

**SUPPORT FOR
YOUR PATIENTS**

ORGovyX[®] **SUPPORT
PROGRAM**

ORGovyX[®]
(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® (relugolix) educational resources, we have the information your patients may find helpful.

What's inside?

Helping Your Patients	3
How to Enroll Your Patients	4
Financial Assistance	5
ORGOVYX Bridge Program	6
Ordering ORGOVYX	7-9
ORGOVYX Resources	10
Support Program Terms and Conditions	11

HELPING YOUR PATIENTS

We are dedicated to providing your patients support to help them start and continue taking ORGOVYX® (relugolix) 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



Nurse support

We are here to support your enrolled patients with check-in calls to help answer general questions about ORGOVYX and offer lifestyle tips



ORGOVYX Bridge Program

Eligible commercially insured patients who are experiencing coverage issues can receive ORGOVYX at no cost for a limited period of time

HOW TO ENROLL YOUR PATIENTS

Enrolling your patients in the ORGOVYX® (relugolix) Support Program is simple.

How to enroll your patients:



Download the ORGOVYX Support Program Start Form, print and complete the form, then fax it to 1-844-826-8875

OR



Enroll when e-prescribing. When e-prescribing ORGOVYX to TC Script Pharmacy, enrollment in the ORGOVYX Support Program is available

OR



Call toll-free 1-833-ORGOVYX (1-833-674-6899), Monday-Friday, 8 AM-8 PM ET

For more information,
call 1-833-ORGOVYX (1-833-674-6899),
Monday-Friday, 8 AM-8 PM ET.

FINANCIAL ASSISTANCE

Helping your patients pay for treatment

Based on your patient's insurance coverage and eligibility, we offer the following financial assistance options:



For eligible commercially insured patients

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

For eligible uninsured patients

Through the Myovant Sciences Patient Assistance Program, eligible patients may be able to get **ORGOVYX at no cost**.*

Learn more about the eligibility criteria by calling 1-833-ORGOVYX (1-833-674-6899).

For all patients

Your patients may qualify for additional **financial support resources**. Learn more by calling 1-833-ORGOVYX (1-833-674-6899).

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

ORGOVYX BRIDGE PROGRAM



The ORGOVYX Bridge Program can help commercially insured patients get access to treatment by providing ORGOVYX® (relugolix) at no cost if they are:

- Experiencing a lapse or delay in coverage
- Waiting for approval from their insurance provider*

Eligible patients may receive ORGOVYX at no cost for a limited period of time*

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

ORDERING ORGOVYX

Ordering ORGOVYX for your pharmacy

ORGOVYX® (relugolix) 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

Myovant Sciences 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.

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 your patients prescribed
ORGOVYX® (relugolix)—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.**

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ORDERING ORGOVYX

ORGOVYX® (relugolix) 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

Phone: 1-800-850-4306

Fax: 1-800-823-4506

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

Onco360

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

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

ORGOVYX RESOURCES



Resources to help your patients access and get started on their prescribed medication

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

To download and print ORGOVYX® (relugolix) resources,
visit OrgovyxHCP.com.

SUPPORT PROGRAM TERMS AND CONDITIONS

ORGOVYX Copay Assistance Program: Terms and Conditions

The ORGOVYX Copay Assistance Program (“Copay Program”) is for eligible patients with commercial prescription insurance for ORGOVYX. With this Copay Program, eligible patients will pay as little as \$10 per month, subject to a maximum of \$10,000 per calendar year. After the annual maximum of \$10,000 for ORGOVYX is reached, patient will be responsible for the remaining monthly out-of-pocket costs. This Copay Program may not be redeemed more than once per 21 days. The Copay Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by 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 patient or pharmaceutical assistance program. Offer is not valid for cash-paying patients. Patient must be a resident of the U.S., Puerto Rico, or U.S. Territories. This Copay Program is void where prohibited by state law and on the date an AB generic equivalent for ORGOVYX becomes available. Certain rules and restrictions apply. This offer is not insurance. This offer cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. This offer is not conditioned on any past, present, or future purchase, including refills. Patient and participating pharmacists agree not to seek reimbursement 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 Card, as may be required by such insurer or third party. Myovant Sciences reserves the right to revoke, rescind, or amend this offer without notice. The ORGOVYX Copay Program is valid through December 31, 2024.

Myovant Sciences Patient Assistance Program: Terms and Conditions

The Myovant Sciences 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. Patients must meet Program eligibility requirements, which include, but are not limited to, lack of insurance coverage for ORGOVYX, financial criteria and income evaluation, and patients must be residents of the United States and US Territories. Program requires annual re-evaluation and re-enrollment for continued participation. Patients may be asked to reverify insurance coverage status during the course of the Program. 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 Myovant Sciences will notify patients’ government health insurance plans that the patient is enrolled in the Program. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply. Myovant Sciences reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

ORGOVYX Bridge Program: Terms and Conditions

The ORGOVYX Bridge Program (“Bridge Program”) provides ORGOVYX at no cost for a limited period (up to 4 months) in a calendar year to eligible, commercially-insured patients, who have been prescribed ORGOVYX for an FDA-approved indication, and whose insurance coverage is delayed or who experience a temporary lapse in coverage. Prescribers must complete the Bridge Program prescription on the start form. By participating, patient acknowledges intent to pursue insurance coverage for ORGOVYX with their healthcare provider. Patients will receive their maintenance drug supply each month for up to 4 months or until they receive insurance coverage approval, whichever occurs earlier. The Bridge Program is not available for patients whose prescription claims are reimbursed, in whole or in part, by 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 patient or pharmaceutical assistance program. Patients must be residents of the United States or US Territories. The Bridge Program is not available to patients who are uninsured or where prohibited by law such as Massachusetts and Minnesota. Patients may be asked to reverify insurance coverage status during the course of the Bridge Program. Patients and participating prescribers agree not to seek reimbursement for all, or any part of the benefit received by the patient through this Bridge Program. No purchase necessary. The Bridge Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply. Myovant Sciences reserves the right to rescind, revoke, or amend the Bridge Program and discontinue support at any time without notice.

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For more information
on the ORGOVYX[®] (relugolix) Support Program,
call 1-833-ORGovyX (1-833-674-6899) or
visit OrgovyxHCP.com.



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