



Patient Assistance Program

Attending Physician Instructions

Please complete all the required information below. In the space provided, indicate the patient's diagnosis and/or diagnostic code(s). Gather all information (including prescription and most current proof of income) **and please ensure that all documents are signed and dated.** Mail the completed application to the UCB Patient Assistance Program at the address below.

Please select one of the following drug strengths and provide frequency. Attach your prescription to this form.

CHECK ONE STRENGTH ONLY

<input type="checkbox"/> Vimpat 50mg Tablets	Frequency* _____	<input type="checkbox"/> Keppra XR 500mg Tablets	Frequency** _____
<input type="checkbox"/> Vimpat 100mg Tablets	Frequency* _____	<input type="checkbox"/> Keppra XR 750mg Tablets	Frequency** _____
<input type="checkbox"/> Vimpat 150mg Tablets	Frequency* _____	*Vimpat Maximum Daily Dosage = 400mg **Keppra XR Maximum daily dosage = 3000mg	
<input type="checkbox"/> Vimpat 200mg Tablets	Frequency* _____		

This section to be completed by the Attending Physician

Physician's First Name:

Physician's Last Name:

DEA #: State License #:

Expiration Date: / / Ph. #: - -

Address:

City: State: Zip Code:

Diagnosis and/or Diagnostic Code(s): (Please select one.)

- 345.40 – Partial epilepsy with impairment of consciousness; without intractable epilepsy
- 345.50 – Partial epilepsy without impairment of consciousness; without intractable epilepsy
- 345.41 – Partial epilepsy with impairment of consciousness; with intractable epilepsy
- 345.51 – Partial epilepsy without impairment of consciousness; with intractable epilepsy

Please see attachment for FDA approved indications.

I hereby certify that the above named person is my patient and the medications received for the UCB Patient Assistance Program are only for the use of the patient named on this form. There will be no claim for reimbursement submitted concerning these medications to Medicare, Medicaid, or any third party, nor returned for credit. I understand UCB, Inc. has the right to revise, change, or terminate the UCB Patient Assistance Program at any time. I also certify that I am currently licensed with the appropriate state and federal authorities to prescribe and dispense a Schedule V Controlled Substance.

PHYSICIAN SIGNATURE / PROFESSIONAL DESIGNATION

DATE: / /

Call 1-866-395-8366 if you have questions or need assistance.

Applications and prescriptions may be mailed or faxed to:

800-233-9141

Or

UCB Patient Assistance Program

PO Box 2198 Morrisville, PA 19067

UCB, Inc. reserves the right to change the provisions of this program at any time



FDA Approved Diagnosis Information:

- **Keppra XR™** (*levetiracetam*) *extended release tablets*

Available strengths: 500mg and 750mg

Max daily dose: 3000 mg

Keppra XR™ is an antiepileptic drug indicated for adjunctive therapy in the treatment of partial onset seizures in patients ≥ 16 years of age with epilepsy. Treatment should be initiated with a dose of 1000 mg once daily. The daily dosage may be adjusted in increments of 1000 mg every 2 weeks to a maximum recommended daily dose of 3000 mg. Please see KeppraXR.com for full prescribing information.

- **Keppra®** (*levetiracetam*)

Available strengths: 250 mg, 500 mg, 750 mg, 1000 mg tablets, and 100 mg/ml oral solution

Max daily dose: 3000 mg

Keppra® tablets and oral solution are FDA approved as adjunctive therapy in the treatment of partial onset seizures in adults and children 4 years of age and older with epilepsy, myoclonic seizures in adults and adolescents 12 years of age and older with juvenile myoclonic epilepsy, and PGTC (primary generalized tonic-clonic) seizures in adults and children 6 years of age and older with idiopathic generalized epilepsy (IGE). Please see Keppra.com for full prescribing information.

- **Vimpat®** (*lacosamide*) *tablets, C-V*

Available strengths: 50mg, 100mg, 150mg, and 200mg

Max daily dose: 400 mg

Vimpat® tablets are indicated as adjunctive therapy in the treatment of partial onset seizures in patients with epilepsy who are 17 years and older. Please see Vimpat.com for full prescribing information.

For more information please contact UCB's Patient Assistance Program at 866-395-8366.