

Thank you!

Your copay card is ready to use.

Print this copay card to bring with you to the pharmacy.

Pay as little as **\$0*** per fill for your prescription of

Auryxia®
(ferric citrate) tablets

Powered by: **CHANGE HEALTHCARE**

BIN: 600426

PCN: 54

Group: EC44001003

ID: 49812690926

Bring this coupon to your pharmacy along with your prescription and pay as little as \$0 per fill.†

*Up to \$500 off prescriptions for 90 tablets or less; up to \$1,000 off prescriptions for 91-180 tablets; up to \$1,500 off prescriptions for 181 tablets or more.

†Restrictions apply. Copay assistance is not valid for prescriptions reimbursed under Medicare, Medicaid, or similar federal or state programs. See below for details.

Eligible patients will pay as little as \$0 and receive up to \$1,500 off their copay or out-of-pocket expenses per 30-day supply of AURYXIA tablets. A valid Prescriber ID # is required on the prescription.

Patient Instructions: This copay card is available for commercially insured patients only. In order to redeem this offer, you must have a valid prescription for **Auryxia® (ferric citrate) tablets 210 mg ferric iron, equivalent to 1 g ferric citrate**. Follow the dosage instructions given by your doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Patients with questions about AURYXIA Savings Offer should call **1-844-865-8726**.

Some pharmacies may require patients to mail in their copay card. To redeem their copay, patients must submit:

- A copy of the copay card OR the ID number and Group number located on the copay card
- The original purchase receipt with prescription number, pill quantity, and name of pharmacy where filled
- Patient's name, full address, phone number, and date of birth

Please send all necessary documents to: AkebiaCares Claims Processing Dept, PO Box 2355, Morristown, NJ 07962.

Allow up to 6 weeks for processing. Same copay card rules and regulations apply.

Pharmacist: When you apply for this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist Instructions for a Patient with an Eligible Third-Party Payer: Submit the claim to the primary third-party payer first, then submit the balance due to CHANGE HEALTHCARE as a secondary payer COB [coordination of benefits] with the patient responsibility amount and a valid Other Coverage Code (e.g., 8). **The patient copay amount will be reduced up to \$1,500 per 30-day supply.** Reimbursement will be received from CHANGE HEALTHCARE.

Valid Other Coverage Code Required. For any questions regarding CHANGE HEALTHCARE online processing, call the Help Desk at **1-800-433-4893**.

Restrictions: Offer valid in the U.S. only. Offer not valid: (1) for prescriptions reimbursed in whole or in part, by Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state healthcare programs, including state pharmaceutical assistance programs, (2) where prohibited by the health insurance provider or by law, (3) where the patient has secondary coverage for his or her out-of-pocket expenses, (4) for patients under 18 years of age, and (5) for use in any U.S. Territories, including Puerto Rico. This offer is not conditioned on any past, present, or future purchase, including prescription drug refills. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. Patient further agrees to comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. Offer limited to one card per person and may not be combined with any other coupon, discount, prescription savings card, rebate, free trial, patient assistance, or other offer. Patient is responsible for applicable taxes, if any. Offer not available for uninsured, all-cash-paying patients. This offer is void where restricted or prohibited by law. It is illegal to sell (or offer to sell), purchase, counterfeit, or trade this coupon. Program managed by ConnectiveRx on behalf of Akebia Therapeutics, Inc. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time. Other terms may apply. **This is not insurance.**