



**SEARCHLIGHT™**  
SUPPORT

**Out-of-Pocket  
Assistance Program**

If you have commercial  
insurance coverage

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

\*Restrictions apply. \$20,000 maximum program benefit for 12 months from your first eligible date of program participation. See eligibility requirements and terms and conditions on back panel of this brochure, also available at [www.radicava.com](http://www.radicava.com).

Please see accompanying full Prescribing Information, including Patient Information, for RADICAVA®, also available at [www.radicava.com](http://www.radicava.com).

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





## The Out-of-Pocket Assistance Program and You

**You may be eligible if you have commercial insurance coverage for treatment with RADICAVA® (edaravone) IV infusion.**

- Save on your deductible, co-pay and co-insurance costs for RADICAVA® and for your infusion
- Pay as little as \$0 per infusion\*
- Your applicable out-of-pocket costs are covered for 12 months<sup>†</sup>—up to \$20,000

\*Restrictions apply.

<sup>†</sup>You will be contacted each year before the end of your eligibility period to re-enroll for continued out-of-pocket assistance for treatment with RADICAVA®. You will be responsible for any costs associated with RADICAVA® and your infusion above the maximum annual program benefit.

**Call us to learn more or visit us online at [www.radicava.com](http://www.radicava.com)**



1-844-SRCHLGT (1-844-772-4548)  
Monday - Friday, 8 AM - 8 PM ET  
[www.radicava.com](http://www.radicava.com)

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If you have commercial insurance coverage for RADICAVA®...

**We may be able to help.**





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## How the Out-of-Pocket Assistance Program Works

Eligible patients with commercial health insurance may be enrolled in the Searchlight Support™ Out-of-Pocket Assistance Program when you and your healthcare provider complete and submit the Benefit Investigation and Enrollment Form.

1. Searchlight Support™ will review your insurance benefits to determine your out-of-pocket costs, and your eligibility for the Out-of-Pocket Assistance Program.
2. If eligible, you will receive a Welcome Letter which includes your Patient ID. Your healthcare provider will also be notified of your enrollment and provided with your Patient ID.
3. When you begin treatment with RADICAVA®, your healthcare provider will use your Patient ID to receive payment from the program for your applicable out-of-pocket costs for the initial 14-day treatment cycle:
  - Payment is based on your out-of-pocket costs as determined by your health plan coverage.
  - Your out-of-pocket costs are detailed in the Final Benefit Summary provided by Searchlight Support™ to both you and your healthcare provider.
4. For treatments after the initial 14-day cycle, your healthcare provider will submit a copy of the Explanation of Benefits (EOB) from your health plan and claim form to Searchlight Support™ for review and processing of payment for your applicable out-of-pocket costs.



**If you have already paid your healthcare provider for the out-of-pocket costs for your treatment, please contact Searchlight Support™ for information on how you may receive reimbursement.**

## 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 U.S. or its territories, and reside in the U.S. or its territories where co-pay assistance is not prohibited. Offer good only in the U.S. and Puerto Rico.
- You must be 18 years of age or older and under the age of 65.
- You must not be covered, in whole or in part, by 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.
- You are being treated as an outpatient by a licensed healthcare provider in the U.S. and have been prescribed RADICAVA® (edaravone) IV infusion 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 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 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.
- 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 program is not valid in states where prohibited by law, taxed, or otherwise restricted.
- 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, 2018. 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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