



UCB, Inc. – 1950 Lake Park Drive – Smyrna, Georgia 30080

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

**Product(s) covered by program:**

Keppra<sup>®</sup> (*levetiracetam*) 250 mg, 500 mg, 750 mg, 1000 mg tablets, and 100 mg/ml oral solution (max dose: 3000 mg daily)

Neupro<sup>®</sup> (*Rotigotine Transdermal System*) 2 mg/24 hours, 4 mg/24 hours, 6 mg/24 hours (max dose: 6 mg/24 hours)

Parcopa<sup>®</sup> (*carbidopa-levodopa orally disintegrating tablets*) 10/100 mg, 25/100 mg, and 25/250 mg oral tablets (max dose: 10/100, a total daily dose of 80 mg carbidopa and 800 mg levodopa; 25/100, a total daily dose of 200 mg carbidopa and 800 mg levodopa; 25/250, a total daily dose of 200 mg carbidopa and 2000 mg levodopa).

**Program information:**

- The UCB, Inc. Patient Assistance Program is intended to provide free prescription medication to patients who do not qualify for or have benefits through private insurance or a government funded program, and 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.
- Patients who meet the eligibility criteria of the program are provided a six-month supply of medication 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 receive prescription benefits from Medicare Part D.
- 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 are subject to change without notice.

**Application Process:**

- The patient is required to complete section one of the enclosed application.
- 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.
- Upon approval, medication will be shipped directly to the physician for dispensing.
- Please allow **four to six weeks** for applications to be reviewed and medication to be shipped.

**Patients should forward applications to:**

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

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



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## Parcopa® (carbidopa-levodopa orally disintegrating tablets) 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. If there is NO household income, please submit a letter with the application.

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

***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*

Please collect all information needed to complete the application on the reverse side. In the space provided, indicate the patient's diagnosis and/or diagnostic code(s). Gather all information (including prescription and proof of income) **and please ensure that all documents are signed and dated.** Mail the completed application to the Parcopa® Patient Assistance Program at the address below.

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

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Parcopa® Patient Assistance Program  
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