

Use this Order Form to order/reorder RADICAVA®. Fax this completed Order Form to 1-888-782-6157 or mail to the **JourneyMate Support Program™** Insurance & Access Specialist, 680 Century Point, Lake Mary, FL 32746. For assistance or additional information, call 1-844-772-4548, Monday-Friday, 8:00 AM-8:00 PM ET.

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

**Selection of Preferred Specialty Distributor and Account # are mandatory for order processing.**

**PREFERRED SPECIALTY DISTRIBUTOR (Required)**

- ASD   
  Besse   
  Oncology Supply   
  BioCARE   
  Cardinal   
  Metro Medical  
 McKesson Plasma and Biologics   
  McKesson Specialty Health   
  CuraScript SD

**ACCOUNT # (Required)** \_\_\_\_\_ **PURCHASE ORDER # (Optional)** \_\_\_\_\_

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

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

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 the section below if your order is for one or more patients with a JourneyMate Support Program™ Patient ID under the same account.**

**STARTER DOSE:** Once daily 60 mg/200 mL, 60-minute IV infusion for 14 consecutive days, followed by cessation for 14 days

**REFILLS:** Once daily 60 mg/200 mL, 60-minute IV infusion for **any 10 of 14 days**, followed by cessation for 14 days

JourneyMate Support Program™ PATIENT ID (existing patients only)	QUANTITY (Maximum Quantity: 14-Day Supply Per Patient)

**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. ("Mitsubishi Tanabe Pharma America"), our affiliates, and our service providers involved in managing and delivering these services and programs, including providers of alternate sources of funding for prescription drug costs, and our service providers involved in managing and delivering this service for Healthcare Providers and patients (**JourneyMate Support Program™**) (together "Mitsubishi Tanabe Pharma America"). You may withdraw this request and remove these services at any time by calling 1-844-772-4548. You agree to be contacted by Mitsubishi Tanabe Pharma America at the **JourneyMate Support Program™** by mail, fax, email, or telephone for the purposes of managing and delivering this product. Our Privacy Policy, available at [mt-pharma-america.com/privacy-policy](http://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 have read, understand, and agree to these terms and agree to receive program-related communications from the **JourneyMate Support Program™** and its service providers. Please contact the **JourneyMate Support Program™** at 1-844-772-4548 if you wish to change your communication preferences.

**Please see accompanying Prescribing Information, also available at [radicavahcp.com](http://radicavahcp.com).**

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JourneyMate Support Program is a trademark of Mitsubishi Tanabe Pharma America, Inc.

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Mitsubishi Tanabe Pharma America, Inc.

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