



Thank you for Enrolling in the INGREZZA Savings Program.



You can begin using this activated card immediately. Use your INGREZZA[®] (valbenazine) capsules Savings Card to receive savings on your prescription. This program may not be combined with any other coupon, discount, prescription savings card, free trial, or any other program. The selling, purchasing, trading, or counterfeiting of this card is prohibited. Program only good in the United States and Puerto Rico. Neurocrine Biosciences reserves the right to rescind, revoke, or amend this program without notice at any time. Void where prohibited, taxed, or otherwise restricted by law. Each patient can enroll in this program once. Your use of this program is acceptance of these terms, conditions and eligibility requirements. If you have any questions, please contact customer support.

Terms, Conditions and Eligibility Requirements

To the Patient: Eligible Patients must have a valid prescription for INGREZZA[®]. No substitutions permitted. Eligible Patients must have commercial insurance coverage for INGREZZA[®]. Patients with commercial insurance coverage that does not provide formulary coverage for INGREZZA[®] are NOT eligible for this Program. Uninsured and cash-paying patients are NOT eligible for this Program. Patients enrolled in any state or federally funded healthcare program, including but not limited to, Medicare, Medigap, Medicaid, VA, DOD, TRICARE, and Puerto Rico Government Health Insurance Plan are NOT eligible for this Program. This Program is restricted to residents of the United States and Puerto Rico. By redeeming this offer, you acknowledge that you are an eligible patient and you understand and agree to comply with the terms and conditions of this offer.

Eligible patients may pay as little as \$0 out of pocket costs on each fill, with a maximum per capsule benefit of \$121 and an annual benefit maximum of \$9,450 per calendar year. If you have any questions regarding your eligibility or benefits, please call the INGREZZA[®] Savings Program at 1-84-INGREZZA.

This Program is not insurance. Void if copied, transferred, purchased, altered or traded, and where prohibited and restricted by law. The Program is not transferable. No substitutions are permitted. The Program form may not be sold, purchased, traded, or counterfeited. Void if reproduced. The Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer. Neurocrine Biosciences, Inc. and its affiliates reserve the right to make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue this Program at any time without notice. Limit one Program enrollment per individual. If you have any questions regarding this Program, your eligibility or benefits or if you wish to discontinue your participation, call the INGREZZA[®] Savings Program at 1-84-INGREZZA.

To the Pharmacist: When you apply this offer, you are certifying that your patient has commercial insurance with coverage for INGREZZA and their prescription is not paid for in whole or in part by any type of government insurance, including but not limited to Medicare, Medigap, Medicaid, VA, DOD, TRICARE, and Puerto Rico Government Health Insurance Plan and that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. The Program benefit cannot be combined with prescription savings cards, discount cards, free trial, or any other financial assistance programs.

Pharmacist Instructions: For SECONDARY claims, process a Coordination of Benefits (COB) using the patient's commercial prescription insurance for the PRIMARY claim. Submit the Secondary claim under BIN: 610020/PCN: PDMI.

For Pharmacy processing questions, please call **1-844-784-1777**.

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