



Your BRIVIACT Patient Savings Card

SAVE ON YOUR NEXT 30-DAY SUPPLY OF BRIVIACT

With the BRIVIACT Patient Savings Card, eligible patients may pay as little as \$10 per 30-day supply of BRIVIACT.

Eligibility restrictions apply.*

To start saving: Take your regular 1-month prescription of BRIVIACT to your pharmacy, along with this printout. Restrictions apply. See below for eligibility requirements.

BRIVIACT
(brivaracetam) 

Patient Savings Card

PAY AS LITTLE AS **\$10** WITH THIS CARD

RxBIN: 601341

RxPCN: OHCP

RxGRP: OH1702351

RxID: N56114562831

See reverse side of BRIVIACT Patient Savings Card or www.BRIVIACT.com for additional Eligibility Criteria and Terms. UCB reserves the right to amend or terminate this program at any time without notice.

You must activate this card prior to use. To activate, visit www.BRIVIACT.com or call 1-888-786-5879. Once activated, to use, present this card to the pharmacist along with your valid BRIVIACT prescription to participate in the BRIVIACT Patient Savings Program. Eligible patients are responsible for at least a minimum \$10 out-of-pocket expense per 30-day supply. This card will be applied to any remaining out-of-pocket expense up to a maximum of \$1300. Patient Savings Card expires on

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RxPCN: OHCP

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RxID: N56114562831

Suf: 01

Patient Savings Card expires on 12/31/2024

*Who's eligible for the BRIVIACT Patient Savings Card?

For any questions regarding set up, claim transmission, patient eligibility, or other issues, call the BRIVIACT Patient Savings Program at 1-888-786-5879 (8:30 am - 5:30 pm ET, Monday - Friday and 8:30 am - 2 pm ET, Saturday).

Terms and Conditions

Eligibility Criteria and Terms: This savings card is not valid for use by patients who are covered by any federally funded or state-funded healthcare program (including, but not limited to, Medicare [Part D and Medigap] and those who are Medicare-eligible and enrolled in an employer-sponsored health plan for retirees, Medicaid, any state pharmaceutical assistance program, TRICARE, VA, or DoD), or for cash-paying patients. Offer good only in the U.S., including Puerto Rico. This card is good for use only with a valid BRIVIACT prescription consistent with the approved FDA labeling at the time the prescription is filled by the pharmacist and dispensed to the patient. The maximum annual benefit amount is \$1300 per calendar year. Void where prohibited by law, taxed, or restricted. This offer cannot be combined with any other promotional offer. UCB, Inc. reserves the right to rescind, revoke, or amend this offer without notice at any time. No cash value. Not eligible for sale, purchase, trade, or counterfeit.

TO PATIENT:

When you use this card, you are certifying that you meet the complete Eligibility Criteria and Terms and that you have not submitted, and will not submit, a claim for reimbursement under any federal, state or other governmental programs for this prescription. If you have any questions regarding the BRIVIACT Patient Savings Program or wish to discontinue your participation, please call 1-888-786-5879 (8:30 am – 5:30 pm ET, Monday – Friday and 8:30 am – 2 pm ET, Saturday).

TO PHARMACIST:

Your acceptance of this card and your submission of claims for the BRIVIACT Patient Savings Program are subject to the Terms and Conditions established by UCB, Inc. This card must be accompanied by a valid prescription for BRIVIACT. Please submit the copay authorized by the patient's primary insurance as a secondary transaction to BIN 601341. Pharmacists with questions, please call 1-800-364-4767.

CONTACT INFORMATION

If you have any questions or want more information, please contact UCBCares® at 844-599-CARES (2273) or email ucbcares@ucb.com. We're here to help.



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