

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 | \$20 |
| 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 [†] |
|-------------------------------|---------------------------------------|---------------------------|
| Co-insurance | \$530 per month | \$20 |
| Co-pay | | |
| Quantity limit | | |

[†] 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 rate¹
- 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

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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Sancuso[®]
(Granisetron Transdermal System)