



# 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  
OR PRESCRIPTION\*

\*For 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](http://radicava.com) for more details.

**Helping provide eligible, commercially insured patients with access to therapy**

Please see full [Prescribing Information](#),  
including [Patient Information](#).

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

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

## Out-of-Pocket Assistance Program

Once you've been prescribed RADICAVA ORS® (edaravone) or RADICAVA® (edaravone) IV, ask your healthcare provider if they have or will be submitting a Benefit Investigation and Enrollment Form **which includes your signature**. Or you may sign and submit a Patient Authorization Form, available at [radicava.com](http://radicava.com).

You may also apply by submitting the [Out-of-Pocket Assistance Program Enrollment Form](#). If you meet the eligibility requirements, you may be automatically enrolled in the Out-of-Pocket Assistance Program, which includes:\*

- Savings on your deductible, co-pay, and co-insurance costs for your medication, **and** infusion costs, if applicable<sup>†</sup>
- Paying as little as \$0 per infusion or prescription
- Your applicable out-of-pocket costs are covered—up to an annual maximum benefit per patient of \$7,500 for RADICAVA ORS® or \$20,000 for RADICAVA® IV<sup>‡</sup>
- Annual re-enrollment, available upon reverification of commercial insurance benefits to confirm your continued eligibility for the Out-of-Pocket Assistance Program

\*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 medication. Not valid for patients covered, in whole or in part, by government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). Other restrictions apply.

<sup>†</sup>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.

<sup>‡</sup>You will be responsible for any costs associated with RADICAVA ORS® or RADICAVA® IV above the annual maximum benefit.

Please see full [Prescribing Information](#), including [Patient Information](#).

## Designed to help you with out-of-pocket costs

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

<b>Your Personalized Patient ID</b> 123456789 Identifies you to the JourneyMate Support Program™	<b>Your Personalized Co-pay ID</b> 9876543210 Identifies you to the co-payment assistance program
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Your personalized information can be used with your Pharmacy and Medical benefits

- For RADICAVA ORS®, your personalized information will be used by a specialty pharmacy to submit reimbursement claims to the Out-of-Pocket Assistance Program
- For RADICAVA® IV, make sure to bring your personalized information to all your infusion appointments or use when your home infusion provider requests payment of applicable out-of-pocket costs

### Please Note:

If your treatment changes from one form of the medication to the other and you remain eligible, you will receive confirmation of your enrollment. Your current Out-of-Pocket Assistance Program personalized information will remain the same.



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Insurance & Access Specialist  
1-844-772-4548  
Monday-Friday, 8:00 AM-8:00 PM ET  
[radicava.com](http://radicava.com)

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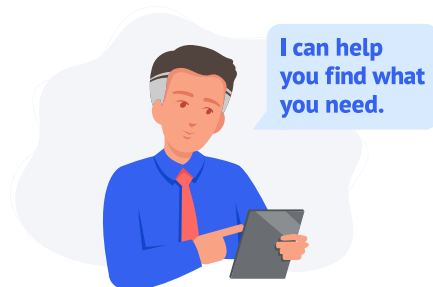
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Please see full [Prescribing Information](#), including [Patient Information](#).

## How to apply for savings on out-of-pocket costs

At enrollment, the **JourneyMate Support Program™ Insurance & Access Specialist<sup>§</sup>** 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, send you a welcome letter with your personalized information



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

**Insurance & Access Specialist**

**1-844-772-4548**

Monday-Friday, 8:00 AM-8:00 PM ET  
[radicava.com](http://radicava.com)

§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.

|| 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 personalized information for RADICAVA ORS®

When the specialty pharmacy calls about your prescription:

- Your Insurance & Access Specialist will have provided the specialty pharmacy with your personalized information
- The specialty pharmacy will use your personalized information to apply the Out-of-Pocket Assistance Program benefit to your applicable out-of-pocket costs



## Using your personalized information for RADICAVA® IV

When you receive treatment, your infusion provider will:

- Complete and submit a reimbursement claim<sup>||</sup> for your applicable out-of-pocket costs using your personalized information

The Out-of-Pocket Assistance Program will issue payment to your infusion provider following validation of all required claim information.

If your infusion provider does not participate in the Out-of-Pocket Assistance Program, or if you've already paid your out-of-pocket costs:

- Complete and submit the [Request for Out-of-Pocket Assistance Reimbursement Form](#)
- Call the Insurance & Access Specialist for assistance, if needed
- You may receive a check for applicable out-of-pocket costs following validation of all required claim information

## 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
- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- You must not be enrolled in government health insurance (ie, 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.
- Not valid 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 currently have private, commercial health insurance with prescription coverage for RADICAVA ORS® or RADICAVA® IV medication, and your insurance does not cover the entire cost of RADICAVA ORS® or RADICAVA® IV.
- 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).
- 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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