



JourneyMate

SUPPORT PROGRAM™

Brought to you by Mitsubishi Tanabe Pharma America

Dedicated Team. Patient-Focused Approach.

Out-of-Pocket Assistance Program

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

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

***For eligible patients with commercial insurance. Restrictions apply.**

\$20,000 maximum program benefit per calendar year per patient. See full Eligibility Requirements & Terms and Conditions on last page of this brochure, also available at radicava.com.

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

Helping provide eligible, commercially insured patients with access to **RADICAVA® (edaravone)**

Please see [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 have a valid prescription for 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 information can be used with both your Pharmacy and Medical benefits

Once you've been prescribed RADICAVA®, ask your healthcare provider if they have or will be submitting a Benefit Investigation and Enrollment Form **which includes your signature**.* You may also apply by submitting the [Out-of-Pocket Assistance Program Enrollment Form](#).

The 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 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.

Please see [Prescribing Information](#), including [Patient Information](#) for RADICAVA®, also available at [radicava.com](#).

A program designed to help with treatment costs

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

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

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Radicava
(edaravone) an infusion program

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

ELIGIBLE PATIENTS \$0 PER INFUSION
Restrictions apply. \$20,000 maximum program benefit per calendar year per patient.

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

Patient ID
Identifies you to the **JourneyMate Support Program™**

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

IMPORTANT NOTE

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

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

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1-844-772-4548
Monday-Friday, 8:00 AM-8:00 PM ET
[radicava.com](#)

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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 [Prescribing Information](#), including [Patient Information](#) for RADICAVA®, also available at [radicava.com](#).

Here's how the Program works



At enrollment, the JourneyMate Support Program™ Insurance & Access Specialist§ will:

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

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 information

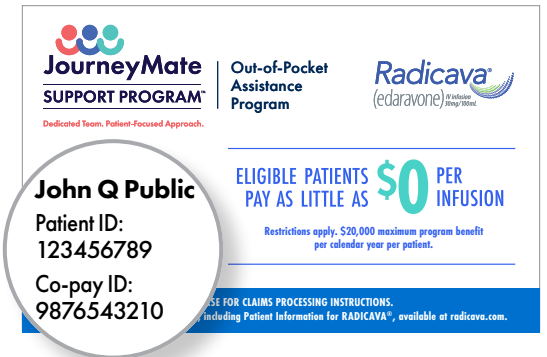
The JourneyMate Support Program™ will issue payment to your infusion provider following validation of all required claim information, including the Explanation of Benefits (EOB) from your health plan.

§ The JourneyMate Support Program™ Insurance & Access Specialist is provided by UBC on behalf of Mitsubishi Tanabe Pharma America, Inc. (MTPA). The JourneyMate Support Program™ Insurance & Access Specialist may provide information obtained from outside sources about your insurance coverage, financial support options, and whether treatment is covered by your health plan. This information does not require you or your healthcare provider to use any MTPA product. Because the information we provide comes from outside sources, the JourneyMate Support Program™ Insurance & Access Specialist cannot guarantee the information will be accurate or complete.

‡ 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 Card Information

- Make sure to bring your Program Card information 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 [Request for Out-of-Pocket Assistance Reimbursement Form](#), along with the out-of-pocket cost for RADICAVA®. Call the Insurance & Access Specialist at the JourneyMate Support Program™ 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.



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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 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, 2022. 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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radicava.com

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Mitsubishi Tanabe Pharma America, Inc.

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