

# Patch Price Guarantee

Provides eligible commercially insured patients at least 1 SANCUSO patch per month for \$20 out-of-pocket cost<sup>a</sup>

Commercial Insurance Coverage	SANCUSO Program Pays up to a total of	Patient Pays
NDC blocked/PA denied	\$605.85 per month	<b>\$20</b>
High deductible		
Co-insurance/Copay		
Quantity limit		

If prescription coverage for SANCUSO patch is denied by insurance, patient pays the initial \$20 for 1 SANCUSO patch per month. Any remaining drug cost will be reduced by Kyowa Kirin, Inc., maker of SANCUSO, up to a total of \$605.85 per month. In no case will the annual benefit exceed \$3,635.10.

Available only through  patient Rx solutions



After the patient pays the initial \$20, Kyowa Kirin will pay for up to 4 patches per month in the amount of \$605.85, and a yearly maximum benefit of \$3,635.10

<sup>a</sup>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 make eligibility determinations, to set Program benefit maximums, to monitor participation, and to change, rescind, revoke, or discontinue the Program at any time without notice.



patient Rx  
**solutions**

can help patients  
get access to **SANCUSO**

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



Regardless of insurance type  
(commercial, Medicare, Medicaid, or cash)  
**70% of patients paid ≤\$20<sup>1</sup>**

**In 2020, 76% of patients regardless of  
insurance type had less than a \$20 copay<sup>1</sup>**

### Our Team

- Helps verify insurance coverage
- Provides information to support prior authorization process
- 76% prior authorization approval rate<sup>1</sup>

### Patient Support

- SANCUSO can be mailed to a patient's home
- Patient refill reminder support program
- Assistance with 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



### 4 Ways to Order



**e-Prescribe** to ASPN Pharmacies, LLC

**ZIP CODE:** 07932

**NCPDP:** 3147863

**NPI:** 1538590690



**www.patientrxsolutions.com**

**Contact  
Rx Solutions  
Support HUB**



**Call** 1-844-214-3442, M-F, 8am-8pm ET



**Fax** 1-844-214-3444

Reference: 1. Data on File, Kyowa Kirin, Inc.

[www.sancuso.com/hcp](http://www.sancuso.com/hcp)

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**KYOWA KIRIN**