

Helping to provide affordable access to RADICAVA[®] (edaravone)

Once enrolled in Searchlight Support[®], a dedicated care coordinator can help guide affordable access to treatment for RADICAVA[®]



Out-of-Pocket Assistance Program

- Offers assistance to eligible, commercially insured patients for RADICAVA[®]
 - The Out-of-Pocket Assistance Program is not valid for patients covered, in whole or in part, by government-funded health insurance such as Medicare, Medicare Part D, or Medicaid
- Eligible patients pay as little as \$0 per infusion*
 - Restrictions apply. \$20,000 maximum program benefit per calendar year per eligibility criteria. See full Eligibility Requirements & Terms and Conditions in the pocket for details
- Savings on deductible, co-pay, and co-insurance costs for RADICAVA[®] and infusion
- Applicable out-of-pocket costs are covered—up to \$20,000 maximum program benefit per calendar year
 - 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
- Patients will be responsible for any out-of-pocket costs above the maximum annual program benefit

*Searchlight Support[®] 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. See accompanying full Eligibility Requirements & Terms and Conditions in the pocket, also available at radicava.com.

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

Resources for Patients Who Are Uninsured

The Searchlight Support® Patient Assistance Program (PAP) can help patients in financial need who are uninsured. Patients who meet Program requirements may be able to receive medication at no charge for up to two years. Patient must be a citizen or a permanent resident of the US or its territories, and reside in the US or its territories. Patient's 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. Full Eligibility Requirements & Terms and Conditions are available at radicava.com/hcp.

Alternative Coverage Research

Searchlight Support® can help research alternative coverage options, as well as provide information about independent, charitable organizations that may be able to provide financial support.*

Call Searchlight Support® for more information or visit radicava.com



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

*Charitable foundations and other third-party patient support organizations are independent from Mitsubishi Tanabe Pharma America, Inc. Each third-party organization has its own eligibility criteria and evaluation process, and Mitsubishi Tanabe Pharma America, Inc. cannot guarantee that patients will receive assistance.

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



Mitsubishi Tanabe Pharma America



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For US audiences only.

Mitsubishi Tanabe Pharma America, Inc.

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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 between 18 and 64 years of age and not eligible for 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 will be automatically re-enrolled on December 31st in subsequent calendar years after the initial enrollment period ends as long as 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 Searchlight Support® 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 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.

Call Searchlight Support® for more information or visit radicava.com



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