



Keppra® (levetiracetam) Patient Assistance Program

Please read all information carefully!

Please ensure that the following items are included prior to mailing to prevent delay in processing:

- Completed application signed by both patient and physician.
- Signed six-month prescription.
- Proof of income.

Thank you in advance.

UCB Pharma, Inc.
Keppra® Patient Assistance Program
1950 Lake Park Drive
Smyrna, Georgia 30080

Customer Service
(800) 477-7877, option 7



UCB Pharma

UCB Pharma, Inc. - 1950 Lake Park Drive - Smyrna, Georgia 30080

Keppra
levetiracetam
250 • 500 • 750 mg tablets

Thank you for your interest in the UCB Pharma, Inc. Keppra® Patient Assistance Program.

Product(s) covered by program:

Keppra® (levetiracetam) 250 mg, 500 mg and 750 mg tablets

Program information:

- The Keppra® Patient Assistance Program is intended to provide temporary assistance to patients who do not qualify for or have benefits through private insurance or a government funded program, and who do not have other sufficient means to pay for their medication.
- Only applications that certify that the product is being prescribed for the FDA-approved indication will be accepted. The program will not supply quantities in excess of the maximum approved daily dose (3000 mg/day).
- Patients who meet the eligibility criteria of the program are provided a six-month supply of Keppra® free of charge.
- Complete re-application is required every six months for continuing need.

Patient Eligibility Criteria (patient must meet all of the criteria):

- Patient must not have prescription drug coverage.
- Patient must not have or be eligible for Medicaid benefits.
- Patient must not have household income that exceeds \$15,000 per year for an individual, or \$25,000 per year with dependents.
- Patient must be a legal resident of the U.S.
- **Program provisions subject to change without notice.**

Completing the application:

- The patient is required to complete section one of enclosed application and return it for eligibility determination.
- The application must include a copy of the patient's W-2 forms or other proof of income.
- The physician is required to complete section two of the enclosed application.
- The physician must provide an original signed prescription for a six-month supply of Keppra®.
- Upon approval, Keppra® will be provided directly to the physician for dispensing to the patient (allow four to six weeks for delivery)

Patients should forward applications to:

UCB Pharma, Inc.
Keppra® Patient Assistance Program
1950 Lake Park Drive
Smyrna, Georgia 30080

For further assistance, please contact UCB Pharma, Inc. Customer Service Department at (800) 477-7877, option 7.



Keppra® (levetiracetam) Patient Assistance Program Application Instructions

SECTION 1

Patient (or Legal Guardian)

Please complete the Application on the reverse side. *Form will be returned if information is incomplete.* Incomplete forms will delay the application review process.

Gross Monthly Household Income: Please include your total GROSS MONTHLY HOUSEHOLD income. If that income comes from salary/wages/dividends, social security, social security supplemental income, disability, unemployment compensation, pension/annuity, alimony/child support, rental income or other (please specify), indicate the dollar amount. Attach W-2 forms or other proof of income.

Signature and Date: You, or your legal guardian, must sign and date the application attesting that the information provided is both complete and accurate.

Mail the completed application to the Keppra® Patient Assistance Program at the address below.

All information contained in this application will only be used for the purpose of evaluating the patient's application for eligibility.

SECTION 2

Attending Physician

In the space provided, indicate the patient's diagnosis and seizure type and/or diagnostic code(s). Provide patient with a prescription for a six-month supply of Keppra®. **Please assure that all documents are signed and dated.**

*Call 1-800-477-7877, option 7 if you have questions or need assistance.
UCB Pharma, Inc. reserves the right to change the provisions of this program at any time.*

UCB PHARMA, INC.
Keppra® Patient Assistance Program
1950 Lake Park Drive • Smyrna, GA 30080