

# Helping to provide financial support options

Once a patient has been prescribed RADICAVA ORS® (edaravone) or RADICAVA® (edaravone) IV with submission of a [Benefit Investigation and Enrollment Form](#) (BIF) including prescriber® and patient signatures, a **JourneyMate Support Program™** Insurance & Access Specialist\* will help investigate the patient's health insurance coverage and financial support options which may be available to the patient.

A patient unable to sign the BIF may sign and submit a [Patient Authorization Form](#), available at [radicavahcp.com](http://radicavahcp.com).

## Out-of-Pocket Assistance Program

If the patient meets the eligibility requirements, **the patient may be enrolled** in the Out-of-Pocket Assistance Program. The patient may also apply by choosing **one** of these options:

- Visiting the Self-Enrollment website at [RadicavaCopayAssistance.com](http://RadicavaCopayAssistance.com) and completing the steps
- Submitting the [Out-of-Pocket Assistance Program Enrollment Form](#), available at [radicava.com](http://radicava.com)

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ELIGIBLE PATIENTS  
PAY AS LITTLE AS **\$0** PER INFUSION  
OR PRESCRIPTION†

†For eligible patients with commercial insurance. Annual maximum benefit per patient. Additional terms and conditions apply. See last page and visit [radicavahcp.com](http://radicavahcp.com) for more details.

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### Available to eligible patients‡

- Savings on their deductible, co-pay, and co-insurance costs for their medication **and** infusion costs, if applicable§
- Annual re-enrollment, available to patients upon reverification of eligibility criteria
- Personalized program information enables submission of Pharmacy and Medical benefits claims

### Available to offices

- Support with information and answers to questions about the Out-of-Pocket Assistance Program by calling 1-844-772-4548

### For RADICAVA® IV:

- Resources for submitting a request for co-pay assistance, by electronic or paper submission
- Reimbursement can be made directly to your account via Payspan® EFT

\*A **JourneyMate Support Program™** Insurance & Access Specialist is provided by UBC on behalf of Mitsubishi Tanabe Pharma America, Inc. (MTPA). A **JourneyMate Support Program™** Insurance & Access Specialist may provide information obtained from outside sources about a patient's insurance coverage, financial support options, and whether treatment is covered by their health plan. This information does not require a patient or their doctor to use any MTPA product. Because the information provided comes from outside sources, a **JourneyMate Support Program™** Insurance & Access Specialist cannot guarantee the information will be accurate or complete.

‡This is not insurance. The Out-of-Pocket Assistance Program is for eligible patients who have private, commercial health insurance with prescription coverage for RADICAVA ORS® or RADICAVA® IV which does not cover the entire cost of the medication. For RADICAVA ORS®, patients enrolled in commercial prescription drug insurance and Medicare Part A and/or Part B are eligible for assistance so long as they meet all other eligibility criteria and are not enrolled in or become enrolled in Medicare Parts C or D. For RADICAVA® IV, patients enrolled in commercial prescription drug insurance and Medicare Part A are eligible for assistance so long as they meet all other eligibility criteria and are not enrolled in or become enrolled in Medicare Parts B, C, or D. Support is not valid for patients covered, in whole or in part, by Medicaid, Department of Veterans Affairs (VA), Department of Defense (DoD), or any other federal or state health insurance program. Other restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at [radicavahcp.com](http://radicavahcp.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.

Please see full [Prescribing Information](#).



## OTHER CONSIDERATIONS

### For patients who are eligible for government-funded insurance

We can provide information about government health plan options, including:

- Veterans Affairs (VA) | TRICARE | DoD
  - RADICAVA® (edaravone) IV is on the VA National Formulary, subject to National Prior Authorization criteria
- Medicare | Social Security Disability Insurance | Medicaid

For government health plan options, a **JourneyMate Support Program™** Insurance & Access Specialist can only help patients review information.

## OTHER OPTIONS FOR FINANCIAL SUPPORT

### Resources for patients who are uninsured

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

- The PAP can help qualified patients in financial need who are uninsured
- Patients who meet PAP requirements may be able to receive RADICAVA ORS® (edaravone) or RADICAVA® IV at no charge for up to two years\*
- Patients must be citizens or permanent residents of the US or its territories, and reside in the US or its territories
- Patients' 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. See full [Eligibility Requirements & Terms and Conditions](#) for the Patient Assistance Program, available at [radicava.com](http://radicava.com).

Please refer to [Alternate Support/Resource Information \(ASRI\)](#), available at [radicava.com](http://radicava.com), for additional financial support options that may be available.

### Contact the JourneyMate Support Program™ Insurance & Access Specialist



Dedicated Team. Patient-Focused Approach.

Insurance & Access Specialist

1-844-772-4548

Monday-Friday, 8:00 AM-8:00 PM ET

[radicavahcp.com](http://radicavahcp.com)

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

Please see full [Prescribing Information](#).



Mitsubishi Tanabe Pharma America



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

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## Eligibility Requirements & Terms and Conditions

- Patients who meet all eligibility criteria and are enrolled in the Out-of-Pocket Assistance Program may pay:
  - As little as \$0 per infusion [RADICAVA® (edaravone) IV] up to a maximum of \$20,000 per patient per calendar year; or
  - As little as \$0 per prescription [RADICAVA ORS® (edaravone)] up to a maximum of \$7,500 per patient per calendar year
- Patient must currently have private, commercial health insurance with prescription coverage for RADICAVA ORS® or RADICAVA® IV, and patient's insurance does not cover the entire cost of the medication. Offer is not valid for cash paying patients.
- Patient is not eligible for RADICAVA ORS® assistance if patient is enrolled in or becomes enrolled in Medicare Part C (Medicare Advantage), Medicare Part D (prescription drug benefit), Medicaid, Department of Veterans Affairs (VA), Department of Defense (DoD), or any other federal or state health insurance program. Patients enrolled in commercial prescription drug insurance and Medicare Part A (hospital benefit) and/or Medicare Part B (medical benefit) are eligible for assistance so long as they meet all other eligibility criteria.
- Patient is not eligible for RADICAVA® IV assistance if patient is enrolled in or becomes enrolled in Medicare Part B (medical benefit), Medicare Part C (Medicare Advantage), Medicare Part D (prescription drug benefit), Medicaid, VA, DoD, or any other federal or state health insurance program. Patients enrolled in commercial prescription drug insurance and Medicare Part A (hospital benefit) are eligible for assistance so long as they meet all other eligibility criteria.
- Patient may not seek reimbursement or compensation, in whole or in part, from any government health insurance.
- Patient must be at least 18 years of age.
- 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.
- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- This Out-of-Pocket Assistance Program is not valid outside the US or in states where prohibited by law, taxed, or otherwise restricted.
- Persons residing in Massachusetts, Minnesota, 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 ORS® or RADICAVA® IV by a licensed healthcare provider.
- Patient must re-enroll annually to remain in the Out-of-Pocket Assistance Program. To re-enroll, reverification of patient's insurance benefits is required to confirm that patient continues to meet the eligibility requirements for participation in the Out-of-Pocket Assistance 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.
- Claims must be submitted in a timely manner. For medical benefit claims for infusion therapy with RADICAVA® IV, an EOB from the patient's private, commercial health insurance must be submitted within 365 days of the date of the EOB for the 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 Out-of-Pocket Assistance Program expiration date. The EOB must reflect the patient's out-of-pocket cost for RADICAVA® IV 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, 2024. 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.

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Dedicated Team. Patient-Focused Approach.

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