



# Support For Your Patients

**ORGovyX**<sup>®</sup> SUPPORT  
PROGRAM

**ORGovyX**<sup>®</sup>  
(relugolix) 120 mg  
tablets

# All about the **ORGOVYX Support Program**

In this brochure, you'll find information to help your patients start treatment. From insurance support to ORGOVYX educational resources, we have the information your patients may find helpful.

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# Helping your patients

We are dedicated to providing your patients support to help them start and continue taking ORGOVYX as prescribed. We know how important it is for patients to stay on track while on treatment. We're here to help.

## Here's what the ORGOVYX Support Program has to offer



### Reimbursement support

We can **help assist your patients** with access challenges



### Financial assistance

**We offer options to help your eligible patients** afford their treatment, including copay assistance for commercially insured patients



### ORGOVYX education

We provide educational resources to help support your patients **throughout their treatment**

# How to enroll your patients

Enrolling your patients in the ORGOVYX Support Program is simple.

## ePrescribing initiates access support from the ORGOVYX Support Program



### Select Mercialis Pharmacy\* in your EHR to get started!

Mercialis Pharmacy  
2250 Perimeter Park Drive  
Morrisville, NC 27560-8892  
NPI: 1265453211

**REMINDER!**  
For patients starting ORGOVYX, 2 separate prescriptions are required.

## What to expect once we receive the ePrescription:



We will verify your patient's insurance coverage before a prior authorization is submitted



If required, we will initiate a prior authorization using the information provided and send it to your office for completion



Dedicated 1:1 support from your Reimbursement Manager



The ORGOVYX Support Program will provide updates via fax or the portal regarding the prescription status



We will evaluate your patient's eligibility for financial assistance



The ORGOVYX Support Program will reach out to your patient to obtain consent



Prescriptions will be triaged to your preferred pharmacy

ORGOVYX prescriptions can be triaged to your In-Office Dispensing Pharmacy or the authorized Specialty Pharmacies, Onco360 or Biologics

EHR=electronic health record; eRx=electronic prescription; NPI=National Provider Identifier.

\*If unable to find Mercialis in the EHR platform, contact your EHR IT for support.

**ORGOVYX**  
(relugolix) 120mg tablets

# Financial assistance

## Copay Assistance Program

With the ORGOVYX Copay Assistance Program, eligible commercially insured patients **pay as little as \$10 per month**, up to program limits.\*

Enrollment into this Copay Program is facilitated by ePrescribing your patient ORGOVYX, faxing in the Patient Start Form through the ORGOVYX website, or over the phone.



**Activate your savings for ORGOVYX!**

We want to help make paying for treatment easier with the ORGOVYX Copay Assistance Program, for eligible commercially insured patients prescribed ORGOVYX.\*

**Commercial Copay Assistance Program**

PAY AS LITTLE AS **\$10** per monthly prescription\*

**ORGOVYX**  
(relugolix) 120mg tablets

Eligible commercially insured patients may pay as little as \$10 per month for ORGOVYX, up to program limits\*

**3 ways to enroll in the ORGOVYX Copay Assistance Program:**

- Scan the QR code with your mobile device
- Visit [ORGOVYX.com](http://ORGOVYX.com)
- Call 1-833-ORGOVYX

Learn more about the ORGOVYX Copay Assistance Program by calling 1-833-ORGOVYX (1-833-674-6899) Monday-Friday, 8 AM-8 PM ET.

Patient Copay Card Brochure

\*See reverse side of this brochure for full terms and conditions.

**Commercial Copay Assistance Program**

PAY AS LITTLE AS **\$10** per monthly prescription\*

**ORGOVYX**  
(relugolix) 120mg tablets

Eligible commercially insured patients may pay as little as \$10 per month for ORGOVYX, up to program limits\*

ORGOVYX Patient Copay Card

The ORGOVYX Support Program may be able to help those patients who are not eligible for an ORGOVYX savings card or need additional assistance.

**Call the ORGOVYX Support Program at 1-833-ORGOVYX (1-833-674-6899).**

\*Additional terms and conditions apply. Please see page 11 for full terms and conditions.

# Never miss a call from us!

ORGOVYX Support Program Contact Cards are available for your patients. Remember to distribute these cards to your patients so they do not miss important phone calls from the ORGOVYX Support Program.



The contact card is divided into two main sections. The left section has a dark blue background with white and yellow text. It features the ORGOVYX logo, a graphic of a smartphone with signal waves, and the text 'Be sure to answer your phone when the ORGOVYX Support Program calls'. The right section has a white background with a QR code and the text 'Scan the QR code with your mobile device to add the ORGOVYX Support Program contact information'. A large yellow arrow points from the bottom right towards the QR code.

**For patients prescribed** **ORGOVYX<sup>®</sup>**  
**(relugolix)** 120 mg tablets

**Be sure to answer your phone**

when the ORGOVYX<sup>®</sup> Support Program calls

**Scan the QR code**  
with your mobile device to add the ORGOVYX<sup>®</sup> Support Program contact information

ORGOVYX Support Program Contact Card

**Scan the QR code with your mobile device to save the ORGOVYX Support Program contact information to your phone**

**Contact your ORGOVYX representative for more ORGOVYX Support Program Contact Cards to share with your patients!**

# Ordering ORGOVYX

## Ordering ORGOVYX for your pharmacy

ORGOVYX is supplied in a bottle containing 30 tablets that are 120 mg each (NDC: 72974-120-01).

ORGOVYX is available to in-office dispensing pharmacies and hospital/academic/institutional specialty pharmacies. ORGOVYX can only be ordered through the authorized specialty distributors below.

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## Specialty distributors for in-office pharmacies

### ASD

[asdhealthcare.com](http://asdhealthcare.com)

Email: [asd.customerservice@asdhealthcare.com](mailto:asd.customerservice@asdhealthcare.com)

Phone: 1-800-746-6273

Fax: 1-800-547-9413

Standard Ordering Hours: Monday–Thursday, 8 AM–7:30 PM ET,

Friday 8 AM–7 PM ET

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### Besse

[besse.com](http://besse.com)

Email: [customercare@besse.com](mailto:customercare@besse.com)

Phone: 1-800-543-2111

Fax: 1-800-543-8695

Standard Ordering Hours: Monday–Thursday, 8:30 AM–7:30 PM ET,

Friday 8:30 AM–5 PM ET

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### Cardinal Health Specialty Distribution

[specialtyonline.cardinalhealth.com](http://specialtyonline.cardinalhealth.com) (Physician Clinics)

[orderexpress.cardinalhealth.com](http://orderexpress.cardinalhealth.com) (Hospitals)

Email: [gmb-spd-csorderentry@cardinalhealth.com](mailto:gmb-spd-csorderentry@cardinalhealth.com)

Phone: 1-855-855-0708

Fax: 1-877-274-9897

Standard Ordering Hours: Monday–Friday, 9 AM–7 PM ET

Sumitomo Pharma America isn't affiliated with, nor does it recommend the use of, any of the listed pharmacies or distributors. It is at the prescriber's discretion to select the appropriate pharmacy or distributor for their specific needs.

# Ordering ORGOVYX (cont'd)

## Specialty distributors for in-office pharmacies (cont'd)

### CuraScript SD

curascriptsd.com

Email: customer.service@curascript.com

Phone: 1-877-599-7748

Fax: 1-800-862-6208

Standard Ordering Hours: Monday–Friday, 8 AM–7 PM ET

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### McKesson Plasma & Biologics (MPB)

connect.mckesson.com

Email: MPBOrders@McKesson.com

Phone: 1-877-625-2566

Standard Ordering Hours: Monday–Friday, 9 AM–7:30 PM ET

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### McKesson Specialty Health

mscs.mckesson.com

Email: MSH.CustomerCare-MSPL@McKesson.com

Phone: 1-800-482-6700 (oncology);

Phone: 1-855-477-9800 (multi-specialty)

Standard Ordering Hours: Monday–Friday, 8 AM–8 PM ET

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### Oncology Supply

oncologysupply.com

Email: custserv@oncologysupply.com

Phone: 1-800-633-7555

Fax: 1-800-248-8205

Standard Ordering Hours: Monday–Friday, 9 AM–8 PM ET

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We're here to support your patients prescribed ORGOVYX—from help with finding financial assistance, to reimbursement and nurse support.



**Call 1-833-ORGOVYX (1-833-674-6899),  
Monday–Friday, 8 AM – 8 PM ET.**



# Ordering ORGOVYX (cont'd)

## ORGOVYX prescriptions fulfilled through specialty pharmacies

We have selected 2 URAC and ACHC-accredited mail-order specialty pharmacies to provide service nationally to your patients.

### Specialty pharmacies

#### Biologics

[biologics.mckesson.com](http://biologics.mckesson.com)

Phone: 1-800-850-4306

Fax: 1-800-823-4506

Standard Ordering Hours: Monday–Friday, 8 AM – 8 PM ET

#### Onco360

[onco360.com](http://onco360.com)

Phone: 1-877-662-6633

Fax: 1-877-662-6355

Standard Ordering Hours: Monday–Friday, 8 AM – 8 PM ET

Specialty pharmacies can also provide information and resources to your ORGOVYX patients, including:

- Free delivery
- 24-hour access to a pharmacist
- ORGOVYX medication counseling
- Adherence support

Sumitomo Pharma America isn't affiliated with, nor does it recommend the use of, any of the listed pharmacies or distributors. It is at the prescriber's discretion to select the appropriate pharmacy or distributor for their specific needs.

ACHC=Accreditation Commission for Health Care;  
URAC=Utilization Review Accreditation Commission.

# ORGOVYX Resources



## Healthcare Provider Resources

- ORGOVYX Support Program Start Form
- ORGOVYX Dosing Card
- Sample Letter of Medical Necessity
- Sample Letter of Medical Necessity Checklist
- Sample Letter of Appeal
- Sample Letter of Appeal Checklist

To download and print ORGOVYX resources, visit [OrgovyxHCP.com](https://OrgovyxHCP.com).



## Patient Resources

- ORGOVYX Patient Brochure
- ORGOVYX Treatment Tracker

Your patients can **access these resources** and additional support options at [Orgovyx.com](https://Orgovyx.com).



## ORGOVYX Copay Assistance Program terms, conditions, and eligibility criteria

- To be eligible for the ORGOVYX Copay Assistance Program (“Copay Program”), patients must have commercial prescription insurance, have a valid prescription for an FDA-approved indication of ORGOVYX, be 18 years or older, and be a resident of the US, Puerto Rico, or US Territories.
- **The Copay Program is not valid for patients enrolled in any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state pharmaceutical assistance program. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. Offer is not valid for cash-paying patients.**
- The benefit under the Copay Program is offered to, and intended for the sole benefit of, eligible patients and may not be transferred to or utilized for the benefit of third parties, including, without limitation, third-party payers, pharmacy benefit managers, or the agents of either.
- The Copay Card cannot be combined with any other external savings, free trial, or similar offer for the specified prescription (including any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as “accumulator” or “maximizer” programs).
- Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the Copay Program.
- With this Copay Program, eligible patients may pay as little as \$10 per monthly prescription of ORGOVYX. This Copay Program is subject to a calendar year maximum savings of \$10,000. After the calendar year maximum savings is reached, patient will be responsible for the remaining out-of-pocket costs for ORGOVYX.
- This Copay Program may not be redeemed more than once per 21 days.
- This card is valid for up to 12 prescription fills for a 30-day supply.
- The Copay Program is good only in the US, Puerto Rico, or US Territories at participating pharmacies. This Copay Program is void where prohibited by law and on the date an AB-rated generic equivalent for ORGOVYX becomes available.
- This offer is not health insurance.
- This offer has no cash value and cannot be combined with any other coupon, free trial, discount, prescription savings card, or other similar offer for the specified prescription.
- This offer is not conditioned on any past or future purchase, including refills.
- This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law.
- Patient and participating pharmacists agree not to seek reimbursement from any insurer or third party for all, or any part of the benefit received by the patient through this Copay Program.
- Patient and participating pharmacists agree to report the receipt of Copay Program benefits to any insurer or other third party who pays for or reimburses any part of the prescription filled using the Copay Program, as may be required by such insurer or third party.
- Sumitomo Pharma America reserves the right to revoke, rescind, or amend this offer without notice.
- **By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.**

### Pharmacy Instructions:

**Pharmacist Instructions for a patient with an eligible third-party payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government health insurance programs for this prescription.**

- Process a Coordination of Benefits (COB/split bill) claim using the patient’s prescription insurance for the PRIMARY claim. Submit a SECONDARY claim to PDMI using BIN: 610020 (No PCN required). **Offer not valid for discount cards, uninsured/cash patients.**
- Valid Other Coverage Code required. For any questions regarding processing, please call the Help Desk at 1-833-ORGOVYX (1-833-693-6899). Program managed by Mercalis on behalf of Sumitomo Pharma America, Inc.

## Sumitomo Pharma America Patient Assistance Program terms, conditions, and eligibility criteria

- The Sumitomo Pharma America Patient Assistance Program (“Program”) provides ORGOVYX at no cost to eligible patients who are prescribed ORGOVYX for an FDA-approved indication.
- Patients and prescribers must complete the ORGOVYX Support Program enrollment form, and prescribers must provide a Patient Assistance Program prescription.
- To qualify, patients must meet Program eligibility requirements, which include, but are not limited to: (1) having no insurance or inadequate coverage; (2) meeting income guidelines and undergoing income evaluation; and (3) residing in the United States or US Territories. Patients may be required to apply to, and provide proof of denial from, various alternate funding sources in order to be eligible for Program enrollment.
- Program requires annual re-evaluation and re-enrollment for continued participation. Patient and participating prescribers agree not to seek reimbursement for all, or any part of, the free product received by the patient through this Program.
- Patients may not count the free product received from the ORGOVYX Support Program as an expense incurred for purposes of determining out-of-pocket costs for any plan, including true out-of-pocket costs (“TrOOP”) for purposes of calculating the out-of-pocket threshold for Medicare Part D plans.
- Government health insured patients who meet the Program eligibility criteria are eligible to receive free product for the entire coverage year, and Sumitomo Pharma America will notify patients’ government health insurance plans that the patient is enrolled in the Program.
- Patients who are not enrolled in government health insurance plans who qualify for Program assistance may be eligible for 12 months of free ORGOVYX at a time, as long as they continue to meet the Program eligibility requirements. No purchase necessary.
- Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply.
- Sumitomo Pharma America reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

**ORGOVYX<sup>®</sup>** SUPPORT PROGRAM

For more information on the ORGOVYX Support Program,  
**call 1-833-ORGOVYX (1-833-674-6899)**  
or visit [OrgovyxHCP.com](https://www.OrgovyxHCP.com).



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