



## Order Form for Buy & Bill



Use this Order Form to order/reorder RADICAVA® (edaravone) IV infusion. Fax this completed Order Form to 1-888-782-6157 or mail to Searchlight Support™, P.O. Box 2930, Phoenix, AZ 85062. For assistance or additional information, call 1-844-SRCHLGT (1-844-772-4548), Monday–Friday, 8:00AM–8:00PM ET.

### Product Acquisition Information for Buy & Bill (Required)

#### PREFERRED SPECIALTY DISTRIBUTOR

☐ ASD ☐ Besse ☐ Oncology Supply ☐ Cardinal ☐ Metro Medical ☐ McKesson Plasma and Biologics ☐ McKesson Specialty Health

Account # and Purchase Order # are mandatory for order processing.

ACCOUNT # \_\_\_\_\_ PURCHASE ORDER # \_\_\_\_\_

ACCOUNT TYPE ☐ Provider Office ☐ Other (clinic) ☐ 340B ☐ PHS ☐ VA ☐ Home Health ☐ Freestanding Infusion Center

CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NOTE: Provider will be invoiced for RADICAVA® purchased from the specialty distributor at the contracted rates under the provider's agreement or rates quoted at the point-of-sale. Provider is financially responsible for and agrees to pay the distributor all invoiced charges for products ordered by provider. Each invoice will be due and payable by provider within the payment terms offered by the distributor on the date-of-order.

### Order Information (Required) Please fill out section below if your order is for one or more patients with a Searchlight Support™ Patient ID under the same account.

SEARCHLIGHT SUPPORT™ PATIENT ID (existing patients only)	QUANTITY (Maximum Quantity: 14 Days Supply)

### Healthcare Provider Information

HEALTHCARE PROVIDER NAME (First, Last) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DEA # \_\_\_\_\_

### Shipping Information for RADICAVA® (Required) (NOTE: Shipments cannot be sent to P.O. Boxes)

SHIP TO: ☐ Healthcare Provider's Address ☐ Other

FACILITY NAME \_\_\_\_\_ HIN # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Healthcare Provider Disclaimer

By providing your information and information about your patient on this Order Form, you are placing an order for RADICAVA® to dispense to patients who have been prescribed RADICAVA®. The information you provide will only be used by Mitsubishi Tanabe Pharma America, Inc., its affiliated companies, agents and representatives, including providers of alternate sources of funding for prescription drug costs, and other service providers involved in managing and delivering this service for Healthcare Providers and patients (Searchlight Support™) (together, "Mitsubishi Tanabe Pharma America, Inc."). You may withdraw your request for this service at any time by calling 1-844-772-4548. You agree to be contacted by Mitsubishi Tanabe Pharma America, Inc., at Searchlight Support™ by mail, fax, email or telephone for the purposes of managing and delivering this product. Our Privacy Policy, available at [www.mt-pharma-america.com/privacy-policy](http://www.mt-pharma-america.com/privacy-policy), governs the use of the information you provide. By providing the information on this Order Form and submitting this Order Form, you indicate that you read, understand, and agree to these terms and agree to receive program-related communications from Searchlight Support™ and its service providers, including McKesson Specialty Health. Please contact Searchlight Support™ at 1-844-772-4548 if you wish to change your communication preferences.

Please see full Prescribing Information, including Patient Information, available at [www.radicava.com](http://www.radicava.com).

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