



**INGREZZA**<sup>®</sup>  
(valbenazine) capsules



**INGREZZA**<sup>®</sup>  
**SPRINKLE**  
(valbenazine) capsules

## Thank you for Enrolling in the INGREZZA Savings Program.



Please see INGREZZA full [Prescribing Information](#), including [Boxed Warning](#) and [Medication Guide](#).

You can begin using this activated card immediately. Use your INGREZZA<sup>®</sup> (valbenazine) capsules/INGREZZA<sup>®</sup> SPRINKLE (valbenazine) capsules Savings Card to receive savings on your prescription. Your use of this Program is acceptance of the following Terms, Conditions, and Eligibility requirements. If you have any questions, please contact the INGREZZA<sup>®</sup> Savings Program at 1-84-INGREZZA.

### 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, however, limitations, including monthly or per capsule maximums, may apply. Subject to all other terms and conditions, the maximum annual benefit that may be available solely for the patient's benefit under the Program is up to the ACA annual individual out-of-pocket maximum per calendar year, regardless whether the patient's health plan or prescription is subject to such maximum. Only the eligible patient using the Program may receive the funds made available through the Program. The Program is not intended for third parties who reduce the amount available to the patient or take a portion for their own purposes. The actual application and use of the Program may vary on a monthly, quarterly, or annual basis depending on each individual patient's plan of insurance and other prescription drug costs.

This Program is not insurance. The Program is void if copied, reproduced, transferred, purchased, sold, altered, counterfeited, traded, or where taxed, prohibited or restricted by law. No substitutions are permitted. The Program cannot be combined with any other financial assistance program, coupon, 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 wish to discontinue your participation, call the INGREZZA<sup>®</sup> 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 cannot be combined with any other financial assistance program, coupon, free trial, discount, prescription savings card, or other offer.

**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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