Akebia THERAPEUTICS

Auryxia Free Trial Program

Enrolled patients will receive a FREE supply of AURYXIA sent directly to their home, along with helpful educational resources
Please fax this form to 833-702-3436.

Auryxia (ferric citrate) tablets

If you have any questions, please call 1-833-819-0858 Monday – Friday 8:30 am - 5 pm ET

PATIENT & CLINICAL INFORMATION

*First Name		*Last Name	
*Date of Birth	*Gender	Email Address	
*Phone		Mobile Phone	
*Street Address 1		*City	
Street Address 2		*State	*Zip

Patient Allergies (including medication, environmental and food)

☐ Known *(please list)* ☐ No Known

Patient Medications

☐ Known *(please list)* ☐ None

Patient Health Conditions

☐ Known *(please list)* ☐ No Known

PRESCRIPTION INFORMATION

Quantity	Medication	NDC	Refills	DAW
100 tablets	*Auryxia 210 mg*	*5992263101*	*0*	*1*

Directions: *(please print clearly)*

*Required fields. KnippeRx will not be able to fulfill prescription without this information.
If you prefer to submit an e-script, please send it to Eagle Pharmacy Lakeland, FL NPI: 1891321089

PRESCRIBER INFORMATION

*Contact First Name		*Contact Last Name	
Facility Name			
*Street Address 1		*City	
Street Address 2		*State	*Zip
*Office Phone	*Office Fax	*Office/Contact Email (for tracking information)	
*NPI#			

By signing below, I certify and acknowledge that (1) I am involved in the care and treatment of the patient; (2) AURYXIA® is medically necessary and is in the best interests of the patient identified on this form; (3) to the best of my knowledge, the patient and physician information in this form is accurate, complete, and consistent with applicable privacy regulations; (4) I am submitting this form to enroll the patient in the Program, and I and the patient have read and understood the Program Terms and Conditions; (5) I have obtained the required authorizations from my patient to release the referenced medical and/or other patient information relating to my patient's treatment to the pharmacy administering the Program; (6) neither I nor my agents will submit any portion of the Program for reimbursement to any third-party payer.

Prescriber Signature* *(Stamps not accepted)*	**Date*** *(mm/dd/yyyy)*

PROGRAM TERMS: This Program is solely intended to allow new patients to try AURYXIA® and to determine with their healthcare provider whether AURYXIA® is right for them. To be eligible, patient must 1) must be treating a condition indicated in the product information; 2) be a patient new to AURYXIA®, and 3) not have been previously enrolled in the Program. This free trial offer is valid for one (1) 100 tablet supply only with no refills and is not transferrable. There is no obligation to continue use of AURYXIA® after the free trial has been completed. There is no guarantee of continuous accessibility to AURYXIA® after the Program ends. This offer is not conditioned on any past, present, or future purchase, including refills. The Program cannot be exported or transferred in exchange for money, other property, and services. This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specific prescription. No portion of the Program or administration services may be submitted for reimbursement to any third-party payer, either directly or indirectly, including but not limited to, government (state or federal) health insurance. Patient must not in any way report or apply the value of the free product provided under the Program toward any insurance benefit out-of-pocket spending calculations. The Program is only valid for residents of the United States, excluding Puerto Rico and other US territories. The free trial offer is not valid where otherwise prohibited by law. This program is not health insurance, financial assistance, nor cost savings program. By participating in the Program, the patient confirms that they have read, understood, and agree to the Program Terms and Conditions and that the patient is giving permission for information related to their participation in the Program to be shared with their healthcare provider(s). Akebia reserves the right to modify, alter, change or discontinue the Program at any time without notice.

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