

2023
EDITION

Actor portrayals.

Open Enrollment Information for Patients

Help with understanding your health plan coverage options

To use this brochure:

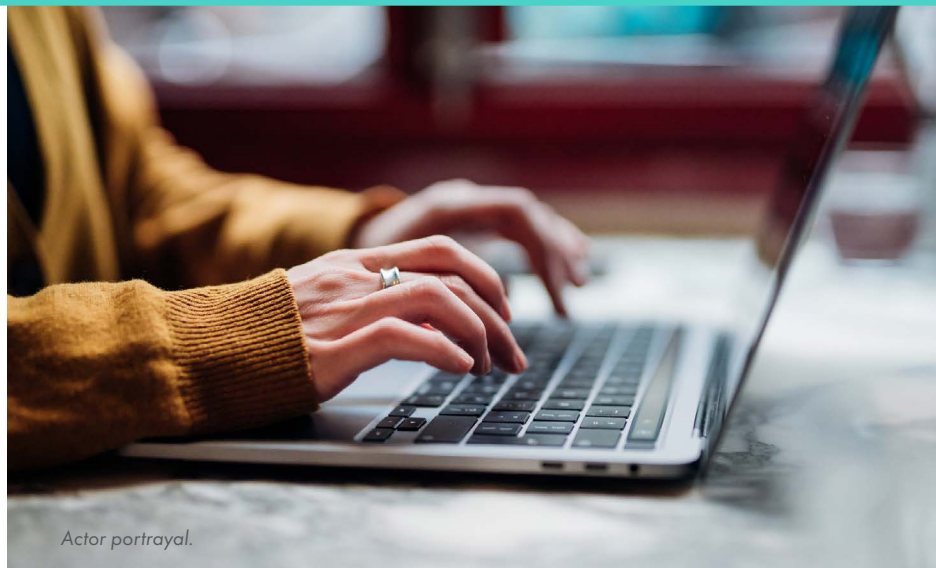
- Download and view it in Adobe Acrobat Reader
- Enter cost information from your health plan in the tables provided



Mitsubishi Tanabe Pharma America

What is open enrollment?

The annual open enrollment period is the time you may reconsider your insurance coverage and make changes or choose a new plan.



This period, which typically happens in the fall, is a chance for you to look at all your health insurance options and decide if you want to make any changes to your current health plan or enroll in a new plan for the following year. If you miss open enrollment, you may have to wait until the next annual open enrollment period to make any changes to your health plan. See the calendar below for some key open enrollment dates.

Open enrollment calendar					
October	November	December	January	February	March
Commercial or Private Insurance					
Most plan decisions are made by November 30. Dates vary, so check with your plan.					
Health Insurance Marketplace (HealthCare.gov)					
In many states, it starts November 1 and ends January 15. Check with your plan. This is private insurance.					
Medicare			Medicare Advantage		
Starts October 15 and ends December 7. You can choose Original Medicare (Part B) . You can also choose or change a Medicare Advantage plan or Medicare Part D prescription plan .			Starts January 1 and ends March 31. You can switch to a different Medicare Advantage plan , or return to Original Medicare (Part B) and join a Medicare Part D prescription plan .		



Contact your health plan representative or [Medicare.gov](https://www.medicare.gov) to help you review your plan options.

Understanding your health plan coverage options

Your health plan coverage can determine your out-of-pocket costs. That's why Mitsubishi Tanabe Pharma America is providing this information to help you review your health insurance options for the coming year and make informed choices during open enrollment.

This brochure is provided for your background information only. It is **not** intended as a complete listing or description of health plan options. Please always contact your health insurance company and/or [Medicare.gov](https://www.Medicare.gov) for information specific to you.

Your health insurance may cover your treatment in one of two ways:



Your Pharmacy benefit,

which may cover your medication if you get it through a specialty or retail pharmacy



Your Medical benefit,

which typically covers medications given by a healthcare professional

How to use this information

- 1 List all the medications you and family members on your health plan are taking.**
This can help give you an idea of your costs for next year.
- 2 Contact your health plan representative and evaluate your options for 2023.**
Find out about your medical and prescription plan insurance benefits and out-of-pocket costs for your medications and treatment administration.
When your medication is given by a healthcare professional, how it is covered and where it is given can determine your out-of-pocket costs. [Find out more.](#)
- 3 Check if there is an out-of-pocket assistance program associated with your medication.**
It can help you save on your deductible, co-pay, and co-insurance costs for your medication and treatment. A program representative may be able to help you determine your eligibility and discuss support options that may be available.

Consider these questions as you review your health plan options:

- What is your premium?
- What is your deductible?
- What is your co-payment or co-insurance?
- If you have an out-of-pocket maximum, what is it?



Contact your health plan representative or [Medicare.gov](https://www.Medicare.gov) to help you review your plan options.

Understand your health plan coverage

If you have Commercial or Private Insurance

Typically includes Pharmacy and Medical benefit coverage, provided by private companies or other non-governmental organizations.



Pharmacy benefit

May cover your medication if you get it through a specialty or retail pharmacy

Ask your plan about:

- Annual deductible
- Coverage of your medication
- Co-pay or co-insurance for each prescription and refill

[Go to page 6 to learn more](#) >



Medical benefit

Typically covers medications given by a healthcare professional

Ask your plan about:

- Annual deductible
- Coverage of your medication **and** the cost of your treatment administration
- Co-pay or co-insurance for each treatment
- Individual or family out-of-pocket maximum

[Go to page 7 to learn more](#) >

Also, see page 12 on [medications given by a healthcare professional](#).

If your medication is given by a healthcare professional, your health insurance plan may require that the Pharmacy benefit be used, no matter where your treatment is given. Check your plan for specific information.

If there is an out-of-pocket assistance program associated with your medication, a program representative may be able to help you determine your eligibility and discuss support options that may be available.

See page 13 for a helpful [glossary of health insurance terms](#).



Contact your health plan representative or [Medicare.gov](#) to help you review your plan options.

Understand your health plan coverage (cont'd)

If you have Medicare

Federally funded health insurance coverage that includes Part A (hospital costs) and Part B (outpatient and doctor fees) as well as Part D (prescription drug coverage). Your costs may change next year. Visit [Medicare.gov](https://www.Medicare.gov) to find out more.



Prescription drug coverage (Part D)

Ask your plan about:

- Annual deductible
- Co-insurance costs
- Cost of your medication after you pay the annual deductible
- Cost of your medication after you reach catastrophic coverage

[Go to page 8 to learn more](#) >



Medicare Part B or Medicare Advantage (Part C)

Ask your plan about:

- Annual deductible
- Co-insurance costs before Medicare pays its share

[Go to pages 9-10 to learn more](#) >

Review information about a [Medicare Supplement \(Medigap\) plan with Medicare Part B](#). (Not available with Medicare Advantage plans)

Medicare and Medicaid Dual Eligibility

For people who qualify for both Medicare and Medicaid.

[Go to page 11 to learn more](#) >

If you have applied for Social Security Disability Insurance (SSDI), and if there is a support program associated with your medication, a program representative may be able to provide you with information to help you understand the transition to Medicare coverage.

Visit [ssa.gov/disabilityssi](https://www.ssa.gov/disabilityssi) to learn more about Medicare and SSDI.

See page 13 for a helpful [glossary of health insurance terms](#).



Contact your health plan representative or [Medicare.gov](https://www.Medicare.gov) to help you review your plan options.

Review your commercial or private insurance



Pharmacy benefit

Typically covers prescription medications you can get from a retail or specialty pharmacy and take at home.^a

Call your health insurance plan to make sure you have coverage for your medication.

ENTER YOUR HEALTH PLAN COST INFORMATION BELOW to get an idea of your costs for 2023.

Call your health plan representative to obtain your cost information.^b

Does your plan include the following?	If so, what is the amount per year?
A separate Pharmacy benefit premium (not part of your Medical benefit premium) Does not count toward your out-of-pocket maximum.	Premium: \$ _____
Deductible	Deductible: \$ _____
Co-pay OR co-insurance for your medication	Co-pay: \$ _____ OR Co-insurance: _____%
Specialty pharmacy Does your plan require you to get your medication from a specialty pharmacy?	Specialty pharmacy name _____

^aSome plans require that your medication be covered under the Pharmacy benefit even if it is given by a healthcare professional. Check your health insurance plan for specific information.

^bMitsubishi Tanabe Pharma America, Inc. does not assume any responsibility or liability for the accuracy of the cost information provided by your health plan, which you may enter in the table on this page. Please consult your health plan representative to confirm the accuracy of the information they have provided, and any calculations resulting from entry of the cost information provided by your health plan.

About Co-Pay Adjustment Policies

Some health plans have **co-pay adjustment policies** that may impact how a co-pay assistance program benefit is applied to the health plan's annual deductible or out-of-pocket maximum.

With these policies:

- It may take longer to reach the health plan annual deductible or out-of-pocket maximum
- The potential out-of-pocket costs for prescriptions may increase during the year

A health plan representative may be able to tell you about any co-pay adjustment policy in place.

Check to see if there is an out-of-pocket assistance program associated with your medication.

A program representative may be able to help you determine your eligibility and discuss support options that may be available.



Contact your health plan representative or [Medicare.gov](https://www.Medicare.gov) to help you review your plan options.

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Review your commercial or private insurance (cont'd)



Medical benefit

Typically covers the cost of medications given by a healthcare professional **at your home or at another location.**

Call your health insurance plan to make sure you have coverage for your medication.

ENTER YOUR HEALTH PLAN COST INFORMATION BELOW to get an idea of your costs for 2023.

Call your health plan representative to obtain your cost information.^a

Does your plan include the following?	If so, what is the amount per year?
Individual or family premium Does not count toward your out-of-pocket maximum.	Premium: \$ _____
Individual or family deductible	Deductible: \$ _____
Co-pay OR co-insurance for your medication	Co-pay: \$ _____ OR Co-insurance: _____%
Co-pay OR co-insurance for your treatment administration At your home or another location.	Co-pay: \$ _____ OR Co-insurance: _____%
Out-of-pocket maximum Your treatment costs for the rest of the year may be \$0 after you reach the out-of-pocket maximum.	Out-of-pocket maximum: \$ _____

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Some plans cover up to 100% of medication costs and treatment administration costs.

- Most plans include an individual or family out-of-pocket maximum
 - Your family’s doctor and hospital visits and other medical services may count toward your out-of-pocket maximum
 - Typically includes out-of-pocket costs for your medication and the cost for your treatment administration

Applying for Social Security Disability Insurance Benefits and Medicare

People who have been diagnosed with amyotrophic lateral sclerosis (ALS) can apply for SSDI benefits, and subsequently, for Medicare coverage. Visit ssa.gov/medicare or ssa.gov/disabilityssi to learn more about Medicare, SSDI, and to apply online.



Contact your health plan representative or [Medicare.gov](https://www.medicare.gov) to help you review your plan options.

Review your Medicare prescription coverage



Prescription drug coverage (Part D)

Medicare Part D prescription drug plans typically cover prescription medications, including:

- Medications given by a healthcare professional at home (only the medication cost)
- Medications you get from a retail or specialty pharmacy and take at home

How it works:

ENTER YOUR HEALTH PLAN COST INFORMATION BELOW to get an idea of your costs for 2023.

Call your health plan representative to obtain your cost information.^a

Step 1	Step 2	Step 3	Step 4
You pay the Premium	You pay the annual Deductible	After the annual deductible, you pay co-insurance	After you reach catastrophic coverage, you pay co-insurance
Medicare Part D monthly premium: \$ _____ ^b	Deductible \$ 505	25% of medication costs up to \$7,400 minus the deductible ^c	5% of medication costs above \$7,400
Total premiums for the year: \$ _____ ^b		25% of \$7,400 minus the deductible \$ 1,724	5% above \$7,400 = \$ ^e _____
		Part D Program pays 75%^d	Medicare pays 95%

NOTE: Dollar values and cost sharing information in this table are from information published by CMS on 04/22/2022. Check [Medicare.gov](https://www.medicare.gov) for updates.

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^bCheck your plan—premiums vary by plan.

^cCo-insurance for specialty medications may be up to 33% for medication costs up to \$4,660, minus deductible.

^dMedicare pays 75% of medication costs up to \$4,660 minus deductible. For medication costs between \$4,660 and \$7,400 (known as the “donut hole” or coverage gap), the manufacturer pays 70%; Medicare pays 5%.

^eBased on the total annual cost of your medications.

Call your health insurance company to make sure you have coverage for your medication.

Find a plan that works for you.

- Understand that out-of-pocket costs for prescription medications may vary depending on the plan you choose
- Consider all the prescription medications you are taking
- Look at total out-of-pocket medication costs, not just premiums and deductibles

Supplemental coverage may be available. Need help paying for deductibles and out-of-pocket expenses? Some people with limited resources and income may qualify for [Medicare Extra Help](#).

Visit [Medicare.gov](https://www.medicare.gov) for more information or contact your Medicare insurance plan representative.



Contact your health plan representative or [Medicare.gov](https://www.medicare.gov) to help you review your plan options.

Review your Medicare coverage



Medicare Part B or Part B + Medigap (Medicare Supplement)

How Medicare Part B works

Typically covers the cost of medications given by a healthcare professional.

You pay the monthly
Premium
\$170^a

You pay the annual
Deductible
\$233^b

You pay
20%
of medication and treatment
administration costs

Medicare Part B covers
80%
of medication and treatment
administration costs

The Medicare Part B monthly premium is based on income level. Visit [Medicare.gov](https://www.Medicare.gov) for more information.

- If you are being treated at home, a [Medicare Advantage plan](#) may cover the cost of your medication and treatment administration. [Go to page 10 >](#)
- If you are NOT being treated at home, Medicare Part B with a [Medigap \(Medicare Supplement\)](#) plan can help with the 20% of costs for your treatment not covered by [Medicare Part B](#). See below

How Medicare Part B + Medigap works:

A number of Medigap plans are available. Use the table below to compare them.

ENTER YOUR HEALTH PLAN COST INFORMATION BELOW to get an idea of your costs for 2023.

Call your health plan representative to obtain your cost information.^c

You pay Medicare Part B and Medigap Premiums ^d	You or your Medigap plan pay the annual Deductible	You and/or your Medigap plan pay 20% of medication and treatment administration costs ^f	Medicare Part B covers 80% of medication and treatment administration costs
Monthly Medicare Part B premium: \$ _____ Monthly Medigap premium: \$ _____ Total premiums for the year: \$ _____	Medicare Part B deductible: \$ 233^b Does the Medigap plan cover the deductible? ^e <input type="checkbox"/> Yes <input type="checkbox"/> No Your deductible with the Medigap plan: \$ _____	Does the Medigap plan cover all the 20% Medicare Part B costs? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Medigap plan have an out-of-pocket limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Out-of-pocket limit: \$ _____	<p>With a Medigap plan, your out-of-pocket costs may be as low as \$0.^{e,f}</p>

Visit your [State Health Insurance Assistance Program \(SHIP\)](#) or [Medicare.gov](https://www.Medicare.gov) for additional information.

^aMedicare Part B premium shown is an estimate only for 2023 and is subject to change. Check [Medicare.gov](https://www.Medicare.gov) for updates.

^bMedicare Part B deductible shown is for 2022 and is an example/estimate only. Medicare Part B deductible for 2023 will be released by the Centers for Medicare & Medicaid Services (CMS) in 4th quarter of 2022. Check [Medicare.gov](https://www.Medicare.gov) for updates.

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^dPremiums do not count toward your out-of-pocket limit.

^eOnly Medigap Plans C and F cover the Medicare Part B deductible. However, these plans are not available to people newly eligible for Medicare on or after January 1, 2020. Visit [Medicare.gov](https://www.Medicare.gov) for more information.

^fMedigap Plans A-G and M-N pay 20% of the Part B costs, and you pay 0% of those costs; Plan K pays 10% and you pay 10%; Plan L pays 15% and you pay 5%. In MA, MN, and WI, Medigap plans are standardized in a different way. Visit [Medicare.gov](https://www.Medicare.gov) for more information.



Contact your health plan representative or [Medicare.gov](https://www.Medicare.gov) to help you review your plan options.

Review your Medicare coverage (cont'd)



Medicare Advantage (Part C)

Medicare Advantage typically covers the cost of medications given by a healthcare professional.

- A [Medicare Advantage plan](#) may include prescription drug coverage and may help with co-pay and/or co-insurance costs for your medication. It may be available as an alternative to Original Medicare coverage (Medicare Part A and Part B). Some limitations apply
- **If you are being treated at home** with a medication that requires administration by a healthcare professional, a [Medicare Advantage plan](#) may cover the cost of your medication **and** your treatment administration
- If you enroll in a Medicare Advantage plan, you cannot enroll in a Medigap plan. Call your Medicare Advantage Plan Administrator to learn more

How a Medicare Advantage (Part C) plan works:

ENTER YOUR HEALTH PLAN COST INFORMATION BELOW to get an idea of your costs for 2023.

Call your health plan representative to obtain your cost information.^a

You pay the Premium ^b	You may pay the annual Deductible ^b	You pay co-pay and/or co-insurance ^{b,c}	Medicare Advantage covers remaining medication and treatment costs
Medicare Advantage monthly premium: \$ _____ Total premiums for the year: \$ _____ PLEASE NOTE: Does not count toward your out-of-pocket maximum.	Deductible: \$ _____	For medication and treatment costs: Co-pay: \$ _____ Co-insurance: _____%	Consider your out-of-pocket costs when selecting a Medicare Advantage plan. Out-of-pocket maximum: \$ _____ IMPORTANT: If you use out-of-network services, your costs may exceed the plan's out-of-pocket maximum.

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^bCheck your plan—premiums and out-of-pocket costs vary by plan.

^cMedicare Advantage plans have a yearly limit on your out-of-pocket costs for medical services. Once you reach this limit, you may pay \$0 for covered services.

Check your Medicare Advantage plan's support for your treatment.

Does your Medicare Advantage plan include prescription drug coverage? If not, you may also need to enroll in a [Medicare Part D prescription drug plan](#).



Contact your health plan representative or [Medicare.gov](#) to help you review your plan options.

Medicare and Medicaid Dual Eligibility

What is Dual Eligibility?

Some people qualify for both Medicare and Medicaid. If eligible, Medicare pays for covered medical services first, and Medicaid may then cover some of the out-of-pocket costs that Medicare does not cover.

- Dual Eligible benefits vary by state
- A **Dual Eligible Special Needs Plan (D-SNP)** may be available to coordinate care for people enrolled in both Medicare and Medicaid

The information above is a summary. Be sure to talk with your health plan representative about Dual Eligible benefits and requirements in your state.

Learn about Dual Eligibility requirements and coverage options at [Medicaid.gov](https://www.Medicare.gov).

Medicare Resources

If you have questions about what your coverage includes, contact your Medicare insurance plan representative.

State Health Insurance Assistance Program (SHIP)

Your local SHIP may be able to provide in-depth, objective counseling and assistance to Medicare beneficiaries and can help you find a plan that's right for you. To find a SHIP in your area, visit [shiphelp.org](https://www.shiphelp.org) or call 1-877-839-2675.

Pharmacy benefit



Your Guide to Medicare Drug Coverage
[Medicare.gov/publications](https://www.Medicare.gov/publications) (keyword: 11109)



How Medicare Prescription Drug Coverage Works with a Medicare Advantage Plan or Medicare Cost Plan
[Medicare.gov/publications](https://www.Medicare.gov/publications) (keyword: 11135)



Extra Help with Medicare Prescription Drug Plan Costs
[ssa.gov/benefits/medicare/prescriptionhelp](https://www.ssa.gov/benefits/medicare/prescriptionhelp)



Medicare Plan Finder (Search tool enabling users to compare Medicare Part D prescription drug plans and Medicare Advantage plans in their local area)
[Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)

Medical benefit



Medicare Supplement Insurance: Getting Started (Information about Medigap plan options)
[Medicare.gov/publications](https://www.Medicare.gov/publications) (keyword: 11575)



Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
[Medicare.gov/publications](https://www.Medicare.gov/publications) (keyword: 02110)



Medicare Part B Costs
[Medicare.gov/your-medicare-costs/part-b-costs](https://www.Medicare.gov/your-medicare-costs/part-b-costs)



What's a Medicare Advantage Plan?
[Medicare.gov/sites/default/files/2018-07/11474.pdf](https://www.Medicare.gov/sites/default/files/2018-07/11474.pdf)



Contact your health plan representative or [Medicare.gov](https://www.Medicare.gov) to help you review your plan options.







If your medication is given by a healthcare professional, how your medication is covered and where it is given can determine your out-of-pocket costs.

Here's what to do:

- 1 Consider all the places where you may be receiving your medications in 2023.
- 2 Determine if you are covered for your medication and the cost of your treatment administration.
- 3 Refer to the **2023 Open Enrollment brochure** to help you understand health plan options.

This is not a complete list of health plan options.

Commercial or Private Coverage Refer to your health plan for specific information.		Your Treatment Location	Medicare Coverage Refer to Medicare.gov for specific information.	
Cost for Medication	Cost for Treatment Administration		Cost for Medication	Cost for Treatment Administration
Medical benefit OR Pharmacy benefit	Medical benefit	 Home	Medicare Advantage (Part C) Prescription drug plan (Part D) (see page 8) D-SNP*	Medicare Advantage (Part C) D-SNP*
Medical benefit OR Pharmacy benefit	Medical benefit	 Clinic/Doctor's Office	Part B Medicare Advantage (Part C) D-SNP*	Part B Medicare Advantage (Part C) D-SNP*
Medical benefit OR Pharmacy benefit	Medical benefit	 Infusion Center	Part B Medicare Advantage (Part C) D-SNP*	Part B Medicare Advantage (Part C) D-SNP*
Medical benefit	Medical benefit	 Hospital Outpatient	Part B Medicare Advantage (Part C) D-SNP*	Part B Medicare Advantage (Part C) D-SNP*

Commercial or private coverage may allow or mandate that the medication be covered by the Pharmacy benefit, no matter where your treatment is given.

[Go to pages 6 and 7.](#)

Review information about Part B coverage with a Medigap plan or a Medicare Advantage (Part C) plan.

[Go to pages 9 and 10.](#)

Now use the brochure to find the coverage that may apply to you.

Abbreviation: D-SNP, Dual Eligible Special Needs Plan

*Dual eligible benefits and coverage vary by state. To learn more about D-SNPs, [see page 11](#).



Contact your health plan representative or [Medicare.gov](https://www.medicare.gov) to help you review your plan options.

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Glossary

Catastrophic coverage: Once you've met your plan's out-of-pocket cost requirements for the year, you automatically get "catastrophic coverage." With catastrophic coverage, you only pay a reduced amount or co-payment for covered drugs for the rest of the year.

Co-insurance: A percentage of the cost of your medications and healthcare services that you are responsible for paying. Typically, this is a lower percentage amount than what your health plan pays.

Co-pay: A set amount, determined by your health plan, that you pay for medications and healthcare services at the time of service.

Commercial or Private insurance: Health insurance provided by private companies or non-governmental organizations. If your health insurance plan is not provided through government organizations such as Medicare, Medicaid, TRICARE, or Veterans Affairs, you have commercial or private insurance.

Deductible: The out-of-pocket amount you must pay before your health plan begins to pay.

"Donut hole" or coverage gap: A term used for a limit on the amount that a Medicare Part D prescription plan will cover after your out-of-pocket prescription costs reach a certain level. After your costs pass the higher limit of this range, you pay no more than 5% of all your prescription medication costs for the rest of your coverage year.

Dual Eligible Special Needs Plan (D-SNP): Provides dual coverage for those who qualify for both Medicare and Medicaid. Medicaid requirements and coverage vary by state.

Health Insurance Marketplace or "Exchange": The Health Insurance Marketplace helps people find health insurance plans that meet their needs and fit their budget. People who use the Marketplace may qualify for a subsidy to help cover the cost of their insurance.

Medicare Advantage (Medicare Part C): Health plans approved by Medicare but offered by private insurance companies. Covers all the services that Original Medicare covers. Most of these plans also offer prescription medication coverage. Note: If you are enrolled in a Medicare Advantage plan, you cannot enroll in a Medigap plan.

Medicare Extra Help: A Medicare program to help people with limited income and resources pay for prescription drug plan costs, including deductibles and out-of-pocket expenses. Offered at full and partial levels.

Medigap (Medicare Supplement): Supplemental policy sold by private insurance companies that may cover some healthcare costs that Original Medicare doesn't cover, like co-pays, co-insurance, and deductibles.

Original Medicare: Federal health insurance coverage that includes Medicare Part A (hospital costs) and Part B (outpatient and doctor fees).

Out-of-pocket maximum: The total maximum amount you may pay for your medications and healthcare services during one year.

Premium: The periodic payment to Medicare or a health insurance company for healthcare or prescription drug coverage.

Prior Authorization: Your health plan may require your doctor to confirm that your prescribed medication is medically necessary before the plan will cover it. If your Prior Authorization has expired, work with your doctor to renew it.

Secondary health plan: Some people may be covered by more than one health plan. In most cases, the secondary plan provides payment after the primary plan pays its share of the costs.

Specialty pharmacy: A state-licensed pharmacy that solely or largely provides only medications for people with serious health conditions requiring complex therapies.



Check with your health plan to get the answers you need.

If there is a manufacturer-sponsored out-of-pocket support program associated with your medication, a representative of the manufacturer's support program may be able to help you determine your eligibility and discuss support options that may be available.



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CP-MTPA-US-0143 08/22