

ucbCARES[®]

Caring Answers

ucbCARES helps support patients prescribed a UCB neurology treatment



ucbCARES has centralized UCB's neurology prescription coverage support, giving patients a single point of contact throughout their treatment journey with UCB neurology products.

ucbCARES offers a range of support services for eligible patients, including:

PRESCRIPTION COVERAGE SUPPORT

Services include: performing benefits investigations and initiating prior authorization and/or tier medical exception requests (if required) for HCP completion via CoverMyMeds[®].

COPAY CARD ENROLLMENT

ucbCARES can help eligible commercial patients enroll in existing copay savings programs from UCB. UCB is committed to helping eligible patients save on treatment costs.*

BRIDGE PRODUCT

Up to 1 month of medication at no cost may be available for eligible commercial patients who experience a prolonged delay in obtaining insurance coverage for certain FDA-approved UCB products.¹

LOCAL PHARMACY FULFILLMENT

Once insurance coverage is confirmed, patients can select their pharmacy of choice for prescription fulfillment and pickup.¹

ADDITIONAL ASSISTANCE

ucbCARES understands that every patient's circumstances are unique and works with patients (including the underinsured and uninsured) to explore alternative support that may be available.

DIRECT PURCHASE

Patients may be able to directly purchase certain UCB medications at a discounted cash price, independent of insurance. Once purchased, a patient's medication will be mailed directly to their home.¹

*Savings cards are 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. Additional eligibility terms and restrictions apply.

¹Bridge product is available for BRIVIACT[®] (brivaracetam) CV. Eligible patients must be at least one month of age or older, have commercial insurance, have a valid prescription consistent with the FDA-approved product labeling for BRIVIACT[®] (brivaracetam) CV, and have experienced a delay in, or have been denied coverage for, BRIVIACT by their commercial insurance plan. Eligible patients may receive treatment at no cost for up to fifteen (15) days, with a one-time fifteen (15)-day renewal for a total of thirty (30) days maximum, if a prior authorization request has been denied, or coverage remains unavailable for the patient. Program is not available (1) to patients whose prescriptions are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, or any other federally or state-funded healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), (2) where a patient's insurance covers the drug, (3) to uninsured or cash-paying patients, or (4) where otherwise prohibited by law. Product shall be dispensed pursuant to program rules and federal and state laws. Patients may be asked to re-verify insurance coverage status during participation in the program. No purchase necessary. Patients have no obligation to continue using BRIVIACT. Program is not health insurance nor is participation a guarantee of insurance coverage. Limitations may apply. This program cannot be combined with any other savings, free trial, or similar offer for the specified prescription. The patient, or healthcare provider on the patient's behalf, must not submit any claim for reimbursement for free product provided under this program to any third-party payer. UCB reserves the right to end or amend this program without notice.

For initial enrollment into the program, the patient must be experiencing a delay in, or have been denied, coverage for BRIVIACT by their commercial insurance plan. To obtain a one-time fifteen-day renewal, the following are required: (1) a prior authorization request has been submitted and denied or (2) or coverage remains unavailable for the patient.

[†]Federal regulations currently do not permit the transfer of unfilled electronic prescriptions for schedule II-V controlled substances.

[‡]Direct purchase option is only available for VIMPAT[®] (lacosamide) CV prescriptions.

- Patient must have a valid prescription consistent with the FDA-approved product labeling for VIMPAT to participate in the VIMPAT Direct Purchase Program.
- The VIMPAT Direct Purchase Program is available to residents of the United States and all United States Territories only.
- Program is not available where prohibited by law.
- **The VIMPAT Direct Purchase Program operates outside of any third-party insurance. Neither the patient nor the pharmacy nor anyone else acting on the patient's behalf may submit any claim for reimbursement for product dispensed pursuant to this program to any third-party payer, including Medicare, Medicaid, or any other federal or state healthcare program. Out-of-pocket expenses incurred when using this program cannot be applied toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP).**
- The VIMPAT Direct Purchase Program does not include all Manufacturer products. Eligible patients may purchase the following Manufacturer products from the program: **VIMPAT**.
- The VIMPAT Direct Purchase Program is not health insurance nor is participation a guarantee of insurance coverage.
- Limitations may apply.
- The VIMPAT Direct Purchase Program cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- Manufacturer reserves the right to rescind, revoke, or amend this program without notice.

Enrollment information

WHAT TO EXPECT AS A PATIENT (ONCE YOUR DOCTOR ENROLLS YOU)

ucbCARES will reach out to you shortly after your doctor enrolls you. You can expect a call from this phone number: **833-948-2394**.

Once you provide your consent to receive support from **ucbCARES**, **your insurance coverage will be assessed** and prior authorization will be completed by your doctor (if required).

If your prescription insurance coverage is verified,[‡] **ucbCARES** will contact you to confirm your pharmacy of choice for prescription fulfillment and pickup.

ucbCARES can also assist you with **enrollment into UCB's copay program**, if you're eligible.

ucbCARES will contact your doctor to have your prescription sent to your pharmacy of choice for pickup.

And remember—ucbCARES is available to answer questions you may have along the way

[‡]Additional resources will be discussed if coverage is unavailable or unverified.

WHAT TO EXPECT AS A HEALTHCARE PROFESSIONAL

1 — Enroll with an e-Rx to the NCPDP #5910206 (Sonexus[™] Health Pharmacy) or fax Rx to **855-338-1386**.

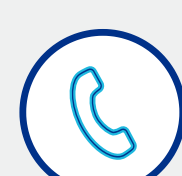
2 — **ucbCARES** will communicate directly with patients to obtain authorization and determine next steps based on insurance coverage. A full benefits summary will be sent to both the patient and their healthcare provider.

3 — **ucbCARES** will advise you of the patient's pharmacy of choice so you can send the prescription there for fulfillment.

NCPDP=National Council for Prescription Drug Programs.

ucbCARES is provided by UCB and is intended to support the appropriate use of UCB products. The **ucbCARES** program may be amended or canceled at any time without notice. Eligibility terms and restrictions apply.

Contact ucbCARES for a variety of product support services from UCB



CALL
833-948-2394

Monday through Friday, 9:00 AM to 6:00 PM ET



EMAIL
ucb-support@cardinalhealth.com