



Eligible patients\* may pay as low as  
**\$0 for VELTASSA**

**\$0** co-pay *per month*  
for up to 12 months

- Savings are automatically applied at the pharmacy
- No patient registration, co-pay card, or print coupon required

\*Program is for commercially insured patients. Patients enrolled in a government health insurance program, such as Medicare Part D, Medicaid, TRICARE, or Veterans Health Administration, are not eligible. The patient is responsible for applicable taxes.

Please see the full terms and conditions on the reverse side.

## Important Terms & Conditions

By participating in Relypsa, Inc.'s (a Vifor Pharma Group Company) ("Relypsa" or Vifor Pharma) Pay as Low as \$0 Co-pay Program ("Co-pay Program") for VELTASSA, the patient acknowledges that, at the time of usage, they meet the eligibility criteria and comply with the following terms and conditions.

The Co-pay Program is for commercially insured patients. Patients with prescription coverage through any type of federal or state government-funded program are not eligible (eg, Medicare, Medicaid, TRICARE, Veterans Administration [VA], Mi Salud).

The patient may pay as low as \$0 per month for up to a 12-month period, and afterward renewal is required. Annual maximum limits may apply. The Co-pay Program for VELTASSA is not insurance. Relypsa reserves the right to rescind, revoke, or amend this program without notice. The patient must use the Co-pay Program for a valid prescription of VELTASSA, and this cannot be combined with any other coupon, trial, savings card, free drug assistance, or other offer.

Patient must live in the United States (including the District of Columbia, Puerto Rico, and the US Virgin Islands). If the patient is enrolled in VELTASSA Konnect, patient is required to promptly inform VELTASSA Konnect of any change in insurance status during the course of enrollment.

The patient and participating pharmacy are each obligated to inform the insurance plan of any benefit received under the Co-pay Program as required and may not participate if the Co-pay Program conflicts with the plan's policy. No party may seek reimbursement for any part of the benefit received by patient under the Co-pay Program. The patient is responsible for applicable taxes. Limit one per person; offer is non-transferable and void where prohibited by law or restricted.



PP-US-VEL-01702

©2020 Relypsa, Inc. All rights reserved.

All product names, trademarks, and service marks are the property of Relypsa, Inc., a Vifor Pharma Group Company. Any product names and trademarks not owned by Relypsa, Inc., are the property of their respective owners.

8/20

