



## Improved Management of Severe Epilepsy May Reduce Treatment Costs

**Atlanta – May 19, 2010 – press release –** Improved treatment of severe epilepsy could reduce the overall cost of the condition, according to research presented at the annual meeting of the International Society of Pharmacoeconomic Outcomes Research (ISPOR) at the Hilton Atlanta in Atlanta, Georgia.

According to the authors, the annual cost of non-drug treatment of epilepsy increases disproportionately with the severity of the disease, while antiepileptic drug (AED)-related costs remain stable regardless of disease severity. The study, "**Health Care Costs Stratified By Epilepsy Severity In A US Commercially Insured Setting**," was presented at ISPOR this week.

"This analysis indicates that the high cost of treating severe epilepsy is due mainly to the expense of emergency room visits, hospitalizations, and other non-AED related costs," said David Kaufman, Sc.D., Associate Director, Slone Epidemiology Center and Professor of Epidemiology, Boston University Schools of Public Health. "It follows, therefore, that providing patients with better treatment strategies to reduce the occurrence of seizures—which could translate to fewer emergencies and hospitalizations—could help keep the overall cost of treatment in check and reduce the financial impact to the healthcare system."

### Study Details

The two-year observational study looked at the US insurance records of 9,163 epilepsy patients who filed at least two claims for AEDs. Total costs of treatment ranged from \$6,000 to \$33,000 USD per year over a two-year period, depending on disease severity, which was rated based on the number of epilepsy-related emergency room visits, with greater than or equal to three visits considered "most severe." Annual costs were categorized as either "AED" or "non-AED" costs. "Non-AED" costs included concomitant medications and "other" costs, such as emergency room visits, hospitalizations, lab and radiology tests, and physician visits.

An unadjusted analysis showed that while AED costs were not linked to epilepsy severity, there was a disproportionate 10-fold rise in "other" costs from the least to most severe category driven mainly by hospitalization expenses. In the adjusted analysis, the difference between AED and "other" costs also increased significantly with epilepsy severity, and it also increased with the number of co-morbidities and age. In contrast, the cost difference decreased with better AED compliance, leading the authors to conclude that cost savings could be achieved through strategies to improve treatment of severe epilepsy.

The study was sponsored by UCB Inc., maker of two leading epilepsy drugs: Vimpat® (lacosamide) C-V and Keppra XR® (levetiracetam) extended-release tablets.

### **Vimpat Indication**

Vimpat is an AED indicated for adjunctive treatment of partial-onset seizures in people with epilepsy who are 17 years of age or older. Vimpat injection is available as an alternative for patients when oral administration is temporarily not feasible.

### **VIMPAT IMPORTANT SAFETY INFORMATION**

#### **Warnings and Precautions**

AEDs increase the risk of suicidal behavior and ideation. Patients taking Vimpat should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Patients should be advised that Vimpat may cause dizziness, ataxia, and syncope. Caution is advised for patients with known cardiac conduction problems, who are taking drugs known to induce PR interval prolongation, or with severe cardiac disease. In patients with seizure disorders, Vimpat should be gradually withdrawn to minimize the potential of increased seizure frequency. Multiorgan hypersensitivity reactions have been reported with antiepileptic drugs. If this reaction is suspected, treatment with Vimpat should be discontinued.

#### **Common Adverse Events**

The most common adverse reactions occurring in greater than or equal to 10 percent of Vimpat-treated patients, and greater than placebo, were dizziness, headache, nausea and diplopia.

For more information and prescribing information visit [Vimpat.com](http://Vimpat.com) or contact UCB at (800) 477-7877.

Vimpat is a registered trademark under license from Harris FRC Corporation.

### **Keppra XR Indication**

Keppra XR extended-release tablets are indicated as adjunctive therapy in the treatment of partial onset seizures in patients 16 years of age and older with epilepsy.

### **IMPORTANT SAFETY INFORMATION**

#### **Warnings and Precautions**

Antiepileptic drugs (AEDs) increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Keppra XR<sup>®</sup> causes somnolence, dizziness, and behavioral abnormalities. Keppra XR should be gradually withdrawn to minimize the potential of increased seizure frequency.

The adverse reactions that may be seen in patients receiving Keppra XR are expected to be similar to those seen in patients receiving immediate-release Keppra<sup>®</sup> (levetiracetam) tablets. Keppra immediate-release tablets cause somnolence and fatigue, coordination difficulties, and behavioral abnormalities (e.g., psychotic symptoms, suicidal ideation, and other abnormalities), as well as hematological abnormalities.

#### **Common Adverse Reactions**

The most common adverse reactions observed with Keppra XR in combination with other AEDs were somnolence and irritability. In adults experiencing partial onset seizures, the most common adverse reactions observed with Keppra in combination with other AEDs were somnolence, asthenia, infection, and dizziness.

Please see [Keppra.com](http://Keppra.com) for the Keppra immediate-release tablets full prescribing information.

Please see [KeppraXR.com](http://KeppraXR.com) for full prescribing information.

Keppra XR is a registered trademark of the UCB Group of Companies.

### **About Epilepsy**

Epilepsy is a chronic neurological disorder affecting approximately three million people in the U.S.—making it as common as breast cancer. Anyone can develop epilepsy; it occurs across all ages, races and genders. Uncontrolled seizures and medication side effects pose challenges to independent living, learning and employment, so the goal of epilepsy treatment is seizure freedom with minimal side effects. However, only half of people diagnosed will achieve seizure freedom with the first medication they try and more than one million people in the U.S. continue to experience seizures despite trying two or more antiepileptic drugs. New medications and treatments give hope to those living with uncontrolled seizures.

### **Further Information**

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### **About UCB**

UCB, Brussels, Belgium ([www.ucb.com](http://www.ucb.com)) is a biopharmaceutical company dedicated to the research, development and commercialization of innovative medicines with a focus on the fields of central nervous system and immunology disorders. Employing more than 9,000 people in over 40 countries, UCB produced revenue of EUR 3.1 billion in 2009. UCB is listed on Euronext Brussels (symbol: UCB). U.S. headquarters is located in Atlanta, GA.

### **Forward Looking Statement**

This press release contains forward-looking statements based on current plans, estimates and beliefs of management. Such statements are subject to risks and uncertainties that may cause actual results to be materially different from those that may be implied by such forward-looking statements contained in this press release. Important factors that could result in such differences include: changes in general economic, business and competitive conditions, effects of future judicial decisions, changes in regulation, exchange rate fluctuations and hiring and retention of its employees.

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