

Rx Only

**UROCIT-K** 15<sub>mEq</sub>  
(Potassium Citrate) Extended-release tablet

Pharmacist: Submit this claim information to **McKesson Corporation**:

RxBIN: 610524      RxPCN: Loyalty  
RxGRP: 50777328      ISSUER: (80840)

ID: **1181926427**

save up to  
**\$40**

on each prescription  
with unlimited uses.

Subject to eligibility.  
Restrictions apply.  
See reverse side.

**Pharmacist:** When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

For Urocit®-K patients save up to \$40 of the patients out-of-pocket expense after the patient pays an initial \$10 out-of-pocket expense. • Submit transaction to McKesson Corporation 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. • Acceptance of this card and your submission of claims for the Urocit®-K program are subject to the LoyaltyScript® program Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc) • For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® Program for Urocit®-K at 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday).

Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law.

**Eligibility Criteria:** 1. This savings card is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, federal or state programs (including any state prescription drug programs), or private indemnity or HMO insurance plans which reimburse you for the entire cost of your prescription drugs. 2. Savings card is limited to 1 per patient and is not transferable. 3. Offer good only in the U.S. 4. Mission Pharmaceutical reserves the right to rescind, revoke or amend this offer without notice. 5. You understand and agree to comply with the terms and conditions of this offer as set forth above. **Void if prohibited by law, taxed or restricted.**

Powered By:

**MCKESSON**

Please see enclosed full Prescribing Information.  
Available by prescription only.

URK526R0416

**Mission**  
PHARMACAL

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### How to redeem your Urocit®-K 15 mEq savings card:

- 1 Present this card to your pharmacist along with your Urocit®-K prescription.
- 2 You will be responsible for the first \$10 of your out-of-pocket expense for each fill for this and consecutive prescriptions of Urocit®-K. You will then receive up to \$40 off your out-of-pocket on all your prescription refills. You will be responsible for any additional out-of-pocket cost if it exceeds this amount. Cannot be combined with any other offers. Subject to eligibility. Restrictions apply.
- 3 Be sure to follow your doctor's instruction on how to take Urocit®-K 15 mEq. More information about Urocit®-K will come with your prescription.

Questions about Urocit®-K, please call Mission Pharmacal at: (800) 531-3333.