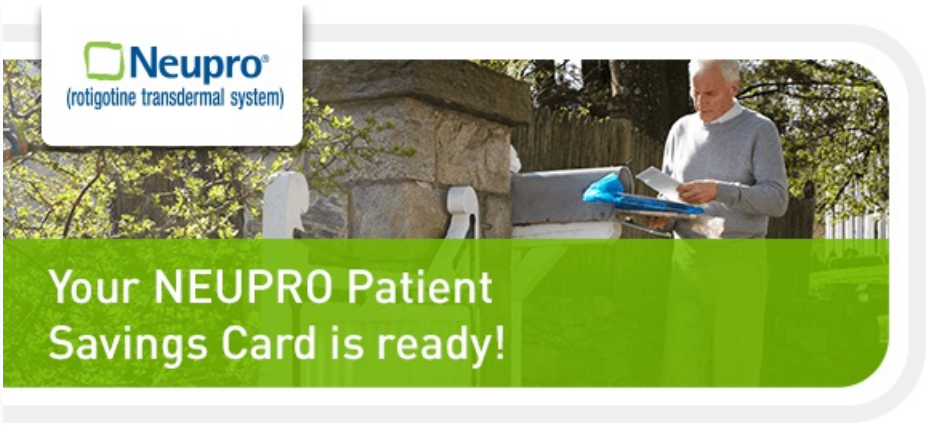


Use your card to pay as little as $10 per 30-day supply of NEUPRO®*

To start saving on NEUPRO, simply print this page and present it to your pharmacist each time you fill your prescription. You may also be able to use your Savings Card at your mail-order pharmacy. Please contact them directly for information. If you are not able to receive your discount, please call the NEUPRO Patient Savings Program™ at **1-855-841-0263, Monday through Friday, 8 a.m. - to 8 p.m. ET,** for additional assistance.

*Eligibility Criteria and Terms apply.



Your Savings Card information

RxBIN:	610524		
RxPCN:	Loyalty	ISSUER:	(80840)
RxGRP:	50776476	ID:	XXXXXXXXX

Patient Savings Card expires on 12/31/26.

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 iin an emploteyer-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 NEUPRO 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 $1500 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 NEUPRO Patient Savings Program™ or wish to discontinue your participation, please call 1-855-841-0263 (8 a.m. – 8 p.m. ET, Monday – Friday).

TO PHARMACIST: Your acceptance of this card and your submission of claims for the NEUPRO Patient Savings Program are subject to the LoyaltyScript® program Terms and Conditions posted a www.mckesson.com/mprstnc, Submit transaction to RxC Acquisition Company d/b/a RxCrossroads by McKesson using BIN #610524. Input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response. The LoyaltyScript® card is not valid for use with any other prescription drug discount or cash cards for NEUPRO. Claims submitted utilizing the program are subject to audit or validation.

For more information

Questions? Contact the NEUPRO Patient Savings Program at **1-855-841-0263, Monday through Friday, 8AM to 8PM EST**.

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US-P-NE-PD-1900151