INBRACE™

Support that surrounds you with care.

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® (valbenazine) capsules | Savings Program

$0

Eligible patients may qualify for a $0 copay on their INGREZZA prescription*

*This offer is valid only for patients who have commercial (nongovernment funded) insurance. Additional terms and conditions apply.

INGREZZA Start Program

INGREZZA free trial (37-day 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, 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.

INGREZZA® (valbenazine) capsules

The Prescription Process for INGREZZA® (valbenazine) capsules

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**) or email** 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 Specialty Pharmacies

Neurocrine Biosciences has contracted with a select network of specialty pharmacies that will help ensure timely delivery of INGREZZA directly to your patients.

Specialty Pharmacy Providers for INGREZZA

Amber Pharmacy	Orsini Healthcare	PANTHER$_x$® Specialty Pharmacy
www.amberpharmacy.com Phone: 888-370-1724 Fax: 402-896-3774	www.orsinihealthcare.com Phone: 800-279-1676 Fax: 877-868-1681	www.pantherspecialty.com Phone: 844-221-3777 Fax: 844-364-6394
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	Hours of operation: 8:30 AM to 5:00 PM (CT), Monday–Friday Pharmacist on-call 24/7	Hours of operation: 8:00 AM to 8:00 PM (EST), Monday–Friday Pharmacist on-call 24/7

*On page 3, you will find a sample annotated treatment form to provide guidance when you submit the form to the INBRACE Support Program.
**If your email system is set up to be in compliance with the HIPAA Security Rule (45 CFR 164.302 – 318), you may also email the Treatment Form (neurocrine@sonexushealth.com).

Please see full Important Safety Information on page 4 and accompanying full Prescribing Information.

INGREZZA® (valbenazine) capsules

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.

Enter patient information

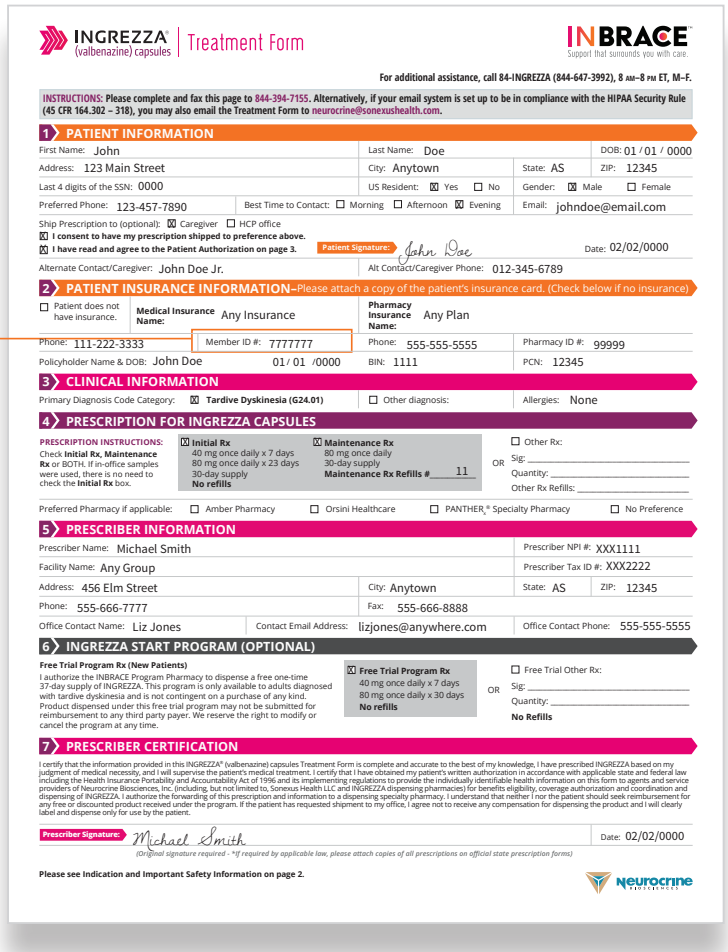
Enter member ID number

Enter diagnosis and clinical information

Enter prescription information

Enter prescriber information

Sign and date (prescriber)



INGREZZA® (valbenazine) capsules | Treatment Form

INBRACE™ Support That Surrounds You with Care.

For additional assistance, call 84-INGREZZA (844-647-3992), 8 AM–8 PM ET, M–F.

INSTRUCTIONS: Please complete and fax this page to 844-394-7155. Alternatively, if your email system is set up to be in compliance with the HIPAA Security Rule (45 CFR 164.302 – 318), you may also email the Treatment Form to neurocrine@sonexushealth.com.

1 PATIENT INFORMATION

First Name: John | Last Name: Doe | DOB: 01 / 01 / 0000
Address: 123 Main Street | City: Anytown | State: AS | ZIP: 12345
Last 4 digits of the SSN: 0000 | US Resident: ☒ Yes ☐ No | Gender: ☒ Male ☐ Female
Preferred Phone: 123-457-7890 | Best Time to Contact: ☐ Morning ☐ Afternoon ☒ Evening | Email: johndoe@email.com
Ship Prescription to (optional): ☒ Caregiver ☐ HCP office
☒ I consent to have my prescription shipped to preference above.
☒ I have read and agree to the Patient Authorization on page 3.
Patient Signature: John Doe | Date: 02/02/0000
Alternate Contact/Caregiver: John Doe Jr. | Alt Contact/Caregiver Phone: 012-345-6789

2 PATIENT INSURANCE INFORMATION–Please attach a copy of the patient's insurance card. (Check below if no insurance)

☐ Patient does not have insurance.
Medical Insurance Name: Any Insurance | Pharmacy Insurance Name: Any Plan
Phone: 111-222-3333 | Member ID #: 7777777 | Phone: 555-555-5555 | Pharmacy ID #: 99999
Policyholder Name & DOB: John Doe 01/ 01 /0000 | BIN: 1111 | PCN: 12345

3 CLINICAL INFORMATION

Primary Diagnosis Code Category: ☒ Tardive Dyskinesia (G24.01) | ☐ Other diagnosis: | Allergies: None

4 PRESCRIPTION FOR INGREZZA CAPSULES

PRESCRIPTION INSTRUCTIONS: Check **Initial Rx, Maintenance Rx** or BOTH. If in-office samples were used, there is no need to check the **Initial Rx** box.

☒ **Initial Rx**
40 mg once daily x 7 days
80 mg once daily x 23 days
30-day supply
No refills

☒ **Maintenance Rx**
80 mg once daily
30-day supply
Maintenance Rx Refills # 11

OR ☐ Other Rx:
Sig: _____
Quantity: _____
Other Rx Refills: _____

Preferred Pharmacy if applicable: ☐ Amber Pharmacy ☐ Orsini Healthcare ☐ PANTHER® Specialty Pharmacy ☐ No Preference

5 PRESCRIBER INFORMATION

Prescriber Name: Michael Smith | Prescriber NPI #: XXX1111
Facility Name: Any Group | Prescriber Tax ID #: XXX2222
Address: 456 Elm Street | City: Anytown | State: AS | ZIP: 12345
Phone: 555-666-7777 | Fax: 555-666-8888
Office Contact Name: Liz Jones | Contact Email Address: lizjones@anywhere.com | Office Contact Phone: 555-555-5555

6 INGREZZA START PROGRAM (OPTIONAL)

Free Trial Program Rx (New Patients)
I authorize the INBRACE Program Pharmacy to dispense a free one-time 37-day supply of INGREZZA. This program is only available to adults diagnosed with tardive dyskinesia and 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.

☒ **Free Trial Program Rx**
40 mg once daily x 7 days
80 mg once daily x 30 days
No refills

OR ☐ Free Trial Other Rx:
Sig: _____
Quantity: _____
No Refills

7 PRESCRIBER CERTIFICATION

I certify that the information provided in this INGREZZA® (valbenazine) capsules Treatment Form is complete and accurate to the best of my knowledge, I have prescribed INGREZZA based on my judgment of medical necessity, and I will supervise the patient's medical treatment. I certify that I have obtained my patient's written authorization in accordance with applicable state and federal law including the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations to provide the individually identifiable health information on this form to agents and service providers of Neurocrine Biosciences, Inc. (including, but not limited to, Sonexus Health LLC and INGREZZA dispensing pharmacies) for benefits eligibility, coverage authorization and coordination and dispensing of INGREZZA. I authorize the forwarding of this prescription and information to a dispensing specialty pharmacy. I understand that neither I nor the patient should seek reimbursement for any free or discounted product received under the program. If the patient has requested shipment to my office, I agree not to receive any compensation for dispensing the product and I will clearly label and dispense only for use by the patient.

Prescriber Signature: Michael Smith | Date: 02/02/0000
(Original signature required - *If required by applicable law, please attach copies of all prescriptions on official state prescription forms)

Please see Indication and Important Safety Information on page 2.

Neurocrine Biosciences

Sign and date (patient)

If applicable, complete alternative contact/caregiver information

INGREZZA Start Program information and selection

For additional information, 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.

INGREZZA® (valbenazine) capsules

Important Information

INDICATION & USAGE

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

IMPORTANT SAFETY INFORMATION

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.

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 attached INGREZZA full Prescribing Information or visit www.INGREZZA.com/HCP

INGREZZA® (valbenazine) capsules

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