



## Save up to \$30 on Your Next Keppra XR<sup>®</sup> or Keppra<sup>®</sup> 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 1-800-664-6864.

**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 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 payor (i.e. Medicare, Medicaid, Medigap, Tricare, VA, and DoD) for reimbursement. 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 card as may be required by the insurance carriers' terms and conditions and applicable law. The parties reserve the right to amend or end this program at any time without notice. This language is subject to change in the future.

This coupon may not be reproduced and has no cash value. Offer expires on 12/31/2017.

**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 8" (copay 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

PCN: AS

GROUP: 338

ID: 33800178779

**RESTRICTIONS:**

- Limit one coupon per patient per month.
- Minimum of a 30-day supply required.
- Valid through 12/31/2017

