

CitraNatal HARMONY  
Rx Prenatal Soft Gel

CitraNatal ASSURE  
Rx Prenatal Tablet and 300 mg DHA Soft Gel

CitraNatal 90 DHA  
Rx Prenatal Tablet and 300 mg DHA Soft Gel

CitraNatal BLOOM  
Rx Prenatal Tablet

CitraNatal B-CALM  
Rx Prenatal Tablet and two  
25 mg each Vitamin B<sub>6</sub> Tablets

## Welcome to the Mission Pharmacal RxPORT® Savings Program

# PAY AS LITTLE AS \$25\*

\*Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Please see Program Terms, Conditions, and Eligibility Requirements below.

### SAVINGS CARD

RxBIN# 637765  
RxPCN# CRX  
RxGRP# TCWCNL1  
RxID# CNWB11143683

CitraNatal  
RX NUTRITIONALS

**PAY \$25**  
FOR A 30-DAY  
PRESCRIPTION

#### Eligibility Requirements:

- Not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any state funded or federally funded program. This includes, but is not limited to, Medicare, Medigap, Medicaid, TRICARE®, Veterans Affairs (VA) or Department of Defense (DoD) health coverage, Employer Group Waiver Plans, or where prohibited, taxed or otherwise restricted by law.
- Must be a U.S. resident.

#### Terms and Conditions:

- Offer valid for up to 12 fills and expires on 12/31/2021.
- A commercially insured patient with healthcare insurance plan coverage for CitraNatal Harmony®, CitraNatal Assure®, CitraNatal 90 DHA®, CitraNatal® B-Calm or CitraNatal Bloom® may pay as little as \$25.
- Patient out-of-pocket costs may vary. Patient is responsible for any remaining balance after offer is applied and for all applicable taxes, if any.
- This co-pay card is not valid when the cost of a patient's prescription drug is eligible for reimbursement from a private insurance plan or other private health or pharmacy benefit programs.
- Patient and pharmacy agree not to seek reimbursement for all or any part of the benefit received by the patient through this offer from any third-party payer and are each responsible for making any required reports of use of this offer to any third-party payer who pays any part of the prescription filled.
- Valid only at participating pharmacies in the U.S. and Puerto Rico.
- No other purchase is necessary.
- **This card and offer are not health insurance.**
- The selling, purchasing, trading, or counterfeiting of this offer is prohibited by law. Void if reproduced.
- Not valid with other offers. This offer has no cash value and no cash back.
- Mission Pharmacal Company reserves the right to amend, revoke or terminate this offer without notice.
- **By applying this offer, the pharmacist is certifying that:** (i) the patient meets the eligibility criteria for use of this offer; (ii) the pharmacist and the patient have not submitted and will not submit a claim for reimbursement under any state funded or federally funded program for this prescription; and (iii) participation is not contrary to any pharmacy agreements with third-party payers or laws or regulations applicable to pharmacies.
- **Patient and pharmacist understand and agree to comply with the eligibility requirements and terms and conditions of this offer as described above.**

For questions about this program, please call (347) 480-1771.

#### Pharmacy Instructions:

- For a patient with an eligible third-party payer, submit the claim to the primary third-party payer first and then submit the balance due to Change Healthcare as a Secondary Payer COB [coordination of benefits with patient responsibility amount and a valid Other Coverage Code, (e.g., 8)]. The patient's out-of-pocket expense will be reduced up to the maximum savings limit for the program. Reimbursement will be received from Change Healthcare. Valid Other Coverage Code required.
- For any questions regarding Change Healthcare online processing, please call the Help Desk at 1-800-433-4893. Program managed by COMP on behalf of Mission Pharmacal Company.

CNF\_T12215R1020

 **Mission**  
PHARMACAL

Copyright © 2020 Mission Pharmacal Company. All rights reserved.