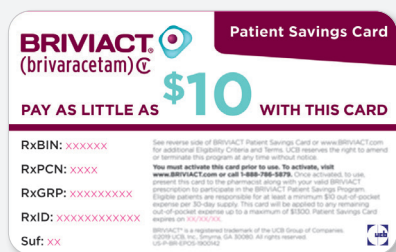# UCB Neurology Access & Affordability Solutions

Resources Available

Patient Savings Card	Helps minimize out-of-pocket expenses for eligible commercial patients	e-Voucher	Automatically applies patient savings to most pharmacy transactions for eligible commercial patients
Product Sampling (Free-trial voucher)	Provides a free supply of medication for a limited time; requires a separate Rx and may be used once per lifetime per patient	CoverMyMeds®	Offers prior authorization (PA) assistance through an electronic-based system that standardizes the PA process for most insurance providers, including commercial, Medicare, and Medicaid

BRIVIACT® Access & Affordability Solutions

BRIVIACT® (brivaracetam) Ⓒ

Savings Card*

- Patient must verify eligibility by answering questions on the website or by calling Opus Health at 1-888-786-5879
- Card must be activated prior to use
- Card expires at the end of the calendar year
- Maximum annual benefit of $1,300

*Savings card is not valid for use by patients who are covered by any federally funded or state-funded healthcare program (including, but not limited to, Medicare [Part D and Medigap] and those who are Medicare-eligible and enrolled in an employer-sponsored health plan for retirees, Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or for cash-paying patients. A valid prescription consistent with the approved FDA labeling is required.

Product Sampling (Free-trial Voucher)

- Provides free 14-day or 30-day supply of medication
  - *30-day supply upon hospital discharge*
- Offer valid once per patient/per lifetime
- Does not expire
- Separate valid prescription is required

e-Voucher

- Automatically applies patient savings up to $500 to most pharmacy transactions for eligible commercial patients, allowing those patients to pay as little as $40 for a 30-day supply of BRIVIACT
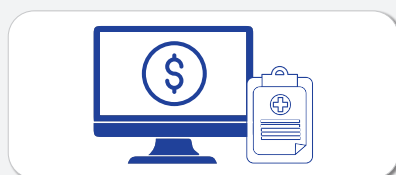
CoverMyMeds®

- Streamlines the medication PA process, electronically connecting providers, pharmacists, and plan/Pharmacy Benefit Manager (PBM) to improve time to therapy and decrease prescription abandonment with electronic prior authorization (ePA)

Inspired by **patients.**
Driven by **science.**

NAYZILAM® Access & Affordability Solutions

Nayzilam® CIV
(midazolam) nasal spray

Savings Card*

- Patient must verify eligibility by answering questions on the website or by calling Opus Health at 1-888-786-5879
- Card must be activated prior to use
- Card expires at the end of the calendar year
- Maximum annual benefit is $1,200
- Card can be combined with e-Voucher

*This savings card is not valid for use by patients who are covered by any federally funded or state-funded healthcare program (including, but not limited to, Medicare [Part D and Medigap] and those who are Medicare-eligible and enrolled in an employer-sponsored health plan for retirees, Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or for cash-paying patients. Offer good only in the U.S., including Puerto Rico. This card is good for use only with a valid NAYZILAM prescription consistent with the approved FDA labeling at the time the prescription is filled by the pharmacist and dispensed to the patient. The maximum annual benefit amount is $1,200 per calendar year. Void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other promotional offer. UCB, Inc. reserves the right to rescind, revoke, or amend this offer without notice at any time. No cash value. Not eligible for sale, purchase, trade, or counterfeit.

e-Voucher

- Automatically applies savings of up to $200 to most eligible pharmacy transactions for commercial patients[†]
- Eligible commercial patients may pay as little as $40 during the standard benefit phase of their insurance year

[†]Eligible patients are those with an approved commercial insurance NAYZILAM claim who are 12 years of age or older.
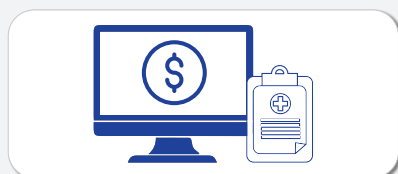
CoverMyMeds®

- Offers prior authorization (PA) assistance through an electronic-based system that standardizes the PA process for most insurance providers, including commercial, Medicare, and Medicaid. Proactively submitting a PA can help your patients access their therapy

INDICATION

NAYZILAM is indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 12 years of age and older.

IMPORTANT SAFETY INFORMATION

Concomitant use of benzodiazepines, including NAYZILAM, and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

CONTRAINDICATIONS

NAYZILAM is contraindicated in patients with acute narrow-angle glaucoma.

CNS DEPRESSION FROM CONCOMITANT USE WITH OTHER CNS DEPRESSANTS OR MODERATE OR STRONG CYP3A4 INHIBITORS

NAYZILAM may cause an increased CNS-depressant effect when used with alcohol or other CNS depressants (e.g., opioids). Concomitant use of NAYZILAM with moderate or strong CYP3A4 enzyme inhibitors may result in prolonged sedation because of a decrease in plasma clearance of midazolam.

SUICIDAL BEHAVIOR AND IDEATION

Antiepileptic drugs (AEDs), including NAYZILAM, increase the risk of suicidal thoughts or behavior.

IMPAIRED COGNITIVE FUNCTION

Midazolam, including NAYZILAM, is associated with a high incidence of partial or complete impairment of recall for several hours.

Please refer to the full Prescribing Information, including Boxed Warning, provided by the UCB representative and visit NAYZILAM.com.
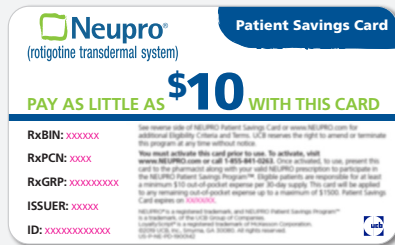
NEUPRO® Access & Affordability Solutions

Neupro®
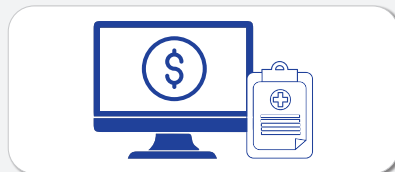(rotigotine transdermal system)

Savings Card*

- Patient must verify eligibility by answering questions on the website or by calling McKesson Health at 1-855-841-0263
- Card must be activated prior to use
- Card expires at the end of the calendar year
- Maximum annual benefit of $1,500

*Savings card is not valid for use by patients who are covered by any federally funded or state-funded healthcare program (including, but not limited to, Medicare [Part D and Medigap] and those who are Medicare-eligible and enrolled in an employer-sponsored health plan for retirees, Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or for cash-paying patients. A valid prescription consistent with the approved FDA labeling is required.
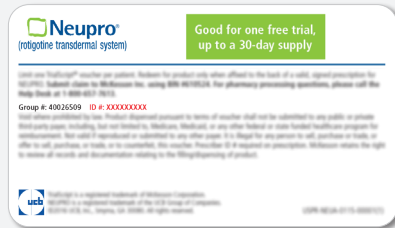
Product Sampling (Free-trial Voucher)

- Provides free 30-day supply of medication
- Offer valid once per patient/per lifetime
- Does not expire
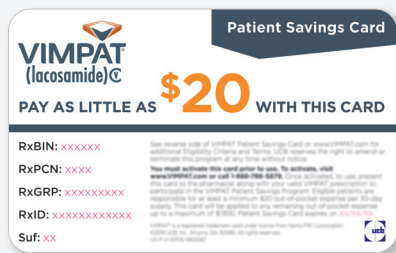- Separate valid prescription is required

CoverMyMeds®

- Streamlines the medication prior authorization (PA) process, electronically connecting providers, pharmacists, and plan/Pharmacy Benefit Manager (PBM) to improve time to therapy and decrease prescription abandonment with electronic prior authorization (ePA)

At UCB, patients are at the heart of all we do.

**Inspired by patients.
Driven by science.**

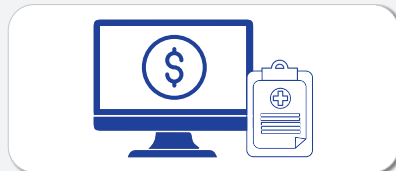# VIMPAT® Access & Affordability Solutions

Savings Card*

- Patient must verify eligibility by answering questions on the website or by calling Opus Health at 1-888-786-5879
- Card must be activated prior to use
- Card expires at the end of the calendar year
- Maximum annual benefit of $1,300

*Savings card is not valid for use by patients who are covered by any federally funded or state-funded healthcare program (including, but not limited to, Medicare [Part D and Medigap] and those who are Medicare-eligible and enrolled in an employer-sponsored health plan for retirees, Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or for cash-paying patients. A valid prescription consistent with the approved FDA labeling is required.

Product Sampling (Free-trial Voucher)

- Provides free 14-day or 30-day supply of medication
  - *30-day supply upon hospital discharge*
- Offer valid once per patient/per lifetime
- Does not expire
- Separate valid prescription is required

CoverMyMeds®

- Streamlines the medication prior authorization (PA) process, electronically connecting providers, pharmacists, and plan/Pharmacy Benefit Manager (PBM) to improve time to therapy and decrease prescription abandonment with electronic prior authorization (ePA)

Patient Assistance Program

UCB remains committed to helping patients gain access to the medicines we manufacture. Through the UCB Patient Assistance Program, we provide some medications at no cost to eligible and qualified patients who are uninsured, or underinsured who otherwise do not have access to the UCB medicines prescribed by their physician. To find out if your patients might be eligible for assistance, please call ucbCARES® at 1-844-599-CARE (2273) or email ucbCARES@ucb.com.

Need additional assistance?

Contact ucbCARES for additional information about UCB products, patient resources, and financial assistance.

ucbCARES
Caring Answers

- 1-844-599-CARE (2273)
- askucbCARES.com
- ucbCARES@ucb.com

**Inspired by patients.
Driven by science.**