



SEARCHLIGHT SUPPORT®



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

***For eligible patients with commercial insurance. Restrictions apply.** \$20,000 maximum program benefit per calendar year. See full Eligibility Requirements & Terms and Conditions on last page of this brochure, also available at radicava.com.

Program Card can be used with both Pharmacy and Medical benefits.

Actor portrayal.

OUT-OF-POCKET ASSISTANCE PROGRAM

Offering assistance to eligible, commercially insured patients for RADICAVA® (edaravone)

Please see accompanying Prescribing Information, including Patient Information for RADICAVA®, also available at radicava.com.

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

Out-of-Pocket Assistance Program

If you meet the eligibility requirements and are otherwise eligible for treatment with RADICAVA® (edaravone), **you may be automatically enrolled** when your healthcare provider submits a *Benefit Investigation and Enrollment Form* for RADICAVA® which you have signed.*

- Save on your deductible, co-pay, and co-insurance costs for your medication **and** infusion costs†
- Pay as little as \$0 per infusion
- Your applicable out-of-pocket costs are covered—up to \$20,000 per calendar year‡
- Annual re-enrollment, available upon reverification of commercial insurance benefits to confirm your continued eligibility for the program
- Program Card can be used with both your Pharmacy and Medical benefits

Ask your healthcare provider if they have or will be submitting a *Benefit Investigation and Enrollment Form* for RADICAVA® **which includes your signature.*** You may also enroll by submitting the enclosed *Out-of-Pocket Assistance Program Enrollment Form*.

Searchlight Support® Out-of-Pocket Assistance Program is for eligible patients who have private, commercial health insurance with prescription coverage for RADICAVA® medication. Not valid for patients covered, in whole or in part, by government health insurance (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). Other restrictions apply.

*Your signature on the *Benefit Investigation and Enrollment Form* is required to enable automatic enrollment in the Searchlight Support® Out-of-Pocket Assistance Program. Or you may sign and submit a *Patient Authorization Form*, available at radicava.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.

‡ You will be responsible for any costs associated with RADICAVA® and your infusion above the maximum annual program benefit.

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A program designed to help with treatment costs

Your personalized Program Card will be used by your infusion provider or specialty pharmacy to submit reimbursement claims to the Searchlight Support® Out-of-Pocket Assistance Program (the Program).

Card can be used with both Pharmacy and Medical health plan benefits

SEARCHLIGHT SUPPORT | Out-of-Pocket Assistance Program | **Radicava** (edaravone)

John Q. Public
Patient ID: 123456789
Co-pay ID: 9876543210

ELIGIBLE PATIENTS PAY AS LITTLE AS \$0 PER INFUSION

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

SEE REVERSE FOR CLAIMS PROCESSING INSTRUCTIONS.
Please see Prescribing Information, including Patient Information for RADICAVA®, available at radicava.com.

Patient ID
Identifies you to Searchlight Support®

Co-pay ID
Identifies you to the co-payment assistance process

IMPORTANT!

Please make sure to bring your Program Card to all your treatment appointments.

You can also use your card when a specialty pharmacy or home infusion provider calls to request payment of applicable out-of-pocket costs for your **medication**.

SEARCHLIGHT
SUPPORT

1-844-SRCHLGT (1-844-772-4548)
Monday-Friday, 8 AM-8 PM ET
radicava.com

Out-of-Pocket Assistance Program

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‡ You will be responsible for any costs associated with RADICAVA® and your infusion above the maximum annual program benefit.

Please see accompanying Prescribing Information, including Patient Information for RADICAVA®, also available at radicava.com.

How the Program works

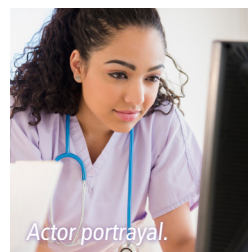
At enrollment, Searchlight Support® will:

- Review your insurance benefits to determine your out-of-pocket costs, and confirm your eligibility for the Program, including verifying commercial insurance
- Call to explain general insurance coverage options and out-of-pocket cost support options
- If eligible, send you a welcome letter with a Program Card



At time of treatment, your treatment provider will:

- Submit a claim for medication and infusion costs† to your primary health insurance plan
- Complete and submit a reimbursement claim for your applicable out-of-pocket costs using your Program Card‡



Searchlight Support® will issue payment to your infusion provider following validation of all required claim information, including the Explanation of Benefits (EOB) from your health plan.

‡ Reimbursement claim for your applicable out-of-pocket costs will be submitted by your provider once they receive the EOB from your health plan.

Using your Program Card

- Bring your Program Card to all your treatment appointments
- The information on the card will be used by your treatment provider to submit reimbursement claims to the Program
- If a specialty pharmacy or home infusion provider contacts you, provide them with the processing information on your card



If your infusion provider does not participate in the Program, or if you've already paid your out-of-pocket costs related to your treatment:

Complete and submit the enclosed *Request for Out-of-Pocket Assistance Form*, along with the required EOB and proof of payment/receipt for your out-of-pocket cost for RADICAVA®. Call Searchlight Support® for assistance.

You may receive a check for applicable out-of-pocket costs following validation of all required claim information. Requests must be submitted within 365 days of the date of the EOB provided by your health plan.

SEARCHLIGHT
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**Prescribing Information,
including Patient Information for
RADICAVA® (edaravone) enclosed**

**Patient Enrollment and
Reimbursement Forms enclosed**

Eligibility Requirements & Terms and Conditions

- 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 18 to 64 years of age and not enrolled in 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 must re-enroll annually to remain in the Program. To re-enroll, reverification of your insurance benefits is required to confirm that 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 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, 2021. 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.



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