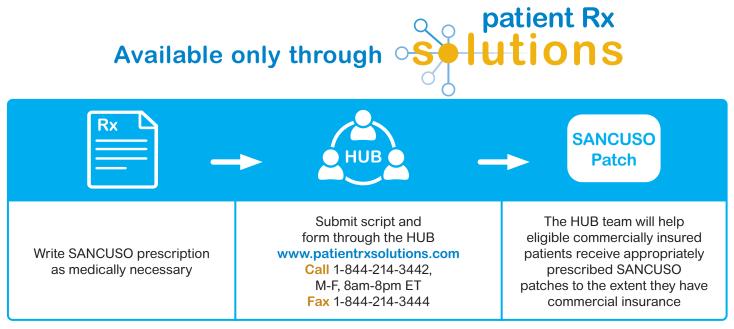


Patch Price Guarantee

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

Commercial Insurance Coverage	SANCUSO Program Pays up to a total of	Patient Pays
NDC blocked/PA denied	\$605.85 per month	\$20
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.



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

^a 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.







Regardless of insurance type (commerical, Medicare, Medicaid, or cash)
70% of patients paid ≤\$20¹

In 2020, 76% of patients regardless of insurance type had less than a \$20 copay¹

Our Team

- · Helps verify insurance coverage
- Provides information to support prior authorization process
- 76% prior authorization approval rate¹

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

www.patientrxsolutions.com

NPI: 1538590690



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