



# SEARCHLIGHT SUPPORT<sup>®</sup>

## Out-of-Pocket Assistance Program

Offering assistance to eligible, commercially insured patients for RADICAVA<sup>®</sup> (edaravone)

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

**\*Restrictions apply. \$20,000 maximum program benefit per calendar year per eligibility criteria.**

See eligibility requirements, restrictions, and terms and conditions on last page of this brochure, also available at [radicava.com](http://radicava.com).



Please see accompanying Prescribing Information, including Patient Information for Radicava<sup>®</sup>, also available at [radicava.com](http://radicava.com).

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

## Out-of-Pocket Assistance Program

Eligible, commercially insured patients **may be automatically enrolled** when your healthcare provider submits the *Benefit Investigation and Enrollment Form* for RADICAVA® (edaravone).

- Save on your deductible, co-pay, and co-insurance costs for RADICAVA® **and** your infusion\*
- Pay as little as \$0 per infusion
- Your applicable out-of-pocket costs are covered—up to \$20,000 per calendar year†
- Automatic re-enrollment for the next calendar year, if eligible

Ask your healthcare provider if they have or will be submitting a *Benefit Investigation and Enrollment Form* for RADICAVA®. If not, you can also enroll by completing and submitting the enclosed *Out-of-Pocket Assistance Program Enrollment Form*.

**Assistance is not valid for patients covered, in whole or in part, by government-funded health insurance such as Medicare, Medicare Part D, or Medicaid.**

\*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 accompanying Prescribing Information, including Patient Information for Radicava®, also available at [radicava.com](http://radicava.com).

# A program designed to help with treatment costs

Your personalized program card will be used by your infusion provider to submit reimbursement claims to the Searchlight Support® Out-of-Pocket Assistance Program (the Program).



**Patient ID**  
Identifies you to Searchlight Support®

**Member ID**  
Identifies you in a reimbursement claim

**IMPORTANT!**  
Please make sure to bring your program card to all your treatment appointments.

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

## Using your program card

- Bring your program card to all your treatment appointments
- Give your infusion provider the Medical Claims Processing information on the program card



If you've already paid your out-of-pocket costs:

- To your infusion provider for costs related to your treatment,
- or**
- To a specialty pharmacy for the cost of RADICAVA® (edaravone).

Complete and submit the enclosed *Request for Out-of-Pocket Assistance Form*, along with the required Explanation of Benefits (EOB) or pharmacy receipt.

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 service.

## How the Program works

**At enrollment, Searchlight Support® will:**

- Review your insurance benefits to determine your out-of-pocket costs, and confirm your eligibility for the Program, including verifying commercial insurance



- Call to explain your insurance benefits and answer any questions you may have
- If eligible, send you a welcome letter with a program card

**At time of treatment, your infusion 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



Searchlight Support® will issue payment to your infusion provider following validation of all required claim information, including the EOB from your health plan.

See enclosed Prescribing Information,  
including Patient Information  
for Radicava® (edaravone)

See enclosed Patient Enrollment  
and Reimbursement Forms

## 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 between 18 and 64 years of age and not eligible for 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 will be automatically re-enrolled on December 31st in subsequent calendar years after the initial enrollment period ends as long as 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 Searchlight Support® 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 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.



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

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