



UCB Patient Assistance Program – PO Box 2198 – Morrisville, PA 19067-0698

Thank you for your interest in the UCB, Inc. Patient Assistance Program.

**Product(s) covered by program:**

**Vimpat®** (*lacosamide*) tablets, *C-V* **Max daily dose:** 400 mg  
**Available strengths:** 50mg, 100mg, 150mg, and 200mg

**Keppra XR™** (*levetiracetam*) extended release tablets **Max daily dose:** 3000 mg  
**Available strengths:** 500mg and 750mg

**Keppra®** (*levetiracetam*) **Max daily dose:** 3000 mg  
**Available strengths:** 250 mg, 500 mg, 750 mg, 1000 mg tablets, and 100 mg/ml oral solution

**(Please note Keppra® Immediate Release tablets are no longer available to new patients)**

**Program information:**

- The UCB, Inc. Patient Assistance Program is intended to provide free prescription medication to patients who do not qualify for or have benefits through private insurance or a government funded program and do not have other sufficient means to pay for their medication.
- Only applications that certify that the product is being prescribed for the FDA-approved indication will be accepted. The program will not supply quantities in excess of the maximum approved daily dose. Please visit UCB.com for full prescribing information.
- Patients who meet the eligibility criteria of the program are provided a six-month supply of medication free of charge.
- Complete re-application is required every six months for continuing need.

**Patient Eligibility Criteria (patient must meet all of the criteria):**

- Patient must not have prescription drug coverage.
- Patient must not have or be eligible for Medicaid benefits.
- Patient must not have household income that exceeds \$15,000 per year for an individual or \$25,000 per year with dependents.
- Patient must be a legal resident of the U.S.
- Program provisions are subject to change without notice.

**Application Process:**

- The patient is required to complete section one of the enclosed application.
- The application must **include a copy of the patient's most current W-2 forms or other proof of income.**
- The physician is required to complete section two of the enclosed application.
- The physician must **provide an original signed prescription** for a six-month supply.
- Upon approval, medication will be shipped directly to the physician for dispensing.
- Please allow **72 hours** for applications to be reviewed and medication to be shipped.
- Medicare Part D patients must include their Medicare Identification Number and Medicare Part D Plan.

**Patients should forward applications to:**

UCB Patient Assistance Program  
PO Box 2198  
Morrisville, PA 19067-0698

For further assistance, please contact the UCB Patient Assistance Program Customer Service Department at 1-866-395-8366.

Applications may be faxed to 800-233-9141.

Vimpat® is a registered trademark under license from Harris FRC Corporation.  
Keppra XR™ is a trademark of UCB Group of Companies.

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