

Co-pay Program

GROUP: 06780143

BIN: 610852

PCN: 2001

ID: 29603038410

Pharmacy Helpdesk: **1-855-591-9132**



Veltassa[®]
(patiomer)^{for oral suspension}

**ELIGIBLE
PATIENTS
MAY PAY AS
LOW AS**

\$0

CSL Vifor

Important Terms & Conditions

By participating in the 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. The Co-pay Program for **VELTASSA** is not insurance. **CSL Vifor** 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).

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. Limit one per person; offer is non-transferable and void where prohibited by law, taxed, or restricted.

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