Patient Support Program
Support for patients who are prescribed INGREZZA® (valbenazine) capsules

The INBRACE® Support Program is designed to help patients who are prescribed INGREZZA. From reimbursement verification and financial assistance to prescription fulfillment and product support, the program assists your patients and their caregivers—so they can focus on treatment goals.

INGREZZA Start Program
INGREZZA free trial (one-month supply) is available for new patients

This program is not contingent on a purchase of any kind. Product dispensed under this free trial program may not be submitted for reimbursement to any third-party payer. We reserve the right to modify or cancel the program at any time.

For patients without insurance coverage for INGREZZA
Eligible patients who do not have prescription coverage for INGREZZA and lack the financial resources to pay for their medicine may be able to receive their prescription at no cost through the INGREZZA Patient Assistance Program.

For additional information and resources, visit www.INBRACEsupportprogram.com or call 84-INGREZZA (844-647-3992), 8 AM to 8 PM ET, Monday through Friday.

Please see full Important Safety Information on page 4 and accompanying full Prescribing Information.
To Prescribe INGREZZA® (valbenazine) capsules and Enroll Your Patients

Enrollment
Here are the simple steps to prescribe INGREZZA and enroll your patients in the INBRACE Support Program:
• Download the Treatment Form* at www.INBRACEsupportprogram.com
• Submit completed form via fax (844-394-7155) to the INBRACE Support Program

Delivery
A specialty pharmacy will arrange next-day shipping of the INGREZZA prescription directly to your patient at a location of their choosing.

Benefit Verification
The specialty pharmacy selected will perform the benefit investigations and help you navigate the prior authorization process.

Follow-up
Patients will receive monthly calls from a specialty pharmacy to refill their prescriptions.

INGREZZA Is Available Through Select Pharmacies
INGREZZA capsules are distributed through a select network of pharmacies that will help ensure timely delivery of medication to your patients.†

Pharmacy Providers for INGREZZA

<table>
<thead>
<tr>
<th>Local Pharmacy Network</th>
<th>National Specialty Pharmacies</th>
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<tbody>
<tr>
<td>Genoa Healthcare Pharmacies (onsite pharmacies)</td>
<td>Amber Pharmacy  <a href="http://www.amberpharmacy.com">www.amberpharmacy.com</a>  Phone: 888-370-1724  Fax: 402-896-3774  Hours of operation: 7:00 AM to 7:00 PM (CT), Monday-Friday  8:00 AM to 2:00 PM (CT), Saturday  Pharmacist on-call 24/7</td>
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<td>Local pharmacies  There are many pharmacy options across the nation with access to INGREZZA</td>
<td>Orsini Healthcare  <a href="http://www.orsinihealthcare.com">www.orsinihealthcare.com</a>  Phone: 800-279-1676  Fax: 877-868-1681  Hours of operation: 8:00 AM to 8:00 PM (CT), Monday-Friday  Pharmacist on-call 24/7</td>
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<td>PANTHER® Specialty Pharmacy  <a href="http://www.pantherspecialty.com">www.pantherspecialty.com</a>  Phone: 844-221-3777  Fax: 844-364-6394  Hours of operation: 8:00 AM to 8:00 PM (ET), Monday–Friday  Pharmacist on-call 24/7</td>
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*On page 3, you will find a sample annotated treatment form to reference when you submit the form to the INBRACE Support Program.
†You can also ePrescribe to the specialty pharmacies listed above.

Please see full Important Safety Information on page 4 and accompanying full Prescribing Information.
The INGREZZA® (valbenazine) capsules Treatment Form

Our simple process starts with the INGREZZA Treatment Form, which both enrolls patients into the INBRACE® Support Program and serves as their prescription for INGREZZA. The sample Treatment Form below has been pre-populated to help provide guidance for when you submit the form to the INBRACE Support Program.

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### 1. PATIENT INFORMATION

- **First Name:** John  
- **Last Name:** Doe  
- **DOB:** 01/01/0000  
- **Address:** 123 Main Street  
- **City:** Anytown  
- **State:** CA  
- **ZIP:** 92001  
- **Preferred Phone:** 123-457-7890  
- **Alternate Phone:** 123-457-7890  
- **Email:** johnjoe@email.com

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### 2. PATIENT INSURANCE INFORMATION

- **Policyholder Name & DOB:** John Doe Jr. 01-01-0000 1111
- **Cardholder ID #:** 99999
- **Medical Insurance Name:** Any Insurance
- **Prescription Insurance Name:** Any Plan
- **Phone:** 111-222-3333  
- **Prescriber NPI #:** 12345
- **Provider Phone:** 555-555-5555
- **Facility Name:** Any Group  
- **City:** Anytown  
- **State:** CA  
- **ZIP:** 92001

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### 3. CLINICAL INFORMATION

- **Primary Diagnosis Code Category:** Tardive Dyskinesia (G24.01)  
- **Other diagnosis:** None
- **Allergies:** None
- **Refills #:** 40 mg once daily  
- **Prefered Phone:** 123-457-7890

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### 4. PRESCRIPTION FOR INGREZZA (valbenazine) CAPSULES

- **Initial Rx with 80 mg Maintenance Rx:** 80 mg once daily  
- **INGREZZA Maintenance Rx:** 80 mg once daily
- **INGREZZA Initial Rx:** 80 mg once daily  
- **Refills #:** 40 mg once daily  
- **80 mg Maintenance Rx Only**: 80 mg once daily
- **Prescription Name:** Michael Smith
- **Address:** 456 Elm Street  
- **City:** Anytown  
- **State:** CA  
- **ZIP:** 92001
- **Office Contact Name:** Liz Jones  
- **Phone:** 555-555-5555

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### 5. PRESCRIBER INFORMATION

- **Prescriber NPI #:** XXX1111
- **Facility Name:** Any Group  
- **Provider Phone:** 222-222-2222

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### 6. PRESCRIBER CERTIFICATION

- **Prescriber Signature:** Michael Smith  
- **Date:** 02/02/2000

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For additional information, visit www.INBRACEsupportprogram.com or call 84-INGREZZA (844-647-3992), 8 AM to 8 PM ET, Monday through Friday.
**Important Information**

**INDICATION & USAGE**

INGREZZA® (valbenazine) capsules is indicated for the treatment of adults with tardive dyskinesia.

**IMPORTANT SAFETY INFORMATION**

**CONTRAINDICATIONS**

INGREZZA is contraindicated in patients with a history of hypersensitivity to valbenazine or any components of INGREZZA. Rash, urticaria, and reactions consistent with angioedema (e.g., swelling of the face, lips, and mouth) have been reported.

**WARNINGS & PRECAUTIONS**

**Somnolence**

INGREZZA can cause somnolence. Patients should not perform activities requiring mental alertness such as operating a motor vehicle or operating hazardous machinery until they know how they will be affected by INGREZZA.

**QT Prolongation**

INGREZZA may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. INGREZZA should be avoided in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval. For patients at increased risk of a prolonged QT interval, assess the QT interval before increasing the dosage.

**Parkinsonism**

INGREZZA may cause parkinsonism in patients with tardive dyskinesia. Parkinsonism has also been observed with other VMAT2 inhibitors. Reduce the dose or discontinue INGREZZA treatment in patients who develop clinically significant parkinson-like signs or symptoms.

**ADVERSE REACTIONS**

The most common adverse reaction (≥5% and twice the rate of placebo) is somnolence. Other adverse reactions (≥2% and >placebo) include: anticholinergic effects, balance disorders/falls, headache, akathisia, vomiting, nausea, and arthralgia.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch at www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying INGREZZA full Prescribing Information or visit www.INGREZZAHCP.com/PI