

Helping to provide financial support options

Once a patient has been prescribed RADICAVA ORS® (edaravone) with submission of a [Benefit Investigation and Enrollment Form](#) (BIF) including prescriber and patient signatures, a **JourneyMate Support Program™** Insurance & Access Specialist will help investigate the patient's health insurance coverage and financial support options that may be available to the patient.

If the patient is not available or not able to sign the BIF, they can submit a [Patient Authorization Form](#), designating a Legal representative to sign on their behalf, if needed. This form is available at radicavahcp.com. Successful completion of a BIF or Patient Authorization Form will enable an Insurance & Access Specialist to help investigate financial support options for the patient, including the Out-of-Pocket Assistance Program.

Out-of-Pocket Assistance Program

If the patient meets eligibility requirements, they **may be enrolled** in the Out-of-Pocket Assistance Program. The patient may also apply for enrollment by choosing **one** of these options:

- Visiting the self-enrollment website at RadicavaCopayAssistance.com and completing the steps
- Submitting the [Out-of-Pocket Assistance Program Enrollment Form](#), available at radicava.com

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

*For eligible patients with commercial insurance. Annual maximum benefit per patient. Additional terms and conditions apply. See last page and visit radicavahcp.com for more details.

Available to eligible patients^b

- Savings on deductible, co-pay, and co-insurance costs for their medication, if applicable
- Annual re-enrollment, available to patients upon reverification of eligibility criteria
- Personalized program information to facilitate submission of Pharmacy claims

Available to HCP offices

- Support with information and answers to questions about the Out-of-Pocket Assistance Program is available by calling 1-844-772-4548

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.

^bThis 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® that does not cover the entire cost of the medication. For RADICAVA ORS®, patients enrolled in commercial prescription drug insurance and Medicare Part A and/or Part B are eligible for assistance so long as they meet all other eligibility criteria and are not enrolled in or become enrolled in Medicare Parts C or D. Other restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at radicavahcp.com.

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

Support for Patients Eligible for Government-Funded Insurance

We can provide information about government health plan options, including:

- Medicare | Social Security Disability Insurance | Medicaid
- Medicare and Medicaid Dual Eligibility
- Veterans Affairs (VA) | TRICARE | DoD

For government health plan options, a **JourneyMate Support Program™** Insurance & Access Specialist can only help patients review information.

Financial Support Options for Uninsured Patients

We can also provide information about the Patient Assistance Program (PAP):

- The PAP can help patients in financial need who have no insurance and meet program eligibility requirements
- Patients who meet PAP requirements may be able to receive RADICAVA ORS® (edaravone) at no charge for up to 2 years
- Patients must be citizens or permanent residents of the US or its territories, and reside in the US or its territories
- Patients' income must not exceed five (5) times the Federal Poverty Level based on household size (Federal Poverty Level Guidelines available at aspe.hhs.gov/poverty-guidelines)

Restrictions apply. See full [Eligibility Requirements & Terms and Conditions](#) for the Patient Assistance Program, available at radicava.com.

Please refer to Alternate Support/Resource Information (ASRI), available at radicava.com, for additional financial support options that may be available.



Call a JourneyMate Resource Specialist for answers and educational resources relevant to you or your loved one's RADICAVA ORS® treatment.

1-855-457-6968 | Monday-Friday, 9 AM-9 PM ET
radicavahcp.com



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

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

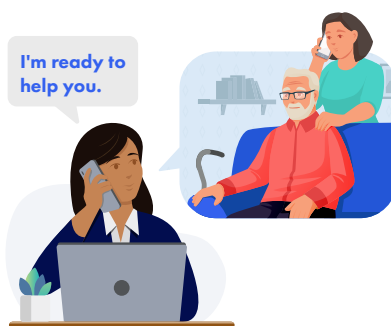
Eligibility Requirements & Terms and Conditions for the Out-of-Pocket Assistance Program for RADICAVA ORS® (edaravone)

- 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.
- Patient must currently have private, commercial health insurance with prescription coverage for RADICAVA ORS®, and patient's insurance does not cover the entire cost of the medication. Offer is not valid for cash paying patients.
- Patient is not eligible for RADICAVA ORS® assistance if patient is enrolled in or becomes enrolled in Medicare Part C (Medicare Advantage), Medicare Part D (prescription drug benefit), Medicaid, Department of Veterans Affairs (VA), Department of Defense (DoD), or any other federal or state health insurance program. Patients enrolled in commercial prescription drug insurance and Medicare Part A (hospital benefit) and/or Medicare Part B (medical benefit) are eligible for assistance so long as they meet all other eligibility criteria.
- Patient may not seek reimbursement or compensation, in whole or in part, from any government health insurance.
- By enrolling in the Out-of-Pocket Assistance Program, patient agrees that the Program is intended solely for the benefit of the patient. Some health plans have established programs referred to as "accumulator adjustment" or "co-pay maximizer" programs. An accumulator adjustment program is one in which payments made by the patient that are subsidized by manufacturer assistance do not count toward deductibles and other out-of-pocket cost sharing limitations. Co-pay maximizers are programs in which the amount of the patient's out-of-pocket costs is increased to reflect the availability of support offered by a manufacturer assistance program. The Out-of-Pocket Assistance Program is not intended for patients in accumulator or maximizer programs. Mitsubishi Tanabe Pharma America 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. Patient also agrees that they are personally responsible for paying any amount of co-pay required after the Out-of-Pocket Assistance Program support is applied.
- Patient must be at least 18 years of age.
- 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.
- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- This Out-of-Pocket Assistance Program is not valid outside the U.S. or in states where prohibited by law, taxed, or otherwise restricted.
- Patient is being treated as an outpatient by a licensed healthcare provider in the US and has been prescribed RADICAVA ORS® by a licensed healthcare provider.
- Patient must re-enroll annually to remain in the Out-of-Pocket Assistance Program. To re-enroll, reverification of patient's insurance benefits is required to confirm that patient continues to meet the eligibility requirements for participation in the Out-of-Pocket Assistance 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 Out-of-Pocket Assistance Program, as may be required.
- Claims must be submitted in a timely manner.
- 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, 2025. 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.



Contact the JourneyMate Resource Specialist

1-855-457-6968 | Monday-Friday, 9 AM-9 PM ET
radicavahcp.com



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



Mitsubishi Tanabe Pharma America



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All other company names, product names, trade/service marks, or other trade names are the property of their respective owners.

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