Access Information for Patients

Out-of-Pocket Assistance Program for EXSERVAN™ (riluzole) oral film

PAY AS LITTLE AS $10 PER MONTH

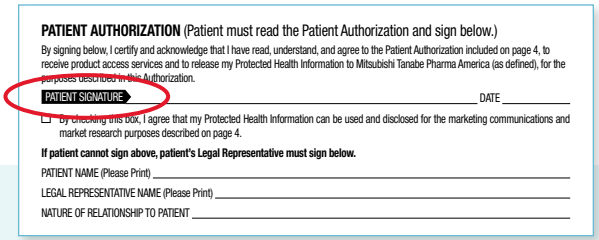
For eligible patients with commercial insurance. Restrictions apply. $6,000 maximum program benefit per calendar year.
See full Eligibility Requirements & Terms and Conditions on last page of this brochure, also available at exservan.com.

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

Exservan™
(riluzole) oral film

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.*



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 _____

Ask your doctor if they will be submitting a Prescription and Enrollment Form for EXSERVAN™ *which includes your signature.*

- If you are unavailable to sign the form, PANTHERx Rare Pharmacy will contact you with instructions to obtain your signature.

Program Benefits

- Save on your deductible, co-pay, and co-insurance costs for your medication†
- Pay as little as $10 per 30-day supply of EXSERVAN™ (riluzole) oral film
- Your applicable out-of-pocket costs are covered—up to $6,000 per calendar year
- 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™. 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.

*PANTHERx Rare Pharmacy provides specialty pharmacy services for EXSERVAN™. Your signature on the Prescription and Enrollment Form is required to enable automatic enrollment in the Out-of-Pocket Assistance Program for EXSERVAN™.

† 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.

How the Program works

Make sure you sign the Prescription and Enrollment Form for EXSERVAN™ to allow your enrollment into the Out-of-Pocket Assistance Program.

Then, PANTHERx Rare Pharmacy will:

Review your insurance benefits to determine your out-of-pocket costs, and confirm your eligibility for the Program, including verifying commercial insurance.

Call to explain the Out-of-Pocket Assistance Program.

Send you a welcome letter if eligible, and additional information with your first prescription.

NO SAVINGS CARD NEEDED. Your program benefit will be applied to cover your applicable out-of-pocket costs each time your prescription is filled.†

PANTHERx Rare Pharmacy will provide you with timely alerts regarding the remaining annual program benefit.

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

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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Mitsubishi Tanabe Pharma America

Exservan (riluzole) oral film

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For US audiences only.
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