



OUT-OF-POCKET ASSISTANCE PROGRAM



Helping Provide Patients with Affordable Access
to RADICAVA® (edaravone)

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



The Out-of-Pocket Assistance Program

Patients with commercial insurance coverage for treatment with RADICAVA® (edaravone) may be eligible.

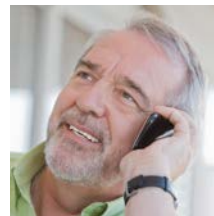
Searchlight Support® Out-of-Pocket Assistance Program

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

*Restrictions apply. \$20,000 maximum program benefit per calendar year per eligibility criteria. See full Eligibility Requirements & Terms and Conditions for details.

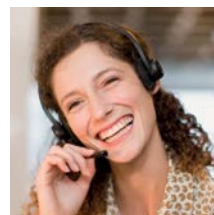
What eligible patients can expect

- Savings on their deductible, co-pay, and co-insurance costs for their medication **and** infusion costs for RADICAVA®
- Applicable out-of-pocket costs are covered—up to \$20,000 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
- Patients will be automatically re-enrolled for the next calendar year, if eligible



What your office can expect

- Simple co-pay claim process: by electronic or paper submission
- Support with information and answers to questions about the Program by calling 1-844-772-4548



†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 last page for Eligibility Requirements & Terms and Conditions or visit radicava.com/hcp.

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

Searchlight Support® provides...

Support for patients

Searchlight Support® is a product access program to help guide patient access to treatment with out-of-pocket cost support for eligible patients, as well as to get connected to a clinical educator, and patient site of care coordination for RADICAVA® (edaravone).



Information for office staff

Our dedicated care coordinators can help you determine if patients with commercial insurance coverage are eligible to be enrolled in the Searchlight Support® Out-of-Pocket Assistance Program for RADICAVA® (the Program).



Patient must not be enrolled in government health insurance, (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). Other restrictions apply. See last page for Eligibility Requirements & Terms and Conditions or visit radicava.com/hcp.

The Out-of-Pocket Assistance Program

Patients with commercial insurance coverage for treatment with RADICAVA® (edaravone) may be eligible.

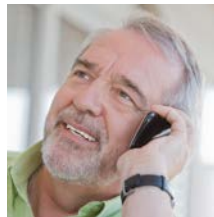
Searchlight Support® Out-of-Pocket Assistance Program

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

*Restrictions apply. \$20,000 maximum program benefit per calendar year per eligibility criteria. See full Eligibility Requirements & Terms and Conditions for details.

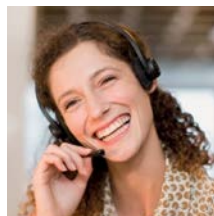
What eligible patients can expect

- Savings on their deductible, co-pay, and co-insurance costs for their medication **and** infusion costs for RADICAVA®
- Applicable out-of-pocket costs are covered—up to \$20,000 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
- Patients will be automatically re-enrolled for the next calendar year, if eligible



What your office can expect

- Simple co-pay claim process: by electronic or paper submission
- Support with information and answers to questions about the Program by calling 1-844-772-4548



*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 last page for Eligibility Requirements & Terms and Conditions or visit radicava.com/hcp.

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

How patients get started in the Program

The prescriber completes and submits the Benefit Investigation and Enrollment Form. **Eligible patients are automatically enrolled** in the Program. Patients may also enroll by completing the *Out-of-Pocket Assistance Program Enrollment Form*, available in the patient brochure and online at radicava.com. Searchlight Support® will:

- Verify the patient's commercial insurance benefits to confirm their eligibility
- Call the patient to explain their insurance benefits for treatment with RADICAVA® and let them know they are automatically enrolled in the Program
- Send the patient a welcome letter and brochure with a program card



SEARCHLIGHT
SUPPORT®
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
eligibility criteria.

John Q. Public
SEARCHLIGHT SUPPORT®
PATIENT ID: 123456789

Medical Claim Processing
PAYER ID: 56155
GROUP: 00003635
MEMBER ID: 987654321

FOR MORE INFORMATION CALL SEARCHLIGHT SUPPORT® 1-844-772-4548
Please see Prescribing Information, including Patient Information, for Radicava® available at radicava.com.

Patient ID
Identifies a patient enrolled in Searchlight Support®

Member ID
Identifies a patient in the co-payment assistance process

Remind patients to always bring the Program Card to their treatment appointments

At the time of treatment

Patients will provide their program card which contains the information required for submission of request for co-payment assistance.

If the infusion provider cannot or does not participate in the Program or if the patient has already paid for treatment with RADICAVA®, patients may submit a claim with a *Request for Out-of-Pocket Assistance Form* by mail to Searchlight Support®, 2250 Perimeter Park Drive, Suite 200, Morrisville, NC 27560, or fax to 1-844-695-9284.

How to submit a request for co-payment assistance

First, send a claim for medication and infusion costs to the patient's primary health plan. Then, complete a secondary claim request for co-payment assistance and submit to the Program.



ELECTRONIC SUBMISSION

Submit a **standard electronic claim** to Interactive Medical Systems using Payer ID 56155, Group 00003635, and the patient's Member ID, as a secondary payer.



MAIL OR FAX SUBMISSION

Submit a **medical claim form** (CMS-1500 or UB-04) and a copy of the primary health plan Explanation of Benefits (EOB).

Mail: PO Box 1349, Wake Forest, NC 27588 **Fax:** 1-919-562-0021

If submitting a request by fax, please use the *Request for Co-payment Assistance Fax Cover Sheet* available at radicava.com/hcp.

Claim Requirements

Make sure all required procedure and drug codes are clearly stated for treatment with RADICAVA®. Please include contact information in case there are any questions about the submission.

Payment for applicable out-of-pocket costs will be issued promptly following validation of all required out-of-pocket claim information. You will receive reimbursement for approved out-of-pocket assistance claims the same way you receive primary insurance payments.

Program will not provide patient reimbursement above the Wholesale Acquisition Cost (WAC) price.

If RADICAVA® is obtained under the patient's pharmacy benefit

Submit a request for co-payment assistance for out-of-pocket infusion administration costs as outlined above, including the EOB and the payer invoice. Co-pay funds not available until primary payer EOB is submitted as noted above. The patient will submit a claim for out-of-pocket medication costs to the Program.

For help processing a request for co-payment assistance, call 1-844-772-4548.



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

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.

Resources for patients who are uninsured

We can also provide information to your patients about the Searchlight Support® Patient Assistance Program (PAP).

- The 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. Restrictions apply. See full Eligibility Requirements & Terms and Conditions at radicava.com/hcp



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

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



Mitsubishi Tanabe Pharma America



RADICAVA, the RADICAVA logo, and the corporate symbol of Mitsubishi Tanabe Pharma America are registered trademarks of Mitsubishi Tanabe Pharma Corporation.

Searchlight Support is a registered trademark of Mitsubishi Tanabe Pharma America, Inc.

For US audiences only.

Mitsubishi Tanabe Pharma America, Inc.

525 Washington Boulevard, Suite 400

Jersey City, NJ 07310

© 2018 Mitsubishi Tanabe Pharma America, Inc. All rights reserved.

CP-RC-US-0818 12/18