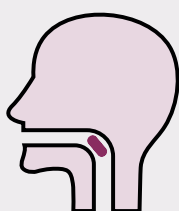


## The **ONLY** TD treatment to offer a sprinkle formulation<sup>2</sup>

Consider if your patients/residents with TD  
could benefit from a sprinkle formulation



Digital rendering  
Not actual size



Patients with TD  
can suffer from  
**IMPAIRED SWALLOWING<sup>3,4</sup>**

Among adult patients/residents:

**UP TO  
~40%**

**report DIFFICULTIES  
IN SWALLOWING**

**pills, tablets, and capsules<sup>5-7</sup>**

According to 3 surveys of 1882 total adults.  
Studies were not specific to patients/residents with TD.

### Important Information

#### INDICATION & USAGE

INGREZZA<sup>®</sup> (valbenazine) capsules and INGREZZA<sup>®</sup> SPRINKLE (valbenazine) capsules are indicated in adults for the treatment of tardive dyskinesia and for the treatment of chorea associated with Huntington's disease.

#### IMPORTANT SAFETY INFORMATION

**Depression and Suicidality in Patients with Huntington's Disease:** VMAT2 inhibitors, including INGREZZA and INGREZZA SPRINKLE, can increase the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington's disease. Balance the risks of depression and suicidality with the clinical need for treatment of chorea. Closely monitor patients for the emergence or worsening of depression, suicidal ideation, or unusual changes in behavior. Inform patients, their caregivers, and families of the risk of depression and suicidal ideation and behavior and instruct them to report behaviors of concern promptly to the treating physician. Exercise caution when treating patients with a history of depression or prior suicide attempts or ideation, which are increased in frequency in patients with Huntington's disease.

#### CONTRAINDICATIONS

INGREZZA and INGREZZA SPRINKLE are contraindicated in patients with a history of hypersensitivity to valbenazine or any components of INGREZZA or INGREZZA SPRINKLE.

#### WARNINGS & PRECAUTIONS

##### Hypersensitivity Reactions

Hypersensitivity reactions, including cases of angioedema involving the larynx, glottis, lips, and eyelids, have been reported in patients after taking the first or subsequent doses of INGREZZA. Angioedema associated with laryngeal edema can be fatal. If any of these reactions occur, discontinue INGREZZA or INGREZZA SPRINKLE.

##### Somnolence and Sedation

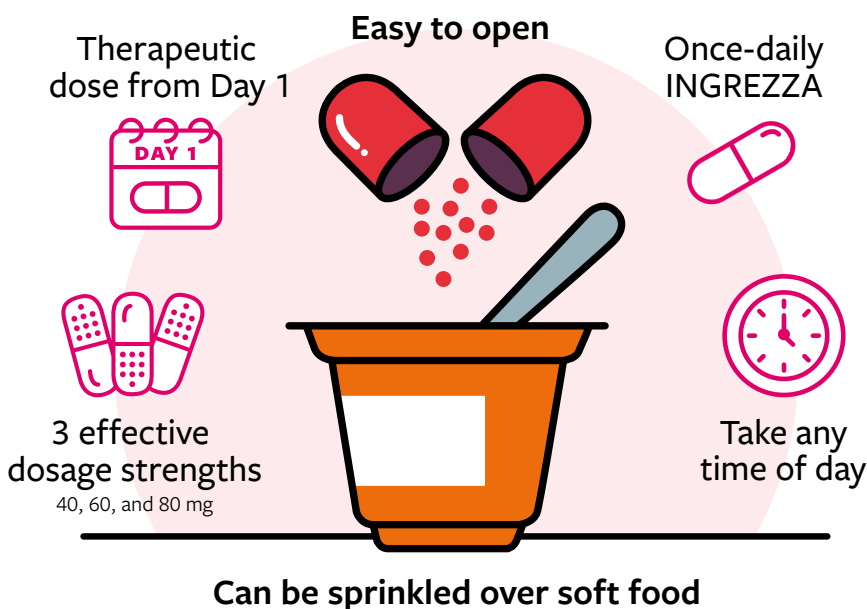
INGREZZA and INGREZZA SPRINKLE can cause somnolence and sedation. Patients should not perform activities requiring mental alertness such as operating a motor vehicle or operating hazardous machinery until they know how they will be affected by INGREZZA or INGREZZA SPRINKLE.

##### QT Prolongation

INGREZZA and INGREZZA SPRINKLE may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. INGREZZA and INGREZZA SPRINKLE 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.

**Please see additional Important Safety Information and accompanying full Prescribing Information, including Boxed Warning.**

**Give your patients the benefit  
of INGREZZA SPRINKLE**



**SCAN TO LEARN  
MORE ABOUT  
INGREZZA SPRINKLE**

**IMPORTANT SAFETY INFORMATION (continued)**

**WARNINGS & PRECAUTIONS**

**Neuroleptic Malignant Syndrome**

A potentially fatal symptom complex referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with drugs that reduce dopaminergic transmission, including INGREZZA. The management of NMS should include immediate discontinuation of INGREZZA or INGREZZA SPRINKLE, intensive symptomatic treatment and medical monitoring, and treatment of any concomitant serious medical problems. If treatment with INGREZZA or INGREZZA SPRINKLE is needed after recovery from NMS, patients should be monitored for signs of recurrence.

**Parkinsonism**

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

**ADVERSE REACTIONS**

The most common adverse reaction in patients with tardive dyskinesia ( $\geq 5\%$  and twice the rate of placebo) is somnolence.

The most common adverse reactions in patients with chorea associated with Huntington's disease ( $\geq 5\%$  and twice the rate of placebo) are somnolence/lethargy/sedation, urticaria, rash, and insomnia.

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

**Dosage Forms and Strengths:** INGREZZA and INGREZZA SPRINKLE are available in 40 mg, 60 mg, and 80 mg capsules.

**Please see full Prescribing Information, including Boxed Warning.**

**REFERENCES:** 1. Data on file as of Q3 2023. Neurocrine Biosciences, Inc. 2. INGREZZA [package insert]. San Diego, CA: Neurocrine Biosciences, Inc. 3. Yassa R, Jones BD. Complications of tardive dyskinesia: a review. *Psychosomatics*. 1985;26(4):305-313. 4. Wilkinson JM, Codipilly DC, Wilfahrt RP. Dysphagia: Evaluation and Collaborative Management. *Am Fam Physician*. 2021;103(2):97-106. 5. 40% of American adults report experiencing difficulty swallowing pills. News release. Harris Interactive. January 15, 2004. Accessed May 30, 2024. <https://web.archive.org/web/20150613012752/https://www.prnewswire.com/news-releases/40-of-american-adults-report-experiencing-difficulty-swallowing-pills-58973047.html>. 6. Schiele JT, Quinzler R, Klimm HD, Pruszydlo MG, Haefeli WE. Difficulties swallowing solid oral dosage forms in a general practice population: prevalence, causes, and relationship to dosage forms. *Eur J Clin Pharmacol*. 2013;69(4):937-948. 7. Radhakrishnan C, Sefidani Forough A, Cichero JAY, et al. A difficult pill to swallow: An investigation of the factors associated with medication swallowing difficulties. *Patient Prefer Adherence*. 2021;15:29-40.