Tips for Submitting a Complete ENROLLMENT FORM

AkebiaCares provides broad insurance coverage research and personalized support programs to help make access to AURYXIA® (ferric citrate) as easy as possible for patients.

ENROLLMENT FORM COMPLETION TIPS

Check the appropriate box to let AkebiaCares know what services you are requesting

- AkebiaCares will always do a Benefits Verification to confirm a patient’s coverage, and you will still be required to confirm financial hardship for the patient once you receive the Summary of Benefits.
- Tell us if you already know a patient’s out-of-pocket cost from the pharmacy by checking the box. This will allow AkebiaCares to evaluate for Patient Assistance without requiring additional financial hardship confirmation from you.

A • Patient Name, Gender, Date of Birth, ZIP Code, and Dialysis Status (Yes/No) are required to complete a Benefits Verification.
• Providing the patient’s phone number is helpful as some insurance plans require it to provide benefits information.
• Indicating the patient’s preferred pharmacy will allow AkebiaCares to get more accurate cost share information from the payer.

B • You may send in a front/back copy of the patient’s prescription insurance card without completing this section if you wish. Be sure to write “See attached” somewhere in this section so AkebiaCares knows to look for it.
• Be sure to check the box if the patient does not have prescription drug insurance.

C • Patient must sign and date sections C and D before AkebiaCares can provide services to your patient.
• A patient’s healthcare professional (renal dietician, social worker, etc.) is not permitted to sign on behalf of the patient.
• A signature without a date is invalid.

D • The authorized patient representative may not be the patient’s healthcare professional.
• The Prescriber Information is required for AkebiaCares to provide services to your patient
• If you provide a contact email, all communications regarding this patient’s status and progress will be sent via email. Otherwise, communications will be sent via fax
• All fields must be complete in order to evaluate a patient’s financial status for the Patient Assistance Program
• AkebiaCares uses Experian to run a soft credit check for the patient
  – AkebiaCares only sees a patient’s projected income and does not see any personal information
  – The soft credit check does not appear on the patient’s credit statement and does not impact the patient’s credit score
  – Experian is not always able to provide results for a patient. When this happens, AkebiaCares will request written proof of income
• If the patient does not have a valid Social Security Number (SSN), please write “N/A”
• If the patient has zero income, a signed letter of attestation must be provided. This can be completed by the patient or the healthcare professional
• A complete prescription is required in order for a patient to be approved for the Patient Assistance Program or Starter/Bridge Therapy, and can be submitted in 1 of 4 ways:
  – Complete section H on this Enrollment Form
  – ePrescribe to PharmaCord, using NABP/NCPDP (1836191) or NPI (1699202838)
  – Call AkebiaCares at 855-686-8601 and provide a verbal prescription to a licensed pharmacist
  – Send a prescription to AkebiaCares via fax or email. Prescriptions cannot be photocopied and the watermark must be visible
• Only one prescription type is required
  – The Patient Assistance Program is for patients who are uninsured or whose AURYXIA is too expensive or not covered by insurance
  – Starter/Bridge Therapy is for patients who need temporary shipments of AURYXIA while they work through a Prior Authorization (PA) delay or the Extra Help/Low Income Subsidy application process, or if they have a loss in insurance coverage
• A healthcare professional is a person involved in the care and treatment of the patient, and may include a renal dietician or social worker
• A healthcare professional’s signature and date are required for AkebiaCares to conduct a Benefits Verification
• A prescriber’s signature and date is required for AkebiaCares to provide assistance through our Patient Assistance Program or Starter/Bridge Therapy