



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 radicavahcp.com for more details.

Helping provide eligible, commercially insured patients with access to therapy

Please see full [Prescribing Information](#).

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

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

Designed to help patients with out-of-pocket costs

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Available to eligible patients with commercial insurance

- Savings on their deductible, co-pay, and co-insurance costs for their medication, **and** infusion costs, if applicable[†]
 - For RADICAVA ORS® (edaravone), up to a maximum of \$7,500 per patient per calendar year; or
 - For RADICAVA® (edaravone) IV, up to a maximum of \$20,000 per patient per calendar year
- Annual automatic re-enrollment, available to patients upon reverification of eligibility criteria
- Personalized information enables submission of Pharmacy and Medical 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

For RADICAVA® IV:

- Resources for submitting a request for co-pay assistance, by electronic or paper submission
- Reimbursement can be made directly to your account via Payspan® EFT

See last page for [Eligibility Requirements & Terms and Conditions](#) and visit radicavahcp.com.

[†]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.

Please see full [Prescribing Information](#).

Out-of-Pocket Assistance Program

Enrolling your patients

Your eligible patients with commercial insurance coverage for treatment with RADICAVA ORS® (edaravone) or RADICAVA® (edaravone) IV are automatically enrolled in the Out-of-Pocket Assistance Program when a [Benefit Investigation and Enrollment Form](#) (BIF) is submitted and signed by the prescriber and patient.*

- 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 completing an [Out-of-Pocket Assistance Program Enrollment Form](#), available in the [patient brochure](#) and at radicavahcp.com

With a completed BIF, the JourneyMate Support Program™ Insurance & Access Specialist† 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® or RADICAVA® IV and let them know they are automatically enrolled in the Out-of-Pocket Assistance Program
- Send the patient a welcome letter and brochure with their personalized information

Please Note:

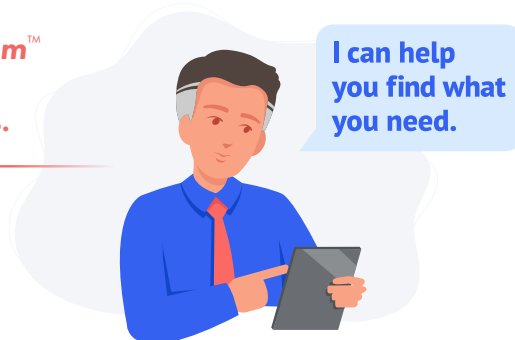
A patient transitioning from treatment with one formulation of edaravone to the other, and who remains eligible, **will continue to use their current Out-of-Pocket Assistance Program personalized information.**

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
radicavahcp.com



*Patient signature on the Benefit Investigation and Enrollment Form or Patient Authorization Form is required to enable automatic enrollment in the Out-of-Pocket Assistance Program.

†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.

Please see full [Prescribing Information](#).

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

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

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

Personalized information enables submission of Pharmacy and Medical benefit claims

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

Using the patient's personalized information

For patients receiving RADICAVA® (edaravone) IV

Patients provide their personalized information, required for submission of request for out-of-pocket assistance.

Important Note: Remind patients receiving treatment with RADICAVA® IV to always bring their personalized information to their infusion appointments.

If the infusion provider cannot or does not participate in the Out-of-Pocket Assistance Program or if the patient has already paid for treatment, patients may submit a claim with a [Request for Out-of-Pocket Assistance Reimbursement Form](#), which is available in the [Out-of-Pocket Assistance Program brochure](#) for patients, and at radicavahcp.com.

Submit by mail: JourneyMate Support Program™
Insurance & Access Specialist
PO Box 2930, Phoenix, AZ 85062

Or fax to: 1-888-506-0238

For patients prescribed RADICAVA ORS® (edaravone)

When a specialty pharmacy calls the patient about their prescription, the Insurance & Access Specialist will have already provided the patient's personalized information. The specialty pharmacy will call your patient about their prescription, and use their personalized information to apply the Out-of-Pocket Assistance Program benefit to your patient's applicable out-of-pocket costs for RADICAVA ORS®, using the information on the next page.

Please see full [Prescribing Information](#).

How to submit a request for co-payment assistance

Medical Benefits Claim for RADICAVA® (edaravone) IV

Send a claim for medication and infusion costs to the patient's primary health plan. Then, complete a secondary claim request for co-payment assistance and submit to the Out-of-Pocket Assistance Program. Submit transaction using the patient's personalized information for claims submission.

The patient may use their personalized information to submit a claim with a [Request for Out-of-Pocket Assistance Reimbursement Form](#) and a proof of payment/receipt for their out-of-pocket costs for RADICAVA® IV.

Electronic Submission

Submit a standard electronic claim to Electronic Data Interchange (EDI): submit 837 transaction via EHR system to Change Healthcare using CPID 26227.

Fax or Mail Submission

Submit a medical claim form (CMS-1500 or UB-04) and a copy of the primary plan's Explanation of Benefits (EOB).

Fax claim to the Out-of-Pocket Assistance Program at 1-888-506-0238.

Mail claim to PO Box 2930, Phoenix, AZ 85062.

How to receive reimbursement payments electronically

- Following receipt of payment by check for your initial claim, you may enroll to receive reimbursement directly to your account via Payspan® EFT
- To enroll, you will need a registration code, which will be provided when you receive your first check from the Out-of-Pocket Assistance Program. **To enroll using this registration code, visit payspanhealth.com**
- If you already have a Payspan® account, update your settings to receive payments electronically

Claim Requirements

Make sure all required procedure and drug codes are clearly stated for treatment with RADICAVA® IV. Please include contact information in case there are any questions about the submission.

Payment for applicable out-of-pocket costs will be issued following validation of all required out-of-pocket claim information. You will receive reimbursement for your first claim by check. If you wish to receive subsequent payments electronically, you must enroll in Payspan® EFT. If you do not enroll, all payments will be made by check. Call the **JourneyMate Support Program™** Insurance & Access Specialist for medical claims assistance.

Pharmacy Benefits Claim for RADICAVA® IV or 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: Call the Pharmacy Help Desk at 1-855-332-6208. **For help processing a request for co-payment assistance, call 1-844-772-4548.**

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

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Please see full [Prescribing 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.
- Patient must not be enrolled in government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). If patient moves or switches from commercial insurance to any government health insurance, patient 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.
- Patient currently has private, commercial health insurance with prescription coverage for RADICAVA ORS® or RADICAVA® IV medication, and patient's insurance does not cover the entire cost of RADICAVA ORS® or RADICAVA® IV.
- Patient 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 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® or RADICAVA® IV at no charge for up to two years*

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.

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



Insurance & Access Specialist
1-844-772-4548
Monday-Friday, 8:00 AM-8:00 PM ET
radicavahcp.com

Please see full [Prescribing Information](#).



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