%	32%	22%	11%	5%	5%	5%	5%	5%	5%	5%	5%	5%
COGS as a % of rev	5%	4%	2%	6%	9%	5%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
SG&A as a % of rev	88%	82%	71%	56%	51%	70%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%
R&D as a % of rev	72%	49%	70%	48%	32%	54%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%
Interest Income as a % of rev	1%	0%	1%	2%	3%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Operating Margin %	-65%	-35%	-43%	-10%	9%											
Effective Tax Rate %	0%	0%	-1%	-20%	28%		18%	18%	25%	25%	25%	25%	25%	25%	25%	25%
Net Margin %	-64%	-35%	-42%	-8%	8%											

# Bear Case DCF Implied Price

	WACC	8.96%
	TV WACC	10.35%
	Terminal Growth %	-1.50%
	Sum of PV of FCFF	1,671
(FCFFlast*(1+TVg))/(WACC-TVg)	Terminal Value	2,828
TV/((1+TVWACC)^10)	PV of Terminal Value	1,056
	Enterprise Value	2,727
Q4'24	(+) Cash	756
Q4'24	(-) Debt	52
	Equity Value	3,431
Q4'24	Shares Out.	167
	Implied Share Price	\$20.57
	Current Share Price	\$14.10
	Upside %	45.90%

- Even if ACP-101 and ACP-204 don't get approved, ACAD's Direct-to-Consumer campaigns are already starting to show volume growth translating to higher NUPLAZID sales
- I believe ACAD's R&D and SG&A futures expenses are largely overestimated by the market, because the company has already slashed both expenses (as a % of revenue) by more than half since 2020. Although they've outlined their intention to pursue hiring sales rep and develop their pipeline, ACAD has historically done so at a significantly lower rate than what is assumed in the reverse DCF (by the market)

# Bull Case DCF Matrix (Both ACP-101 and 204 Get Approved)

Revenue Build											
	FY	Projected									
usd mm	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
NUPLAZID	609	668	709	751	797	845	896	950	1,008	1,069	1,134
DAYBUE	348	394	406	418	431	444	457	471	485	500	515
ACP-101				90	92	94	96	97	99	101	103
ACP-204							240	245	250	255	260
<b>Total Revenue</b>	<b>958</b>	<b>1,062</b>	<b>1,114</b>	<b>1,259</b>	<b>1,319</b>	<b>1,382</b>	<b>1,689</b>	<b>1,763</b>	<b>1,842</b>	<b>1,925</b>	<b>2,012</b>
growth %		11%	5%	13%	5%	5%	22%	4%	4%	4%	5%
DCF Summary											
Revenue	958	1,062	1,114	1,259	1,319	1,382	1,689	1,763	1,842	1,925	2,012
(-) COGS	82	64	67	76	79	83	101	106	111	115	121
Gross Profit	876	998	1,047	1,184	1,240	1,299	1,587	1,658	1,732	1,809	1,891
gross margin %	91%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
(-) R&D	303	297	312	353	369	387	473	494	516	539	563
% of rev	32%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%
(-) SG&A	488	478	501	567	594	622	760	794	829	866	905
% of rev	51%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%
<b>EBIT</b>	<b>84</b>	<b>223</b>	<b>234</b>	<b>264</b>	<b>277</b>	<b>290</b>	<b>355</b>	<b>370</b>	<b>387</b>	<b>404</b>	<b>422</b>
(-) Taxes	32	27	46	72	76	79	97	101	106	111	116
% of EBIT	38%	12%	20%	27%	27%	27%	27%	27%	27%	27%	27%
<b>NOPAT</b>	<b>53</b>	<b>196</b>	<b>188</b>	<b>192</b>	<b>201</b>	<b>211</b>	<b>258</b>	<b>269</b>	<b>281</b>	<b>294</b>	<b>307</b>
(+) D&A	7	5	6	6	7	7	8	9	9	10	10
% of rev	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
(-) CapEx	1	1	1	1	1	1	2	2	2	2	2
% of rev	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
(-) Δ in NCWC	(136)	(53)	(56)	(63)	(66)	(69)	(84)	(88)	(92)	(96)	(101)
% of rev	-14%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%
<b>FCFF</b>	<b>194</b>	<b>253</b>	<b>248</b>	<b>260</b>	<b>272</b>	<b>285</b>	<b>349</b>	<b>364</b>	<b>380</b>	<b>397</b>	<b>415</b>
<b>PV of FCFF</b>		<b>233</b>	<b>209</b>	<b>201</b>	<b>193</b>	<b>186</b>	<b>208</b>	<b>200</b>	<b>191</b>	<b>184</b>	<b>176</b>

# Bull Case DCF Assumptions

## Revenue Build Assumptions of ACP-101 and 204

Assumptions	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
<b>Income Statement</b>										
<b>NUPLAZID Growth %</b>	<b>10%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>
<b>DAYBUE Growth %</b>	<b>13%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>
# of Rett Patients on drug	1,050	1,071	1,092	1,114	1,137	1,159	1,182	1,206	1,230	1,255
# of Rett Patients in NA+EU	12,120	12,241	12,364	12,487	12,612	12,738	12,866	12,994	13,124	13,255
# of PD Psychosis Patients on drug	18,750	19,688	20,672	21,705	22,791	23,930	25,127	26,383	27,702	29,087
# of PD Psychosis Patients in NA+EU	815,157	847,764	881,674	916,941	953,619	991,764	1,031,434	1,072,692	1,115,599	1,160,223
Annual avg net cost to payors for DAYBUE	375,000	378,750	382,538	386,363	390,227	394,129	398,070	402,051	406,071	410,132
Annual avg net cost to payors for NUPLAZID	35,635	35,991	36,351	36,715	37,082	37,453	37,827	38,206	38,588	38,973
<b>DAYBUE Revenue Build <i>usd</i></b>	<b>393,750,000</b>	<b>405,641,250</b>	<b>417,891,616</b>	<b>430,511,943</b>	<b>443,513,403</b>	<b>456,907,508</b>	<b>470,706,115</b>	<b>484,921,439</b>	<b>499,566,067</b>	<b>514,652,962</b>
<b>NUPLAZID Revenue Build <i>usd</i></b>	<b>668,156,250</b>	<b>708,579,703</b>	<b>751,448,775</b>	<b>796,911,426</b>	<b>845,124,567</b>	<b>896,254,604</b>	<b>950,478,007</b>	<b>1,007,981,927</b>	<b>1,068,964,833</b>	<b>1,133,637,206</b>
ACP-101 Estimated Price			50,000	50,500	51,005	51,515	52,030	52,551	53,076	53,607
PWS Patient Population (US)			9,000	9,090	9,181	9,273	9,365	9,459	9,554	9,649
Penetration Rate (US)			20%	20%	20%	20%	20%	20%	20%	20%
<b>ACP-101 Revenue Build <i>usd</i></b>			<b>90,000,000</b>	<b>91,809,000</b>	<b>93,654,361</b>	<b>95,536,814</b>	<b>97,457,104</b>	<b>99,415,991</b>	<b>101,414,253</b>	<b>103,452,679</b>
ACP-204 Estimated Price						8,000	8,080	8,161	8,242	8,325
AD Psychosis Patient Population (US)						600,000	606,000	612,060	618,181	624,362
Penetration Rate (US)						5%	5%	5%	5%	5%
<b>ACP-204 Revenue Build <i>usd</i></b>						<b>240,000,000</b>	<b>244,824,000</b>	<b>249,744,962</b>	<b>254,764,836</b>	<b>259,885,609</b>

# Bull Case DCF Implied Price

	WACC	8.96%
	TV WACC	10.35%
	TV Growth	-0.50%
	Sum of PV of FCFF	1,981
(FCFFlast*(1+TVg))/(WACC-TVg)	Terminal Value	3,808
TV/((1+TVWACC)^10)	PV of Terminal Value	1,422
	Enterprise Value	3,403
Q4'24	(+) Cash	756
Q4'24	(-) Debt	52
	Equity Value	4,107
Q4'24	Shares	167
	Implied Share Price	\$24.62
	Current Share Price	\$14.10
	Upside %	74.62%

- My bull case includes the same assumptions for NUPLAZID and DAYBUE sales, but includes the commercialization of ACP-101 and 204
- Conservatively forecasted, both new drugs should start monetizing sales in 2027 (ACP-101) and 2030 (ACP-204) and with a very modest penetration rate (shown in assumptions on prior slide)
- Overall, I have strong confidence in the approval of the two drugs because of the scientific analysis shown in the next section

## Scientific Analysis

---



# Scientific Analysis

## Indication Descriptions

- **Hyperphagia in Prader-Willi Syndrome (PWS)** is characterized by an intense and insatiable sensation of hunger.
- Approx. 9,000 patients in the U.S.
- 30 years average life expectancy
- Currently NO APPROVED DRUG for the disease

- **Alzheimer's disease psychosis** is a common complication of AD, characterized by delusions and hallucinations.
- 50% of AD cases (~3.5m) in the U.S. and 27.5m in the World (in '19).
- Acadia believes AD psychosis is very similar to Parkinson's psychosis (already approved NUPLAZID)
- Currently NO APPROVED DRUG for both Alzheimer's and AD psychosis

# Scientific Analysis

ACP-101 (Intranasal Carbetocin)

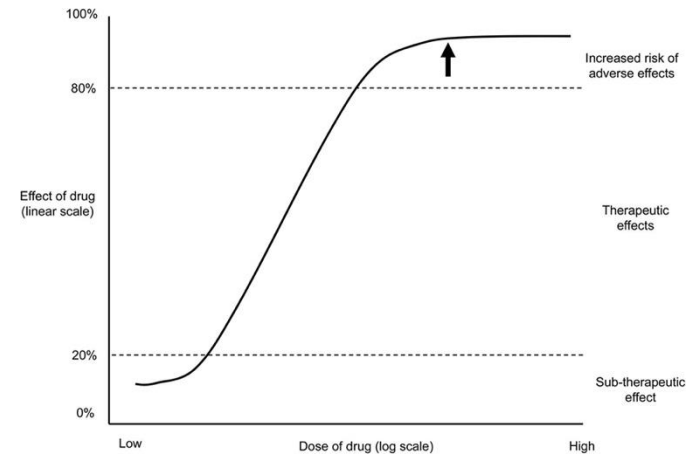
- **Indication:** Hyperphagia in PWS
- **MOA:** selective oxytocin receptor agonist
- **Target:** oxytocin receptors in the central nervous system
- **Safety:** Phase III showed drug is safe and well-tolerated
- Previously owned by Levo TX (acquired by Acadia in '22) – drug was named LV-101

- Previous Phase III trial of LV-101 didn't reach stat sig PE for 9.6mg
- The drug wasn't approved, by lack of data
- Prior study (NCT03649477) was 8-week, double-blind, randomized, placebo-controlled (130 patients)
- New study (COMPASS PWS) is a double-blind, randomized, placebo-controlled 12-week trial (170 patients)

# Scientific Analysis

## ACP-101 Phase III COMPASS PWS Prediction

- Prior Phase III showed 3.2mg dose more efficient than 9.6mg dose
- Higher dose showing lower efficacy (& not reaching stat sig) isn't impossible, but very uncommon (dose response curve plateau) ● →
- Possible that 9.6mg dose was inefficacious because of receptor saturation and by activating off-target pathways



- ACP-101 and LV-101 Phase 3 **PE**:  $\Delta$  in hyperphagia behaviors assessed by HQ-CT questionnaire
- ACP-101 and LV-101 **other endpoints**:
  - $\Delta$  in Clinical Global Impression of Improvement (CGI-I) score
  - $\Delta$  in anxiety and distress behaviors, measured by the PWS Anxiety and Distress Behaviors Questionnaire (PADQ)
  - $\Delta$  in obsessive-compulsive behaviors, assessed by Yale-Brown Obsessive Compulsive Scale (CY-BOCS)

### Approval Pros

- 3.2mg dose reduced hyperphagia behaviors at ( $p = 0.016$ )
- 3.2mg improvements in CGI-I ( $p = 0.027$ ) and PADQ ( $p = 0.027$ )
- Preclinical science + research supports mechanistic rationale of PWS pathophysiology (1, 2 and 3 in bibliography)
- Mild side effects + prior FDA concerns have been addressed

# Scientific Analysis

ACP-204

---

- **Indication:** Alzheimer's disease psychosis
- **MOA:** inverse agonist 5-HT<sub>2A</sub> serotonin receptor
- **Target:** 5-HT<sub>2A</sub> serotonin receptor
- **Safety:** Phase I showed safety, Phase II/III will further investigate this

## Preclinical Science

- ACP-204 successfully targets 5-HT<sub>2A</sub> receptor, which we know is responsible for AD psychosis (3, bibliography)
- Both NUPLAZID and ACP-204 share the same target, and one drug is already approved (proved meaningful target and cured psychosis in Parkinson's)
- Phase I showed steady state PK reached in 5 days VS 12 days for NUPLAZID

# Scientific Analysis

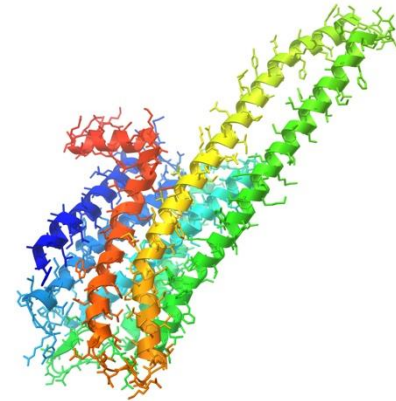
## ACP-204 Phase II/III Trial Prediction

- We don't have any data regarding Phase I of ACP-204, instead I'll analyze NUPLAZID's Phases II and III as a baseline of what to expect for ACP-204
- Phase II (4 –week, double-blind, randomized, placebo-controlled)
  - PE: change in psychosis measured with Scale for the Assessment of Positive Symptoms (SAPS)
  - **SAPS overall ( $p = 0.09$ )**, but **improvement in SAPS hallucinations ( $p = 0.02$ ) and delusions ( $p = 0.03$ )**
- Phase III (six-week, randomized, double-blind, placebo-controlled)
  - PE: change in SAPS at 34mg dose
  - Mean  $\Delta$  in SAPS 5.79 vs 2.73 (placebo) – 95% CI (-4.91, -1.20) at  $p = 0.0014$

### Phase II/III Trial Design

- 3 independent trials
  - **Substudy 1 (Phase II):** to assess optimal dose of ACP-204, against placebo, between 30mg and 60mg
  - **Substudy 2A and 2B (Phase III):** to assess safety and efficacy (initiation upon Phase II success)
- seamless and continuous enrollment, double-blind and placebo-controlled
- Phase II N = 318 and two other Phase III's expect similar N

## 5-HT<sub>2A</sub> Serotonin Receptor



### Approval Pros

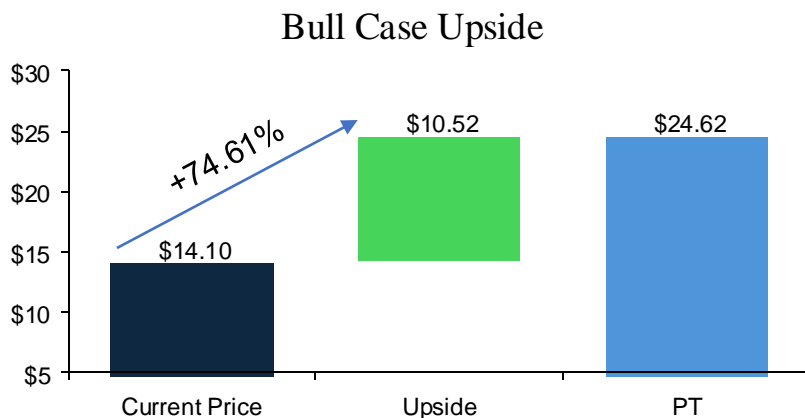
- Directly targets 5-HT<sub>2A</sub> receptor, pertinent in AD psychosis
- Currently no approved drug for the indication + huge patient population
- Builds on NUPLAZID's success in similar indication
- Enhanced and better PK profile for faster and safer delivery

# Summary

## How The Stock Will Go Up

- The reverse DCF implies that the market isn't pricing the approval of either ACP-101 and ACP-204
- Reverse DCF implies the market is forecasting ~2.57%/year FCFF growth (next 10 yrs)
- **This means if any new drug gets approved, if FCFF grow more than 2.57%/year or margins are increased, the stock will increase**

- I believe ACP-101 will get APPROVED because its past Phase III successfully reached PE for the 3.2mg(stat sig), but only got rejected because FDA "lacked data"
- The new Phase III (COMPASS PWS) is designed similarly to the successful past trial, but directly assessed FDA concerns with bigger patient population
- I believe ACP-204 will get approved, because the target has already demonstrated efficacious outcomes in psychosis
- Both Parkinson's and AD have been shown to have similar psychosis origins



- If any of the following occur, my price target will incrementally decrease:

- FCFF grows below 2.57%/year
- ACP-101 failed Phase III
- ACP-204 failed Phase II/III

# Bibliography

## Scientific Support Material

---

### **For PWS (ACP-101)**

1. Miller JL, Tamura R, Butler MG, Kimonis V, Sulsona C, Gold JA, Driscoll DJ. Oxytocin treatment in children with Prader-Willi syndrome: A double-blind, placebo-controlled, crossover study. *Am J Med Genet A*. 2017 May;173(5):1243-1250. doi: 10.1002/ajmg.a.38160. Epub 2017 Mar 30. PMID: 28371242; PMCID: PMC5828021.
2. Rice LJ, Agu J, Carter CS, Harris JC, Nazarloo HP, Naanai H, Einfeld SL. The relationship between endogenous oxytocin and vasopressin levels and the Prader-Willi syndrome behaviour phenotype. *Front Endocrinol (Lausanne)*. 2023 May 29;14:1183525. doi: 10.3389/fendo.2023.1183525. PMID: 37313445; PMCID: PMC10259653.
3. Althammer F, Wimmer MC, Krabichler Q, Küppers S, Schimmer J, Fröhlich H, Dötsch L, Gruber T, Wunsch S, Schubert T, Kirchner MK, Stern JE, Charlet A, Grinevich V, Schaaf CP. Analysis of the hypothalamic oxytocin system and oxytocin receptor-expressing astrocytes in a mouse model of Prader-Willi syndrome. *J Neuroendocrinol*. 2022 Dec;34(12):e13217. doi: 10.1111/jne.13217. Epub 2022 Dec 1. PMID: 36458331.
4. [CARE PWS \(Then LV-101\) Phase III Trial Results](#)

### **For AD Psychosis (ACP-204)**

1. Burstein ES. Relevance of 5-HT<sub>2A</sub> Receptor Modulation of Pyramidal Cell Excitability for Dementia-Related Psychosis: Implications for Pharmacotherapy. *CNS Drugs*. 2021 Jul;35(7):727-741. doi: 10.1007/s40263-021-00836-7. Epub 2021 Jul 5. PMID: 34224112; PMCID: PMC8310514.
2. Aarsland D, Zaccai J, Brayne C. A systematic review of prevalence studies of dementia in Parkinson's disease. *Mov Disord*. 2005 Oct;20(10):1255-63. doi: 10.1002/mds.20527. PMID: 16041803.
3. Halberstadt AL, Powell SB, Geyer MA. Role of the 5-HT<sub>2A</sub> receptor in the locomotor hyperactivity produced by phenylalkylamine hallucinogens in mice. *Neuropharmacology*. 2013 Jul;70:218-27. doi: 10.1016/j.neuropharm.2013.01.014. Epub 2013 Jan 29. PMID: 23376711; PMCID: PMC3934507.
4. [Acadia Pharmaceuticals - Corporate Presentatin, Nov '24](#)