



One goal: Access for every patient prescribed INGREZZA

INGREZZA coverage is approved for more than 85% of patients nationwide¹

~90% of patients pay \$10 or less for INGREZZA²

Choosing the right pharmacy matters. INGREZZA is available through a carefully selected network of pharmacies with dedicated teams that can:

- ✓ Conduct benefit investigations
- ✓ Provide information on financial assistance
- ✓ Assist in navigating insurance requirements
- ✓ Help ensure timely delivery
- ✓ Initiate proactive patient outreach for prescription refills

Financial assistance options may be available to help your patients start and stay on treatment:



INGREZZA Savings Program*

Eligible patients may pay **as little as a \$0 copay** for their INGREZZA prescription



INGREZZA Patient Assistance Program*

Eligible patients with no insurance, no prescription coverage for INGREZZA, or who demonstrate a qualifying financial need may be able to receive their prescription at no cost

The following options are available to help obtain coverage for your patients prescribed INGREZZA:



Contact your local Neurocrine Regional Patient Access Manager (RPAM)

Dedicated live local RPAMs are available to provide personalized access support to you and your staff. Click here <https://ingrezza.neurocrineaccesssupport.com/hcp/regional-patient-access-managers/> to connect with your local RPAM



CoverMyMeds can help initiate a prior authorization (PA)

Call 1-866-452-5017 or visit go.covermymeds.com/help for questions and live chats

*Additional terms and conditions apply.

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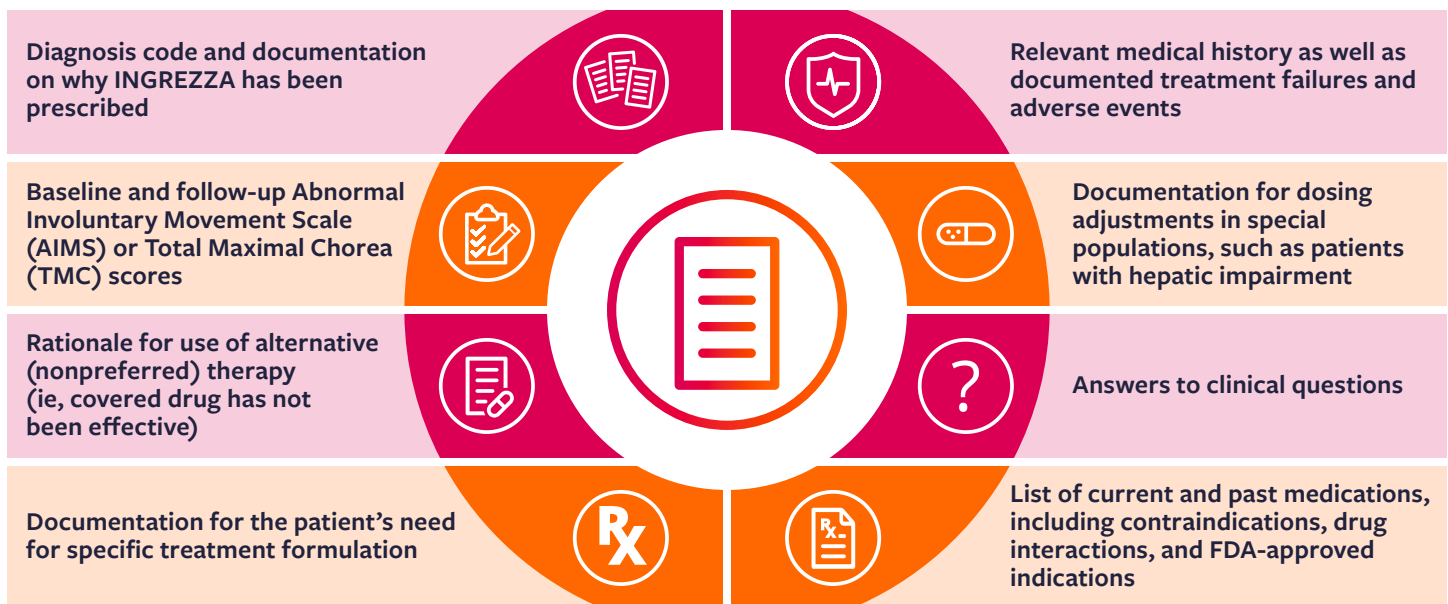


You and your patients always have the right to choose INGREZZA

INGREZZA prescriptions are approved for over 85% of patients, regardless of formulary status.¹ Over 90% of Medicare Part D prescriptions are approved nationwide³

In the low chance of denial, the majority of subsequent appeals are successful!⁴ Once approved, your patient should be able to access INGREZZA for the rest of the enrollment year.⁵

Key information you may need to provide for a PA or appeal



Remember, you are NOT required to change your patient's therapy at the request of the patient's insurance company. If you get a plan denial, just say NO and file an appeal.

Your RPAM is available to help you navigate coverage requirements, regardless of insurance coverage. For more information or for assistance navigating access to INGREZZA for your patients, please contact your RPAM.

Please visit the RPAM page on the [Neurocrine Access Support](#) website.



References: **1.** Data on file; 05/2025. Neurocrine Biosciences, Inc. **2.** Data on file; 09/2024 through 02/2025. Neurocrine Biosciences, Inc. **3.** Data on file; 05/2023 through 08/2025. Neurocrine Biosciences, Inc. **4.** CoverMyMeds. HubExpress Health. August 2025. **5.** Centers for Medicare & Medicaid Services. Part D drugs and formulary requirements. In: Medicare Prescription Drug Benefit Manual. Revision 18. US Department of Health & Human Services; 2016:chap 6. Accessed August 19, 2025. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>

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