INBRACE® SUPPORT PROGRAM

ONCE-DAILY INGREZZA® (valbenazine) capsules

Many paths, one goal: access for every patient prescribed INGREZZA® (valbenazine) capsules

From prescription fulfillment to financial assistance options and product support, the **INBRACE® Support Program** assists patients and their care partners—so they can focus on treatment goals.

Getting your patient started on INGREZZA right away

INGREZZA Start Program*

Request a free trial for your patient through the INGREZZA Start Program

*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.

Most patients pay less than $10 out of pocket for INGREZZA[1]

INGREZZA Savings Program†

$0 Eligible commercial patients may qualify for a $0 copay on their INGREZZA prescription through the INGREZZA Savings Program.†

†This offer is valid only for patients with commercial (nongovernment-funded) insurance. Additional terms and conditions apply.

No Insurance -or- No Prescription Coverage for INGREZZA

Eligible patients who do not have prescription drug coverage for INGREZZA and who 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.**‡

‡Additional terms and conditions apply.

Reference: 1. Data on file as of Q1 2021. Neurocrine Biosciences, Inc.

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

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

Prescribing INGREZZA® (valbenazine) capsules

1 Writing the Script

- You can ePrescribe to our dedicated network of pharmacies
- You can also download the Treatment Form* at **www.INBRACEsupportprogram.com** and submit the completed form via fax **(844-394-7155)** to the INBRACE Support Program

2 Navigating the Prior Authorization (PA) Process

- CoverMyMeds® is an electronic prior authorization (ePA) solution that helps patients get the medication they need by streamlining the PA process for providers and pharmacists
- Our **Regional Patient Access Managers (R-PAMs)** can help you navigate through the PA process

3 Dedicated Network of Pharmacies

The added service and support of a dedicated network of pharmacies (full list provided below).

4 Delivery

The pharmacy arranges delivery of INGREZZA or the patient may pick up their prescription.

Dedicated Network of Pharmacies

INGREZZA capsules are available through a select network of pharmacies providing the highest level of service and support to you and your patients.†

National Specialty Pharmacies		
Amber Specialty Pharmacy www.amberpharmacy.com **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 **NPI #:** 1770586349	**Orsini Specialty Pharmacy** www.orsinispecialtypharmacy.com **Phone:** 800-279-1676 **Fax:** 877-868-1681 **Hours of operation:** 8:00 AM to 6:30 PM (CT), Monday–Friday Pharmacist on-call 24/7 **NPI #:** 1073608998	**PANTHER$_x$ RARE** www.pantherxrare.com **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 **NPI #:** 1316213531

Local Pharmacy Network	
Genoa Healthcare Pharmacies (onsite pharmacies) www.genoahealthcare.com **Phone:** (855) 657-6554, option 2	**Local pharmacies** There are many pharmacy options across the nation with access to INGREZZA

Your Neurocrine representative may be able to provide you with contact information for local pharmacies that have access to INGREZZA.

*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 national pharmacies listed above.

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ONCE-DAILY INGREZZA® (valbenazine) capsules

The INGREZZA® (valbenazine) capsules Treatment Form

You can use 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

Check only one Rx box and complete additional information, if applicable

Enter prescriber information

Sign and date (prescriber)

Check applicable boxes, sign, and date (patient)

ONCE-DAILY INGREZZA® (valbenazine) capsules

TREATMENT FORM

INBRACE® SUPPORT PROGRAM

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.

1 PATIENT INFORMATION

First Name: John	Last Name: Doe	Last 4 digits of the SSN: 1234	DOB: 01/01/0000
Address: 123 Main Street	City: Anytown	State: AS	ZIP: 12345
Preferred Phone: 123-457-7890	Mobile Phone? ■ Yes ☐ No	Gender: ■ Male	☐ Female
Alternate Phone: 123-457-7890	Email: johndoe@email.com		
Alternate Contact/Care Partner: John Doe Jr.	Alternate Contact/Care Partner Phone: 012-345-6789		

(Optional) I consent to have my prescription shipped to: ■ Care Partner ☐ HCP office

Patient Signature: *John Doe* Date: 02/02/0000

By signing here, I authorize the use and disclosure of my PHI as set forth in the HIPAA Authorization on page 3.

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		**Prescription Insurance Name:** Any Plan
Phone: 111-222-3333	Cardholder ID #: 7777777	Phone: 555-555-5555	Cardholder 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 (valbenazine) CAPSULES

PRESCRIPTION INSTRUCTIONS: Check one Rx box below.

☑ **Initial Rx with 80 mg Maintenance Rx**
40 mg once daily x 7 then 80 mg once daily x 23. **No refills.**
80 mg once daily. 1-month supply. **Refills #** 11

OR

☐ **Initial Rx with 40 mg Maintenance Rx**
40 mg once daily 1-month supply. **Refills #**____

OR

☐ **60 mg Maintenance Rx Only***
60 mg once daily 1-month supply. **Refills #**____

OR

☐ **80 mg Maintenance Rx Only***
80 mg once daily 1-month supply. **Refills #**____

☐ **Other Rx** Sig: _____ Quantity: ____ Other Rx Refills:____

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

*If 40 mg in-office samples were used, you may choose to select 60 mg or 80 mg Maintenance Rx Only.

5 PRESCRIBER INFORMATION

Prescriber Name: Michael Smith			Prescriber NPI #: XXX1111
Facility Name: Any Group			Provider Phone: 222-222-2222
Address: 456 Elm Street	City: Anytown	State: AS	ZIP: 12345
Office Contact Name: Liz Jones	Phone: 555-555-5555	Fax: 333-333-3333	Email: lizjones@anywhere.com

6 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, where required by federal and/or state law, I have obtained my patient's written legal permission to share identifiable information with Neurocrine Biosciences, Inc., its agents and pharmacies, including but not limited to the INBRACE Support Program Pharmacy and the pharmacies listed in Section 4 above. I authorize the forwarding of this prescription and information to a dispensing specialty pharmacy. 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

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

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ONCE-DAILY INGREZZA® (valbenazine) capsules

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