Good morning. My name is Sue Peschin, and I serve as President and CEO of the Alliance for Aging Research. I am also a family caregiver for my mom, who lives with Alzheimer's and recently moved to nursing home care. Thank you for the opportunity to participate in this Town Hall.

It was only three years ago, in May 2023, that the FDA announced the supplemental approval of Rexulti as the first-ever treatment option for agitation associated with dementia due to Alzheimer's disease. Having a safe and effective, on-label treatment option for people living with agitation in Alzheimer's was incredibly promising news for the patient community and millions of families.

Signs of agitation in Alzheimer's disease include restlessness, pacing, screaming, shouting, hitting, and physically resisting assistance—and the experience at the individual level often includes more than one of these and they can worsen over time. Not surprisingly, agitation in Alzheimer's is often incredibly challenging for the people experiencing it and those providing care. Research studies report that it can increase the risk of Alzheimer's disease progression, nursing home placement, and death. Social isolation due to lack of awareness and support, as well as stigma, is also common.

A survey we released in November 2025 called, "The Agitation Blindspot in Alzheimer's Care," of 1,000 U.S. Alzheimer's caregivers, found that 93% of caregivers of people living with agitation in Alzheimer's reported feeling overwhelmed or emotionally drained. For those interested in learning more about agitation and other neuropsychiatric symptoms of Alzheimer's to visit us at agingresearch.org/nps.

Our concerns about Rexulti are related to access, which should not be compromised in the effort to drive down costs for the program. Nearly a quarter of second-generation antipsychotics--like Rexulti--that are covered on Medicare formularies are subject to utilization management or UM, which creates barriers that can delay or restrict patients' timely access to clinically appropriate treatments. We appreciate this Administration and CMS' commitment to improving prior authorization and encourage them to do even more to crack down on UM abuse.

We also ask CMS to enforce minimum payment rates to pharmacies, to prevent sponsors from diverting patients away from community pharmacies—and, to also consider prefunding program costs and requiring Part D plans and other payors to reimburse pharmacies no less than the maximum fair price.

I also want to thank CMS for engaging with us and our partners in the project PAUSE coalition, regarding our concerns about the unintended consequences of the current nursing home quality measure on antipsychotics and how it discourages access to guideline-concordant care for beneficiaries with agitation in Alzheimer's and other neuropsychiatric symptoms—including access to Rexulti. Its use in the 5-star rating does

not provide meaningful information to patients and their families, and it distorts treatment in ways that undermine–rather than advance–patient safety.

We share CMS's goal of preventing and reducing misuse of antipsychotics among long-term care residents and we maintain a strong commitment to working with you in the months ahead to find a solution that will help ensure more residents in skilled nursing facilities are able to receive the individualized care they need and deserve. I know we can do this.

Thank you