

# THANK YOU!

## YOUR COUPON IS READY TO USE.

Print this coupon to bring with you to the pharmacy.

**PAY**  
**\$0**

per fill for your prescription of

**Auryxia**<sup>®</sup>  
(ferric citrate) tablets

Powered by:  
**CHANGE HEALTHCARE**

**BIN#** 004682  
**PCN#** CN  
**GRP#** EC11201009  
**ID#** 58831149921

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

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

**Patient Instructions:** Redeem this coupon ONLY when accompanied by a valid prescription for **AURYXIA<sup>®</sup> (ferric citrate) tablets 210 mg ferric iron, equivalent to 1 g ferric citrate**. A valid Prescriber ID# is required on the prescription. This offer is valid toward out-of-pocket expenses for commercially insured and cash-paying patients filling an AURYXIA prescription. **Pay \$0, and we'll pay the rest up to \$500 on each 30-day supply prescription at your retail or mail order pharmacy.** This coupon is not transferable. By using this coupon, you confirm that you meet the eligibility criteria and agree to comply with the terms and conditions set forth in the Restrictions section below. Patients with questions, including those with mail order prescriptions, should call **1-844-865-8726**.

**Pharmacist:** When you apply 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 **CHANGE HEALTHCARE** first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] as a copay only billing using a valid Other Coverage Code (eg, 8). **The patient pay amount will be reduced by \$500 on a 30-day supply, \$1000 on a 60-day supply, or \$1,500 on a 90-day supply.** Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist Instructions for a Cash-Paying Patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (**eg, 1**) is required. The patient pay amount will be reduced by up to \$500 per each 30-day supply and 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 **1-800-422-5604**.

**Restrictions:** Offer valid in the U.S. only. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, or other federal or state healthcare programs (such as medical assistance programs), or where the patient has secondary coverage for his or her out-of-pocket expenses. If pharmacy benefits are available to the patient for AURYXIA under any such program, the patient cannot use this coupon. By presenting or accepting this coupon, patient and pharmacist each agree not to submit a claim for reimbursement under the above programs. 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 not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, or trade this coupon.

Program managed by ConnectiveRx on behalf of Keryx Biopharmaceuticals, Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time. Product dispensed only pursuant to program rules and federal and state laws. **This is not insurance.**

  
**KERYX**  
**PATIENT**  
**PLUS**



**KERYX**  
BIOPHARMACEUTICALS, INC.

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