



Attestation of the Necessity of Lamictal Tablets

The GSK Patient Assistance Program will no longer provide the following Lamictal tablets to new patients after **01/01/2019**. This does not impact patients who are currently receiving Lamictal tablets through GSK PAP.

Product Name	NDC
Lamictal tab 25mg	00173-0633-02
Lamictal tab 100mg	00173-0642-55
Lamictal tab 150mg	00173-0643-60
Lamictal tab 200mg	00173-0644-60

Please consider any available alternatives to Lamictal tablets to manage your patient's care. If you feel that Lamictal tablets are the only viable option for your patient, please complete the attestation below and return the signed form to us by fax at 1-855-474-3063.

I certify that my patient requires treatment using one of the Lamictal tablets listed above in order to effectively manage their care. I have reviewed all available alternative therapies and attest that my patient needs to these tablets in order to have the best therapeutic outcome.

Patient Name *(Please print)*

Patient Date of Birth

Patient ID Number *(If available)*

Patient Telephone

Physician Signature
(Original signature required)

Date

Physician Printed Name

Title

GlaxoSmithKline offers prescription medications at no cost to eligible patients. GSK does not charge administrative fees or co-payments for medicines received through our patient assistance program.