

ORGOVYX Is **More Affordable** Than Ever for Medicare Patients^{1,*}



In 2025, **86%** of Medicare Part D prescription out-of-pocket costs for ORGOVYX were **≤\$10**^{1,†}.

In **2026**, the annual limit for how much Medicare enrollees will pay in total, combined OOP costs for all their Part D prescription medications is **\$2,100**.²

By the end of March,

8 out of **10**



Medicare Part D standard benefit enrollees taking ORGOVYX, alone or with other medications, **reach the OOP cap of \$2,100 and pay \$0** in prescription drug costs for the remainder of the calendar year.^{3,‡,§}



Remember, if your Medicare patients qualify for low-income subsidy (Extra Help), they will pay **no more per medication than \$5.10 for generic and \$12.65 for branded** Part D medications in 2026.^{4,5,||}



Patients may also choose to seek assistance with lowering their OOP prescription costs through **independent charitable foundations** that may be available.

Medicare Part D enrollees may also choose to manage monthly OOP expenses for their prescription medications by opting in to the **Medicare Prescription Payment Plan** and spreading their annual OOP costs into monthly installments.^{6,¶}

^{*}Source: Symphony Health claims data for ORGOVYX monthly OOP costs from 01/2021 (product availability) through 11/2025. Note: These findings do not guarantee the OOP costs for 2026 and beyond will follow the same trend.¹ Individual patient experience varies by insurance plan.

[†]Source: Symphony Health claims data from 01/2025-11/2025 (total prescriptions dispensed: n=43,743).¹

[‡]The timeframe to reach the \$2,100 OOP maximum and begin paying \$0 for covered prescriptions depends on individual plan benefits and monthly medication costs.

[§]Source: Based on data from 2025 (\$2,000 OOP cap). ORGOVYX users from 01/2025-11/2025 were identified using the CMS Research Identifiable Files (RIF) Medicare Part D claims data. This percentage represents non-low-income subsidy (LIS) enrollees only.³

^{||}To qualify for LIS, Medicare enrollees must have income that is less than 150% of the Federal Poverty Level (FPL), based on household size, and have resources that are within the specified limits for eligibility. Learn more at <https://secure.ssa.gov/poms.nsf/lnx/0603001020>.⁴

[¶]Monthly payments will vary based on individual plan design and when the patient opts in to the payment plan. If the patient enrolls in the Medicare Prescription Payment Plan prior to the start of plan year, their OOP costs can be spread throughout the calendar year (January-December).⁶

COMMERCIALLY INSURED PATIENTS

Commercially Insured Patients **May** **Pay Less** Than Expected for ORGOVYX

ORGOVYX[®]
(relugolix) 120 mg tablets



In 2025, **90%** of commercial prescription out-of-pocket costs for ORGOVYX were **≤\$10**^{1,*}

*Source: Symphony Health claims data from 01/2025-11/2025 (total prescriptions dispensed: n=13,402).¹ Individual patient experience varies by insurance plan.

Commercial Copay Assistance Program

PAY AS LITTLE AS

\$10

per monthly prescription[†]

ORGOVYX[®]
(relugolix) 120 mg tablets

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

Copay assistance is available for eligible, **commercially insured patients** prescribed ORGOVYX.

Enroll your eligible patients in the **ORGOVYX Copay Assistance Program**:



SCAN
HERE!

ORGOVYX copay assistance program terms, conditions, and eligibility criteria

[†]Eligibility required. Commercially insured patients only. 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. The Copay Program is not valid for patients participating in Medicare, Medicaid, or other government healthcare programs. No membership fees. This offer is not health insurance. Available only to patients who have been diagnosed with an FDA-approved indication for ORGOVYX. Terms and conditions apply. For full program terms, conditions, and eligibility criteria, please visit www.ORGOVYX.com/terms-and-conditions.



Contact ORGOVYX Support for more information on financial assistance options for ORGOVYX. Call 1-833-ORGOVYX (1-833-674-6899), Monday-Friday, 8 AM-8 PM ET.

References: 1. Data on file. Sumitomo Pharma America, Inc. Symphony Health claims data. 2. PAN Foundation. Understanding the Medicare Part D cap. Accessed January 27, 2026. <https://www.panfoundation.org/understanding-the-medicare-part-d-cap/> 3. Data on file. Sumitomo Pharma America, Inc. Milliman. 4. Social Security Administration. HI 03001.020 eligibility for Extra Help (prescription drug low-income subsidy). Accessed January 27, 2026. <https://secure.ssa.gov/poms.nsf/lnx/0603001020> 5. Centers for Medicare and Medicaid Services. Announcement of calendar year (CY) 2026 Medicare Advantage (MA) capitation rates and Part C and Part D payment policies. April 7, 2025. Accessed January 27, 2026. <https://www.cms.gov/files/document/2026-announcement.pdf> 6. PAN Foundation. Understanding the Medicare Prescription Payment Plan. Accessed January 27, 2026. <https://www.panfoundation.org/understanding-the-medicare-prescription-payment-plan/>

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