

Access Information for Patients

INFORMATION AND RESOURCES

to Support Your Treatment with
EXSERVAN™ (riluzole) oral film



Please see full
[Prescribing Information](#),
including Instructions for Use
(IFU) for EXSERVAN™, also
available at [exservan.com](https://www.exservan.com).

Exservan™
(riluzole) oral film

GETTING STARTED



If you have been prescribed EXSERVAN™ (riluzole) oral film by your doctor, PANTHERx Rare specialty pharmacy (PANTHERx) can fulfill your prescription and send it directly to you.

What to expect when your doctor prescribes EXSERVAN™



PANTHERx will call you to:

- Review your prescription details and confirm shipment information
- Discuss cost support options, including automatic enrollment in the Out-of-Pocket Assistance Program for EXSERVAN™ if you are an eligible, commercially insured patient*

Look for a call from **1-855-743-9275**



A Clinical Educator† will also call to offer:

- Information and education about ALS
- Education about EXSERVAN™
- Referral to ALS educational resources near you

*PANTHERx Rare Pharmacy provides specialty pharmacy services for EXSERVAN™. PANTHERx Rare Pharmacy cannot enroll patients in the Out-of-Pocket Assistance Program for EXSERVAN™ without Patient Authorization, which can be found on the Prescription and Enrollment Form, or a separate signed Patient Authorization Form on file.

†The Clinical Educator is an educational resource for patients who have been prescribed EXSERVAN™. The Clinical Educator is provided by MTPA and VMS and is not affiliated with or provided by a healthcare provider. The Clinical Educator does not provide medical advice. All questions about your condition, diagnosis, or treatment should be referred to your healthcare provider.

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ACCESS AND AFFORDABILITY

Sign the Prescription and Enrollment Form to make sure you're enrolled

PATIENT AUTHORIZATION (Patient must read the Patient Authorization and sign below.)

By signing below, I certify and acknowledge that I have read, understand, and agree to the Patient Authorization included on page 4, to receive product access services and to release my Protected Health Information to Mitsubishi Tanabe Pharma America (as defined), for the purposes described in this Authorization.

PATIENT SIGNATURE _____ DATE _____

By checking this box, I agree that my Protected Health Information can be used and disclosed for the marketing communications and market research purposes described on page 4.

If patient cannot sign above, patient's Legal Representative must sign below.

PATIENT NAME (Please Print) _____

LEGAL REPRESENTATIVE NAME (Please Print) _____

NATURE OF RELATIONSHIP TO PATIENT _____

When your doctor submits a [Prescription and Enrollment Form](#), your signed authorization is required to ensure that you:

- Are enrolled in the Out-of-Pocket Assistance Program for EXSERVAN™ (riluzole) oral film, if you are an eligible, commercially insured patient
- Are opted-in to receive updates and information about ALS and treatment options by text message

If you are unavailable to sign the form...

PANTHERx Rare Pharmacy will call you with instructions for obtaining your signature on the [Patient Authorization Form](#).

You may also download and sign a [Patient Authorization Form](#).

The completed [Patient Authorization Form](#) can be faxed to 1-855-905-5938.

QUESTIONS? Please call 1-855-743-9275 Monday-Friday, 8 AM-8 PM ET • exservan.com

OUT-OF-POCKET ASSISTANCE PROGRAM

To be automatically enrolled in the Out-of-Pocket Assistance Program, your prescriber must submit a signed [Prescription and Enrollment Form](#) and you will need to sign the Patient Authorization section. PANTHERx Rare Pharmacy will determine your eligibility and enroll you into the program.*

PAY AS LITTLE AS \$10 PER MONTH†

\$6,000 maximum program benefit per calendar year.

For eligible patients with commercial insurance. Restrictions apply. See full [Eligibility Requirements & Terms and Conditions](#) on last page of this brochure, also available at [exservan.com](#).

- Save on your deductible, co-pay, and co-insurance costs for your medication†
- Annual re-enrollment is available upon reverification of commercial insurance benefits to confirm your continued eligibility for the program

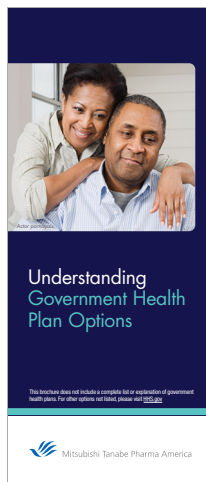
The Program is for eligible patients who have private, commercial health insurance with prescription coverage for EXSERVAN™ (riluzole) oral film. Not valid for patients covered, in whole or in part, by government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). Other restrictions apply. See [last page](#) for full [Eligibility Requirements & Terms and Conditions](#) or visit [exservan.com](#).

*Your signature on the [Prescription and Enrollment Form](#) is required to enable automatic enrollment in the Out-of-Pocket Assistance Program for EXSERVAN™. If you are unavailable to sign the form, PANTHERx Rare Pharmacy will contact you with instructions to obtain your signature.

† You will be responsible for any costs associated with EXSERVAN™ above the maximum annual program benefit.

Please see full [Prescribing Information](#), including [Instructions for Use \(IFU\)](#) for EXSERVAN™, also available at [exservan.com](#).

For more information, ask your doctor for the Out-of-Pocket Assistance Program for EXSERVAN™ brochure, also available at [exservan.com](#).



For information about government health plan options, ask your doctor for the Understanding Government Health Plan Options brochure, also available at [exservan.com](#).

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HELP NAVIGATING TREATMENT CHALLENGES

Mitsubishi Tanabe Pharma America offers educational resources to support access to treatment with EXSERVAN™ (riluzole) oral film.

Information to help you review your health plan coverage options

During the open enrollment period, which typically occurs in the fall, you can reconsider your insurance coverage and make changes, or you can choose a new plan.

Your health plan coverage can determine your out-of-pocket costs. That's why it's important to review your health insurance options for the coming year.

The Open Enrollment Information for Patients brochure* is designed to help you make informed choices during the annual open enrollment period.



Actor portrayals.

You can access the Open Enrollment Information for Patients brochure* at [exservan.com](https://www.exservan.com) when it becomes available, or call PANTHERx and ask that a copy be sent to you.

*Does not include a complete list of health plan options. Please contact your health insurance company or [medicare.gov](https://www.medicare.gov) for specific information.

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.



Actor portrayals.

Information about obtaining approval for health plan coverage

If you are denied coverage by your health plan, or your medication is not covered, we can provide general information on requesting an exception for coverage of your medication.

The Requesting an Exception from Your Health Plan guide is available at [exservan.com](https://www.exservan.com).

Requesting an Exception from Your Health Plan
A General Overview

Have you been notified that your medication is not covered by your health plan or that you need to meet other requirements before obtaining it? You can call your health plan and request an "exception" for coverage of your medication. Here are steps you may follow.

- 1 Prepare for the call**
 - Have your Group# and the BNF on the front of your health insurance card ready. If there is no Group# on your card, you can use your Member ID#.
 - Locate the Customer Service 800# on the back of your health insurance card.
- 2 Make the call**
 - Call the Customer Service 800# and ask to speak with the "Exceptions and Appeals Representative," if there is one. Be sure to say that you are calling about your Medical Benefits.
 - Ask the representative to give you information about your health plan's "Exceptions and Appeals Process," any required forms, and what you need to do to request an exception.
- 3 Work with your doctor's office**
 - Obtain the information needed for submission of an exception request.
 - Follow the health plan's policy guidelines and observe their timeline.

Use the Checklist on the next page to help make sure you follow your health plan's requirements for an exception request.

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INDICATION

EXSERVAN™ (riluzole) is indicated for the treatment of amyotrophic lateral sclerosis (ALS).

IMPORTANT SAFETY INFORMATION

Do not use if you are allergic to riluzole or to any of its ingredients.

Before using EXSERVAN™, tell your doctor about all the medicines you take and all your health conditions, including if you:

- Have liver problems.
- Are taking certain drugs known as strong or moderate CYP1A2 inhibitors such as ciprofloxacin, enoxacin, fluvoxamine, methoxsalen, mexiletine, oral contraceptives, thiabendazole, vemurafenib, or zileuton.
- Are pregnant or intend to become pregnant during EXSERVAN™ therapy, or if you are breastfeeding or intend to breastfeed during EXSERVAN™ therapy.

EXSERVAN™ can cause serious side effects, including:

Liver Problems: Cases of liver injury, some fatal, have occurred in patients taking riluzole. Consult your doctor promptly if you experience unexplained nausea, vomiting, stomach (abdominal) pain, fatigue, weight loss (anorexia), jaundice (yellowing of the skin or whites of the eyes), and/or dark urine.

Low White Blood Cell Counts (Neutropenia): Tell your doctor if you develop a fever while taking EXSERVAN™.

Serious Lung Problems (Interstitial Lung Disease): Tell your doctor if you have problems with your lungs or breathing such as dry cough and difficult or labored breathing. Discontinue EXSERVAN™ immediately if you develop interstitial lung disease.

The most common side effects include numbness in the mouth or tongue, muscle weakness, nausea, lung problems, high blood pressure, and stomach (abdominal) pain.

These are not all the possible side effects of EXSERVAN™. Consult your doctor for medical advice about side effects.

To report side effects, contact Mitsubishi Tanabe Pharma America, Inc. at 1-888-292-0058 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Use EXSERVAN™ as prescribed. The recommended dosage for EXSERVAN™ is 50 mg taken orally twice daily at least 1 hour before or 2 hours after a meal. Place EXSERVAN™ oral film strip on the top of the tongue where it will adhere and dissolve. Swallow in a normal manner. Do not cut or split the film or take liquids with EXSERVAN™. Do not chew, spit, or talk while EXSERVAN™ is dissolving. Read the Instructions for Use for EXSERVAN™.

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OUT-OF-POCKET ASSISTANCE PROGRAM for EXSERVAN™ (riluzole) oral film

Eligibility Requirements & Terms and Conditions

- This offer may not be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- You must be a citizen or a permanent resident of the US or its territories and reside in the US or its territories where co-pay assistance is not prohibited. Offer good only in the US and its territories.
- You must be 18 to 64 years of age and not enrolled in Medicare.
- You must not be enrolled in government health insurance (ie, Medicare, Medicaid, VA, DoD, or other federal or state assistance programs). If you move or switch from commercial insurance to any government health insurance, you will no longer be eligible.
- This Program is not valid in states where prohibited by law, taxed, or otherwise restricted.
- You are being treated as an outpatient by a licensed healthcare provider in the US who has prescribed you EXSERVAN™ (riluzole) oral film.
- You currently have private, commercial health insurance with prescription coverage for EXSERVAN™ medication, and your insurance does not cover the entire cost of EXSERVAN™.
- There is no income requirement.
- You must re-enroll annually to remain in the Program. To re-enroll, reverification of your insurance benefits is required to confirm that you continue to meet the eligibility requirements for participation in the Program.
- You are responsible for reporting receipt of co-pay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost using the Out-of-Pocket Assistance Program for EXSERVAN™, as may be required.
- You 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).
- You will not in any way report or count the value of the product provided under this Program as true out-of-pocket spending (TrOOP) under a Medicare Part D prescription drug benefit.
- This Out-of-Pocket Assistance Program is not health insurance.
- This offer is limited to one (1) person during this offering period and is not transferable.
- No membership fees.
- This offer is not conditioned on any past, present, or future purchase, including refills.
- Offer expires December 31, 2021. Mitsubishi Tanabe Pharma America, Inc. has the right to modify, alter, or cancel the Out-of-Pocket Assistance Program for EXSERVAN™ at any time without prior notification.



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