

Helping to provide financial support options

Once a patient has been prescribed RADICAVA ORS® (edaravone) or RADICAVA® (edaravone) IV with submission of a [Benefit Investigation and Enrollment Form](#) (BIF) including prescriber and patient signatures,* a **JourneyMate Support Program™** Insurance & Access Specialist† will help investigate the patient's health insurance coverage and financial support options which may be available to the patient.

A patient unable to sign the BIF may sign and submit a [Patient Authorization Form](#), available at radicava.com.

Out-of-Pocket Assistance Program

If the patient meets the eligibility requirements, **the patient may be automatically enrolled** in the Out-of-Pocket Assistance Program. The patient may also apply by submitting the [Out-of-Pocket Assistance Program Enrollment Form](#), available at radicava.com.

ELIGIBLE PATIENTS
PAY AS LITTLE AS  PER INFUSION
OR PRESCRIPTION‡

*For eligible patients with commercial insurance. Annual maximum benefit per patient. Additional terms and conditions apply. See last page and visit radicavahcp.com for more details.

Available to eligible patients§

- Savings on their deductible, co-pay, and co-insurance costs for their medication **and** infusion costs, if applicable||
- Annual automatic re-enrollment, available to patients upon reverification of eligibility criteria
- Personalized program information enables submission of Pharmacy and Medical benefit claims

Available to offices

- Support with information and answers to questions about the Out-of-Pocket Assistance Program by calling 1-844-772-4548

For RADICAVA® IV:

- Resources for submitting a request for co-pay assistance, by electronic or paper submission
- Reimbursement can be made directly to your account via Payspan® EFT

* Patient signature on the Benefit Investigation and Enrollment Form is required to enable automatic enrollment in the Out-of-Pocket Assistance Program.

† A **JourneyMate Support Program™** Insurance & Access Specialist is provided by UBC on behalf of Mitsubishi Tanabe Pharma America, Inc. (MTPA). A **JourneyMate Support Program™** Insurance & Access Specialist may provide information obtained from outside sources about a patient's insurance coverage, financial support options, and whether treatment is covered by their health plan. This information does not require a patient or their doctor to use any MTPA product. Because the information provided comes from outside sources, a **JourneyMate Support Program™** Insurance & Access Specialist cannot guarantee the information will be accurate or complete.

§ This is not insurance. The Out-of-Pocket Assistance Program is for eligible patients who have commercial insurance that covers a portion of the medication and administration costs for RADICAVA ORS® or RADICAVA® IV. Support is not valid for patients covered, in whole or in part, by government-funded health insurance such as Medicare, Medicaid, VA, DoD, or other federal or state assistance programs. Other restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at radicavahcp.com.

|| Persons residing in Massachusetts, Minnesota, Michigan, and Rhode Island are eligible for out-of-pocket assistance for the cost of the drug only and are not eligible for other types of cost support for administration of the medication.

Please see full [Prescribing Information](#).

Radicava ORS®
(edaravone) Oral Suspension
105mg/5mL

Radicava®
(edaravone) IV infusion
30mg/100mL

OTHER CONSIDERATIONS

For patients who are eligible for government-funded insurance

We can provide information about government health plan options, including:

- Veterans Affairs (VA) | TRICARE | DoD
 - RADICAVA® (edaravone) IV is on the VA National Formulary, subject to National Prior Authorization criteria
- Medicare | Social Security Disability Insurance | Medicaid

For government health plan options, a **JourneyMate Support Program™** Insurance & Access Specialist can **only** help patients review information.

OTHER OPTIONS FOR FINANCIAL SUPPORT

Resources for patients who are uninsured

We can also provide information about the Patient Assistance Program (PAP):

- The PAP can help qualified patients in financial need who are uninsured
- Patients who meet PAP requirements may be able to receive RADICAVA ORS® (edaravone) or RADICAVA® IV at no charge for up to two years*
- Patients must be citizens or permanent residents of the US or its territories, and reside in the US or its territories
- Patients' income must not exceed five (5) times the Federal Poverty Level based on household size (Federal Poverty Level Guidelines available at <https://aspe.hhs.gov/poverty-guidelines>)

Restrictions apply. See full [Eligibility Requirements & Terms and Conditions](#) for the Patient Assistance Program, available at radicava.com.

Please refer to Alternate Support/Resource Information (ASRI), available at radicava.com, for additional financial support options that may be available.

Contact the JourneyMate Support Program™ Insurance & Access Specialist



Insurance & Access Specialist
1-844-772-4548
Monday-Friday, 8:00 AM-8:00 PM ET
radicavahcp.com

*Only product provided at no charge. The Patient Assistance Program covers only the cost of RADICAVA ORS® or RADICAVA® IV and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.

Please see full [Prescribing Information](#).



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Eligibility Requirements & Terms and Conditions

- Patients who meet all eligibility criteria and are enrolled in the Out-of-Pocket Assistance Program may pay:
 - As little as \$0 per infusion [RADICAVA® (edaravone) IV] up to a maximum of \$20,000 per patient per calendar year; or
 - As little as \$0 per prescription [RADICAVA ORS® (edaravone)] up to a maximum of \$7,500 per patient per calendar year.
- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- Patient must not be enrolled in government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). If patient moves or switches from commercial insurance to any government health insurance, patient will no longer be eligible.
- Not valid where prohibited by law, taxed, or otherwise restricted.
- Persons residing in Massachusetts, Minnesota, Michigan, and Rhode Island are eligible for out-of-pocket assistance for the cost of the drug only and are not eligible for other types of cost support for administration of the medication.
- Patient currently has private, commercial health insurance with prescription coverage for RADICAVA ORS® or RADICAVA® IV medication, and patient's insurance does not cover the entire cost of RADICAVA ORS® or RADICAVA® IV.
- Patient must not seek reimbursement or compensation, in whole or in part, from government health insurance (including Medicare, Medicaid, VA, DoD, or other federal or state assistance programs), a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).
- This Out-of-Pocket Assistance Program is not health insurance.
- Mitsubishi Tanabe Pharma America, Inc. has the right to modify, alter, or cancel the Out-of-Pocket Assistance Program at any time without prior notification.
- Additional program terms and restrictions apply. Visit radicavahcp.com for full details.

Contact the JourneyMate Support Program™ Insurance & Access Specialist



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Monday-Friday, 8:00 AM-8:00 PM ET
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Please see full [Prescribing Information](#).



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