



Actor portrayals.

PATIENT ASSISTANCE PROGRAM

If you are in financial need
and have no insurance

Please see Prescribing Information,
including Patient Information for RADICAVA®,
also available at radicava.com.

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



No insurance coverage?
**We may be able
to help.**



Actor portrayal.

Please see [Prescribing Information](#), including [Patient Information](#) for RADICAVA®, also available at radicava.com.

The Patient Assistance Program and You

You may be eligible to participate in our Patient Assistance Program at no charge if you meet these requirements*:

- You have been prescribed RADICAVA® (edaravone)
- You provide proof of income consisting of all gross income
- Your income isn't more than five 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, TRICARE, 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

^{*}[Eligibility Requirements & Terms and Conditions](#) apply, see last page. Only product provided at no charge. The Patient Assistance Program covers only the cost of RADICAVA® and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.

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

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How the Patient Assistance Program Works

The Patient Assistance Program allows patients who meet program eligibility requirements to receive RADICAVA® at no charge for up to two years.

1. You and your doctor complete the *Benefit Investigation and Enrollment Form* and submit to Searchlight Support®.
2. Searchlight Support® contacts you to verify that you do not have health insurance coverage, and to prequalify you based on your household size and income. If you prequalify, 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 covers your RADICAVA® medication as prescribed by your doctor at no charge for one year.*
4. You must reconfirm your eligibility for continued participation in the program after your initial 12-month eligibility period, by providing required financial documentation.
5. If you continue to meet the program requirements, you may be able to receive RADICAVA® at no charge for an additional 12 months.

Call us to learn more or visit us online at radicava.com


SEARCHLIGHT
SUPPORT®

1-844-SRCHLGT (1-844-772-4548)
Monday-Friday, 8 AM-8 PM ET
radicava.com

Eligibility Requirements & Terms and Conditions

- 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 18 and 65 years of age and not eligible for Medicare.
- You must not be covered, in whole or in part, by government health insurance, (i.e., Medicare, Medicaid, VA, DoD, or other federal or state assistance programs).
- You are being treated as an outpatient by a licensed healthcare professional in the US and have been prescribed RADICAVA® (edaravone) by a licensed healthcare provider.
- You must be uninsured (not have health insurance).
- 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>).
- You must submit accurate and complete documentation (eg, most recent federal tax returns, W-2, pay stubs) as requested by Mitsubishi Tanabe Pharma America, Inc. each year to validate levels of income.
- You and your prescriber may not bill, charge, seek credit for or otherwise submit any claim for reimbursement for RADICAVA® medication provided through the Patient Assistance Program to any third-party payer.
- Mitsubishi Tanabe Pharma America, Inc. and Searchlight Support® 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.
- Mitsubishi Tanabe Pharma America, Inc. and Searchlight Support®, in their sole discretion, can determine your eligibility to participate in the Searchlight Support® Patient Assistance Program.
- Approved patients will be eligible to receive assistance for up to two years from the date of enrollment for each enrollment form submitted. The Patient Assistance Program covers only the cost of RADICAVA® and not the cost of any infusion services or healthcare provider visits, which are the sole responsibility of the patient.
- Prior to the end of your initial 12-month eligibility period, you must provide proof of income in order to reconfirm eligibility to continue participation in the program for an additional 12 months.
- Searchlight Support® will validate continued income and insurance eligibility annually.
- The program requires that you re-enroll every two years by completing a Searchlight Support® *Benefit Investigation and Enrollment Form* for RADICAVA® and provide proof of income. 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 Searchlight Support® of any changes in their total gross income and/or health insurance status. If you obtain health insurance, you will no longer be eligible to participate in the program.
- Patients who no longer satisfy the eligibility requirements will be immediately withdrawn from the Searchlight Support® Patient Assistance Program, including patients participating in the Searchlight Support® Patient Assistance Program who become eligible for Medicare coverage.
- Mitsubishi Tanabe Pharma America, Inc. has the right to modify, alter, or cancel the Searchlight Support® Patient Assistance Program at any time without prior notification.

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