

Guide to Completing the OPSYNVI[®] Enrollment and Prescription Form

Once a decision has been made to prescribe OPSYNVI[®], use the Enrollment and Prescription Form to get your patient started on treatment with OPSYNVI[®].

The collage shows several overlapping forms. The topmost form is the 'Patient support program patient authorization form' with a red header. Below it is the 'Enrollment and Prescription Form' with a blue header. At the bottom is the 'Fax Cover Sheet' with a red header. The forms contain various sections for patient information, healthcare provider details, and authorization for treatment.

The patient support and resources provided by J&J withMe are not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe OPSYNVI[®].

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for J&J withMe. The information you get does not require you or your patient to use any Johnson & Johnson product. Because the information we give you comes from outside sources, J&J withMe cannot promise the information will be complete.

Please read full Prescribing Information, including BOXED WARNING, and Medication Guide for OPSYNVI[®]. Provide the Medication Guide to your patients and encourage discussion.

Complete and submit the Fax Cover Sheet along with the Enrollment and Prescription Form

This section provides information on Access, Affordability, and Treatment Support included in J&J withMe for patients.

J&J
withMe

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Enrollment and Prescription Form Fax Cover Sheet

Opsynvi
macitentan/tadalafil
10 mg/40 mg tablets

Fax the following to J&J withMe at 866-279-0669:

1. OPSYNVI® Enrollment and Prescription Form, including the Johnson & Johnson Patient Support Program Patient Authorization
2. Please provide copies of all medical and prescription insurance cards (front and back)
3. If needed, please attach list of concomitant medicines
4. If needed, please attach list of known drug allergies

Requirements for Voucher Program

Please provide all of the patient's concomitant medicines in **Section 5: Diagnosis & Prescription Information**. Include PAH medicines and all medicines for other comorbidities. If you prefer, you can fax the medicine list.

Patient Authorization Requirements

Patients to complete and sign all pages of the attached Patient Support Program Patient Authorization Form. Please fax the completed and signed Patient Authorization with the OPSYNVI® Enrollment and Prescription Form. If necessary, a patient can submit a digital version of the Patient Authorization at PAHconsent.com or by scanning the QR code.

Data rates may apply.

Fax the completed and signed Enrollment and Prescription Form to J&J withMe at 866-279-0669. You can also request benefits investigations on the Provider Portal at PATHwatch.net.

Once a decision has been made to prescribe OPSYNVI® and your patient has signed the Patient Authorization form J&J withMe is a suite of access, affordability, and treatment support for your patients

Access Support to help navigate payer processes by verifying insurance coverage and providing reimbursement information.

Affordability Support to help your patients start and stay on the OPSYNVI® you prescribe by providing affordability options that may be available.

Treatment Support, including PAH Companion withMe, to help your patients get informed and stay on prescribed OPSYNVI®.

If you have questions, call a J&J withMe Care Coordinator at 866-228-3546, Monday–Friday, 8:00 AM–8:00 PM ET. Multilingual phone support available. Visit JNJwithMe.com.

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Date: _____ Fax number: **866-279-0669**

From: _____ Facility name: _____

Facility contact: _____

Completed OPSYNVI® Enrollment and Prescription Form enclosed.

Number of pages (including cover): _____

Specialty Pharmacy preference: ☐ Accredo Health Group, Inc. ☐ CenterWell ☐ CVS/specialty ☐ Kaiser Permanente

Please note: The Specialty Pharmacy preference above will be validated through the standard benefit verification process. Other factors, like payer mandates, will ultimately determine where the enrollment is sent.

Comments: _____

Contact J&J withMe at 866-228-3546.

The patient support and resources provided by J&J withMe and PAH Companion withMe are not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe a J&J medicine.

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for J&J withMe. The information you get does not require you or your patient to use any Johnson & Johnson product. Because the information we give you comes from outside sources, J&J withMe cannot promise the information will be complete.

Please read the accompanying full Prescribing Information, including BOXED WARNING, and Medication Guide for OPSYNVI®. Provide the Medication Guide to your patients and encourage discussion.

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- Complete the requested fields
- If you have a preferred Specialty Pharmacy, please check the appropriate box. Keep in mind that the patient's insurer will make the final decision on which pharmacy will dispense OPSYNI®



If you have any questions, contact
J&J withMe at 866-228-3546
 Monday through Friday, 8:00 AM to 8:00 PM ET

Please read full Prescribing Information, including **BOXED WARNING, and Medication Guide for OPSYNVI®. Provide the Medication Guide to your patients and encourage discussion.**

Please complete all *(REQUIRED) fields and print clearly to avoid processing delays

Please read full Prescribing Information, including BOXED WARNING for OPSUMIT® and OPSYNVI® and Medication Guides for OPSUMIT® and OPSYNVI®.

Have your patient read, sign, and date the Patient Authorization

- Provide Patient Authorization electronically at **PAHconsent.com**
- Complete a Patient Authorization Form and fax it to 866-279-0669 or mail it to 6931 Arlington Road, Suite 400, Bethesda, MD 20814

! IMPORTANT: Please ensure your patient understands that signing this form allows the patient to authorize the use and disclosure of their medical information for the purposes described in the form. Giving permission for doctors, health insurance companies, and pharmacies to share the patient's medical information with the Johnson & Johnson Patient Support Programs can help improve the services these programs provide the patient.



How to Complete and Return the Patient Authorization Form

Data rates may apply

- Your patient may find it helpful to receive additional resources from Johnson & Johnson:
 - Checking the first box authorizes J&J to send patient information and updates related to their prescribed J&J medicine
 - Checking the second box authorizes J&J to send communications relating to other products and services from J&J
- Your patient may call J&J withMe at any time with questions or to opt out of these communications
- Your patient has the option to check the box to opt in to receive text messages

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