



JourneyMate

SUPPORT PROGRAM™

Brought to you by Mitsubishi Tanabe Pharma America

Dedicated Team. Patient-Focused Approach.

RADICAVA ORS® (edaravone) Patient Assistance Program

Actor portrayals.

If you are in financial need
and have no insurance

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

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



No insurance coverage? We may be able to help.



Insurance & Access Specialist

If you were prescribed RADICAVA ORS®, you may qualify* to participate in the Patient Assistance Program and receive RADICAVA ORS® at no charge if:

- You provide proof of your total (gross) yearly income
- Your yearly income isn't more than 5 times the Federal Poverty Level† based on household size
- You don't have health insurance
- You aren't covered, in whole or in part, by government health insurance, including Medicare, Medicaid, VA, DoD, or other federal or state assistance programs
- You are a citizen or a permanent resident of the US or its territories and reside in the US or its territories
- You are being treated as an outpatient by a licensed doctor in the US

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.

* **Eligibility Requirements & Terms and Conditions** apply, see last page. The Patient Assistance Program covers only the cost of RADICAVA ORS® and not the cost of any healthcare provider visits, which are the sole responsibility of the patient.

† Federal Poverty Level Guidelines available at <https://aspe.hhs.gov/poverty-guidelines>.

By selecting certain links within this document you will be taken to websites not hosted by Mitsubishi Tanabe Pharma America, Inc. Please note, Mitsubishi Tanabe Pharma America, Inc. does not control the content of third-party websites and our Privacy Policy does not apply.

Please see the full **Prescribing Information** and **Patient Information**, also available at www.radicavaors.com.

How the Patient Assistance Program Works

The Patient Assistance Program (PAP) helps qualified uninsured patients in financial need to receive RADICAVA ORS® at no charge for up to 2 years.

1. You and your doctor complete the Benefit Investigation and Enrollment Form and submit to the **JourneyMate Support Program™ Insurance & Access Specialist**.
2. The Insurance & Access Specialist contacts you to verify that you do not have health insurance coverage, and to qualify you based on your household size and income. If you qualify, your income will be verified electronically, or you will be asked to provide financial documentation to confirm that you meet all eligibility requirements.
3. If you meet the Patient Assistance Program requirements, the program will cover RADICAVA ORS® as prescribed by your doctor at no charge for 1 year.*
4. You must reconfirm your eligibility for continued participation in the program after your initial 12-month eligibility period, by providing proof of income. Income will be verified electronically, or you must submit accurate and complete documentation (eg, most recent federal tax returns, W-2, pay stubs) as requested by MTPA each year.
5. If you continue to meet the program eligibility requirements, you may be able to receive RADICAVA ORS® at no charge for an additional 12 months.

The JourneyMate Resource Specialist will connect you with other JourneyMate Support Program™ team members who will provide answers and educational resources relevant to your or your loved one's RADICAVA ORS treatment.


JourneyMate
SUPPORT PROGRAM™

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JourneyMate Resource Specialist
1-855-457-6968
Monday-Friday, 9 AM-9 PM ET
radicava.com

Eligibility Requirements & Terms and Conditions for the Patient Assistance Program for RADICAVA ORS® (edaravone)

Patients who meet the following eligibility criteria and are enrolled in the Patient Assistance Program will receive their medication at no cost. Reverification of eligibility criteria is required annually for participation to continue.

- You must be uninsured (not have health insurance).
- You must not be covered, in whole or in part, by government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs).
- Your income must not exceed five (5) times the Federal Poverty Level based on household size (Federal Poverty Level Guidelines available at <https://aspe.hhs.gov/poverty-guidelines>).
 - Income will be verified electronically, or you must submit accurate and complete documentation (for example, most recent federal tax returns, W-2, and/or pay stubs) as requested by Mitsubishi Tanabe Pharma America, Inc. each year to validate levels of income.
- You must be a citizen or a permanent resident of the US or its territories and reside in the US or its territories.
- You must be between the ages of 18 and 65.
- You are being treated as an outpatient by a licensed healthcare professional in the US and have been prescribed RADICAVA ORS® by a licensed healthcare provider.
- You and your prescriber may not bill, charge, seek credit for, or otherwise submit any claim for reimbursement for RADICAVA ORS® provided through the Patient Assistance Program to any third-party payer.
- Mitsubishi Tanabe Pharma America, Inc. and the **JourneyMate Support Program™** have the right to verify your eligibility, including the right to audit any information provided on the Benefit Investigation and Enrollment Form, and the right to contact you to confirm receipt of medications.
- Qualified patients will be eligible to receive assistance with reconfirmation of eligibility required annually.
 - Prior to the end of your initial 12-month eligibility period, you must provide proof of income to reconfirm eligibility to continue participation in the program for an additional 12 months.
 - A notice regarding re-enrollment will be sent to you 45 days in advance of the expiration of your participation in the program.
- Patients must notify the **JourneyMate Support Program™** of any changes in their total gross income and/or health insurance status.
- Patients who no longer satisfy the eligibility requirements will be immediately withdrawn from the Patient Assistance Program.
- Mitsubishi Tanabe Pharma America, Inc. has the right to modify, alter, or cancel the Patient Assistance Program at any time without prior notification.

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CP-OE-US-1070 03/25