

ORGovyX[®] SUPPORT PROGRAM

Support for Your Patients



Actor portrayal.

ORGovyX[®]
(relugolix) 120 mg
tablets

All about the **ORGOVYX Support Program**

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

What's inside?

Helping your patients	<u>2</u>
How to enroll your patients	<u>3</u>
Financial assistance	<u>4</u>
Ordering ORGOVYX	<u>5</u>
ORGOVYX resources	<u>8</u>
Terms and conditions	<u>9</u>

Helping your patients

We are dedicated to providing your patients support to help them start ORGOVYX as prescribed. We recognize that patients may benefit from access to support and educational resources throughout their treatment journey. We're here to help.

Here's what the ORGOVYX Support Program has to offer



Reimbursement support

Assistance for your patients experiencing access challenges



Financial assistance

Options to help your eligible patients afford their treatment, including copay assistance for commercially insured patients



ORGOVYX education

Access to educational resources to help support your patients throughout their treatment



Support team

Access to a dedicated support team ready to assist patients with insurance questions, coverage specifics, and more

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 Meralis Pharmacy* in your EHR to get started!

Meralis 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.

3 *If unable to find Meralis 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 **may pay as little as \$10 per month**, up to program limits. Please see page 9 for full terms and conditions.

Enrollment into this Copay Program is facilitated by ePrescribing your patient ORGOVYX, faxing in the Patient Start Form, calling 1-833-ORGOVYX, or visiting [ORGOVYX.com/savings/](https://www.orgovyx.com/savings/).



Eligible patients may activate savings for

ORGOVYX
(relugolix) 120mg tablets

Not an actual patient.

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*.

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

3 WAYS to enroll in the ORGOVYX Copay Assistance Program:

- Scan the **QR code** with your mobile device
- Visit **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.

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

Patient Copay Card Brochure



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 9 for full terms and conditions.



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.

Specialty distributors for in-office pharmacies

ASD

asdhealthcare.com

Email: 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

Besse

besse.com

Email: 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

Cardinal Health Specialty Distribution

specialtyonline.cardinalhealth.com (Physician Clinics)

orderexpress.cardinalhealth.com (Hospitals)

Email: 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

NDC=National Drug Code.

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

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

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

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

We're here to support eligible 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.

ORGOVYX[®]
(relugolix) 120mg
tablets

Ordering ORGOVYX (cont'd)

Send ORGOVYX prescriptions to an authorized specialty pharmacy*†


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



E-prescribe: Biologics
(NPI=1487640314)

Tel: 1-800-850-4306
Fax: 1-800-823-4506
M-F: 8 AM-8 PM ET

biologics.mckesson.com



E-prescribe: OncoMed DBA
Onco360 (NPI=1679618151)

Tel: 1-877-662-6633
Fax: 1-877-662-6355
M-F: 8 AM-8 PM ET

onco360.com

Biologics, Onco360, or hospital-owned pharmacies can assist with patient access, including:

- ✓ **Benefits investigation**
Verify patient's prescription coverage
- ✓ **Prior authorizations**
Assistance gathering necessary documentation and facilitating PA submission, if required

- ✓ **Financial assistance**
Assistance identifying financial support available and exploring copay programs to help lower OOP costs

Additional offerings include:

- Free Rx delivery
- Adherence support
- 24-hour access to a pharmacist
- Medication counseling

ACHC=Accreditation Commission for Health Care; OOP=out-of-pocket; PA=prior authorization; Rx=prescription; URAC=Utilization Review Accreditation Commission.

*Both authorized specialty pharmacies have pharmacists available by phone, 24 hours/day, 7 days/week to assist patients.

†Sumitomo Pharma America and Pfizer are not affiliated with the specialty pharmacies. It is in the prescriber's discretion to select the appropriate pharmacy for their specific needs.



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://www.orgovyxhcp.com).



Patient Resources

- ORGOVYX Patient Brochure
- ORGOVYX Treatment Tracker

Your patients can access these resources and additional support options at [ORGOVYX.com](https://www.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.
- The actual application and use of the benefit available under the Copay Program may vary on a monthly, quarterly, and/or annual basis depending on each individual patient’s plan of insurance and other prescription drug costs. This Copay Program is subject to change or discontinuation without any notice.
- In some instances, savings may be applied without submitting a claim to your insurer and your copayment may not be applied to your insurance deductible. Patients should inquire at the pharmacy to determine whether their insurance has been applied.
- 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.

- Submit the claim to the primary third-party payer first and then submit the balance due as a Secondary Payer COB coordination of benefits with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient’s out-of-pocket expense will be reduced up to the maximum savings limit for the program. **Offer not valid for discount cards, and patients without insurance or who elect not to use their insurance at the pharmacy.**
- Valid Other Coverage Code required. For any questions regarding processing, please call the Help Desk at 1-312-748-1882.





For more information on the
ORGOVYX Support Program,
call **1-833-ORGOVYX**
(1-833-674-6899) or
visit **ORGOVYXHCP.com**.



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