



Dedicated Team. Patient-Focused Approach.

Out-of-Pocket Assistance Program

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

^aFor eligible patients with commercial insurance. Annual maximum benefit per patient. Additional terms and conditions apply. See [last page of this brochure](#) and visit radicavahcp.com for more details.

Helping eligible, commercially insured patients save on RADICAVA ORS[®] (edaravone)

Please see full [Prescribing Information](#).

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

Out-of-Pocket Assistance Program

Designed to help patients with out-of-pocket costs



Available to eligible patients with commercial insurance^a

- Paying as little as \$0 per RADICAVA ORS® prescription dispense
- The patient's applicable out-of-pocket costs are subject to a maximum annual benefit limit per calendar year^b
- Annual re-enrollment, available to patients upon reverification of eligibility criteria
- Personalized information enables submission of Pharmacy benefit claims



Available to offices

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

See last page for Eligibility Requirements & Terms and Conditions and visit [radicavahcp.com](https://www.radicavahcp.com).

How it works

When a [Benefit Investigation and Enrollment Form](#) (BIF) is submitted and signed by the prescriber and patient, the **JourneyMate Support Program™ Insurance & Access Specialist** determines whether the patient meets all eligibility criteria. If eligible, the patient who has private, commercial health insurance or who has private, commercial health insurance and certain Medicare coverage (see requirements) is enrolled in the Out-of-Pocket Assistance Program.

- **If your patient is unable to sign the form**, authorization can be provided online or via fax or mail using the [Patient Authorization Form](#)
- **Patients may also apply by choosing one of these options:**
 - Visiting the Self-Enrollment website at [RadicavaCopayAssistance.com](https://www.RadicavaCopayAssistance.com) and completing the steps
 - Submitting an [Out-of-Pocket Assistance Program Enrollment Form](#), available in the [patient brochure](#) and at [radicavahcp.com](https://www.radicavahcp.com)



With a completed BIF, the JourneyMate Support Program™ Insurance & Access Specialist or specialty pharmacy will:

- Verify the patient's commercial insurance benefits to determine their eligibility
- Call the eligible patient to explain their insurance benefits for treatment with RADICAVA ORS® (edaravone) and let them know they are enrolled in the Out-of-Pocket Assistance Program
- Send the patient a welcome letter and brochure with their personalized information

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.

^aThis 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® which does not cover the entire cost of the medication. Other restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at [radicava.com](https://www.radicava.com).

^bPatient will be responsible for any costs associated with RADICAVA ORS® above the annual maximum benefit.

How eligible patients can save on out-of-pocket costs

A patient's personalized information will be used by their specialty pharmacy to submit reimbursement claims to the Out-of-Pocket Assistance Program.

When enrolled, eligible patients will receive their personalized information by mail:

A Personalized Patient ID

123456789

Identifies a patient enrolled in the *JourneyMate Support Program™*

A Personalized Co-pay ID

9876543210

Identifies a patient enrolled in the co-payment assistance program



Personalized information enables submission of Pharmacy benefits claims

Using the patient's personalized information

When the specialty pharmacy calls the patient about their prescription:

- The specialty pharmacy will have the patient's personalized information on file
- The specialty pharmacy will use the patient's personalized information to apply the Out-of-Pocket Assistance Program benefit to the patient's applicable out-of-pocket costs, using the information below

How to submit a request for co-payment assistance

Pharmacy Benefits Claim for RADICAVA ORS® (edaravone):

If the patient has primary commercial prescription insurance, input Pharmacy benefits claim information at right as secondary coverage and transmit using the COB segment of the NCPDP transaction.



Questions? For Pharmacy benefits claim questions, call the Pharmacy Help Desk at 1-855-332-6208.

RxBIN: 610524
RxPCN: Loyalty
RxGRP: 50777932
Issuer: (80840)
Co-pay ID: Patient will receive by mail



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

1-844-772-4548 | Monday-Friday, 8 AM–8 PM ET
radicavahcp.com



Please see full [Prescribing Information](#).

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® (edaravone) prescription dispense, subject to a maximum annual benefit limit per calendar year.
- Patient currently has 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, VA, DoD, or any other federal or state insurance program.
- Patients enrolled in commercial prescription insurance, Medicare Part A and Medicare Part B, 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.
- Patient agrees that this Out-of-Pocket Assistance Program is intended solely for the benefit of the patient and is not intended for patients in accumulator or maximizer programs. Except where prohibited by applicable state law, Mitsubishi Tanabe Pharma America, Inc. 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.
- Not valid where prohibited by law, taxed, or otherwise restricted.
- 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 radicavahcp.com for full details.



Resources for patients who are uninsured

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

- The PAP can help patients in financial need who are uninsured
- Patients who meet PAP requirements may be able to receive RADICAVA ORS® at no charge for up to 2 years^a

Restrictions apply. See full Eligibility Requirements & Terms and Conditions, available at radicavahcp.com.

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

^aOnly product provided at no charge. The Patient Assistance Program covers only the cost of RADICAVA ORS® and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.



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

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Please see full [Prescribing Information](#).



Mitsubishi Tanabe Pharma America



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For US healthcare professionals only.

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