## **PLEASE JOIN US**



# Managing Hyperkinetic Movement Disorders: From Symptoms and Impacts to Approved Treatment

## **PROGRAM INFORMATION**

Saturday, June 1st, 2024 12:00–1:00 pm CT Lake of the Isles, Room 1–3 Marriott Minneapolis Southwest 5801 Opus Parkway, Minnetonka, MN

## PRESENTED BY



**Dr. Lauren Seeberger, FAAN** Boise Veterans Administration Medical Center Department of Neurology Boise, ID

## Register Now! https://fs7.formsite.com/WKcFdN/gwto36pg5t/index

## **PROGRAM OBJECTIVES**

- Present an overview of tardive dyskinesia and Huntington's disease (HD) chorea, incluing phenomenology, prevalence, impacts, and risk factors
- Share the clinical data for an FDA-approved treatment option for adults with tardive dyskinesia and HD chorea
- Examine tardive dyskinesia and HD chorea patient cases featuring videos before and after treatment

The speaker is presenting on behalf of and is a paid consultant for Neurocrine Biosciences.

## Important Information

#### INDICATION & USAGE

INGREZZA® (valbenazine) capsules is 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, 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 is contraindicated in patients with a history of hypersensitivity to valbenazine or any components of INGREZZA.

## 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.

#### Somnolence and Sedation

INGREZZA 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.

#### **QT** Prolongation

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

#### WARNINGS & PRECAUTIONS (continued)

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.

#### 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, intensive symptomatic treatment and medical monitoring, and treatment of any concomitant serious medical problems. If treatment with INGREZZA is needed after recovery from NMS, patients should be monitored for signs of recurrence.

#### Parkinsonism

INGREZZA may cause parkinsonism. 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 in patients with tardive dyskinesia ( $\geq$ 5% and twice the rate of placebo) is somnolence.

The most common adverse reactions in patients with Huntington's disease (>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 <u>www.fda.gov/medwatch</u> or call **1-800-FDA-1088**.

Please see accompanying INGREZZA full <u>Prescribing Information</u>, including Boxed Warning.



