



ORGOVYX FREE TRIAL PROGRAM:

Up to a 2-month free trial of ORGOVYX

Help eligible patients start ORGOVYX with our Free Trial Program

The ORGOVYX Free Trial Program is designed to help your patients get started on ORGOVYX. Patients who have not previously been prescribed ORGOVYX can get up to a 2-month supply at no cost. Patients must meet the program eligibility requirements.*



Fill out the attached Free Trial Form for your patient



Sign and date the prescriber declaration and prescription authorization sections of the form



Fax the completed form to 1-844-826-8875

To learn more about the ORGOVYX Free Trial Program, call 1-833-ORGOVYX (1-833-674-6899) Monday-Friday, 8 AM-8 PM ET, or visit [OrgovyxHCP.com](https://www.orgovyxhcp.com).

*The ORGOVYX Free Trial Program (FTP) provides an up to 2-month supply of ORGOVYX at no cost to patients who meet FTP eligibility requirements and who agree to the FTP terms and conditions by submitting a signed FTP enrollment form. For full terms and conditions, please call the ORGOVYX Support Program at 1-833-ORGOVYX (1-833-674-6899).

Please see full [Prescribing Information](#) and [Patient Product Information](#) for ORGOVYX™ (relugolix).

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Fax completed forms to 1-844-826-8875

If you have any questions or need more information, call 1-833-ORGOVYX (1-833-674-6899), Monday-Friday 8 AM-8 PM ET, visit OrgovyxHCP.com, or write us at P.O. Box 2211, Columbus, OH 43216

1. Patient information

First Name _____ Last Name _____ Date of Birth (MM/DD/YY) _____

Preferred Language English Spanish Other _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Contact Home Work Cell Best Time to Contact Morning Afternoon Evening
(You can select more than 1 option)

OK to leave confidential message? Y N

Email _____

Alternate Contact:

Name _____ Relationship to Patient _____ Phone _____

2. Prescriber information and declaration

Practice Name _____ Prescriber's Name _____ Specialty _____

In-Office Dispensing Name _____ Preferred Specialty Pharmacy Biologics SP US Bioservices SP

Office Address _____

Office Phone _____ Office Fax _____ Office Contact's Name _____

Phone _____ Office Contact's Email _____

Prescriber's NPI# _____

I certify that the patient and prescriber information contained in this form is complete and accurate to the best of my knowledge. I have prescribed ORGOVYX based on my judgment of medical necessity, and I will be supervising the patient's treatment. I have received the necessary legal authorization from the patient to transmit and share the patient's protected health information with Myovant Sciences and its agents/representatives, working with Myovant Sciences to contact the patient at the patient's phone number listed on the form. I consent to the transferring of the free trial prescription below. I understand this medication is complimentary, provided at no cost, and that neither I nor the patient may seek reimbursement for any free product received under this program. Please attach a separate prescription if this section does not comply with your state's prescription laws.

SIGN HERE **Prescriber's Signature** _____ **Date** _____

3. Prescription for ORGOVYX: Free Trial Program

Free Trial Program is for patients new to ORGOVYX only.
Please confirm patient is newly prescribed ORGOVYX Yes No
Complete prescription for an up to 2-month supply of ORGOVYX. A free supply of ORGOVYX will be dispensed and shipped to the patient's home.
The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.
IMPORTANT: Please inform patient to expect a call from RxCrossroads by McKesson to obtain their consent and contact information to ship treatment.

Prescription Type	Drug Name (NDC: 72974-120-01)	Directions*	Quantity	Refills
Free Trial Prescription of ORGOVYX Diagnosis/ICD-10 Code: _____	ORGOVYX™ (relugolix) 120 mg tablets	Loading dose: Take 3 tablets (360 mg) by mouth on the first day of treatment. Maintenance dose: Take 1 tablet (120 mg) by mouth once daily around the same time each day.	30 tablets	1

SIGN HERE **Prescriber's Signature** _____ **Date** _____
(Dispense as written)

*Please see dosage and administration section of the full [Prescribing Information](#).



ORGOVYX FREE TRIAL PROGRAM:

TERMS AND CONDITIONS

The ORGOVYX Free Trial Program (FTP) provides an up to 2-month supply of ORGOVYX at no cost to patients who meet FTP eligibility requirements and who agree to the FTP terms and conditions by submitting a signed FTP enrollment form. (i) FTP is a free trial offer, intended solely to allow new patients to try ORGOVYX and to determine with their healthcare provider whether ORGOVYX is right for them. There is no obligation to continue use of ORGOVYX after the free trial has been completed; (ii) to be eligible, patient must: (1) reside in the United States or Puerto Rico and (2) be a new patient not currently using ORGOVYX or who previously received ORGOVYX through the FTP; (iii) ORGOVYX supplied through the FTP will be dispensed only through a pharmacy designated by Myovant Sciences up to the limits above; (iv) product may only be delivered to the patient's home address (no P.O. boxes) or the prescribing healthcare provider's office; (v) it is unlawful for any person to sell, purchase, trade, barter or export ORGOVYX supplied through the FTP or make an offer to do so; (vi) ORGOVYX supplied through the FTP may not be billed (in whole or part, directly or indirectly) to any patient or third-party payer, including Medicare, Medicaid and commercial insurance plans; (vii) Myovant Sciences reserves the right to change or discontinue the FTP at any time without notice; (viii) the FTP is not health insurance; (ix) the FTP is not a discount, rebate, coupon, cost-sharing program or other form of financial assistance and no portion of the value of the FTP product may count as a patient out-of-pocket expense under any health insurance program; (x) ORGOVYX supplied free of charge through the FTP is not contingent on continued use of ORGOVYX. To continue a patient on therapy, a separate prescription must be written by the healthcare provider; (xi) the FTP is void where prohibited by law and where use is prohibited by the patient's insurance provider.