Vesicular Monoamine
Transporter 2 (VMAT2)
Inhibitors Chart
Extraction/Clinician Survey



VMAT2 Inhibitors Chart Extraction/Clinician Survey: Study Methodology

- Objective: to describe the impact of TD and treatment outcomes (social and physical/functional) in patients who were treated with a VMAT2 inhibitor for TD
- Clinicians who prescribed valbenazine within the past 24 months were invited to complete a survey and provide 1–10 patient charts (treated with a VMAT2 inhibitor for TD) from 7/24/2019 - 8/30/2019 for data extraction
- Patient inclusion criteria: ≥18 years old, ≥2 months of being treated with a VMAT2 inhibitor (valbenazine, deutetrabenazine, or tetrabenazine)
- Survey data included:
 - TD symptomatology and impact
 - Psychiatric condition (primary and comorbid)
 - Treatment outcomes (social and physical)
- Chart data included:
 - Demographics
 - Treatment with any VMAT2 inhibitor (valbenazine, deutetrabenazine, tetrabenazine)
 - Antipsychotic treatment

VMAT2 Inhibitors Chart Extraction/Clinician Survey: Patient Characteristics^{1,2}

Characteristics	Patients (N=601)
Mean age, years	50.6
Currently taking antipsychotics ^a	70%
TD attributed to metoclopramide	2.5%
Primary psychiatric condition ^b	
Schizophrenia	32%
Bipolar disorder	29%
Schizoaffective disorder	23%
Major depressive disorder	11%
Psychiatric comorbidities	
Depression	28%
Anxiety disorder	33%
Substance abuse	18%
VMAT2 inhibitor	
Valbenazine	69%
Deutetrabenazine	28%
Tetrabenazine	3%

- 163 clinicians (113 psychiatry, 46 neurology, 4 primary care) provided data for 601 adult TD patients
- 50% of patients were female; 67% were ≥45 years old

^aBased on the past 12 months. 20% of patients discontinued antipsychotics in the past 12 months; 10% received no antipsychotics.

^bBased on 542 patients who took an antipsychotic in the past 12 months. Categories were not mutually exclusive for comorbidities.

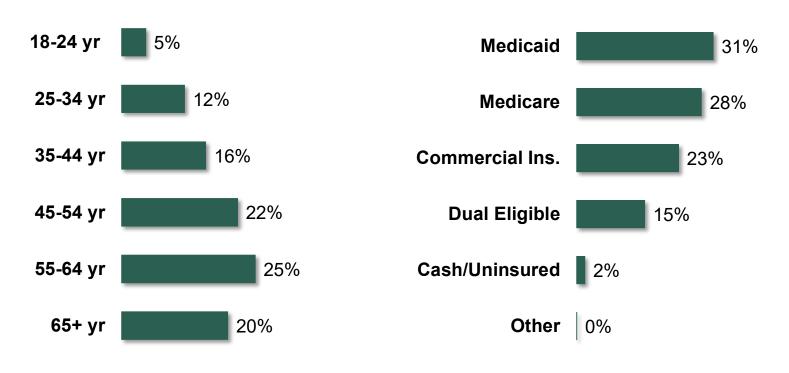
VMAT2, Vesicular Monoamine Transporter 2..

^{1.} Lundt L et al. AAN 2020. May 2020. 2. Data on File. Neurocrine Biosciences, Inc.

VMAT2 Inhibitors Chart Extraction/Clinician Survey: Patient Characteristics

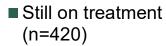
Age (n=601, % of patients)

Primary Payor (n=601, % of patients)

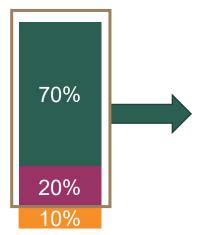


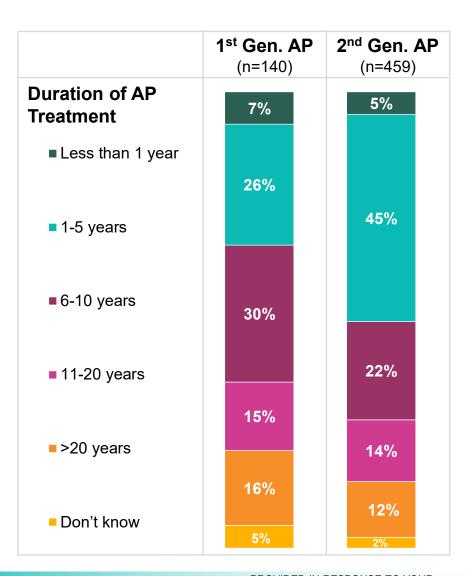
VMAT2 Inhibitors Chart Extraction/Clinician Survey: Patient Characteristics

Antipsychotic (AP) Treatment



- Discontinued treatment (n=122)
- Never on treatment (n=59)



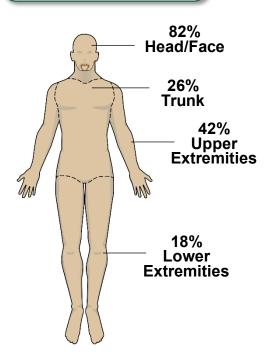


TD, tardive dyskinesia; VMAT2, Vesicular Monoamine Transporter 2.

^{1.} Data on File. Neurocrine Biosciences, Inc.

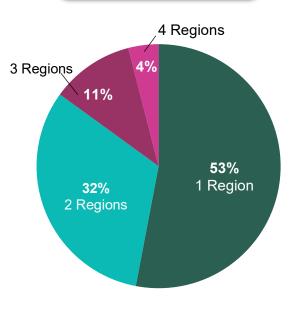
VMAT2 Inhibitors Chart Extraction/Clinician Survey: Patient's TD Characteristics

82% had TD symptoms in the head/face



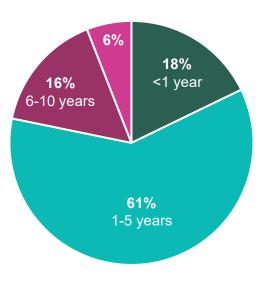
TD Symptoms by Body Region (N=601)

47% had TD symptoms in >1 region



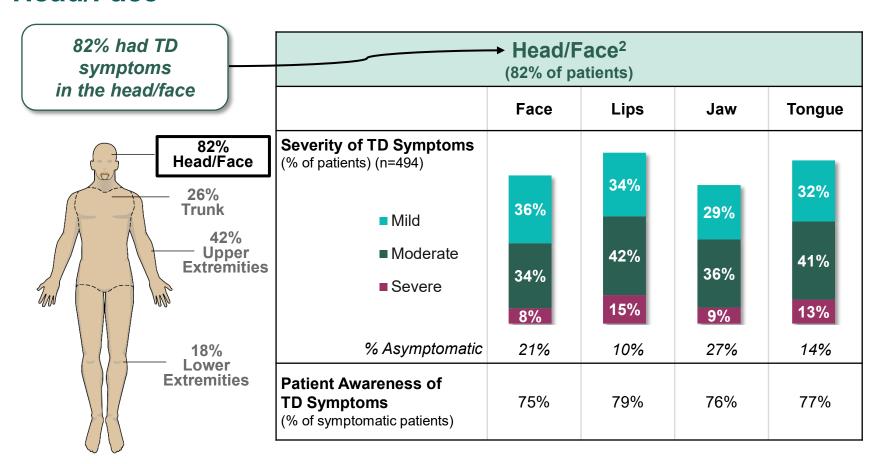
Number of Body Regions (N=601)

61% had TD symptoms for 1-5 years



Duration of TD Symptoms (N=601)

VMAT2 Inhibitors Chart Extraction/Clinician Survey: TD Severity & Awareness in Patients with TD Symptoms in the Head/Face

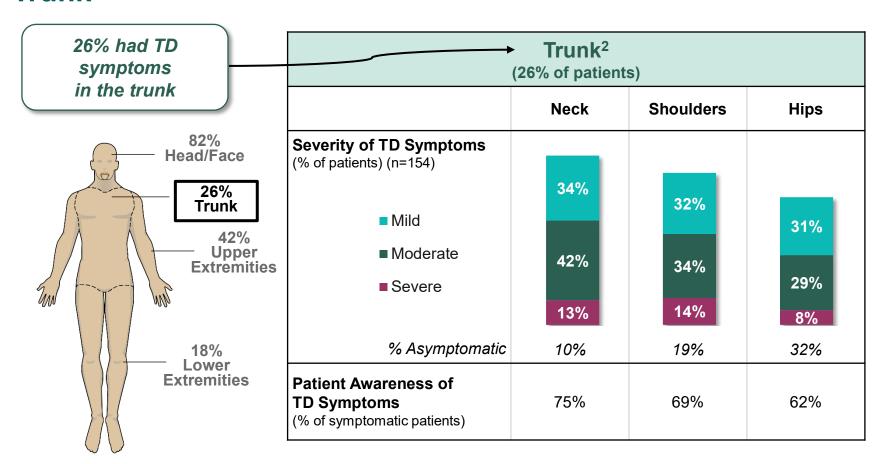


TD Symptoms by Body Region (N=601)

TD, tardive dyskinesia; VMAT2, Vesicular Monoamine Transporter 2.

^{1.} Lundt L et al. AAN 2020. May 2020. 2. Data on File. Neurocrine Biosciences, Inc.

VMAT2 Inhibitors Chart Extraction/Clinician Survey: TD Severity & Awareness in Patients with TD Symptoms in the Trunk



TD Symptoms by Body Region (N=601)

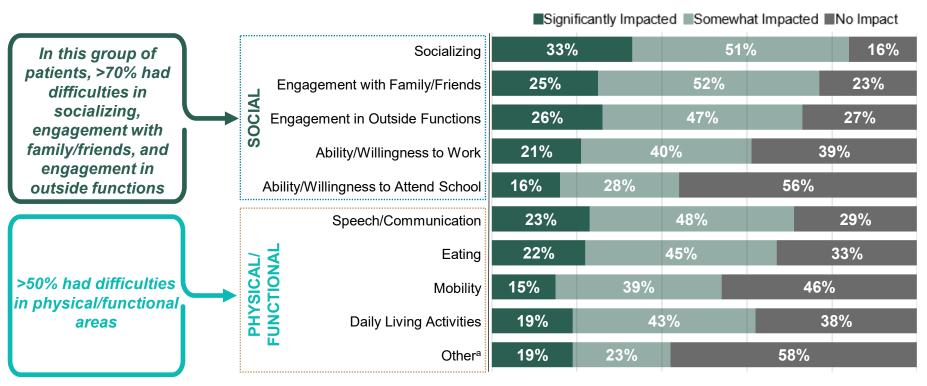
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^{1.} Lundt L et al. AAN 2020. May 2020. 2. Data on File. Neurocrine Biosciences, Inc.

VMAT2 Inhibitors Chart Extraction/Clinician Survey: Impact of TD on Patients

Clinician's assessment on the impact of TD on patients

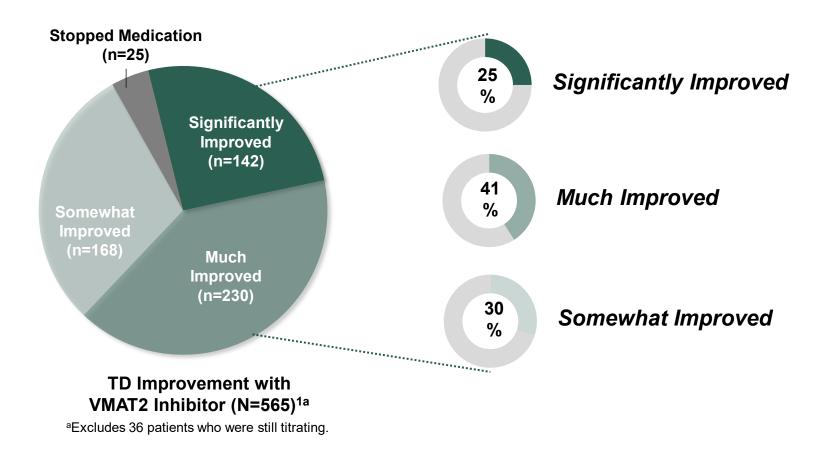
Percentage of Patients (N=601)



^a Based on 43 patients

VMAT2 Inhibitors Chart Extraction/Clinician Survey: TD Improvement after Starting a VMAT2 Inhibitor

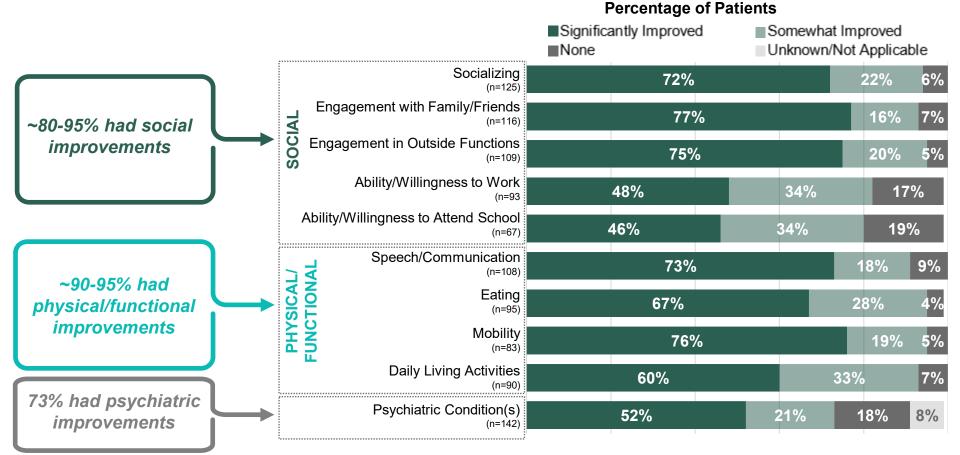
Clinician's assessment on changes in patient's TD symptoms since starting treatment with a VMAT2 inhibitor



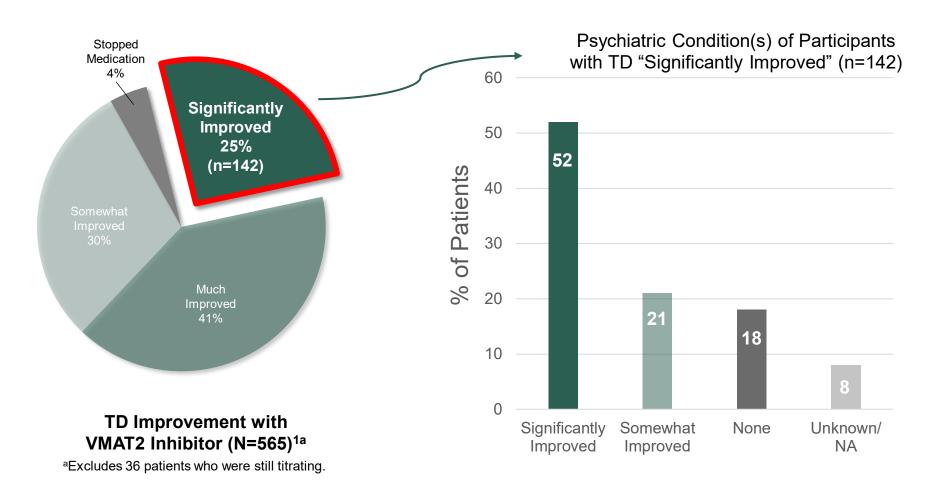
VMAT2 Inhibitors Chart Extraction/Clinician Survey: Treatment Outcomes in "Significantly Improved" TD Group



Social and physical/functional outcomes of TD patients who had "significant improvement" in their TD symptoms as a consequence of treatment with a VMAT2 inhibitor



VMAT2 Inhibitors Chart Extraction/Clinician Survey: Psychiatric Condition(s) Outcomes in Participants with TD "Significantly Improved" after Starting a VMAT2 Inhibitor

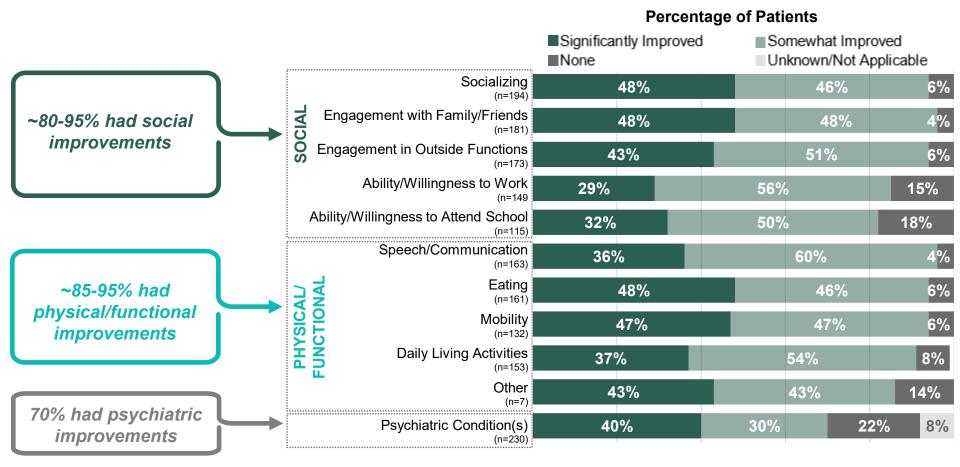


TD, tardive dyskinesia; VMAT2, Vesicular Monoamine Transporter 2; NA, not applicable. Lundt L et al. AAN 2020. May 2020

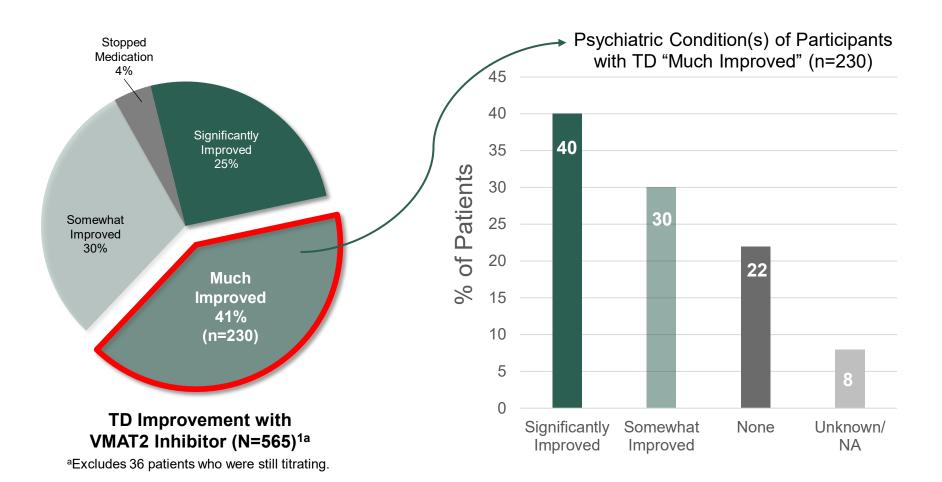
VMAT2 Inhibitors Chart Extraction/Clinician Survey: Treatment Outcomes in "Much Improved" TD Group



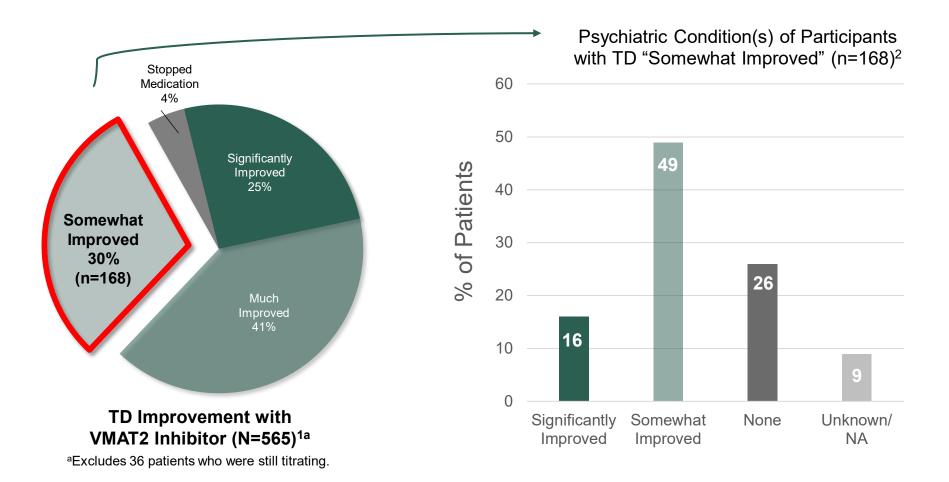
Social and physical/functional outcomes of TD patients who had "much improvement" in their TD symptoms as a consequence of treatment with a VMAT2 inhibitor



VMAT2 Inhibitors Chart Extraction/Clinician Survey: Psychiatric Condition(s) Outcomes in Participants with TD "Much Improved" after Starting a VMAT2 Inhibitor



VMAT2 Inhibitors Chart Extraction/Clinician Survey: Psychiatric Condition(s) Outcomes in Participants with TD "Somewhat Improved" after Starting a VMAT2 Inhibitor



TD, tardive dyskinesia; VMAT2, Vesicular Monoamine Transporter 2; NA, not applicable.

1. Lundt L et al. AAN 2020. May 2020. 2. Data on File. Neurocrine Biosciences, Inc.

VMAT2 Inhibitors Chart Extraction/Clinician Survey: Summary

- In this real-world sample of patients (n=601), valbenazine (69%) was used more frequently than deutetrabenazine (28%) to treat TD
- Clinician's assessment on the impact of TD showed that 96% (565/590) of patients had TD improvement (somewhat, much or significantly improved) with valbenazine or other VMAT2 inhibitor
- Patients who had improvements in TD symptoms (significantly improved [n=142] or much improved [n=230]) also had improvements in social and physical/functional aspects:
 - 80-95% had social improvements in the following areas: socializing, engagement with family/friends, engagement in outside functions, ability/willingness to work, ability/willingness to attend school
 - 85-95% of patients had physical/functional improvements in the following areas: speech/communications, eating, mobility, daily living activities
- Clinicians/payers/professional organizations should consider symptom impact and other treatment outcomes when evaluating TD therapy access and continuation