



JourneyMate

SUPPORT PROGRAM™

Dedicated Team. Patient-Focused Approach.

Out-of-Pocket Assistance Program

ELIGIBLE PATIENTS
PAY AS LITTLE AS **\$0** PER PRESCRIPTION^a

^aFor eligible patients with commercial insurance.
Annual maximum benefit per patient. Additional terms and conditions apply.
See last page of this brochure and visit radicava.com for more details.

Helping eligible, commercially insured patients save on RADICAVA ORS®

Please see the full [Prescribing Information](#) and [Patient Information](#), also available at www.radicavaors.com.

Radicava ORS®
(edaravone) Oral Suspension
105mg/5mL 

How to Enroll

Once you've been prescribed RADICAVA ORS[®] (edaravone), you can enroll in the Out-of-Pocket Assistance Program using one of the options below:



Complete, sign, and submit a Benefit Investigation and Enrollment Form with your healthcare provider

OR



Sign and submit a Patient Authorization Form, available at [radicava.com](https://www.radicava.com), so that the **JourneyMate Support Program**[™] can contact you about your eligibility

OR



Visit the Self-Enrollment website at RadicavaCopayAssistance.com and complete the steps

OR



Complete and submit the [Out-of-Pocket Assistance Program Enrollment Form](#)

About the Out-of-Pocket Assistance Program

If you meet the eligibility requirements, you may be enrolled in the Out-of-Pocket Assistance Program, which includes^a:

- Paying as little as \$0 per RADICAVA ORS[®] prescription dispense
- Your applicable out-of-pocket costs are subject to a maximum annual benefit limit per calendar year^b
- Annual re-enrollment, available upon reverification of commercial insurance benefits and eligibility

I can help you get started on RADICAVA ORS[®].



Contact a **JourneyMate Support Program**[™] Insurance & Access Specialist for patient-focused answers and resources.

Insurance & Access Specialist
1-844-772-4548

Monday-Friday, 8 AM-8 PM ET
[radicava.com](https://www.radicava.com)

Please see the full [Prescribing Information](#) and [Patient Information](#), also available at www.radicavaors.com.

^aThis 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[®] which does not cover the entire cost of the medication. Other restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at [radicava.com](https://www.radicava.com).

^bYou will be responsible for any costs associated with RADICAVA ORS[®] above the annual maximum benefit.

What to Expect If You Are Eligible for the Program

At enrollment, the **JourneyMate Support Program™** Insurance & Access Specialist or specialty pharmacy will review your insurance benefits to determine your out-of-pocket costs, and your eligibility for the Out-of-Pocket Assistance Program, including verifying commercial insurance.

If eligible, you will receive your personalized information by mail when you are enrolled in the Out-of-Pocket Assistance Program, including:

Your Personalized Patient ID

123456789

Identifies you to the JourneyMate Support Program™

Your Personalized Co-pay ID

9876543210

Identifies you to the co-payment assistance program

Your personalized information will be used by a specialty pharmacy to submit reimbursement claims to the Out-of-Pocket Assistance Program.

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.

Using Your Personalized Information for RADICAVA ORS®

When the specialty pharmacy calls about your prescription:

- The specialty pharmacy will have your personalized information on file
- The specialty pharmacy will use your personalized information to apply the Out-of-Pocket Assistance Program benefit to your applicable out-of-pocket costs



For questions about claims for your out-of-pocket costs for RADICAVA ORS®, please call 1-855-332-6208.




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radicava.com

Eligibility Requirements & Terms and Conditions for the Out-of-Pocket Assistance Program for RADICAVA ORS® (edaravone)

- Patients who meet all eligibility criteria and are enrolled in the Out-of-Pocket Assistance Program may pay as little as \$0 per RADICAVA ORS® prescription dispense, subject to a maximum annual benefit limit per calendar year
- You currently have private, commercial health insurance with prescription coverage for RADICAVA ORS®, and your insurance does not cover the entire cost of the medication. Offer is not valid for cash-paying patients
- You are not eligible for RADICAVA ORS® assistance if you are enrolled in or become enrolled in Medicare Part C (Medicare Advantage), Medicare Part D (prescription drug benefit), Medicaid, VA, DoD, or any other federal or state insurance program
- If you are enrolled in commercial prescription insurance, Medicare Part A and Medicare Part B, you are eligible for assistance so long as you meet all other eligibility criteria
- You may not seek reimbursement or compensation, in whole or in part, from any government health insurance
- You agree that this Out-of-Pocket Assistance Program is intended solely for the benefit of you as the patient and is not intended for patients in accumulator or maximizer programs. Except where prohibited by applicable state law, Mitsubishi Tanabe Pharma America, Inc. reserves the right to modify or discontinue assistance at any time for patients found to be subject to an accumulator adjustment or co-pay maximizer program
- Not valid where prohibited by law, taxed, or otherwise restricted
- This Out-of-Pocket Assistance Program is not health insurance
- 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
- Additional program terms and restrictions apply. Visit [radicava.com](https://www.radicava.com) for full details



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Mitsubishi Tanabe Pharma America, Inc.

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