

# Pharmacy Communication

Dear Pharmacist,

Did you know that UCB provides a **Keppra XR® (levetiracetam)/Keppra® (levetiracetam) Patient Savings Program**? It includes a FREE patient support program that can help patients save up to \$30 a month on their Keppra XR or Keppra treatment. Eligible patients apply these savings **immediately** when they enter the pharmacy with a Keppra XR or Keppra prescription.

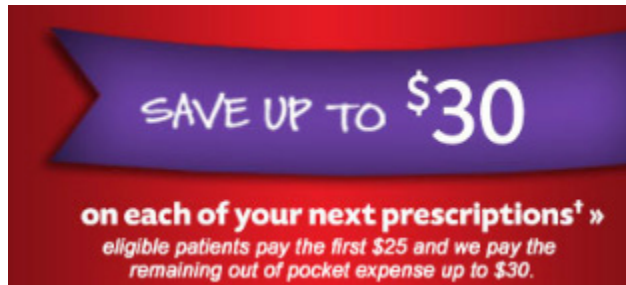
The Keppra XR/Keppra Patient Savings Program offers eligible patients the following\*:

- A **co-pay of as little as \$25** for Keppra XR or Keppra. Patients are responsible for a minimum of \$25 out-of-pocket expense, and UCB pays up to \$30 of the remaining out-of-pocket expense—a potential savings of \$360 a year. Patients can use one coupon per month and requires a minimum 30-day supply

Eligible patients can enroll in the Keppra XR/Keppra Patient Savings Program in **2 simple steps**:



**STEP 1:** Visit [www.KeppraXR.com](http://www.KeppraXR.com) and click on “SAVE UP TO \$30.”



**STEP 2:** The savings coupon will appear and can be printed for immediate use.

**PRINT COUPON »**

**KEPPRA XR** (levetiracetam) extended-release tablets

**Keppra®** (levetiracetam)

**Save up to \$30 on Your Next Keppra XR® or Keppra® Prescription!**

This coupon is provided as a service to you by your healthcare provider and UCB, Inc. When accompanied by a prescription, and presented to any participating pharmacy, you pay the first \$25 of your Keppra XR or Keppra co-pay, and we pay your remaining out-of-pocket expense up to a maximum of \$30. A minimum 30-day supply is required; limited to one coupon per month per patient.

**IMPORTANT:** To receive your savings, you must print out this coupon and present it to your pharmacy along with your prescription for Keppra XR.

**PATIENTS:** Please ensure that you meet the eligibility, terms and conditions below. If your pharmacy is unable to process this claim, AND you meet the eligibility requirements below, you may have the rebate paid directly to you by sending this original coupon, along with your original prescription receipt, name and address, to: AlphaScrip, Inc., Keppra Coupon Program, P.O. Box 15980, Phoenix, AZ 85060-5980. For questions regarding the coupon program, please call 1-800-644-6864.

**PHARMACISTS & PATIENTS: ELIGIBILITY, TERMS & CONDITIONS:** This coupon must be accompanied by a valid, signed prescription. This program is not valid for prescriptions that are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, similar federal- or state-funded programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), or where otherwise prohibited by law. Product dispensed pursuant to program rules and federal and state laws. Claims should not be submitted to any public payer (i.e., Medicare, Medicaid, Medicaid, Veterans, VA, and DOD) for reimbursement. Patients and pharmacists are responsible for notifying insurance carriers or any other third party who pays for or reimburses any part of the prescription filled using this coupon as may be required by the insurance carrier's terms and conditions and applicable law. The parties reserve the right to amend or end this program at any time without notice. This language may be subject to change in the future.

This coupon may not be reproduced and has no cash value. Offer expires on 12/31/2016.

**PHARMACIST:** (See Eligibility, Terms & Conditions) **FOR INSURED CUSTOMERS:** Use your customer's prescription insurance for the primary claim. For the secondary claim, submit an "Other Coverage Code B" (copy billing) transaction to AlphaScrip using BIN: 610600 and the ID. The secondary claim will pay up to \$30 of your customer's out-of-pocket costs over the first \$25 for their Keppra XR or Keppra prescription. **FOR CASH-PAYING CUSTOMERS:** Submit a primary claim to AlphaScrip using BIN: 610600 and the ID. Your customers will receive up to \$30 off their out-of-pocket costs over the first \$25 for their Keppra XR or Keppra prescription.

BIN: 610600  
PCE: AS  
GROUP: 338  
D: 3880041133

**RESTRICTIONS:**  
• Limit one coupon per patient per month.  
• Minimum of a 30-day supply required.  
• Valid through 12/31/2016

For processing questions about the Keppra XR/Keppra Patient Savings Program please call 1-877-274-3244.

**KEPPRA XR** (levetiracetam) extended-release tablets

**Keppra®** (levetiracetam) Immediate Release



## Keppra XR/Keppra Patient Assistance Program

UCB, the maker of Keppra XR and Keppra, is committed to helping patients get the treatment they need.

- The Keppra XR/Keppra Patient Assistance Program provides eligible patients with a free 6-month supply of medicine. Patients may reapply every 6 months for continuing need
- Patients can contact our customer service team, **UCBCares™**, at 844-599-CARE (2273) or [UCBCares@ucb.com](mailto:UCBCares@ucb.com) to determine their eligibility and to learn more about the Keppra XR/Keppra Patient Assistance Program

\*This coupon must be accompanied by a valid, signed prescription. Not valid for any prescriptions reimbursed, in whole or part, under any federal healthcare plan, including Medicare (including Medicare Part D), Medicaid, similar federal- or state-funded programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), or where otherwise prohibited by law. Not valid for Medicare eligible patients enrolled in an employer-sponsored health plan or employer-sponsored prescription drug benefit for retirees.

Product dispensed pursuant to program rules and federal and state laws. Patients and pharmacists are responsible for notifying insurance carriers or other third party who pays for or reimburses any part of the prescription filled using this coupon as may be required by the insurance carriers' terms and conditions and applicable law. This coupon may not be reproduced and has no cash value.

UCB reserves the right to amend or end this program at any time without notice.



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USP-KP0116-0001

**KEPPRA**  
**XR** (levetiracetam)  
extended-release tablets

**Keppra**<sup>®</sup>  
(levetiracetam)  
Immediate Release