



Brought to you by Mitsubishi Tanabe Pharma America

Dedicated Team. Patient-Focused Approach.

Out-of-Pocket Assistance Program

ELIGIBLE PATIENTS
PAY AS LITTLE AS **\$0** PER
INFUSION

Restrictions apply. \$20,000 maximum program benefit per calendar year per patient.

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See full [Eligibility Requirements & Terms and Conditions](#) for details.
Program Card information can be used with both Pharmacy and Medical benefits.

Helping provide eligible, commercially insured patients with access to RADICAVA® (edaravone)

*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®. Other restrictions apply. Patient signature on the [Benefit Investigation and Enrollment Form](#) or [Patient Authorization Form](#) is required to enable automatic enrollment in the Out-of-Pocket Assistance Program.

Please see [Prescribing Information](#) for RADICAVA®, also available at radicavahcp.com.

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

We're ready to help

About the JourneyMate Support Program™

Experienced program team members are trained to address patient educational needs and provide patients with personalized answers and resources. Resources are also available to healthcare providers.

Resource Specialist

A go-to resource in the **JourneyMate Support Program™** for general information about RADICAVA® (edaravone)

Insurance & Access Specialist*

Helps with understanding insurance coverage, financial support options, site of care, and specialty pharmacy options, and the steps to accessing your RADICAVA® prescription

Clinical Educator

Once RADICAVA® has been prescribed, the Clinical Educator can provide personalized education regarding the administration of RADICAVA® and will also provide resources throughout treatment

About the Insurance & Access Specialist

The **JourneyMate Support Program™** Insurance & Access Specialist is a key member of the team. Once RADICAVA® has been prescribed and a Benefit Investigation and Enrollment Form has been submitted to check how a patient's health insurance benefits cover RADICAVA®, the Insurance & Access Specialist will reach out to help the patient understand the insurance and site of care selection process.

The **Insurance & Access Specialist** will:

- Help investigate health insurance coverage and health plan benefits, as well as the RADICAVA® financial support options which may be available to eligible patients
- Answer questions and let the patient know what is needed next at each step in the process as they pursue treatment
- Help patients understand site of care options, whether they are accessing treatment from an infusion therapy provider or a specialty pharmacy



Our experienced team members are ready with a patient-focused approach.

* The **JourneyMate Support Program™** offers educational support and resources for patients who are considering or have already been prescribed a Mitsubishi Tanabe Pharma America, Inc. product. The Clinical Educator is an educational resource for patients who have been prescribed an MTPA product. The Clinical Educator is provided by MTPA and VMS and is not affiliated with or provided by a healthcare provider. The Clinical Educator does not provide medical advice. All questions about your condition, diagnosis, or treatment should be referred to your healthcare provider. The Program does not provide medical advice and does not take the place of your doctor. All questions about your condition, diagnosis, or treatment should be referred to your doctor. If you have a medical emergency, please call 911. If you need to report an adverse event or product complaint, please call 1-888-292-0058.

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

Please see [Prescribing Information](#) for RADICAVA®, also available at radicavahcp.com.

Out-of-Pocket Assistance Program

Eligible patients with commercial insurance coverage for treatment with RADICAVA® (edaravone) are automatically enrolled in the Program* upon submission of a [Benefit Investigation and Enrollment Form](#) signed by both prescriber and patient.

If the patient or their Legal Representative is unable to sign the form, authorization can be provided online or via mail, fax, or electronic fax using the [Patient Authorization Form](#). Patients may also enroll by completing an [Out-of-Pocket Assistance Program Enrollment Form](#), available in the [Out-of-Pocket Assistance Program patient brochure](#) and at radicava.com.

A patient's Program Card information enables submission of both Pharmacy and Medical benefit claims.

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Restrictions apply. \$20,000 maximum program benefit per calendar year per patient. See full [Eligibility Requirements & Terms and Conditions](#) for details.

Available to patients

- Savings on their deductible, co-pay, and co-insurance costs for their medication **and** infusion costs for RADICAVA®[‡]
- Annual automatic re-enrollment, available to patients upon reverification of eligibility criteria



Available to offices

- Resources for submitting a request for co-pay assistance, by electronic or paper submission
- Support with information and answers to questions about the Program by calling 1-844-772-4548



See last page for full [Eligibility Requirements & Terms and Conditions](#) or visit radicavahcp.com.

*This is not insurance. 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.

†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®. Other restrictions apply. Patient signature on the [Benefit Investigation and Enrollment Form](#) or [Patient Authorization Form](#) is required to enable automatic enrollment in the Out-of-Pocket Assistance Program.

‡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 [Prescribing Information](#) for RADICAVA®, also available at radicavahcp.com.

How patients can apply to the Program

The prescriber completes and submits the [Benefit Investigation and Enrollment Form](#), including prescriber and patient signature.* An eligibility assessment is performed, and **eligible patients are automatically enrolled** in the Program. Patients may also apply by completing the [Out-of-Pocket Assistance Program Enrollment Form](#), available in the patient brochure and online at radicava.com.

The JourneyMate Support Program™ Insurance & Access Specialist† will:

- Verify the patient's commercial insurance benefits to determine their eligibility
- Call the eligible patient to explain their insurance benefits for treatment with RADICAVA® (edaravone) and let them know they are automatically enrolled in the Program
- Send the patient a welcome letter and brochure with Program Card information

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

Card information enables submission of both Pharmacy and Medical benefit claims

Patient ID

identifies a patient enrolled in the JourneyMate Support Program™

Co-pay ID

identifies a patient enrolled in the co-payment assistance process



Pharmacy Benefit and Medical Benefit Claims Information required for claim submission is provided with card information.

Remind patients to always bring the Program Card information to their treatment appointments. Patients can provide their Program Card information when contacted by a specialty pharmacy.

At the time of treatment

Patients provide their Program Card information, required for submission of request for co-payment assistance. If the infusion provider cannot or does not participate in the Program or if the patient has already paid for treatment, patients may submit a claim with a [Request for Out-of-Pocket Assistance Form](#) by mail to the JourneyMate Support Program™, PO Box 2930, Phoenix, AZ 85062 or fax to 1-888-506-0238. The [Request for Out-of-Pocket Assistance Form](#) is available in the [Out-of-Pocket Assistance Program brochure](#) for patients, and at radicava.com.

† The JourneyMate Support Program™ Insurance & Access Specialist is provided by UBC on behalf of Mitsubishi Tanabe Pharma America, Inc. (MTPA). The JourneyMate Support Program™ Insurance & Access Specialist may provide information obtained from outside sources about your insurance coverage, cost support options, and whether treatment is covered by your health plan. This information does not require you or your healthcare provider to use any MTPA product. Because the information we provide comes from outside sources, the JourneyMate Support Program™ Insurance & Access Specialist cannot guarantee the information will be accurate or complete.

Please see [Prescribing Information](#) for RADICAVA®, also available at radicavahcp.com.

How to submit a request for co-payment assistance

Send a claim for medication and infusion costs to the patient's primary health plan. Then, complete a secondary claim request for co-payment assistance and submit to the Program. Submit transaction using Program Card information for claims submission.

The patient may use their Program Card information to submit a claim with a [Request for Out-of-Pocket Assistance Form](#) and a proof of payment/receipt for their out-of-pocket cost for RADICAVA® (edaravone).

Medical Benefits Claim



ELECTRONIC SUBMISSION

Submit a **standard electronic claim** to Electronic Data Interchange (EDI): submit 837 transaction via EHR system to Change Healthcare using CPID 26227.



FAX OR MAIL SUBMISSION

Submit a **medical claim form** (CMS-1500 or UB-04) and a copy of the primary plan's Explanation of Benefits (EOB).

Fax claim to the Program at 1-888-506-0238

Mail claim to PO Box 2930, Phoenix, AZ 85062

How to receive reimbursement payments electronically

- Following receipt of payment by check for your initial claim, you may enroll to receive reimbursement directly to your account via Payspan® EFT (Electronic Funds Transfer)
- To enroll, you will need a registration code which will be provided when you receive your first check from the Program. **To enroll using this registration code, visit payspanhealth.com**
- If you already have a Payspan® account, update your settings to receive payments electronically

Claim Requirements

Make sure all required procedure and drug codes are clearly stated for treatment with RADICAVA®. Please include contact information in case there are any questions about the submission.

Payment for applicable out-of-pocket costs will be issued following validation of all required out-of-pocket claim information. You will receive reimbursement for your first claim by check. If you wish to receive subsequent payments electronically, you must enroll in Payspan® EFT. If you do not enroll, all payments will be made by check.

Call the **JourneyMate Support Program™** for medical claims assistance.

Pharmacy Benefits Claim

Patients with primary commercial prescription insurance:

If RADICAVA® is obtained under the patient's Pharmacy benefit, input patient's Co-pay ID number from the front of the card and Pharmacy Benefit Claims Information on the back of the card as secondary coverage, and transmit using the COB segment of the NCPDP transaction.

For Pharmacy benefit claims questions, call the Pharmacy Help Desk at 1-855-332-6208.

For help processing a request for co-payment assistance, call 1-844-772-4548.

By selecting certain links within this document, you will be taken to websites not hosted by Mitsubishi Tanabe Pharma America, Inc. Please note, Mitsubishi Tanabe Pharma America, Inc. does not control the content of third-party websites and our Privacy Policy does not apply.

Please see [Prescribing Information](#) for RADICAVA®, also available at radicavahcp.com.

Eligibility Requirements & Terms and Conditions for the Out-of-Pocket Assistance Program

- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- Patient must be a citizen or a permanent resident of the US or its territories, and reside in the US or its territories where co-pay assistance is not prohibited. Offer good only in the US and its territories.
- Patient must be 18 to 64 years of age and not enrolled in Medicare.
- Patient must not be enrolled in government health insurance, (i.e., 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.
- This program is not valid in states 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 is being treated as an outpatient by a licensed healthcare provider in the US and has been prescribed RADICAVA® (edaravone) by a licensed healthcare provider.
- Patient currently has private, commercial health insurance with prescription coverage for RADICAVA® medication, and patient's insurance does not cover the entire cost of RADICAVA®.
- There is no income requirement.
- Patient must re-enroll annually to remain in the Program. To re-enroll, reverification of patient insurance benefits is required to confirm that patient continues to meet the eligibility requirements for participation in the Program.
- Patient is responsible for reporting receipt of co-pay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the medication or treatment cost using the Out-of-Pocket Assistance Program, as may be required.
- 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).
- Patient will not in any way report or count the value of the product provided under this Program as true out-of-pocket spending (TrOOP) under a Medicare Part D prescription drug benefit.
- Claims must be submitted in a timely manner. An EOB from patient's private, commercial health insurance must be submitted within 365 days of the date of the EOB for patient to receive out-of-pocket assistance benefit. No EOB may be submitted more than 90 days after the expiration date of the Out-of-Pocket Assistance Program, and the date of service on the EOB must be prior to the program expiration date. The EOB must reflect the patient's out-of-pocket cost for RADICAVA® medication and infusion services and submission of the claim by the patient's physician for the cost of the medication and infusion services.
- This Out-of-Pocket Assistance Program is not health insurance.
- This Out-of-Pocket Assistance Program enables submission of both Pharmacy and Medical benefit claims.
- This offer is limited to one (1) per person during this offering period and is not transferable.
- No membership fees.
- This offer is not conditioned on any past, present or future purchase, including refills.
- Offer expires December 31, 2022. 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.

Resources for patients who are uninsured

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

- The PAP can help patients in financial need who are uninsured
- Patients who meet Program requirements may be able to receive RADICAVA® at no charge for up to two years*

Restrictions apply. See full Eligibility Requirements & Terms and Conditions, also available at radicava.com

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

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



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1-844-772-4548

Monday-Friday, 8:00 AM-8:00 PM ET
radicava.com

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Mitsubishi Tanabe Pharma America



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JourneyMate Support Program is a trademark of Mitsubishi Tanabe Pharma America, Inc.

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