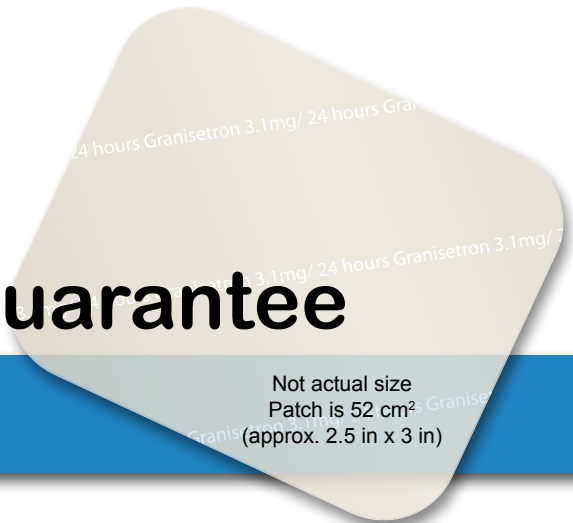


Available only through



# Sancuso® Patch Price Guarantee

Guarantee Your Commercially Insured Patients at Least 1 Sancuso Patch per Month for \$20\*



**What to do:**



- Kyowa Kirin will pay up to \$530 dollars per month (after the patient pays the initial \$20) for up to 4 patches per month and a yearly maximum benefit of \$3,180.

**Minimum benefit: Patient is guaranteed 1 patch/month for \$20:**

Commercial Insurance Coverage	Sancuso Program Pays up to a total of	Patient Pays
NDC blocked	\$530 per month	<b>\$20</b>
PA denied		
High deductible		

If prescription coverage for Sancuso patch is denied by insurance, patient pays the initial \$20 for 1 Sancuso patch/month. Any remaining drug cost will be reduced by Kyowa Kirin, Inc., marketers of Sancuso, up to a total of \$530 per month. In no case will the annual benefit exceed \$3,180.

**If more than one patch is prescribed:**

Commercial Insurance Coverage	Sancuso Program Pays up to a total of	Patient Pays <sup>†</sup>
Co-insurance	\$530 per month	<b>\$20</b>
Co-pay		
Quantity limit		

<sup>†</sup> In the event that patient out-of-pocket costs in connection with filling a prescription for more than one patch are in excess of \$20 despite the maximum \$530 deferral having been applied, Patient RxSolutions will work with insurers, prescribers, and the patient to provide the patient with access to the maximum number of prescribed patches the patient is eligible to receive for \$20 out-of-pocket.

\* This offer is not valid for prescriptions under Medicare (including Medicare Advantage, Part A, B and D Plans), Medicaid, VA, DOD, TRICARE, CHAMPUS, or other federal or state healthcare programs. This offer is not valid for prescriptions in Massachusetts or in any other state that does not permit copay reimbursement consistent with this program. Patients without commercial insurance are not eligible for this program. Unless otherwise indicated on submission form, Sancuso will be dispensed through select ASPN network pharmacy partners; available at participating pharmacies. Kyowa Kirin, Inc., reserves the right to cancel or modify the program at any time. Offer expires January 31, 2019.





# Success Getting Your Patients the Sancuso You Prescribed

## Our skilled team:

- Has an 80% commercial approval rate<sup>1</sup>
- Runs insurance verification
- Conducts Prior Authorizations when needed

## Ongoing Patient Support:

- Sancuso can be mailed to a patient's home
- Patient refill reminder support program
- Patch replacement if therapy is delayed or canceled, or if the patch falls completely off
- Patient Assistance Program and appropriate foundation support for patients in need

**Sancuso Patch  
Price Guarantee**

**Contact the RxSolution Support  
HUB for more information:**

[www.patientrxsolutions.com](http://www.patientrxsolutions.com)

Call 844.214.3442

Fax 844.214.3444



Reference: 1. Data on File, Kyowa Kirin, Inc. Bedminster NJ, 2017.

**KYOWA KIRIN**

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135 Route 202/206, Suite 6, Bedminster, NJ 07921 USA  
SAN-169-R2 January 2018

**Sancuso**<sup>®</sup>  
(Granisetron Transdermal System)