In addition to historical facts, this presentation contains forward-looking statements that involve a number of risks and uncertainties. These statements include, but are not limited to, statements related to the benefits to be derived from Neurocrine's products and product candidates, including INGREZZA and our partnered product, ORILISSA; the value INGREZZA, ORILISSA, and/or our product candidates may bring to patients; the continued success of the launch of INGREZZA; AbbVie’s launch of ORILISSA; the opicapone NDA; our financial and operating performance, including our future expenses; the collaboration with Voyager Therapeutics; and the timing of completion of our clinical, regulatory, and other development activities and those of our collaboration partners. Among the factors that could cause actual results to differ materially from those indicated in the forward-looking statements are: the Company’s future financial and operating performance; risks and uncertainties associated with the commercialization of INGREZZA and ORILISSA, including the likelihood of continued revenue and prescription growth of INGREZZA and ORILISSA; risks that the opicapone NDA may not obtain regulatory approval from the FDA or such approval may be delayed or conditioned; risks or uncertainties related to the development of the Company’s product candidates; risks and uncertainties relating to competitive products and technological changes that may limit demand for INGREZZA, ORILISSA, or a product candidate; risks associated with the Company’s dependence on third parties for development and manufacturing activities related to INGREZZA and the Company’s product candidates, and the ability of the Company to manage these third parties; risks that the FDA or other regulatory authorities may make adverse decisions regarding INGREZZA, ORILISSA, opicapone, or the Company’s other product candidates; risks associated with the Company's dependence on AbbVie for the commercialization of ORILISSA and the development of elagolix; risks associated with the Company’s dependence on BIAL for development and manufacturing activities related to opicapone, and the ability of the Company to manage BIAL; risks that clinical development activities may not be completed on time or at all; risks that clinical development activities may be delayed for regulatory, manufacturing, or other reasons, may not be successful or replicate previous clinical trial results, may fail to demonstrate that our product candidates are safe and effective, or may not be predictive of real-world results or of results in subsequent clinical trials; risks that the benefits of the agreements with our collaboration partners may never be realized, including Voyager, BIAL, and Mitsubishi Tanabe; risks that INGREZZA, ORILISSA, and/or our product candidates may be precluded from commercialization by the proprietary or regulatory rights of third parties, or have unintended side effects, adverse reactions or incidents of misuse; and other risks described in the Company's periodic reports filed with the Securities and Exchange Commission, including without limitation the Company’s quarterly report on Form 10-Q for the quarter ended September 30, 2019. Neurocrine disclaims any obligation to update the statements contained in this presentation after the date hereof.
Neurocrine 2019 Q3 Highlights & Q4 Key Activities

**Q3 2019 Highlights**

- INGREZZA® (valbenazine) Net Product Sales:
  - $198MM with 34,800 TRx in Q3 2019
  - $515MM with 90,700 TRx YTD
- Initiated Phase III Trial for Valbenazine for Treatment of Chorea in Huntington’s Disease with Enrollment Planned to Commence in Q4 2019
- Opicapone NDA Accepted; PDUFA: April 26, 2020
- FDA and EMA feedback on CAH Adult Registrational Trial Design
- Initiated Adaptive CAH Pediatric Phase II Trial
- Elagolix NDA Accepted for Uterine Fibroids *(Submitted by AbbVie)*; PDUFA: Q2 2020

**Q4 2019 Key Activities**

- Continued Focus on INGREZZA Commercial Execution and “Talk About TD” Disease State Awareness Campaign
- Prepare for Opicapone Commercial Launch
- Advance CAH Development Programs
- Review Registration Plan with FDA for VY-AADC Gene Therapy Program for Parkinson’s Disease (in Collaboration with Voyager Therapeutics)
- Progress Gene Therapy Programs for Friedreich’s Ataxia and Two Other Areas (in Collaboration with Voyager Therapeutics)

TRx = Total Prescriptions; YTD = Year-to-Date Through September 30, 2019; NDA = New Drug Application; PDUFA = Prescription Drug User Fee Act; FDA = Food and Drug Administration; EMA = European Medicines Agency; CAH = Congenital Adrenal Hyperplasia
2019: A Defining Year of Significant Milestones

2 NDA Submissions: Parkinson’s Disease & Uterine Fibroids

- **Opicapone** (Parkinson’s Disease)
- **Elagolix** (Uterine Fibroids) *submitted by AbbVie*

Advancing Congenital Adrenal Hyperplasia Program

- Positive interim results from Phase II Study *(adults)*
- Phase IIa initiation *(pediatric)*
- Received FDA and EMA feedback on pivotal program *(adults)*

Progressing Early Stage R&D

- Progress **Voyager Therapeutics** gene therapy collaboration - advance Phase II Parkinson’s disease program and progress preclinical efforts in Friedreich’s ataxia
- Continued *advancement of compounds in clinical development pipeline*
2020: Potential for 3 Approved Treatments in 4 Indications

2018
- **Approved Treatments in 2 Indications**
  - **INGREZZA** (valbenazine) capsules
    - Tardive Dyskinesia
  - Orilissa®
    - Endometriosis

2019
- **New Drug Applications**
  - Opicapone
    - Parkinson's Disease
  - Elagolix
    - Uterine Fibroids

2020
- **3 Approved Treatments in 4 Indications**
  - **Voyager Collaboration** (Parkinson's Disease, Friedreich's Ataxia, 2 Others)
  - VMAT2 Inhibitor Next Generation

**Multi-Stage Diversified Pipeline**
- Valbenazine (Chorea Associated with Huntington's Disease)
- NBI-74788 (Congenital Adrenal Hyperplasia)
1st FDA-approved Treatment for Adults with Tardive Dyskinesia (TD); Launched in 2017

Most-Prescribed and Most-Preferred TD Therapy

- **Rapid Improvement** in Involuntary Movements
- Generally Well Tolerated
- **Ease of Use:** One Capsule, Once-daily
Tardive Dyskinesia Overview: Symptoms

Oral and Facial Dyskinesia
- Abnormal tongue and lip movements
- Retractions of the corners of the mouth
- Abnormal eyelid closure or eyebrow movements
- Bulging of the cheeks
- Chewing movement

Limb Dyskinesia
- “Piano-playing” finger movements
- Tapping foot movements
- Dystonic extensor postures of the toes

Torso Dyskinesia
- Shoulder shrugging

Axial Dyskinesia
- Twisting of the torso
- Rocking and swaying movements
- Rotatory or thrusting hip movements

INGREZZA®
Most Prescribed Tardive Dyskinesia (TD) Therapy

Tardive Dyskinesia affects approximately 500,000 patients in the U.S.

- Involuntary Movement Disorder Caused by Prolonged Antipsychotic Use for Bipolar Disorder, Schizophrenia, and Depression
- Can Negatively Impact Patients’ Daily Function, Productivity and Quality of Life
- More than a 400% Increase in Antipsychotic Prescriptions from 1990-2018 (~68MM TRx in 2018)

Efficacy: Rapid and Robust

- ~30% Reduction in TD Severity at 6 Weeks (80mg dose)
- Efficacy as Early as 2 Weeks
- Sustained Reductions in TD Severity Through 48 Weeks

Label: No Boxed Warning

- No Boxed Warning
- Generally Well Tolerated Across a Broad Range of Adult TD Patients
- Concomitant Use with Psychiatric Medications

Use: Convenient Dosing

- Convenient One Capsule, Once-daily Dosing Without Complex Titration
- Two Dosing Options that Work
Two Years Post-Launch, Expectations Exceeded

INGREZZA® Net Sales and ~TRx

Net Product Sales ($ in Millions)

Approximate TRx

INGREZZA Sales

INGREZZA TRx (30 day)
KINECT 3: INGREZZA® Reduction in Abnormal Involuntary Movement Scores at Each Study Visit Through Week Six

AIMS Change from Baseline by Study Visit (ITT Population)

<table>
<thead>
<tr>
<th></th>
<th>WEEK 0: Baseline</th>
<th>WEEK 2</th>
<th>WEEK 4</th>
<th>WEEK 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>n=76 n=70 n=79</td>
<td>n=76 n=70 n=77</td>
<td>n=73 n=64 n=73</td>
<td>n=69 n=63 n=70</td>
</tr>
</tbody>
</table>

LS Mean Change From Baseline (SEM)

-0.3
-1.4*
-1.9†

-0.1
-1.4*
-2.7†

-0.1
-1.9**
-3.2†

P values vs placebo: * <0.05 (nominal), ** <0.01 (nominal), † ≤0.001. AIMS change from baseline at weeks 2 and 4 not controlled for multiplicity. Data presented for ITT analysis set. Change in AIMS score analyzed by MMRM model. Treatment differences determined by comparison of LS means.

KINECT 3: AIMS Change from Baseline for INGREZZA® Groups (Long-Term Extension Period)

AIMS Mean Change (SEM) from Baseline (ITT Population)

1st FDA-approved Oral Treatment for Women with Moderate to Severe Endometriosis Pain in Over a Decade; Launched in 2018

- **Rapid, Sustained Pain Relief**
  Addresses three most common types of endometriosis pain

- **Oral Administration**
  2 dosage options based on severity of symptoms and treatment objectives

- **Safety & Tolerability Profile**
  Proven efficacy and safety in largest endometriosis clinical program

*Neurocrine Biosciences discovered and developed through Phase II; AbbVie received FDA approval and is responsible for commercialization*
### ORILISSA® (elagolix) Overview

#### Largest Ever Endometriosis Program Conducted to Date

<table>
<thead>
<tr>
<th>3,000,000 patients</th>
<th>Efficacy: Rapid and Robust</th>
<th>Label: No Boxed Warnings or Required Monitoring</th>
<th>AbbVie Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>are affected by moderate to severe endometriosis in the U.S.</td>
<td>Efficacy as Early as 1 Month</td>
<td>150 mg QD and 200 mg BID Dosing Options</td>
<td>Discovered and Developed by NBIX Through Completion of Phase II Studies</td>
</tr>
<tr>
<td>Chronic and Painful Disease Affecting ~10% of Women in Reproductive Age</td>
<td>Approximately 45-75% Responder Rates Based on Combined Pain and Functional Impact Scales for Dysmenorrhea and NMPP</td>
<td>Taken With or Without Food</td>
<td>In June 2010, AbbVie and Neurocrine Entered into Worldwide Development and Commercialization Collaboration</td>
</tr>
<tr>
<td>Three Common Symptoms: 1) Painful Periods (Dysmenorrhea), 2) Non-Menstrual Pelvic Pain (NMPP), 3) Pain with Sex</td>
<td>~80-90% Responder Rates Based on Patient Global Impression of Change (Minimally to Very Much Improved)</td>
<td>24 Months of Therapy for 150 mg QD with Physician Judgement Thereafter Based upon Treatment Goals</td>
<td>Significant Development and Commercial Milestones Plus a Tiered, Double-Digit Royalty on Net Sales</td>
</tr>
<tr>
<td>A Leading Cause of Hysterectomy and Infertility</td>
<td>In Two, 6-month Replicate Phase III Studies, All Women had a BMD Z-score Above -2.0, Within the Normal Age-Adjusted Range</td>
<td></td>
<td>ORILISSA Commercialized by AbbVie in August 2018</td>
</tr>
</tbody>
</table>
Elagolix For Women’s Health (Partnered with AbbVie)

ORILISSA® Approved for Endometriosis; Uterine Fibroids NDA Submitted with PDUFA in Q2 2020

ENDOMETRIOSIS

- Impacts 10% of childbearing women
- 7.5 million women in the United States
- 3.0 million diagnosed with moderate to severe
- 300,000 new diagnoses annually
- 105,123 days women were hospitalized in 2010 because of their disease
- Approximately 125,000 hysterectomies performed annually
- >$69B in societal burden annually

UTERINE FIBROIDS

- Most common pelvic growth affecting ≥20% of all women by age of 59 of childbearing women
- 9 million women with symptomatic uterine fibroids
- 3 million women currently diagnosed
- 450,000 new diagnoses annually
- 1 drug approved by FDA in the past 20 years
- Approximately 250,000 hysterectomies performed annually
- Leading cause of infertility

ENDOMETRIOSIS

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- Leading cause of infertility
Our Investigational Therapies
# Diversified Portfolio with Multi-Stage Pipeline

<table>
<thead>
<tr>
<th>Program/Therapy</th>
<th>Disorder</th>
<th>Stage of Development</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INGREZZA</strong> (valbenzamine) capsules</td>
<td>Tardive Dyskinesia</td>
<td>1 2 3 NDA Commercial</td>
<td>Mitsubishi Tanabe Pharma (Asia)</td>
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<tr>
<td>orilissa elagolix tablets</td>
<td>Endometriosis</td>
<td></td>
<td>abbvie (Worldwide)</td>
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<tr>
<td>opicapone</td>
<td>Parkinson's Disease</td>
<td></td>
<td>Bial (NBIX Rights: U.S. &amp; Canada)</td>
</tr>
<tr>
<td>elagolix</td>
<td>Uterine Fibroids</td>
<td></td>
<td>abbvie (Worldwide)</td>
</tr>
<tr>
<td>valbenzamine</td>
<td>Chorea in Huntington's Disease</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>NBI-74788</td>
<td>Congenital Adrenal Hyperplasia</td>
<td>1 2</td>
<td>abbvie (Worldwide)</td>
</tr>
<tr>
<td>elagolix</td>
<td>Polycystic Ovary Syndrome</td>
<td>2 3</td>
<td></td>
</tr>
<tr>
<td>VY-AADC</td>
<td>Parkinson's Disease</td>
<td>2 3</td>
<td>Voyager (NBIX Rights: Worldwide*)</td>
</tr>
<tr>
<td>New VMAT2 Inhibitor</td>
<td>Neurology/Psychiatry Disorders</td>
<td>2</td>
<td></td>
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</tbody>
</table>

*Voyager has profit share option for U.S. market following the ongoing Phase II RESTORE-1 study*
Opicapone: New Drug Application (NDA) Accepted by FDA for Parkinson’s Disease

Target PDUFA Date of April 26, 2020; In-Licensed from BIAL in 2017

The Need: Parkinson’s Disease (PD)

1 million people impacted in the U.S.

2 out of 3 patients are on carbidopa/levodopa (standard-of-care)

Standard-of-care loses effectiveness over time requiring dose and frequency escalation to control symptoms

Current augmentative treatments have limited efficacy and tolerability

The Opportunity: Opicapone*

- Novel COMT inhibitor as adjunctive therapy to levodopa/carbidopa in patients with Parkinson’s disease experiencing OFF episodes
- Significant and sustained reduction of daily OFF time and increase of ON time without troublesome dyskinesia
- Once-a-day dosing with no titration needed
- Generally well tolerated – no signal of liver toxicity or diarrhea
- Approved in the EU since 2016 (marketed by BIAL)

*Opicapone is investigational and not approved in the U.S.
Opicapone: Reducing “OFF Time” For Patients with Parkinson’s Disease

- Parkinson’s Disease (PD): Lifelong, Incurable, Progressive
- 2nd Most Common Neurodegenerative Disease Following Alzheimer’s Disease
- Approximately One Million Patient Cases in the United States
- While Incidence Rates Expected to Remain Constant, Prevalence Will Increase as a Result of the Aging Population
  - Increasing Life Expectancy
  - >10M Elderly People By 2020
- Approximately Two-Thirds of Patients are on Levodopa/Carbidopa Therapy

COMT Inhibition Reduces “OFF time” and Increases “ON time” Without Troublesome Dyskinesia

Start of COMT Inhibition Therapy

Sources: Datamonitor and Medical Literature review
Phase III, BIPARK-1: Once Daily Opicapone Shows Maintenance of Effect at One Year*

Mean Change in Absolute OFF time

**Double-blind Period**
12 Weeks

**Open-label Extension Period**
1-year

Switch to Opicapone Open-label

**LS MEAN (±SE) Change in OFF time** From DB Baseline (min)

<table>
<thead>
<tr>
<th>Week</th>
<th>OPC 50mg</th>
<th>200mg ENT (Avg 4x/day)</th>
<th>OPC 50mg</th>
<th>OPC 50mg</th>
<th>OPC 50mg</th>
<th>OPC 50mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
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<tr>
<td>Week 4</td>
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<td>Week 12 DAY 0 OL</td>
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<td>Week 46</td>
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<tr>
<td>Week 52 DAY 365</td>
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</table>

* During Open-label portion, all Subjects were rolled-over to 50mg OPC. Movement Disorder Society 2016.

LS mean = least squares mean as estimated from the mixed model for repeated measurements; SE = standard error
Valbenazine: Chorea Associated with Huntington’s Disease

Initiation of Phase III Trial to Treat Chorea in Adult Patients with Huntington’s Disease

The Need: Treatment of Chorea in Patients with Huntington’s Disease (HD)

Chorea associated with HD is an involuntary movement disorder in which patients develop abnormal, abrupt or irregular movements. HD is a rare neurodegenerative disorder in which neurons within the brain break down and is estimated to affect approximately 30,000 adults in the U.S.

Common symptoms of chorea can affect various body parts and interfere with speech, swallowing, posture and gait

Need for chorea treatment options with better safety profile as current treatments are associated with increased risk of depression and suicidality

The Opportunity: Valbenazine*

- Targeted symptom control of chorea movements as measured by the Unified Huntington’s Disease Rating Scale (UHDRS) and Total Maximal Chorea (TMC)
- Promising safety profile without troublesome side effects
- Phase III Trial initiated with estimated start date of November 2019 and expected completion in 2021

* valbenazine in Huntington’s disease is investigational and not approved in the U.S.
NBI-74788: Classic Congenital Adrenal Hyperplasia
Positive Interim Phase II Results in Adults; Phase II Adaptive Pediatric Trial Initiated in Q3

The Need: **Congenital Adrenal Hyperplasia (CAH)**

- Rare genetic disorder caused by enzyme deficiency which leads to reduced adrenal steroids and excess androgen levels with up to 30,000 people impacted in the U.S.
- Complex and highly variable symptoms including adrenal crisis, virilization, hirsutism, precocious puberty, fertility problems and abnormal growth
- Excess corticosteroid treatment leads to additional clinical problems including bone loss, Cushing’s disease and metabolic syndrome

The Opportunity: **NBI-74788***

- Potent, selective, orally-active, non-peptide corticotropin releasing factor type 1 (CRF1) receptor antagonist
- May prevent excessive production of androgens without need for supraphysiologic doses of corticosteroids
- May optimize glucocorticoid dosing
- May reduce clinical consequences of current treatments and underlying disease

*NBI-74788 is investigational and not approved in the U.S.*
NBI-74788: Interim Phase II Data in Adults & CAH Program Next Steps

Positive Interim Results from Phase II Study in Adults

- Reduction of at least 50% from baseline in 17-hydroxyprogesterone and adrenocorticotropic (ACTH) hormone levels in more than 50% of CAH patients treated for 14 days

- Meaningful reductions in other biomarkers, including androstenedione

- Well tolerated with no serious adverse events reported to date

CAH Program Next Steps

- Finalize global registrational trial design with regulatory agencies for adult program (expected initiation mid-2020)

- Progress study enrollment of Phase II adaptive trial in pediatric patients (initiated in Q3 2019)
Elagolix: NDA Accepted for Uterine Fibroids (Q3 2019)

Discovered & Developed by Neurocrine Biosciences to Phase II; Further Development by AbbVie

The Need: Uterine Fibroids (UF)

- 3 million women diagnosed with symptomatic uterine fibroids
- 450,000 new diagnoses annually
- One drug approved by FDA in past 20 years
- 250,000 hysterectomies performed annually to manage uterine fibroids

The Opportunity: Elagolix*

- Target PDUFA date in Q2 2020
- Significant reduction in heavy menstrual bleeding in up to 68.5% of women for up to 12 months (Phase III)
- Orally administered

*Elagolix in uterine fibroids is investigational and has not been proven safe and effective.
Elagolix: Polycystic Ovary Syndrome (PCOS)

AbbVie Initiated Phase II Study in Q3 2019

The Need: Polycystic Ovary Syndrome (PCOS)

3.5 million women of reproductive age with no approved therapies

Heterogeneous endocrine disorder with complications spanning obesity, insulin resistance, menstrual irregularity, acne, infertility and hirsutism

If left untreated can lead to certain cancers, diabetes, and/or coronary artery disease

The Opportunity: Elagolix*

- PCOS is one of the most common hormonal disorders in women of reproductive age, yet few treatment options are available
- Study designed to evaluate whether there is a potential impact on disordered hormonal dynamics in women with PCOS

*Elagolix in polycystic ovary syndrome is investigational and has not been proven safe and effective.
Voyager Therapeutics Collaboration
Neurocrine Biosciences gains development and commercialization rights to four gene therapy programs:

- VY-AADC for Parkinson’s disease
- VY-FXN01 for Friedreich’s ataxia
- Two additional programs to be agreed upon in Q4 2019

Voyager received $165 million upfront ($115MM cash/$50MM equity), along with funding for ongoing development of each program, and up to $1.7 billion in potential development, regulatory and commercial milestone payments.
The Need: **Moderate to Advanced PD**

- **One million** patients with PD in the U.S., with moderate to advanced stages of PD typically occurring four years after diagnosis.

- **Loss of neurons and critical AADC enzyme** in the midbrain that produce dopamine leads to progressive loss of motor function and less responsiveness to levodopa.

- **Severe, debilitating loss of motor function** including rigidity, postural instability, gait freezing and difficulty with speech and swallowing.

The Opportunity: **VY-AADC***

- **One-time treatment** restores AADC enzyme activity and improves levodopa sensitivity with the potential to improve clinical motor function.

- **Improvement in good ON time and reduction in OFF time** at 1-year timepoint.

- **>7-year shift in disease progression** seen at 1 year as measured by modified Hoehn and Yahr scale.

- **Durable expression of the AADC enzyme** observed at 15-years post-administration in non-human primates.

- **RESTORE-1 Phase II trial** – first patient dosed in Q4 2018.

---

*VY-AADC is investigational and not approved in the U.S.
VY-AADC (Study PD-1101): Durable, Clinically Meaningful Improvements in Good “ON Time”

2.8 Hour Improvement at 1-Year in Cohort 2/3 Combined and Phase II Eligible Group

* Subjects from Cohorts 2 and 3 without severe dyskinesia (n=3)

Source: Voyager Therapeutics press release 11/7/18
**VY-FXN01: Gene Therapy for Friedreich’s Ataxia**

Discovered by Voyager Therapeutics

---

**The Need: Friedreich’s Ataxia (FA)**

- **~6,400 patients impacted in the U.S.**
  - FA is an autosomal recessive disorder – **mutations in the frataxin (FXN) gene** reduce production of FXN protein, leading to impaired iron homeostasis in the mitochondria, cellular damage and death

- **Typical age of onset is 10-12 years** and life expectancy is reduced to 35-45 years due to multi-systemic affects to the neurological system, heart, skeletal muscle, skeleton and digestive system

- **Current treatments manage symptoms but do not modify disease progression**

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**The Opportunity: VY-FXN01**

- **One-time treatment** to deliver the functional FXN gene and restore frataxin levels to at least 50% of normal in relevant neurons and cardiac myocytes

- **Novel blood brain barrier penetrant capsids** to optimize delivery and central nervous system (CNS) transduction

- **Systemic delivery** of VY-FXN01 allows for administration to the affected tissues in the heart and CNS

- **Promising preclinical data** in knockout mouse model of Friedreich’s ataxia

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*VY-FXN01 is investigational and not approved in the U.S.*
Our Vision for the Future
2019: A Defining Year of Significant Milestones

2 NDA Submissions: Parkinson’s Disease & Uterine Fibroids

- **Opicapone** (Parkinson’s Disease)
- **Elagolix** (Uterine Fibroids) *submitted by AbbVie*

Advancing Congenital Adrenal Hyperplasia Program

- Positive interim results from Phase II Study *(adults)*
- Phase IIa initiation *(pediatric)*
- Received FDA and EMA feedback on pivotal program *(adults)*

Progressing Early Stage R&D

- Progress **Voyager Therapeutics** gene therapy collaboration - advance Phase II Parkinson’s disease program and progress preclinical efforts in Friedreich’s ataxia
- Continued **advancement of compounds in clinical development pipeline**
Neurocrine Biosciences: Well-Positioned for Sustained Growth

**Strong Commercial Capabilities**
- INGREZZA: Blockbuster Potential; Experienced, Neuro/Psych Field Sales Team

**Proven R&D with Strong Multi-stage Pipeline**
- 3 Approved Medicines in 4 Indications in 2020

**Strategic Partnerships**
- Bial
- Jmana
- Voyager Therapeutics
- Abbvie
- Mitsubishi Tanabe Pharma

**Solid Financial Position to Invest**
- ~$875MM Cash and Investments (as of Q3 2019)