

SAWAYS[®]

(edoxaban) tablets

SAVINGS CARD

ELIGIBLE PATIENTS
PAY AS LITTLE AS

\$4

A MONTH*

RxBIN: 610524	RxGRP: SAVAYSA6997	ID:
RxPCN: Loyalty	ISSUER: (80840)	

Please see accompanying Full Prescribing Information for SAVAYSA, including **Boxed WARNINGS** and Medication Guide.

***Copay as little as \$4 for a 30-day prescription and \$12 for a 90-day prescription.**
Patient responsible for applicable taxes, if any.
Restrictions apply; see reverse and www.SAVAYSA.com.

Savaysa
(edoxaban) tablets
60mg/30mg

SAWAYS[®] (edoxaban) Savings Card: Eligibility Criteria and Terms & Conditions

Eligibility Criteria: Residents of US or Puerto Rico, 18 years of age or older, with valid prescription for SAVAYSA. Not valid if enrolled in state or federally funded prescription benefit program (eg, Medicare Part D/Medicaid) or if prohibited by law.

Terms & Conditions: For patients with commercial insurance, or patients without insurance, this savings card is applied after the following out-of-pocket expenses are met: \$4 for a 30-day prescription or \$12 for a 90-day prescription. This card is not insurance and does not cover deductibles. The maximum benefit is \$270 per 30-day prescription or \$810 per 90-day prescription. This offer is not conditioned on any past, present, or future purchases, including refills. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by patients through this offer.

If your pharmacy does not accept the SAVAYSA Savings Card, visit www.patientrebateonline.com for instructions on how to obtain the savings benefit. This is not insurance. **By using this card, you certify you meet the Eligibility Criteria and Terms & Conditions.**

Pharmacist and Patient Questions: Call (877) 264-2440 (8 am-8 pm ET, Monday-Friday).

Pharmacist Conditions: By using this card, you certify that the **Eligibility Criteria** are met. Submit transaction to McKesson Corp, using BIN #610524. If primary coverage exists, input card information as secondary coverage and transmit using COB segment of NCPDP transaction. Applicable discounts will be displayed in the transaction response. Acceptance of this card and your submission of claims for the SAVAYSA Savings Card program are subject to SAVAYSA Savings Card program **Terms & Conditions** posted at www.mckesson.com/mprstnc. The SAVAYSA Savings Card is not valid for use with any other prescription drug discount or cash cards for SAVAYSA. Claims submitted utilizing the program are subject to audit or validation.

Daiichi Sankyo, Inc., reserves the right to rescind, revoke, or amend this program, at any time, without notice.
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