XPHOZAH® (tenapanor) Commercial Copay Program
Terms and Conditions

Program Disclosure

To be eligible for the XPHOZAH Commercial Copay Program, patients must meet the following criteria:

- Have active commercial insurance and XPHOZAH is covered on the insurance.

- Must not have a prescription adjudicated with full or partial coverage from Medicare (B, C or D), Medicaid, Medigap, CHAMPUS, VA, DOD, TRICARE, State Pharmaceutical Assistance Programs, or any other Government Funded Plans

  - Important Note: Mail Handlers Benefit Program (MHBP), the Blue Cross Blue Shield Federal Employee Program (FEP), or qualified health plans purchased under a federal or state exchange under the Affordable Care Act are excluded from the above requirement.

- Resides in the United States or a United States territory (as permitted by state law).

Additional Terms and Conditions of the Program

Patient Instructions: Must be able to redeem the coupon ONLY when accompanied by a valid prescription for an on-label use of XPHOZAH. A valid Prescriber ID# is required on the prescription. This offer is valid toward out-of-pocket expenses for eligible commercially insured patients filling an XPHOZAH prescription. Pay as little as $0, and Ardelyx will pay the rest up to a maximum set by the Program on each 30-day supply prescription at participating network pharmacies.

- This coupon is non-transferable. By using the coupon, the patient confirms that they meet the eligibility requirements and agrees 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 877-527-3927 and press option 3.

Pharmacist: When applying for the offer, the pharmacist must certify that a previous offer has not been submitted for 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, the pharmacist must certify that they will comply with the terms and conditions described below.

- Submit the claim to the primary insurer and then submit the balance due to AlphaScrip 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 up to a maximum set by the Program per 30-day supply. Reimbursement will be received from AlphaScrip. Valid Other Coverage Code Required. For any questions regarding AlphaScrip online processing, call the Help Desk at 1-877-274-3244.

- 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 XPHOZAH under any such program, the patient cannot use this coupon. By presenting or accepting the coupon, patient and pharmacist both must 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 the coupon. Program managed by AlphaScrip on behalf of Ardelyx, LLC. 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.**