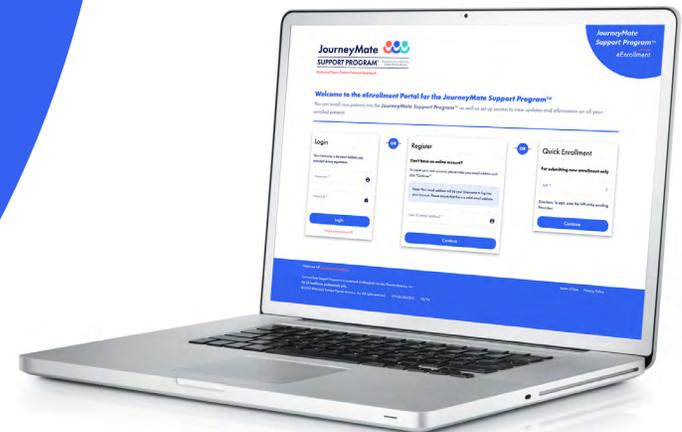


The *JourneyMate Support Program™* Healthcare Provider (HCP) Portal User Guide

2024 Update

If you have any questions about registering or patient enrollment, please contact your Manager of Patient Access directly or call the *JourneyMate Support Program™* Insurance & Access Specialist at 1-844-772-4548.



Introduction

The **JourneyMate Support Program™ HCP Portal** is a useful resource for Prescribers and Practice Staff, with capability for online enrollment of patients and a readily accessible dashboard for tracking patients' insurance benefit verification, product shipments, order status, and other **JourneyMate Support Program™ Insurance & Access Specialist** services.

TIP: For quick navigation, each part of the **Table of Contents** is linked to its appropriate page in this User Guide.

 The **Home** button will return you to this page.

The **Return** button will return you to the last page viewed.



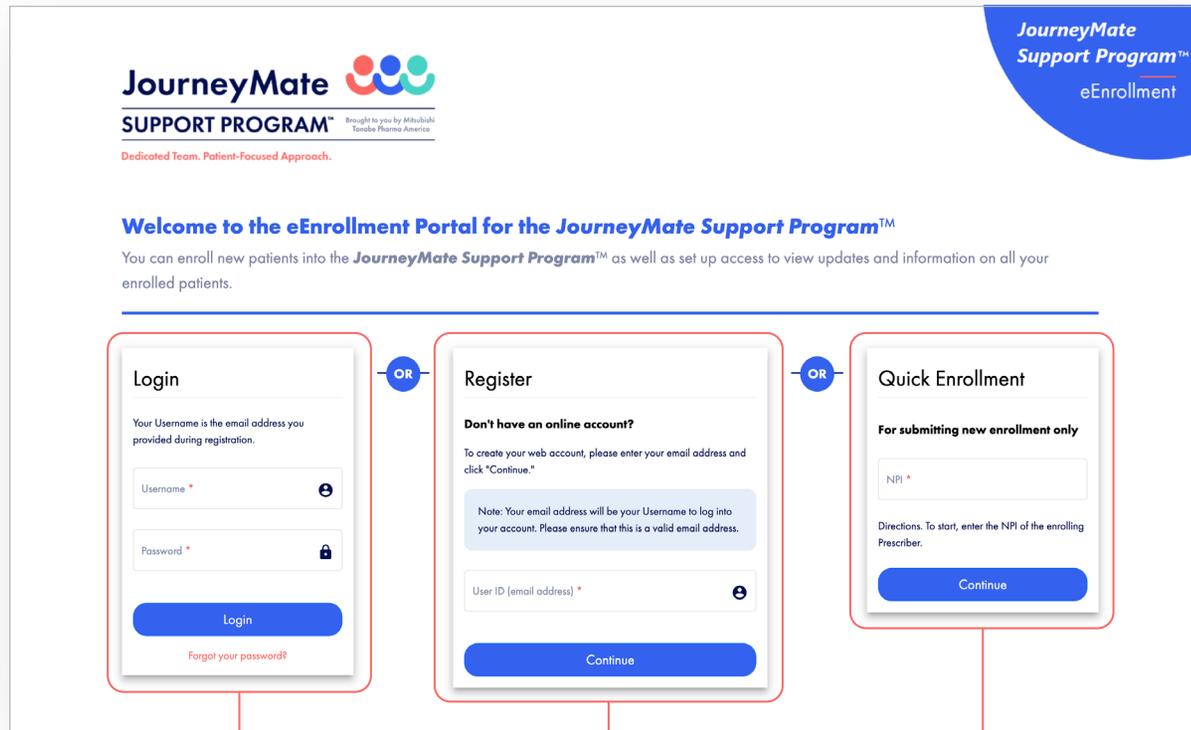
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Overview of Healthcare Provider Portal Elements

On your first visit to the **JourneyMate Support Program™** HCP Portal, you will see a screen with 3 options:



1

Login

Select this option after you have registered your online account and established a username and password.

2

Register

Start here to create your online account.

3

Quick Enrollment

Use this option to enter new patient enrollments even if you have not registered your online account.

Registering for a Portal account means that:

- Prescriber information pre-populates from the Prescriber's profile information, based on their NPI number
- You have your own patient dashboard and the ability to track patient information



Registration





Account Registration

First, enter your email address.

The 'Register' form contains the following elements:

- Register** (Section Header)
- Don't have an online account?** (Section Header)
- Text: "To create your web account, please enter your email address and click 'Continue.'"
- Note: "Note: Your email address will be your Username to log into your account. Please ensure that this is a valid email address."
- Input field: "User ID (email address) *" with a red asterisk and a clear button (e).
- Button: "Continue"

To register, enter your **email address**

Then select **Continue**

Next, select your User Type:

The 'User Information' form contains the following elements:

- User Information** (Section Header)
- Input field: "User ID (email address) *" with a red asterisk and a clear button (e), containing the text "appitest2.app@gmail.com".
- Section: "User Type *"
 - Radio button (checked): "Prescriber"
 - Radio button: "Practice Staff"
- Input field: "NPI *" with a red asterisk.
- Buttons: "Cancel" and "Continue"

Prescribers select **Prescriber**; all other users select **Practice Staff**

Prescribers enter their **NPI** number

Select **Continue**



Prescriber Registration

After you enter your NPI number, your name and address will populate from the national NPI registry.

Register (Step 1 of 2) * Required

User Information

User ID (email address)*
apppest2.app@gmail.com

User Type *
 Prescriber Practice Staff

NPI
1225251572

Prescriber First Name * MARWA
Prescriber Last Name * ABDELFATTAH
Specialty

Practice Name * 530 5TH AVE
Practice Address *
Practice Suite

Practice City * NEW YORK
Practice State * NY
Practice ZIP * 10036

Practice Phone *
Practice Email *
Practice Fax *

Tax ID #
State License #
Medicaid/Medicare Provider #

Preferred Office Contact (If Different Than Above)

Office Contact First Name
Office Contact Last Name
Office Contact Phone
Office Contact Email
Office Contact Fax

Enter your **Specialty**, **Practice Name**, and additional contact information

Enter your **Preferred Office Contact** information (optional)

When the information is complete, select **Continue**

Note that you can update your information as needed. See [Updating Your Profile in the Portal - for Prescribers](#).



Practice Staff Registration

If you select **Practice Staff** as the User Type, you will register on this screen.

Register (Step 1 of 2) * Required

User Information

User ID (email address)*
apptest2.app@gmail.com

User Type *
 Prescriber Practice Staff

First Name *	Last Name *	
Practice Name	Practice Address	Practice Suite
Practice City	Practice State	Practice ZIP
Practice Phone	Practice Email	Practice Fax
Office Contact Phone	Office Contact Email	Office Contact Fax

Enter your **email address**

Enter your **Name, Practice information, and Contact information**

When the information is complete, select **Continue**

Note that you can update your information as needed. See [Updating Your Profile in the Portal - for Practice Staff](#).



Security Information

Prescribers and Practice Staff complete registration as follows:

Register (Step 2 of 2) * Required

Security Information

Please enter and confirm your password and select/answer 3 security questions. These questions/answers will be presented if you forget or need to reset your password at a later time.

Password

New password *

Confirm new password *

- Password must be at least 8 characters.
- Password must contain a digit.
- Password must contain a non-alphanumeric character.
- Password must contain at least one uppercase and one lowercase letter.

Security Question 1 *

Security Question 2 *

Security Question 3 *

Answer *

Answer *

Answer *

Cancel **Continue**

Enter and confirm your **password**

Select and answer 3 **Security Questions**

When finished, select **Continue**

Note that you can update your information as needed. See [Updating Your Profile in the Portal](#).



Registration Successful

Prescribers and Practice Staff will receive a **Registration Successful** confirmation.

Registration Successful

Thank you for submitting your information to create your account

Continue

Select **Continue** to navigate to **My Patients**



My Patients





My Patients - for Prescribers

As a registered Prescriber Portal user, your **My Patients** page will list your patients, whose enrollments in the **JourneyMate Support Program™** match your NPI, and their status.

This is a sample **My Patients** page, showing enrolled patients

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

Enroll Patient

Prescriber: Jane Doe, All Locations

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23- 93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

Click to Complete
Click to Delete

Items per page: 10 | 1 - 1 of 1 | < >

For example purposes only. Not actual patients or Prescriber.

If you do not have any patients currently enrolled, you will see a **"No enrollments found"** message

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

Enroll Patient

No enrollments found.



My Patients Features - for Prescribers

From the **My Patients** page, you can access several Portal functions.

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

Enroll a new patient

Export a patient list

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	Sample	John Doe	UBC-23-93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Sample	John Doe 2		Portal			Processing	Enrollment Saved but not Submitted					

Initiate Prescriber and/or patient signature capture

Initiate complete enrollments, or delete enrollments

Click on the green check mark to view the signed form

Items per page: 10 1 - 1 of 1

For example purposes only. Not actual patients or Prescriber.



Data Sharing - for Prescribers

Data Sharing allows Prescribers to authorize Practice Staff to view enrolled patients. Prescribers can share access only with Practice Staff who have a Portal user account.

User ID	Practice Name	First Name	Last Name	Date Authorization Started	Date Authorization stopped	Action
12	Sample Location	Leonore	Plotkin	05/24/2023		Revoke Access
12	Sample location 2	Leonore	Plotkin	05/24/2023		Revoke Access
14	Sample location 2	John	Doe	05/24/2023		Revoke Access
20	Sample Location	Jill	Doe	05/24/2023	05/25/2023	Grant Access

On the **My Patients** page, you can select **Data Sharing**

Authorize a New User to view your patient enrollments

Prescribers may **Revoke Access** to Practice Staff Portal users at any time

For Practice Staff to see your enrolled patients, you must authorize their account by selecting **Grant Access**

If you add a new location, you must grant access to the appropriate Practice Staff, even if they can already access your patients at another location

Note: Providers are responsible for following all rules and procedures required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

When providing authorization, make sure to select all applicable practice locations



My Patients - for Practice Staff

As a registered Practice Staff Portal user, your **My Patients** page will only list your patients, whose completed **JourneyMate Support Program™** enrollment forms were submitted by the Prescriber, and their status.

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

[+ Enroll Patient](#)

No enrollments found.

When you first register, you will see a "No enrollments found" message

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

[+ Enroll Patient](#)

Prescriber

Jane Doe All Locations

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23- 93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

[Click to Complete](#)

[Click to Delete](#)

Once you enroll a patient, patient information and any patient enrollments shared with you by the Prescriber will populate on your **My Patients** page

For example purposes only. Not actual patients or Prescriber.



My Patients Features - for Practice Staff

From the **My Patients** page, you can access several Portal functions.

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

Enroll Patient

Prescriber

Jane Doe

All Locations

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23- 93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

Click to Complete

Click to Delete

Items per page: 10 1 - 1 of 1

Enroll a new patient

Select a Prescriber

Export a patient list

Select a practice location

Initiate Prescriber and/or patient signature capture

Initiate complete enrollments, or delete enrollments

For example purposes only. Not actual patients or Prescriber.

Note: In order to see applicable patient information, you must select the affiliated Prescriber and practice location first.



My Prescribers and Locations - for Practice Staff

My Prescribers & Locations

Below is a list of all the prescribers and their locations you are able to view patients enrolled in the **JourneyMate Support Program™**.

Currently authorized prescribers & locations to view

Prescriber Name	Prescriber NPI#	Practice Name	Address 1	Address 2 (Suite/Apt)	City	St	Zip
Jane Doe	1234567890	Sample 1	Sample Street 1		Sample City 1	PA	12345
Jane Doe	1234567890	Sample 2 loc	Sample Street 2		Sample City 2	PA	12345
Patrick Williams	9876543210	Sample 3 Loc	Sample Street 3		Sample City 3	PA	98234

Items per page: 10 | 1 - 1 of 1 | << < > >>

This page shows **Prescriber(s)** and **practice location(s)** for the enrollments you are currently authorized to view

Other prescriber Locations not yet authorized to view

In order to be able to view patients at a prescriber location, one of the following must be completed:

- You must enroll a patient through this portal into the **JourneyMate Support Program™** for the prescriber and their location and the prescriber must sign the enrollment.
- If the prescriber is a registered user of the portal, they must authorize sharing of enrollments by location to your portal user account.

Prescriber Name	Prescriber NPI#	Practice Name	Address 1	Address 2 (Suite/Apt)	City	St	Zip
Jane Doe	1234567890	Sample 4	Sample St 44		Sample City 1	PA	12345
Patrick Williams	9876543210	Sample 4 location	Sample Drive 33		Sample City 3	PA	98234

Items per page: 10 | 1 - 1 of 1 | << < > >>

This page also shows the **Prescriber(s)** and **practice location(s)** for the enrollments you are currently not authorized to view

Note: Once you enroll a patient at a location listed here, all patient information for this Prescriber and this location will populate on your **My Patients** page.

Important: Please reach out to the Prescriber for authorization to see this patient information.



Portal Resources





Search My Patients

The **My Patients** page allows you to filter your search.

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program**™. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

[Enroll Patient](#)

The **Filter** search option enables you to search and filter by the column headers

Column headers are listed as **Prescriber Name, Prescriber Location, Patient Name, Patient Hub ID, Case Status, Specialty Pharmacy, etc.**

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23- 93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

You can select an individual patient to access the **Patient Detail** page

For example purposes only. Not actual patients or Prescriber.

Patient Detail

John Doe

Enrollment Date: 02/22/2022
Patient Hub ID: UBC-123-23453
Status: In Process
Status Detail: Benefit Investigation in Process
Status Date: 03/10/2022
Enrollment Source: Fax

Enrollment Form Status
Forms:

[MESSAGES](#) | [DOCUMENT CENTER](#) | [SHIPMENT INFO](#)

Messages

From	Date	Subject	Reply
Support Hub	01/15/2022	Prior Authorization	
Support Hub	02/10/2022	insurance Benefits	

[New Message](#)

Once you access the **Patient Detail** page, Messages, Documents, and Shipment Information can be reviewed

For example purposes only. Not an actual patient.



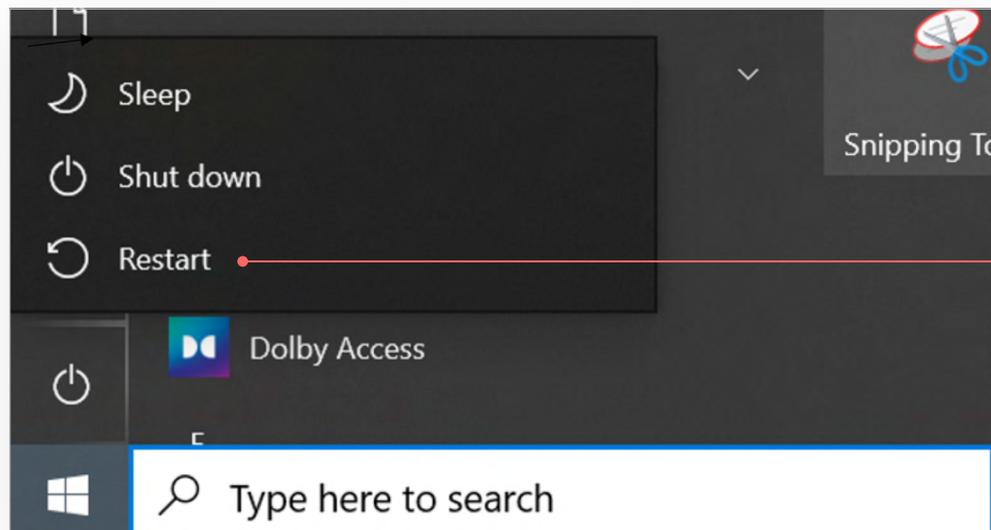
Useful Tips

TIP: You will need to enable pop-up windows to complete some of the functions of the **JourneyMate Support Program™** Portal. If your computer has pop-ups blocked, ask your system administrator if enabling pop-ups is acceptable. See the [Appendix](#) for more information about enabling pop-ups.

TIP: You should clear your system cache (temporary files) after you make a Portal entry or change (for example, adding signatures, enrolling patients, etc). This will help with processing time. See the [Appendix](#) for more information about clearing your cache.



TIP: After entering new information into the Portal, be sure to refresh the page by clicking the **Refresh** symbol at the top of the page



TIP: Restart your computer daily to speed processing time and restart the **JourneyMate Support Program™** HCP Portal

TIP: Save the address, www.radicavaonlineenrollmentform.com, as a favorite or shortcut on your browser for quick access to the **JourneyMate Support Program™** HCP Portal.



Messages

Send messages to your **JourneyMate Support Program™** Insurance & Access Specialist at any time by selecting **New Message**.

Patient Detail

John Doe

Enrollment Date: 05/24/2023
 Patient Hub ID:
 Status: Processing
 Status Detail: Enrollment Submitted
 Status Date:
 Enrollment Source: Portal
 Specialty Pharmacy: Optum Rx
 Last Shipment: 05/24/2023
 Last IV Order: 05/24/2023

Enrollment Form Status:
 Forms:

MESSAGES | DOCUMENT CENTER | SHIPMENT INFO

Messages

From	Date	Subject	Reply
Support Hub	05/25/2023	Prior Authorization	
Support Hub	05/25/2023	Insurance Benefits	

[New Message](#)

For example purposes only. Not actual patient.

Select **New Message** to contact an Insurance & Access Specialist

Choose an **Inquiry Topic** from the drop-down menu:

- Patient Enrollment Form
- Other Document Upload
- Patient Status Request
- Copay Assistance Inquiry
- Contact Request
- Insurance Claims
- Program Feedback
- Other

Choose and **Upload** files to include, if needed

Type your message

Indicate how you would prefer to be contacted by selecting either **Portal**, **Phone**, or **Fax**

New Message

Select Inquiry Topic *

This field is required.

Upload File

Choose File No file chosen [Upload](#)

Type your message here *

Fax: Phone:

Contact Preference for Follow-up *

Portal Phone Fax

Your Insurance & Access Specialist receives the message and follows up with you according to the contact preference indicated.



Document Center

The **Document Center** houses Benefit Investigation and Enrollment Forms and Benefit Summaries.

Document Center

Upload Date Document Type Document Source View/Download

05/25/2023	Government ID	Portal	View/Download
05/24/2023	Prescription	Portal	View/Download

Faxed Documents

Upload Date Document Type Faxed To Subject View/Download

05/25/2023	Government ID	(123) 456-7890	New fax message	View/Download
05/24/2023	Prescription	(123) 456-7890	New fax message	View/Download

Select **Upload Document** to attach documents to your patient's profile

Upload Document

Type of Document
Insurance Card

Choose File PRESCRIPTION.docx Upload

Allowed upload file types:

- PDF (.pdf)
- Word (.docx, .doc, .dot)
- Excel (.xlsx, .xls)
- Image (.jpg, .png, .tiff)
- Text (.txt)

File Name	Document Type	Delete
PRESCRIPTION.docx	Insurance Card	Delete

Cancel Continue

Choose the type of document you will upload:

- Insurance Card(s)
- Government ID
- Prescription

Choose and **Upload** the desired file. Please make sure you have selected the correct document before uploading

TIP: Remember to copy and upload both the front and back of the insurance card(s)

Select **Continue** when you are done uploading



Shipment Information

The **Shipment Info** tab displays the patient's medication shipment history.

Patient Detail

Jane Smith

Enrollment Date: 11/21/2022
Patient Hub ID:
Status: Processing
Status Detail: Enrollment Submitted
Status Date:
Enrollment Source: Portal

Enrollment Form Status:
Forms:

MESSAGES | DOCUMENT CENTER | **SHIPMENT INFO**

Shipment Information

No items found.

Access medication **shipment** details for any patient who has been enrolled and completed a Patient Authorization Form

For example purposes only. Not an actual patient.

Note: In compliance with HIPAA requirements, shipment history will only be available for patients who have signed a patient authorization.

If a patient has not signed a patient authorization, only the specialty pharmacy name will appear in the Portal, and you may obtain shipment history by contacting the specialty pharmacy directly.



Patient Enrollment





Enroll a Patient

Enroll your patients in the **JourneyMate Support Program™** in 1 of 2 ways:

Quick Enrollment

For submitting new enrollment only

NPI *

Directions. To start, enter the NPI of the enrolling Prescriber.

Continue

1. By using the **Quick Enrollment** option on the main landing page

Important: For Practice Staff, **this option will not grant access to enrollments for the Prescriber or location. Use the option below to track status of enrollment.**

My Patients

Below is a list of your patients that have been enrolled in the **JourneyMate Support Program™**. Click "Enroll Patient" to add a new patient.

Patient Listing

Filter

Enroll Patient

2. Or by selecting **Enroll Patient** on the **My Patients** page, after logging into the Portal

Portal Registration Will Save You Time

- When logged in and using **Enroll Patient**, Prescriber information is pre-populated from the Prescriber's profile information, based on their NPI number
- When using **Quick Enrollment** (and not logged into the Portal): Manually enter the NPI number and all information on the Benefit Investigation and Enrollment Form/patient entry screen



Entering Patient Information

Please complete each section.

Patient Information *Required

First Name * MI Last Name * Suffix

PATIENT IS CURRENTLY RECEIVING RADICAVA®(edaravone) INFUSION THERAPY

Address 1 *

Address 2 (Suite/Apt.)

City * State * ZIP *

Email (Please Note: After submission, this email will be used for the Patient eSign request which can be initiated from your My Patients listing.)

DOB * Gender
 Male Female

Enter **Patient Information**, including date of birth

Check this box if the patient is currently receiving RADICAVA® (edaravone) INFUSION THERAPY

Important Information: If you would like to receive status updates for this patient, provide their email address so that they receive the eSign Patient Authorization Form

Mobile Phone Home Phone

Preferred Number to Call
 Mobile Phone Home Phone
 Okay to Leave Voicemail

Language Preference (if not English)

Additional Contact First Name Additional Contact Last Name

Relationship to Patient

Enter additional patient information, including phone number(s). Select the **Preferred Number to Call** and the patient's **Language Preference**, if not English

Add caregiver or additional patient contact information here



Entering Prescriber Information

Prescriber Office Information

Prescriber First Name *
Prescriber Last Name *

Select Existing Prescriber Practice Location

Add New Prescriber Practice Location

Email *
Email (Please Note: This email will be used for the Prescriber eSign request.)

Phone *
Fax *

Medicaid/Medicare Provider #
Tax ID #

State License # (Optional)
UPIN/NPI #
UPII-/NPI #

PTAN #
VA Prescriber *
 Yes No

Enter **Prescriber Office Information**

If applicable, select an **Existing Prescriber Practice Location** from the drop-down menu

If the address cannot be found in the drop-down menu, select **Add New Prescriber Practice Location**. Next, type in the location information along with all required fields

Note: When selecting an address, you may see multiple versions of the same practice location

Required Information: This email address will be used for the **Prescriber eSign request**

For example purposes only. Not an actual Prescriber.

Preferred Office Contact Name (If Different Than Above)

Contact First Name
Contact Last Name

Contact Email

Phone
Fax

Enter **alternative contact information** to facilitate communication (optional)

Note: New addresses entered become available for selection in the drop-down menu only **after** a Prescriber signs to complete the enrollment form.



Entering Insurance Information

TIP: To save time and help ensure accuracy, copy and upload the front and back of the patient's insurance card(s) instead of typing this information. See [Entering Patient Prescription](#) and "File Upload" to see how.

Patient Insurance Information

Does the patient have insurance? Yes No

PLEASE COMPLETE ALL THAT APPLY AND INCLUDE A FRONT AND BACK COPY OF INSURANCE CARD FOR EACH TYPE OF INSURANCE. Patients with no insurance will be contacted by the Journey/Mate Support Program™ for consideration in the Patient Assistance Program.

Veterans Affairs (VA) Coverage/Benefits Yes No

VETERANS WHO ARE NOT TRICARE BENEFICIARIES & DO NOT HAVE SECONDARY INSURANCE, PROCEED TO "PRESCRIPTION INFORMATION" SECTION.
Veterans and patients enrolled in government health insurance (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs) do not qualify for the Out-of-Pocket Assistance Program.
Include alpha prefix and suffix with policy and group# when applicable.

Pharmacy Insurance

Pharmacy Insurance Cardholder Name DOB

Relationship to Cardholder Pharmacy Help Desk Phone

Member ID # Group ID # PCN # Rx BIN #

Medical Insurance

Primary Insurance Group/Plan Name

Cardholder Name DOB Relationship to Cardholder

Employer INS. CO. Phone

Policy # Group #

Secondary Insurance

Secondary Insurance Group/Plan Name

Cardholder Name DOB Relationship to Cardholder

INS. CO. Phone

Answer questions about the patient's insurance

Enter the patient's Pharmacy Insurance details or upload the card(s)

Fill in the patient's Medical Insurance information or upload the card(s)

Provide any Secondary Insurance information or upload the card(s) (if applicable)



Entering Patient Prescription

Prescription Information

SPECIAL NOTE: If attaching a prescription, physician must comply with state-specific prescription requirements, such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in follow-up and delayed processing.

ICD-10: G12.21 Amyotrophic lateral sclerosis

CHECK TO INDICATE PRESCRIBING PREFERENCE FOR (ORAL) RADICAVA ORS® OR (IV) RADICAVA® FORMULATION. *

(ORAL) RADICAVA ORS® (edaravone) 105 mg (5 mL) Oral Suspension

For patients new to (ORAL) RADICAVA ORS®, check both Starter Dose and Subsequent Dose, and Refills quantity. Starter Dose is recommended as the initial treatment cycle. See Prescribing Information.

For patients switching from (IV) RADICAVA® to (ORAL) RADICAVA ORS®, check Subsequent Dose and Refills quantity. Upon switching to the oral formulation, patients should follow the same dosing frequency and RADICAVA ORS® dosing recommendations with regards to food consumption.

STARTER DOSE: Administer 105 mg (5 mL) orally or via feeding tube once daily for 14 consecutive days, followed by a 14-day drug-free period; quantity: 70 mL

No refills (0)

SUBSEQUENT DOSE: Administer 105 mg (5 mL) orally or via feeding tube once daily for 10 days out of 14 days, followed by 14-day drug-free periods; quantity: 50 mL

REFILLS (Quantity): 11 Other _____

(IV) RADICAVA® (edaravone) 30 mg/100 mL Injection for Infusion

STARTER DOSE: Once daily 60 mg/200 mL, 60-minute IV infusion for 14 consecutive days, followed by cessation for 14 days

MAINTENANCE: Once daily 60 mg/200 mL, 60-minute IV infusion for any 10 of 14 days, followed by cessation for 14 days

REFILLS (Quantity): 12 Other _____

By signing this form, I certify and acknowledge that I have read, understand, and agree to the Healthcare Provider Disclaimer and the Healthcare Provider Attestation for the Patient Assistance Program. I am also indicating a prescribing decision has been made. In addition, I am certifying treatment with (ORAL) RADICAVA ORS® or (IV) RADICAVA® indicated above is medically necessary for this patient, and the patient has provided me with written authorization to release the patient's medical and/or other personal information relating to this therapy to Mitsubishi Tanabe Pharma America, Inc., its affiliated companies, agents, and representatives (including, where applicable, the vendor providing a relevant patient education program) for their use and disclosure as specified in the Patient Authorization, including (1) to contact this patient to help obtain a signed Patient Authorization and/or (2) to refer the patient to or contact the patient for purposes of enrollment in a patient education program. I certify that, to the best of my knowledge, the patient and physician information in this form is complete and accurate. If I am attaching a prescription, I certify that I have prescribed the product based on my professional judgment of medical necessity. I authorize UBC to conduct an investigation of this patient's pharmacy and medical health insurance benefits on my behalf in connection with this enrollment form.

PHYSICIAN SIGNATURE REQUIRED TO PROCESS PATIENT ENROLLMENT: I have reviewed the current RADICAVA ORS® and RADICAVA® Prescribing Information and I will be supervising the patient's treatment. If I have attached a prescription, I authorize the JourneyMate Support Program™ to act on my behalf to transmit the prescription to a contracted specialty pharmacy.

"Dispense As Written"/Brand Medically Necessary/Do Not Substitute/No Substitution/DAW/May Not Substitute May Substitute/Product Selection Permitted/Substitution Permissible

CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "No Substitution"

ATTN: New York and Iowa providers, please submit electronic prescription

Provide **Prescription Information** for your patient

Indicate a **preferred formulation**; if you check both boxes, the **JourneyMate Support Program™** will run a benefit verification for both formulations and contact you to confirm which formulation you would like the patient to move forward with

Review the Prescriber acknowledgement

Select **Dispense As Written** or **May Substitute**

Select any necessary files for the patient record, including:

- Insurance Card(s)
- Government ID
- Prescription

TIP: Remember to copy and upload both the front and back of the insurance card(s)

Select **Upload** after the files have been chosen

File Upload

Upload prescription if you are authorizing the JourneyMate Support Program™ to transmit the prescription to an in-network specialty pharmacy. Also, upload insurance card (if applicable).

Type of Document _____

Choose File No file chosen

Upload

Allowed upload file types:

- PDF (.pdf)
- Word (.docx, .doc, .dot)
- Excel (.xlsx, .xls)
- Image (.jpg, .png, .tif)
- Text (.txt)



Save a Partially Completed Enrollment Form

If you are not ready to submit, you have the option to save a partially completed enrollment form by clicking the **Save** button on the top or bottom of the enrollment form.

The screenshot shows two parts of the enrollment form. The top part is a header area with a red 'Save' button. The bottom part is a footer area with 'Submit' and 'Save' buttons. Red lines with dots point from the text labels on the right to the respective buttons.

Save at the top of the form

Save at the bottom of the form

Saved Enrollment Forms can be accessed on the **My Patients** listing.

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23-93880-31591	Portal		05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

To access your partially completed enrollment form, select **Click to Complete**



Prescriber Signature

Physician Signature

Healthcare Provider Disclaimer

By providing your information and information about your patient on this Benefit Investigation and Enrollment Form, you are requesting to participate in the **JourneyMate Support Program™** and its programs for RADICAVA ORS® (edaravone) and RADICAVA® (edaravone). The information you provide will only be used by Mitsubishi Tanabe Pharma America, Inc. ("Mitsubishi Tanabe Pharma America"), our affiliates, and our service providers involved in managing and delivering these services and programs. You may withdraw your request for these services at any time by calling 1-844-772-4548. You agree to be contacted by Mitsubishi Tanabe Pharma America at the **JourneyMate Support Program™** by mail, fax, email, or telephone for the purposes of managing and delivering these services and programs. Our Privacy Policy, available at mt-pharma-america.com/privacy-policy, governs the use of the information you provide. By providing the information on this form and submitting this form, you indicate that you have read, understand, and agree to these terms and agree to receive program-related communications from the **JourneyMate Support Program™** and its service providers. Please contact the **JourneyMate Support Program™** at 1-844-772-4548 if you wish to change your communication preferences.

Review the **Healthcare Provider Disclaimer**

Important: A Prescriber signature is **required** to process the patient's prescription.

Mitsubishi Tanabe Pharma America does not assume responsibility for, nor does it guarantee the availability, scope, or quality of the services offered including reimbursement support, prescription fulfillment coordination, and other services under the **JourneyMate Support Program™**. Healthcare Providers, not Mitsubishi Tanabe Pharma America, are responsible for the services they provide. The **JourneyMate Support Program™** services have no value apart from the product.

Healthcare Provider Attestation for the Patient Assistance Program

If the patient identified on this form is determined to be eligible to participate in the Patient Assistance Program (the "Program"), I confirm that to the best of my knowledge, the patient does not have health insurance of any type, for example, but not limited to, an HMO, Private Insurance, State Pharmacy Program, Medicare, Medicaid, or Veterans Assistance. By signing this form, I attest that I do not and will not bill, charge, seek credit for or otherwise submit any claim for reimbursement to any third-party payer or the patient for the Product the patient receives at no charge through the Program. I understand that the Program does not include the cost of any associated services such as administration of product or Healthcare Provider visits. I also understand it is my responsibility to promptly inform the Program of any information that changes from what is being submitted on this Benefit Investigation and Enrollment Form for RADICAVA ORS® and RADICAVA®.

You may indicate whether the Prescriber is available to **eSign**

- **If Yes:** the Portal will start the eSign process, if pop-up windows are enabled
- **If No:** the Prescriber will receive an email with a link to complete the eSign process

e-Sign: For Providers Available to Immediately Sign

Is the physician available to eSign immediately? If yes, the site will present the eSign process now. If no, then the physician will be sent an email with the link to complete the eSign process. *

Yes No

The **JourneyMate Support Program™** may contact the patient to obtain the patient's authorization via online, email, mail, or fax, using the Patient Authorization Form. Physician signature is required for the program to contact the patient.

Select **Submit** or **Save** when finished

Submit

Save

If the Prescriber is unavailable, they will be sent an email with a link to complete the eSign process.

Dear Prescriber,

You have been invited by the **JourneyMate Support Program™** to sign an AssureSign document for the Benefit Investigation and Enrollment Form for RADICAVA ORS® (edaravone) and RADICAVA® (edaravone). Please click "Begin Signing" to begin this process.

Begin Signing

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In the email, select the **Begin Signing** link and follow the instructions to **Apply Signature** and **Finish**



Begin eSignature

If the Prescriber is available to eSign, the Portal will present the **eSign** process if pop-up windows have been enabled.

A new document is available for you to sign.

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JourneyMate Support Program is a trademark of Mitsubishi Tanabe Pharma America, Inc.
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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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By selecting start signing you agree to the [terms and conditions](#). **Start signing**

Benefit Investigation and Enrollment Form - 2 | 1 of 5

Page 1 of 5

Radicava ORS
(edaravone) Oral Suspension

Benefit Investigation and Enrollment Form

Fax this completed form to 1-888-782-6157 or mail to **JourneyMate Support Program™**, 680 Century Point, Lake Mary, FL 32746. For assistance or additional information, call 1-844-772-4548, Monday-Friday, 8:00 AM-8:00 PM ET.

Radicava
(edaravone) Injection

IMPORTANT: PATIENT AUTHORIZATION INFORMATION

Patient Authorization **IS REQUIRED** to enroll your patient in **JourneyMate Support Program™** services, using the following options:

1. If the patient or Legal Representative is available in your office, they may read PAGES 4 and 5 and sign the Patient Authorization on PAGE 3.
2. If the patient is unavailable, the **JourneyMate Support Program™** may contact the patient to obtain the patient's authorization via online, email, mail, or fax, using the Patient Authorization Form.

Click **Start signing** to begin the signing process

Adopt a Signature

Provide your name by drawing with touch, mouse, or stylus.

Signature

X

By clicking "Adopt Signature", I agree that the signature and initials above will be the electronic representation of my signature and initials for all purposes when I use them to sign documents. Applying them to a document is legally equivalent to signing with a pen on paper.

Adopt Signature

If your pop-ups are enabled on the site, a window will appear where you can sign with a touchscreen, mouse, or stylus

Select **Adopt Signature** after you sign

TIP: You may need to enable pop-ups on your computer in order to complete the eSign process. Please see the [Appendix](#) for more information.



Apply eSignature and Finish

Please sign with your mouse. This is legally equivalent to signing with a pen on paper.

Back Apply signature
edit signature

Field 1 of 1

Benefit Investigation and Enrollment Form - 2 | 1 of 5

Page 1 of 5

Radicava ORS
(edaravone)

Benefit Investigation and Enrollment Form

Fax this completed form to 1-888-782-6157 or mail to **JourneyMate Support Program™**, 680 Century Point, Lake Mary, FL 32746. For assistance or additional information, call 1-844-772-4548, Monday-Friday, 8:00 AM-8:00 PM ET.

Radicava
(edaravone)

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2. If the patient is unavailable, the **JourneyMate Support Program™** may contact the patient to obtain the patient's authorization via online, email, mail, or fax, using the Patient Authorization Form.

The next screen asks you to select **Apply signature** to the Benefit Investigation and Enrollment Form

You're almost done.

You have entered all requested information and signatures. When ready, select **Submit** to complete the signing process.

Back Submit

Benefit Investigation and Enrollment Form - 2 | 1 of 5

Page 1 of 5

Radicava ORS
(edaravone)

Benefit Investigation and Enrollment Form

Fax this completed form to 1-888-782-6157 or mail to **JourneyMate Support Program™**, 680 Century Point, Lake Mary, FL 32746. For assistance or additional information, call 1-844-772-4548, Monday-Friday, 8:00 AM-8:00 PM ET.

Radicava
(edaravone)

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Patient Authorization **IS REQUIRED** to enroll your patient in **JourneyMate Support Program™** services, using the following options:

1. If the patient or Legal Representative is available in your office, they may read PAGES 4 and 5 and sign the Patient Authorization on PAGE 3.
2. If the patient is unavailable, the **JourneyMate Support Program™** may contact the patient to obtain the patient's authorization via online, email, mail, or fax, using the Patient A

Select **Submit** to complete the eSignature process

Signature has been processed!

Continue

Select **Continue** when the pop-up windows close to return to your **My Patients** page



After the Prescriber Has Signed

On the **My Patients** page, the area under the Prescriber symbol will indicate the status of the signature. It will be blue until the system processes the signature.

Prescriber Name	Prescriber Location	Patient Name	Patient Hub ID	Enrollment Source	Signature	Enrollment Date	Case Status	Status Detail	Status Date	Specialty Pharmacy	Last Shipment	Last IV Order	Messages
Jane Doe	ABC Health 123 Drive Destine FL 80234	Sally Patient	UBC-23- 93880-31591	Portal	 	05/05/2023	Processing	Enrollment Submitted	05/05/2023	Pharmacy 1	01/01/2023	02/02/2023	
Jane Doe	Fairview Health West Street Cape FL 80233	Mike Patient		Portal			Processing	Enrollment Saved but not Submitted					

The **green check** shows that the signature for the Prescriber or patient has been completed

The **blue pencil** shows for either the Prescriber or patient who has yet to sign their documents. Click to view the email address and resend the request

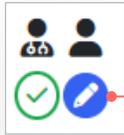
For example purposes only. Not actual patients or Prescriber.



Patient Signature

The Portal is now ready to process the patient signature. If the patient’s email address was included during the enrollment process, you can activate the Portal to send the patient an email with a link to the electronic Patient Authorization Form.

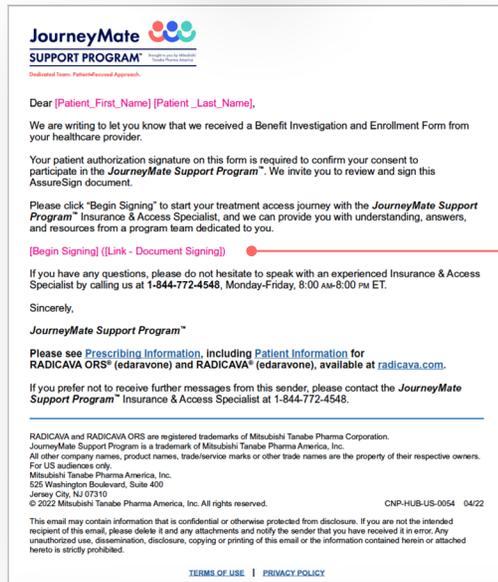
TIP: Be sure to talk with your patient in advance to ensure they understand that **signing the Patient Authorization Form is important** because it allows the **JourneyMate Support Program™** to provide the support and resources available to them.



To initiate the patient eSignature, select the patient symbol’s **blue pencil**

Note: If the patient’s email address was not provided, the patient’s authorization can be obtained by:

- Having the patient complete and sign the Patient Authorization Form via eSign at radicavapatientconsent.com
- The patient can also complete and sign the Patient Authorization Form by downloading it at radicavahcp.com or radicava.com and mailing or faxing the form to the **JourneyMate Support Program™**
- Requesting assistance from an Insurance & Access Specialist, who can contact the patient to obtain their signature on the Patient Authorization Form



Your patient will receive an email like this one, with a link to begin the **eSignature** process

LENORE PLOTKIN	Christina Besch	UBC-22-90721-90051	Portal		10/28/2022
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For example purposes only. Not actual patients or Prescriber.

After the patient signature has been obtained and processed, **green check marks** will appear for both the Prescriber and patient

Note: The Prescriber signature via eSign allows the Benefit Investigation and Enrollment Form to be submitted to the **JourneyMate Support Program™** Insurance & Access Specialist for processing. This process will not be delayed while the patient authorization signature is being obtained.



Updating Your Profile in the Portal





Updating Your Profile in the Portal - for Prescribers

You may update your user profile at any time.

The screenshot shows the JourneyMate Support Program eEnrollment portal. At the top, there is a navigation bar with 'My Patients', 'Data Sharing', 'Profile', and 'Log Out'. The 'Profile' tab is selected. Below the navigation bar, the 'My Profile' section is displayed. It contains three main sections: 'User Information', 'Practice Information', and 'Preferred Office Contact (If Different than Above)'. Each section has a blue pencil icon to its right, indicating that the information can be edited. The 'User Information' section includes fields for NPI, Prescriber First Name, Prescriber Last Name, Speciality, Tax ID #, State License #, and Medicaid/Medicare Provider #. The 'Practice Information' section includes fields for Practice Name, Practice Phone, Practice Email, Practice Fax, Practice Address, Practice Suite, Practice City, Practice State, and Practice ZIP. The 'Preferred Office Contact' section includes fields for Office Contact First Name, Office Contact Last Name, Office Contact Phone, Office Contact Email, and Office Contact Fax. At the bottom of the page, there are 'Cancel' and 'Save Changes' buttons. Red callout boxes with lines pointing to the pencil icons and the 'Save Changes' button provide instructions on how to update the profile.

At the top of the Portal, you will see a tab for your **Profile**

The **Profile** tab will display your current settings for the system

Select any **blue pencil** to update information in a specific area

After selecting a **blue pencil**, your profile information opens for you to edit

When you are finished, select **Save Changes**

For example purposes only. Not an actual Prescriber



Updating Your Profile in the Portal - for Practice Staff

You may update your user profile at any time.

The screenshot shows the 'My Profile' page in the JourneyMate Support Program eEnrollment portal. The page is divided into several sections: User Information, Practice Information, Office Contact, and Account Information. Each section contains fields for personal and professional details. A blue pencil icon is visible next to each section, indicating that the information can be edited. At the bottom of the page, there are 'Cancel' and 'Save Changes' buttons. Red lines and callouts provide instructions on how to navigate and edit the profile.

JourneyMate SUPPORT PROGRAM™
Brought to you by Mitsubishi Toshiba Pharma America
Dedicated Team. Patient-Focused Approach.

JourneyMate Support Program™
eEnrollment

My Patients My Prescribers & Locations **Profile** Log Out

My Profile

User Information

First Name *
John

Last Name *
Doe

Practice Information

Practice Name: Medical Practice
Practice Phone: (123) 456-7890
Practice Email: Practice@ubc.com
Practice Fax: (123) 456-3456

Practice Address: 1 Address Rd
Practice Suite: 11
Practice City: Blue Bell
Practice State: PA
Practice ZIP: 12345

Office Contact

Office Contact Phone: (123) 543-3456
Office Contact Email: susan.lee@ubc.com
Office Contact Fax: (123) 543-3456

Account Information

User ID (email address): app1est1.app@gmail.com
To update your password, click here.

Cancel Save Changes

At the top of the Portal, you will see a tab for your **Profile**

The **Profile** tab will display your current settings for the system

Select any **blue pencil** to update information in a specific area

After selecting a **blue pencil**, your profile information opens for you to edit

When you are finished, select **Save Changes**

For example purposes only. Not actual Practice Staff.



Portal Survey





Portal Survey

You may be prompted to answer a brief survey to provide your feedback on the Portal. You have the option to complete the survey now, defer it to a later time, or dismiss completing the survey.

TIP: Your feedback is valuable to help improve your experience and value of the Portal. Feedback will only be used for consideration of Portal improvement.

The screenshot shows a survey prompt overlaid on a patient portal interface. The prompt asks, "Would you like to take a quick survey on JourneyMate Support Program HCP Portal?". There are three buttons: a green "YES" button, a grey "REMIND ME LATER" button, and a grey "DISMISS" button. Red lines connect each button to a text box on the right. The background interface includes a "My Patients" section with a "Patient Listing" table and a "Filter" input field. There is also an "Enroll Patient" button and a small green icon with an 'x' in the bottom right corner of the interface.

Would you like to take a quick survey on JourneyMate Support Program HCP Portal ?

- YES** will take you to the survey
- REMIND ME LATER** will close the survey, but you will be prompted to complete it on the next login
- DISMISS** will stop the survey prompt



Portal Survey (cont'd)

Questions in the survey include a rating scale (1 through 5) and an option to provide text feedback or suggestions.

The screenshot shows a web portal interface with a modal survey question. The question asks, "On a scale of 1 to 5, how useful do you find the JourneyMate Support Program HCP Portal to be?". Below the question is a horizontal rating scale with five radio buttons labeled 1 through 5. The labels are: 1 Not Useful, 2 Less Useful, 3 Moderate, 4 Useful, and 5 Very Useful. The radio button for '5' is selected. Below the scale are two green buttons: 'Back' and 'Next'. To the right of the modal, there is a blue button labeled 'Enroll Patient' with a plus sign and a person icon. A red line points from the 'Next' button to the 'Enroll Patient' button.

For each question, **select just one of the numbers**

Select **Next** to see the next question

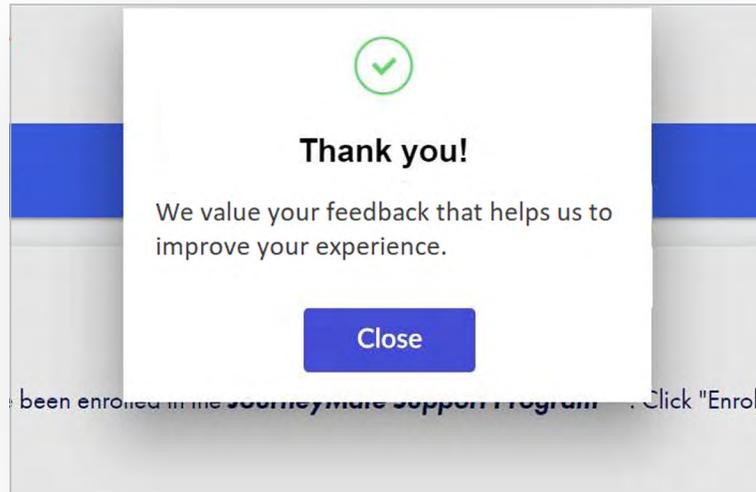
The screenshot shows a web portal interface with a modal survey question. The question asks, "Do you have any other comments or feedback that you would like to share?". Below the question is a large text input area. At the bottom of the modal are two green buttons: 'Back' and 'Submit'. To the right of the modal, there is a blue button labeled 'Patient' with a plus sign and a person icon. A red line points from the 'Submit' button to the 'Patient' button.

Once completed, select **Submit** to provide your feedback to the **JourneyMate Support Program™**



Portal Survey (cont'd)

Once you have completed the survey, you will be presented with a confirmation.





Thank You

We hope you enjoy your experience with the **JourneyMate Support Program™**.

If you have additional questions after reading this guide, please contact your **JourneyMate Support Program™** Insurance & Access Specialist at 1-844-772-4548.

See the [Appendix](#) on the next page for helpful tips for optimizing system processing time.



Appendix



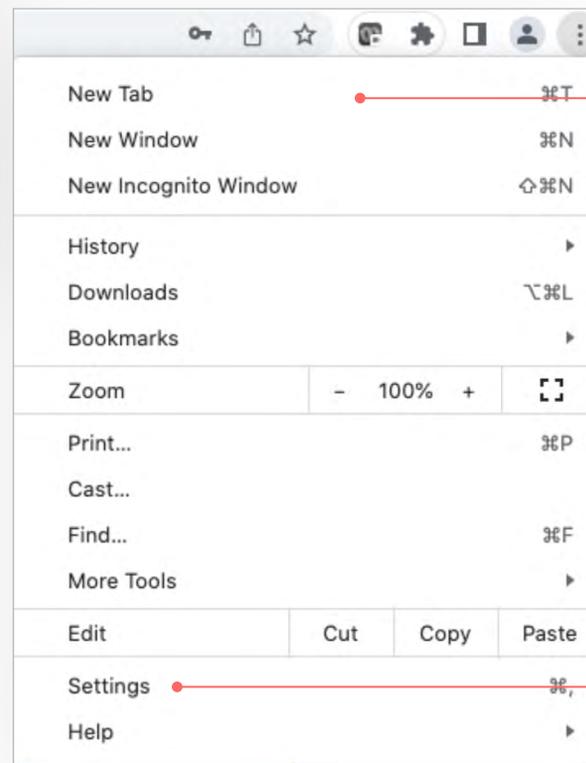
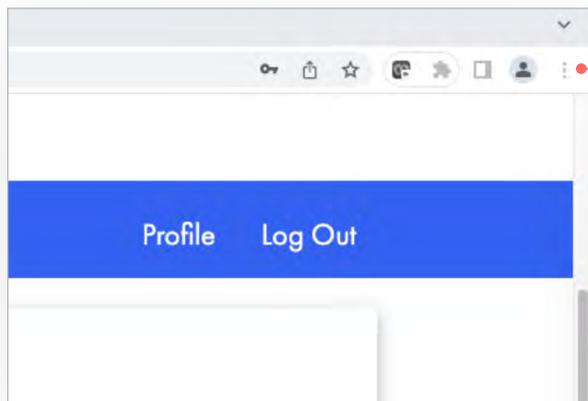
Appendix

How to Enable Pop-ups

The **JourneyMate Support Program™** Portal uses pop-up windows for some of its functions. Your system administrator may have pop-ups blocked. If so, ask your administrator if enabling pop-ups is acceptable. Enabling pop-up windows may speed processing time.

The process for enabling pop-ups is different on a PC vs a Mac and depends on what web browser you are using (Chrome, Safari, or Firefox, for example). You may need to ask your system administrator for assistance. You can also contact your **JourneyMate Support Program™** Insurance & Access Specialist at 1-844-772-4548.

As an example, to enable pop-ups on a PC using Google Chrome as a browser:



If you are using Chrome as your web browser for the **JourneyMate Support Program™**, at the upper right of the screen, select the 3 dots

A drop-down menu opens

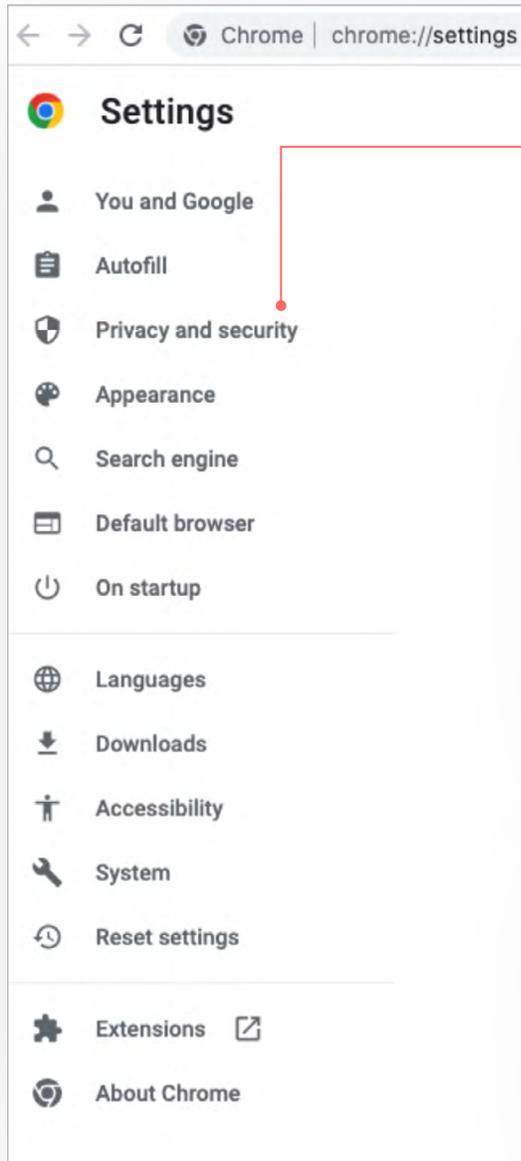
TIP: Please note that your process for enabling pop-ups may differ from these instructions

At the bottom of the menu, select **Settings**

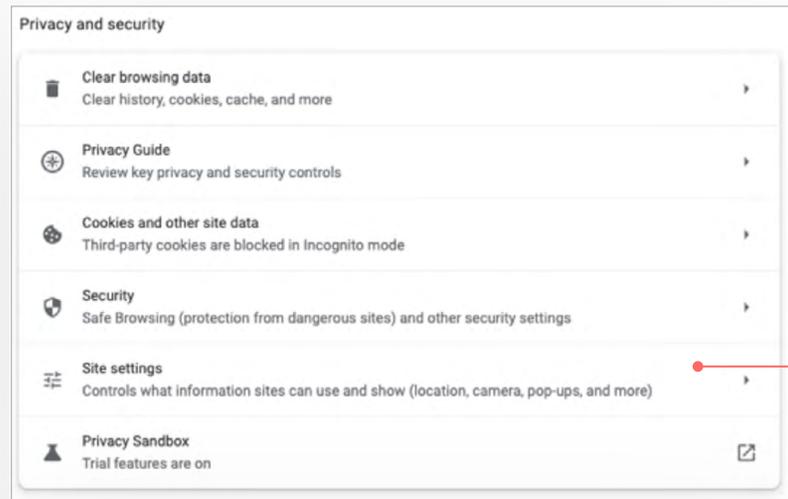


Appendix (cont'd)

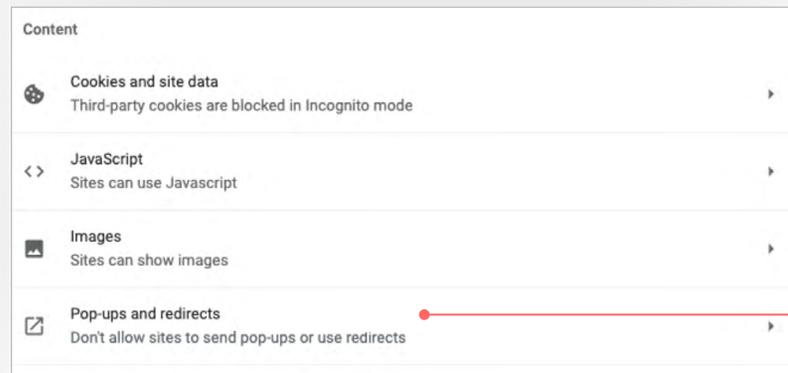
On the left side of the page, there will be a list of your **Settings**.



Select **Privacy and security**



Select **Site settings**



Select **Pop-ups and redirects** at the bottom of the page, under the **Content** header



Appendix (cont'd)

Customized behaviors

Sites listed below follow a custom setting instead of the default

Not allowed to send pop-ups or use redirects Add

No sites added

Allowed to send pop-ups and use redirects Add

Select the **Add** button that's next to "Allowed to send pop-ups and use redirects"

Add a site

Site

Cancel Add

Type the URL for the **JourneyMate Support Program™** HCP Portal:
www.radicavaonlineenrollmentform.com

Select **Add** to enable pop-ups
Your system will save this setting when using Chrome as your web browser for accessing the **JourneyMate Support Program™** HCP Portal



Appendix (cont'd)

How to Clear the Cache

“Clearing the cache” is another procedure that may speed processing time. Clearing the cache of your system is something that you should be able to do without permission from your system administrator.

Be sure you are logged out of the **JourneyMate Support Program™** HCP Portal when you clear the cache.

If you are using Chrome as your web browser for the **JourneyMate Support Program™**, at the upper right of the screen, select the 3 dots

A drop-down menu opens

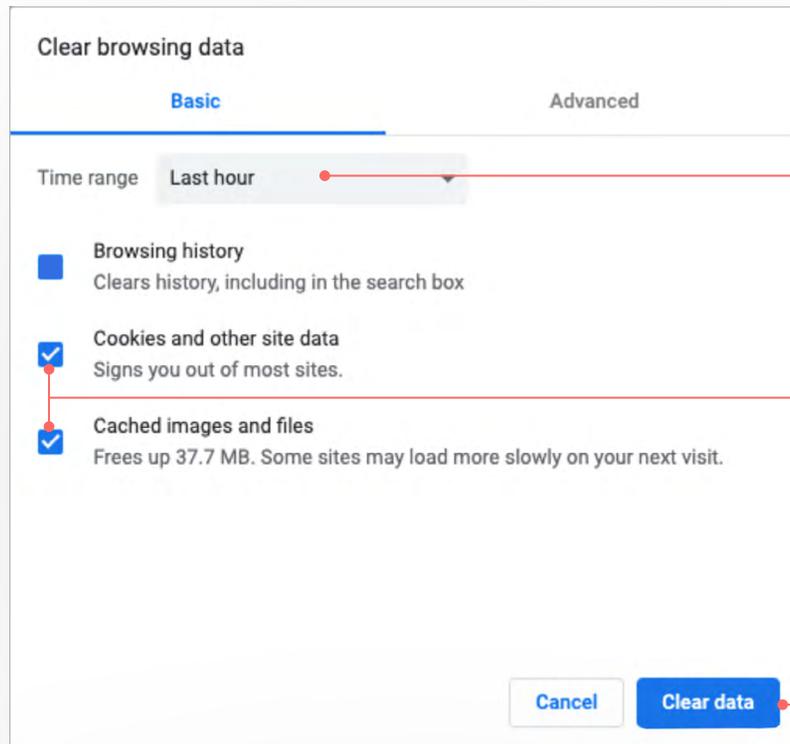
TIP: Please note that your process for clearing the cache may differ from these instructions

Select **More Tools**

Select **Clear Browsing Data**



Appendix (cont'd)

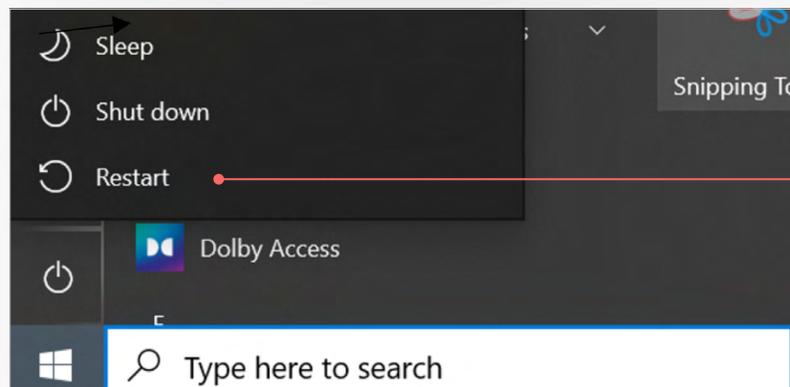


Select a **Time range** from the drop-down menu; choosing "All time" will clear all temporary files

Check **Cookies and other site data** and **Cached images and files**
(You do not need to clear your **Browsing history**)

Select the **Clear data** button
Now your cache is cleared

If you are on a PC, when you are finished clearing the cache, close and reopen Chrome to save your changes.



Remember to restart your computer daily to maximize performance of the **JourneyMate Support Program™** HCP Portal



Please see full [Prescribing Information](#).

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