

Let's Go Tracker

Sometimes the road to relief can feel like an uphill trek, but staying on track with GEMTESA may be easier if you set personal goals for your treatment plan.



This tracker includes:



Goal-Setting
& Tracker Sheets



Questions to
Ask Your Doctor



Lifestyle Tips

Keep your tracker handy so you can track in real time once you've started on GEMTESA.

"Help Me Say" – ways to talk about overactive bladder (OAB)

Sometimes it's hard to know what to say to help your doctor understand your symptoms and goals. Try using the below terms that match what you're experiencing!

"I'd like to stop feeling the urgent need to go as much."

"My leakage episodes have stopped taking me by surprise."

"I'd like to spend more time doing the things I like, and less time going to the bathroom frequently."

What is GEMTESA?

GEMTESA is a prescription medicine used to treat the following symptoms due to a condition called overactive bladder (OAB) in adults, and in adult males taking medicine for benign prostatic hyperplasia (BPH): leakage episodes, urgency, and frequency.

It is not known if GEMTESA is safe and effective in children.

IMPORTANT SAFETY INFORMATION

Do not take GEMTESA if you are allergic to vibegron or any of the ingredients in GEMTESA.

Please see additional Important Safety Information on pages 5 and 6 and Patient Information [here](#).

Let's Go Tracker



STEP 1

Tracking your baseline

Before starting your treatment with GEMTESA, track your current bladder activity so that you can later see the progress you've made since starting medication.

Day 1

| TRIPS TO THE BATHROOM | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|------------------------------------|----------------|----------------|
| How many times? | | |
| Was urination urgent? (Circle one) | YES NO | YES NO |
| How urgent? (5 = most urgent) | 1 2 3 4 5 | 1 2 3 4 5 |

| LEAKAGE EPISODES | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| How many times did I rush to the bathroom because of leakage? | | |
| Average amount of leakage (Circle one: Small, Medium, or Large) | S M L | S M L |
| Number of bathroom trips without leakage? | | |

Day 2

| TRIPS TO THE BATHROOM | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|------------------------------------|----------------|----------------|
| How many times? | | |
| Was urination urgent? (Circle one) | YES NO | YES NO |
| How urgent? (5 = most urgent) | 1 2 3 4 5 | 1 2 3 4 5 |

| LEAKAGE EPISODES | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| How many times did I rush to the bathroom because of leakage? | | |
| Average amount of leakage (Circle one: Small, Medium, or Large) | S M L | S M L |
| Number of bathroom trips without leakage? | | |

Track your daily lifestyle

| DRINKS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating drinks? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| FOOD | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating food? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| PAD USAGE | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|-----------|----------------|----------------|
| How many? | | |

Were any activities interrupted today due to my OAB symptoms?

YES | NO

If so, describe:

Track your daily lifestyle

| DRINKS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating drinks? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| FOOD | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating food? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| PAD USAGE | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|-----------|----------------|----------------|
| How many? | | |

Were any activities interrupted today due to my OAB symptoms?

YES | NO

If so, describe:

Let's Go Tracker



STEP 2

Tracking progress with GEMTESA

Before your follow-up appointment, be sure to fill out 2 more days of tracker sheets and compare to your baseline bladder activity.

2 days before check-in:

| TRIPS TO THE BATHROOM | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|------------------------------------|----------------|----------------|
| How many times? | | |
| Was urination urgent? (Circle one) | YES NO | YES NO |
| How urgent? (5 = most urgent) | 1 2 3 4 5 | 1 2 3 4 5 |

| LEAKAGE EPISODES | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| How many times did I rush to the bathroom because of leakage? | | |
| Average amount of leakage (Circle one: Small, Medium, or Large) | S M L | S M L |
| Number of bathroom trips without leakage? | | |

| SYMPTOMS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|--|----------------|----------------|
| Experiencing less symptoms since last entry? | YES NO | YES NO |

1 day before check-in:

| TRIPS TO THE BATHROOM | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|------------------------------------|----------------|----------------|
| How many times? | | |
| Was urination urgent? (Circle one) | YES NO | YES NO |
| How urgent? (5 = most urgent) | 1 2 3 4 5 | 1 2 3 4 5 |

| LEAKAGE EPISODES | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| How many times did I rush to the bathroom because of leakage? | | |
| Average amount of leakage (Circle one: Small, Medium, or Large) | S M L | S M L |
| Number of bathroom trips without leakage? | | |

| SYMPTOMS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|--|----------------|----------------|
| Experiencing less symptoms since last entry? | YES NO | YES NO |

What did I drink/eat before leakage episode?

| DRINKS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating drinks? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| FOOD | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating food? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| PAD USAGE | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|-----------|----------------|----------------|
| How many? | | |

Were any activities interrupted today due to my OAB symptoms?

YES | NO

If so, describe:

What did I drink/eat before leakage episode?

| DRINKS | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating drinks? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| FOOD | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|---|----------------|----------------|
| Any bladder-irritating food? (Circle one) | YES NO | YES NO |
| What kind? | | |
| How much? | | |

| PAD USAGE | ☀️ 6AM - 6PM 🌙 | 🌙 6PM - 6AM ☀️ |
|-----------|----------------|----------------|
| How many? | | |

Were any activities interrupted today due to my OAB symptoms?

YES | NO

If so, describe:

Let's Go Tracker



STEP 3

Share with your OAB specialist

Grab your tracker before your next appointment to share how you are doing.

Use the area below to write down if your symptoms are improving, and how OAB is affecting you day to day.

Large dashed-line box containing horizontal lines for writing notes.

Let's GOAL Tracker

Staying on track with your treatment is all about setting goals that work for you.

Taking GEMTESA for 90 days may help you manage your OAB symptoms. Fill in the bubble for each day you take your prescription and watch your habit grow!

START

| | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 31 | 32 | 33 | 34 | 35 | 36 | 61 | 62 | 63 | 64 | 65 | 66 |
| 7 | 8 | 9 | 10 | 11 | 12 | 37 | 38 | 39 | 40 | 41 | 42 | 67 | 68 | 69 | 70 | 71 | 72 |
| 13 | 14 | 15 | 16 | 17 | 18 | 43 | 44 | 45 | 46 | 47 | 48 | 73 | 74 | 75 | 76 | 77 | 78 |
| 19 | 20 | 21 | 22 | 23 | 24 | 49 | 50 | 51 | 52 | 53 | 54 | 79 | 80 | 81 | 82 | 83 | 84 |
| 25 | 26 | 27 | 28 | 29 | 30 | 55 | 56 | 57 | 58 | 59 | 60 | 85 | 86 | 87 | 88 | 89 | 90 |

KEEP GOING!

Now What?

You've started treatment! What else can you do?



Questions you might want to ask your doctor at your follow-up appointment

Your doctor is just as excited about your success as you are! Schedule a follow-up visit to discuss your treatment goals, progress, and long-term treatment plan.

Try using the questions below to continue the conversation:

1. I've been taking GEMTESA for 12 weeks now, how much longer should I stick with my treatment plan?
2. Why is it important to take GEMTESA every day?
3. It's been some time now and I've noticed a difference in my symptoms. Will I continue to see symptom improvement? What about frequency, leakage, and my strong urge to go?
4. I know that OAB is a chronic condition. Can you tell me why that means I need to continue taking GEMTESA daily?

Lifestyle tips to stay on track

While taking GEMTESA consistently, talk to your doctor about adding some lifestyle changes to help manage your OAB symptoms. Here are some simple ones to ask about!



Stay hydrated

Try not to limit your fluid intake



Avoid irritants

Reduce caffeinated, carbonated, and citrus drinks, as well as spicy foods



Be active

Pelvic floor exercises (Kegels) may help decrease leakage episodes

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It is not known if GEMTESA is safe and effective in children.

IMPORTANT SAFETY INFORMATION

Do not take GEMTESA if you are allergic to vibegron or any of the ingredients in GEMTESA.

Before you take GEMTESA, tell your doctor about all your medical conditions, including if you have liver problems; have kidney problems; have trouble emptying your bladder or you have a weak urine stream; take medicines that contain digoxin; are pregnant or plan to become pregnant (it is not known if GEMTESA will harm your unborn baby; talk to your doctor if you are pregnant or plan to become pregnant); are breastfeeding or plan to breastfeed (it is not known if GEMTESA passes into your breast milk; talk to your doctor about the best way to feed your baby if you take GEMTESA).

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

Please see continued Important Safety Information on page 6.

Now What?

You've started treatment! What else can you do?

Remember: Symptom improvement doesn't happen overnight. You have to be consistent in your treatment plan to see continued results!



OAB check-In

This tool is a great way to see how far you've come! Mark your answers on the check-in below, and share your answers with your OAB treatment provider. Next follow-up appointment, fill it out again and compare your answers!

How many times do you urinate during the day? (Frequency)

- 1-7 times 8-12 times 13 or more

How often do you leak after feeling a strong urge to go? (Urge urinary incontinence)

- Not at all Several times a day
 About once per day Almost always

How much do these symptoms bother you?

- Not at all
 Annoying but bearable
 I need relief now

How often do you have a strong, sudden urge to urinate which makes you feel like you will leak if you don't get to a bathroom immediately? (Urgency)

- Not at all Several times a day
 About once per day Almost always

Have you ever canceled trips, avoided exercising, or refused invitations because you weren't sure you'd be close to a bathroom?

- Never
 Once or twice
 All the time



Need more help navigating your treatment journey?

Visit startGEMTESA.com to explore more.

IMPORTANT SAFETY INFORMATION (CONT'D)

What are the possible side effects of GEMTESA?

GEMTESA may cause serious side effects including:

- **inability to empty your bladder (urinary retention).** GEMTESA may increase your chances of not being able to empty your bladder, especially if you have bladder outlet obstruction or take other medicines for treatment of overactive bladder. Tell your doctor right away if you are unable to empty your bladder.
- **angioedema.** GEMTESA may cause an allergic reaction with swelling of the lips, face, tongue, or throat, with or without difficulty breathing and may be life-threatening. Stop using GEMTESA and get emergency medical help right away if you have symptoms of angioedema or trouble breathing.

The most common side effects of GEMTESA include headache, urinary tract infection, nasal congestion, sore throat or runny nose, diarrhea, nausea and upper respiratory tract infection. These are not all the possible side effects of GEMTESA.

For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see full Prescribing Information at www.GEMTESA.com/PI.



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