ORLYNVAH™ IS EXCLUSIVELY AVAILABLE THROUGH ALTO PHARMACY

Accelerating patient access to ORLYNVAH | Phone: 800-874-5881 | Fax: 415-484-7058

Orlynvah™

(sulopenem etzadroxil and probenecid) tablets

500 mg/500 mg

ORLYNVAH Getting Started Guide

Learn How Alto Pharmacy Facilitates Access to ORLYNVAH

Please see Important Safety Information on pages 9-10 and click here for full Prescribing Information.

Introducing Alto Pharmacy:

Exclusive Specialty Pharmacy for ORLYNVAH™

Iterum Therapeutics is committed to helping ensure your patients can access ORLYNVAH when they need it. As part of that commitment, Iterum has an exclusive partnership with Alto Pharmacy to manage prescription orders for ORLYNVAH.

Alto Pharmacy manages your patient's prescription fulfillment

ORLYNVAH prescriptions should be sent to Alto Pharmacy electronically via your EHR system. Please search "Alto Pharmacy" by name in the EHR retail pharmacy finder or by NPI (1417411513). Alternatively, prescriptions can be faxed to 415-484-7058. For assistance or questions regarding a prescription, call 800-874-5881.

Once Alto Pharmacy receives the prescription, they determine the patient's coverage, coordinate with the health plan, and fill and ship ORLYNVAH. Your patient will receive patient communications via text message from Alto Pharmacy with onboarding information and next steps for accessing ORLYNVAH. If there is an urgent need for an expedited shipment of ORLYNVAH per the HCP request, the patient will be notified of the expedited timeline for receiving ORLYNVAH.

If a PA or medical exception is required, Alto Pharmacy will support you in completing the steps necessary to obtain coverage for your patient.

alto PHARMACY

Prescriber sends the Rx to Alto >> Alto completes the benefits investigation >> If applicable, Alto reaches out to the provider and/or patient for additional information to complete a PA, medical exception, or appeal >> Alto automatically applies the Copay Card for eligible patients and notifies all patients of their financial responsibility for ORLYNVAH >> Alto fills and ships ORLYNVAH to the patient the same day*

*Alto Pharmacy aims to deliver ORLYNVAH prescriptions to patients within 24 hours of receipt.

Please see Important Safety Information on pages 9-10 and click here for full Prescribing Information.

Sending Prescriptions to Alto Pharmacy

All prescriptions for ORLYNVAH must be sent to Alto Pharmacy through your EHR or via fax (415-484-7058). To ensure Alto Pharmacy can efficiently complete the next steps in the fulfillment process, it is important to submit accurate patient, prescriber, and health plan information with the prescription.

Patient information

- ☐ Patient name
- ☐ Date of birth
- ☐ Phone number
- ☐ Address

Prescriber information

- ☐ Name
- ☐ NPI
- ☐ Tax ID number
- ☐ Practice/facility name
- ☐ Phone number

Health plan information

- ☐ Policy holder name
- ☐ Policy start/end dates
- ☐ Member number
- ☐ Group number
- ☐ Rx BIN
- ☐ PCN
- ☐ Plan type (eg, HMO, PPO, POS, EPO, etc)
- ☐ Primary, secondary, and tertiary insurance information (eg, Commercial, Medicaid)

Once Alto Pharmacy receives the prescription and conducts a benefits investigation, they will contact you if a PA or other documentation is required.

Through the benefits investigation, Alto Pharmacy also determines the patient's OOP costs. If the patient requires financial assistance, Alto Pharmacy will connect them with appropriate support programs.

Best practice reminders!

- *Be responsive to requests for additional information from Alto Pharmacy*
- *To minimize callbacks, please include in the Rx notes to the pharmacist: the patient's mobile phone number; chart notes, including previously tried and failed therapies; and the ICD-10 code*
- *If your patient does not receive a text message within an hour of prescription submission, please contact Alto Pharmacy at (800) 874-5881*

BIN=bank identification number; EHR=electronic health record; EPO=exclusive provider organization; HMO=health maintenance organization; NPI=National Provider Identifier; OOP=out-of-pocket; PA=prior authorization; PCN=process control number; POS=point-of-service; PPO=preferred provider organization.

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Alto Pharmacy Helps You Navigate the PA Process for ORLYNVAH™*

If a health plan requires a PA before the approval of prescription coverage, Alto Pharmacy will work with you to identify the necessary patient criteria to demonstrate the clinical rationale for treatment with ORLYNVAH, which may include:

- ☐ Clinical examinations
- ☐ *ICD-10-CM* code for the uUTI diagnosis
- ☐ Urine dipstick, urinalysis, and/or urine culture, which can be collected in parallel to prescribing ORLYNVAH
- ☐ Patient's medical history, including:
  - Failed uUTI treatment or uUTI recurrence due to suspected resistance
  - Documented drug resistance on past urine culture or prior failed treatment due to drug-resistant infection
  - Poorly controlled diabetes or other risk factors for serious infection and treatment failure
  - Age or other known risk factors for multidrug-resistant infections
  - History of infection requiring therapy with a carbapenem/penem, OR
  - Host factors that preclude the use of other oral agents

As part of the PA support, Alto Pharmacy will:

1. Provide you with the CMM key for online completion.
2. Monitor the progress of submitted PAs.
3. Assist in interpretation of payer-specific PA forms.

If the PA is approved, Alto Pharmacy fills the prescription and ships it to the patient for same- or next-day delivery.
If the PA is denied, Alto Pharmacy contacts you to discuss appealing the decision.

Best practice reminders!

- *Providing Alto Pharmacy with complete and accurate information about the patient and their medical history along with the ORLYNVAH prescription will help to expedite the PA process*
- *To minimize callbacks, please include in the Rx notes to the pharmacist: the patient's mobile phone number; chart notes, including previously tried and failed therapies; and the ICD-10 code*
- *While Alto Pharmacy will notify you of and support you with PAs, you must submit the PA on CMM*

Please see Important Safety Information on pages 9-10 and click here for full Prescribing Information.

Appealing Denials and Requesting a Medical Exception

If your patient does not meet the PA criteria, or there is no policy in place for covering ORLYNVAH, coverage may be obtainable through an appeal or a medical exception. Alto Pharmacy can provide your practice with information on the exceptions and appeals process, and affordability support for eligible patients.

Appealing denials

A PA may be denied for clerical, clinical, or benefit reasons. If your PA was denied and you wish to appeal the decision, send the denial letter to Alto Pharmacy for assistance in filing the appeal. Alto Pharmacy will help determine why the PA is denied, and inform you of how it may be rectified.

Here are some reasons a PA may be denied and how Alto Pharmacy can support an appeal.

Denial reason	Implication	Work with Alto Pharmacy to…
Clerical	Information is missing or incorrect	Complete or correct the information and resubmit the PA as soon as possible
Clinical	The health plan determined ORLYNVAH is not medically necessary for the patient	Identify additional clinical information that may be required to demonstrate medical necessity for ORLYNVAH
Benefit	ORLYNVAH is not covered by the health plan	Determine whether an exception to the benefit is allowed, and what the process is for requesting the exception

*The ORLYNVAH support program does not populate any information that requires the medical judgment of the prescriber, and only the prescriber can determine whether to pursue a PA.

CMM=CoverMyMeds; *ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification*; uUTI=uncomplicated urinary tract infection.

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Alto Pharmacy can assist with appeals for ORLYNVAH™

Writing a letter of appeal

A denial can be appealed by submitting a letter to the health plan. An expedited review and approval may be requested for a medical appeal to address time-sensitive medical needs and may require additional documentation to justify the urgency. Provide Alto Pharmacy with the necessary information outlined in the denial letter. A letter of appeal should include:

- ☐ Patient's full name and date of birth
- ☐ A clear statement that this is an appeal and a concise explanation of why ORLYNVAH is medically necessary for the patient
- ☐ A request to reconsider the denial
- ☐ Relevant medical records and clinical notes, such as:
  - Diagnosis and medical history
  - Physician notes
  - Diagnostic results (eg, urinalysis) and date(s) of service
  - Medication records, including previous treatments
  - Specific symptoms and how they are affecting the patient's life
  - Worsening of symptoms
  - Explanation why alternative treatments are not suitable or ineffective
  - Relevant comorbidities
- ☐ Clinical rationale for ORLYNVAH and clinical studies supporting its use, including:
  - Pertinent peer-reviewed journal articles
  - Clinical studies supporting the use of ORLYNVAH for uUTIs
  - Prescribing Information for ORLYNVAH
- ☐ Prescriber's contact information
- ☐ A copy of the health plan's denial letter and explanation of benefits
- ☐ Any completed appeal forms required by the health plan

Select the icon to view a sample Letter of Appeal.

Alto Pharmacy will provide your practice with information on the exceptions and appeals process, and affordability support for eligible patients.

Please see Important Safety Information on pages 9-10 and click here for full Prescribing Information.

Alto Pharmacy can assist with requesting a medical exception for ORLYNVAH

Expediting the medical exception

When a health plan does not cover ORLYNVAH, or it is excluded from the plan's formulary, you may be able to submit a letter of medical necessity to get coverage for your patient through a medical exception. An expedited review and approval may be requested for a medical exception to address time-sensitive medical needs and may require additional documentation to justify the urgency. A letter of medical necessity should include:

- ☐ Patient's full name and date of birth
- ☐ A clear statement about your patient's individual circumstances to justify why ORLYNVAH is the appropriate treatment, such as a history of multidrug-resistant infections, product efficacy, contraindications, allergies, or comorbidities
- ☐ A clear statement explaining why the health plan's preferred treatments are not appropriate for the patient, including information about any adverse events your patient experienced with other treatments
- ☐ Background information about the patient's history with recurrent uUTIs
- ☐ Current or previous diagnostic procedure(s) (eg, urinalysis) and date(s) of service
- ☐ Specific symptoms and how they are affecting the patient's life
- ☐ Previous treatments
- ☐ Clinical rationale for ORLYNVAH and clinical studies supporting its use
- ☐ Prescriber's contact information
- ☐ Any completed medical exception request forms required by the health plan

Select the icon to view a sample Letter of Medical Necessity.

Best practice reminders!

Supporting documentation strengthens your medical exception request, so be sure to include all relevant information from the patient's medical record and the Prescribing Information for ORLYNVAH.

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ORLYNVAH™ Copay Program

The Copay Program provides commercially insured patients with financial assistance for their OOP costs. Terms and conditions apply.

We help ensure ORLYNVAH reaches your patient at the earliest possible time and at the lowest possible price.

- If your patient is eligible, copay support* is applied automatically to reduce OOP costs
- Any remaining OOP costs are collected from the patient
- Delivery of ORLYNVAH is scheduled with your patient at their preferred location and time

Eligible patients may pay as little as $25 for ORLYNVAH

ORLYNVAH Copay Program Terms & Conditions

By utilizing the ORLYNVAH Copay Program, the patient acknowledges that they currently meet the eligibility criteria and will comply with the terms and conditions described below:

- Subject to ORLYNVAH Copay Program limitations, terms, and conditions, the ORLYNVAH copay offer is available to patients who have a valid ORLYNVAH prescription and who have commercial insurance coverage for ORLYNVAH administered through a pharmacy benefit plan. Patients with commercial health insurance that does not provide formulary coverage for ORLYNVAH are NOT eligible for the copay offer.
- Patients enrolled in any state or federally funded healthcare program, including but not limited to Medicare, Medigap, Medicaid, VA, DOD, TRICARE, Puerto Rico Government Health Insurance Plan, and Medicare-eligible patients enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees, are NOT eligible for the copay offer.
- Uninsured and cash-paying patients are NOT eligible for the copay offer.
- Eligible patients may pay as little as $25 on each 5-day supply. Annual benefit limits per individual apply and out-of-pocket expenses may vary. Patients are responsible for all amounts that exceed these copay offer benefit limits.
- If prior authorization is required for ORLYNVAH coverage and approved by the commercial insurer, then the patient remains eligible for the copay offer. If prior authorization is denied by the commercial insurer, then the patient is no longer eligible for the Copay Program benefits.
- Iterum Therapeutics US Limited ("Iterum") has the right to reduce or eliminate patient benefit amounts, based on factors determined solely by Iterum, including the terms of a patient's prescription drug plan andwhether the plan uses all program funds for the benefit of the patient.
- Data related to a patient's receipt of Copay Program benefits may be collected, analyzed, and shared with Iterum and its affiliates, for market research and other purposes related to assessing the Copay Program offer.
- The ORLYNVAH Copay Program is restricted to residents of the United States. Patients residing in or receiving treatment in certain states may not be eligible.
- This copay offer is intended for the benefit of patients, not their insurance plans or other third parties. Patients whose commercial insurance plans do not apply copay assistance payments to satisfy patient out-of-pocket cost sharing amounts may not be eligible for the Program.
- The ORLYNVAH Copay Program is not health insurance. Patients may not seek reimbursement for the value received from the Program from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the Program of your insurance carrier or pharmacy benefit manager.
- The ORLYNVAH Copay Program offer is void if copied, transferred, purchased, altered, or traded, and where prohibited and restricted by law and is not transferable. No substitutions are permitted. The Copay Program benefit cannot be combined with any other financial assistance program, free trial, discount, prescription savings card, or other offer.
- Iterum and its affiliates reserve the right to make eligibility determinations, to set Program benefit maximums, and to change or discontinue this Program at any time without notice.
- These Terms and Conditions are valid for ORLYNVAH dispensed between 08/15/2025 and 8/31/2026. Expiration Date: 08/31/2026.

*The ORLYNVAH copay program can save eligible patients on their OOP medicine costs. Depending on the patient's health insurance plan, savings may apply toward the copay, coinsurance, or deductible.

Please see Important Safety Information on pages 9-10 and click here for full Prescribing Information.

INDICATION

ORLYNVAH is for the treatment of uncomplicated urinary tract infections (uUTIs) caused by *E coli*, *K pneumoniae*, or *P mirabilis* in adult women who have limited or no alternative oral antibacterial treatment options.

Limitations of Use: ORLYNVAH is not indicated for the treatment (or step-down treatment after IV antibacterial treatment) of complicated UTIs or complicated intra-abdominal infections.

Usage to Reduce Development of Drug-Resistant Bacteria
To reduce the development of drug-resistant bacteria and maintain the effectiveness of antibacterial drugs, ORLYNVAH should be used only to treat uUTIs that are proven or strongly suspected to be caused by susceptible bacteria. Culture and susceptibility information should be utilized in selecting or modifying antibacterial therapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- ORLYNVAH is contraindicated in patients with a history of hypersensitivity to ORLYNVAH components or other beta-lactam antibacterial drugs, known blood dyscrasias, and known uric acid kidney stones.
- Concomitant use with ketorolac tromethamine is contraindicated.

WARNINGS AND PRECAUTIONS

- **Hypersensitivity Reactions:** Serious, severe, and potentially fatal allergic reactions, including angioedema, anaphylaxis, and skin reactions, have been reported with ORLYNVAH, probenecid (a component of ORLYNVAH), or other beta-lactams. Screen for prior beta-lactam hypersensitivity before starting ORLYNVAH. Discontinue ORLYNVAH immediately if an allergic reaction occurs and initiate appropriate treatment.
- ***Clostridioides difficile*-Associated Diarrhea (CDAD):** CDAD, ranging from mild diarrhea to fatal colitis, has been reported with nearly all systemic antibacterial agents. Consider CDAD in patients with diarrhea following antibacterial use. If CDAD is suspected or confirmed, discontinue antibacterial use not directed against *C. difficile*, if possible, and provide appropriate treatment.
- **Uric Acid Kidney Stones / Exacerbation of Gout:** ORLYNVAH may cause or worsen uric acid kidney stones and gout. In patients with a history of gout, ensure appropriate management to reduce these risks.
- **Development of Drug-Resistant Bacteria:** Use ORLYNVAH only to treat proven or suspected susceptible uUTIs. Incomplete courses may decrease effectiveness and increase resistance.

ADVERSE REACTIONS

- The most common adverse reactions (≥2%) in patients receiving ORLYNVAH were diarrhea, nausea, vulvovaginal mycotic infection, headache, and vomiting.

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IMPORTANT SAFETY INFORMATION (cont.)

DRUG INTERACTIONS

- Probenecid (a component of ORLYNVAH) may increase plasma concentrations of drugs dependent on OAT1/3 for elimination. Other potentially significant drug interactions with probenecid include:
  - *Ketorolac tromethamine:* Contraindicated.
  - *Ketoprofen:* Use not recommended.
  - *Indomethacin, Naproxen:* May increase adverse reactions; consider dose adjustment per drug-specific prescribing information.
  - *Methotrexate, Rifampin:* Monitor more frequently for drug-specific adverse reactions if concomitant use cannot be avoided.
  - *Lorazepam:* Adjust dose per its prescribing information.
  - *Oral Sulfonylureas:* Monitor more frequently for hypoglycemia and adjust dose per its prescribing information.
- Potential for Other Drugs to Affect ORLYNVAH: Sulopenem (a component of ORLYNVAH) is a substrate of OAT3; therefore, drugs that inhibit OAT3 may increase sulopenem plasma concentrations. If used together, monitor more frequently for adverse reactions.
- Drug/Laboratory Interactions: ORLYNVAH may interfere with copper sulfate urine glucose tests, resulting in false-positive readings for glycosuria. Confirm with a glucose-specific test. Falsely high readings for theophylline have been reported in an *in vitro* study.

USE IN SPECIFIC POPULATIONS

- **Renal Impairment:** No dosage adjustment is required in patients with CrCL ≥15 mL/min. ORLYNVAH is not recommended in patients with CrCL <15 mL/min and those on hemodialysis.

To report SUSPECTED ADVERSE REACTIONS, contact Iterum Therapeutics at 1-866-414-SULO or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information for more information about ORLYNVAH.

ITERUM therapeutics

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