



Verification of Patient Insurance Form



This form is required because insurance information is needed to confirm your continued eligibility for the Searchlight Support® Out-of-Pocket Assistance Program (“the Program”) and to process 2019 reimbursement claims.

Please complete and fax this form to 1-888-782-6157 or submit by mail within 30 days to Searchlight Support®, P.O. Box 2930, Phoenix, AZ 85062.

1. PATIENT INFORMATION (*REQUIRED FIELDS)

The information you provide will be used by Mitsubishi Tanabe Pharma America, Inc., our affiliates, and our service providers, to determine if you are eligible for continued participation in the Program. The benefits may include enrollment in the Program, continued participation in the Program, and processing of a request for co-payment assistance. To stop receiving this information or service, you may un-enroll from the Program by contacting Searchlight Support® at 1-844-772-4548. For information on how Mitsubishi Tanabe Pharma America collects, uses, and discloses personal information, visit mt-pharma-america.com/privacy-policy. By completing and submitting this form, you acknowledge that you have read, understand, agree, and meet the full Eligibility Requirements & Terms and Conditions of the Program, which can be found on the back of this form or online at radicava.com.

*FIRST NAME _____ *LAST NAME _____
*ADDRESS _____
*CITY _____ *STATE _____ *ZIP _____
*DATE OF BIRTH (MM/DD/YYYY) _____ *PRIMARY PHONE _____
EMAIL _____ *SOCIAL SECURITY # _____

1. Do you currently have commercial insurance with prescription coverage for RADICAVA® (edaravone) medication, and your insurance does not cover the entire cost of RADICAVA®?
 Yes No

2. Do you confirm that you are NOT enrolled in, and will NOT seek reimbursement (in whole or in part), from government health insurance (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs)?
 Yes No

3. Do you confirm that you will not seek reimbursement or compensation from any of these programs, including from a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA) or other federal or state assistance programs?
 Yes No

2. INSURANCE INFORMATION (*REQUIRED FIELDS)

*PRIMARY INSURANCE _____
*CARDHOLDER NAME _____
*GROUP/PLAN NAME _____
*POLICY # _____ *GROUP # _____
*INS. CO. PHONE _____ *STATE _____
*PRESCRIPTION DRUG INSURER _____
*CARD/BIN # _____ *PHONE _____

SECONDARY INSURANCE _____
CARDHOLDER NAME _____
GROUP/PLAN NAME _____
POLICY # _____ GROUP # _____
INS. CO. PHONE _____ STATE _____
PRESCRIPTION DRUG INSURER _____
CARD/BIN # _____ PHONE _____

*PRESCRIPTION DRUG INSURER _____
*CARD/BIN # _____ *PHONE _____

*PERSON COMPLETING THIS FORM _____ *PHONE _____

SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE _____ DATE _____

For assistance or additional information, call 1-844-SRCHLGT (1-844-772-4548), 8 AM–8 PM ET, Monday–Friday. Please see Prescribing Information, including Patient Information for Radicava®, available at radicava.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.
- You 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.
- You must be between 18 and 64 years of age and not eligible for Medicare.
- You must not be enrolled in government health insurance, (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). If you move or switch from commercial insurance to any government health insurance, you 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.
- You are being treated as an outpatient by a licensed healthcare provider in the US and have been prescribed RADICAVA® (edaravone) by a licensed healthcare provider.
- You currently have private, commercial health insurance with prescription coverage for RADICAVA® medication, and your insurance does not cover the entire cost of RADICAVA®.
- There is no income requirement.
- You will be automatically re-enrolled on December 31st in subsequent calendar years after the initial enrollment period ends as long as you continue to meet the eligibility requirements for participation in the Program.
- You are 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 Searchlight Support® Out-of-Pocket Assistance Program, as may be required.
- You 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).
- You 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 service on 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 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, 2019. Mitsubishi Tanabe Pharma America, Inc. has the right to modify, alter, or cancel the Searchlight Support® Out-of-Pocket Assistance Program at any time without prior notification.

Please see Prescribing Information, including Patient Information for Radicava®, available at radicava.com.

RADICAVA, the RADICAVA logo, and the corporate symbol of Mitsubishi Tanabe Pharma America are registered trademarks of Mitsubishi Tanabe Pharma Corporation.

Searchlight Support is a registered trademark of Mitsubishi Tanabe Pharma America, Inc.

For US audiences only.

Mitsubishi Tanabe Pharma America, Inc.

525 Washington Boulevard, Suite 400

Jersey City, NJ 07310

© 2018 Mitsubishi Tanabe Pharma America, Inc. All rights reserved. CP-RC-US-0852 11/18



Mitsubishi Tanabe Pharma America