

My VYVGART® Path

Helping to save on VYVGART Hytrulo

See if you could be eligible to pay as little as \$0
for your co-pay through the VYVGART Co-pay Program*

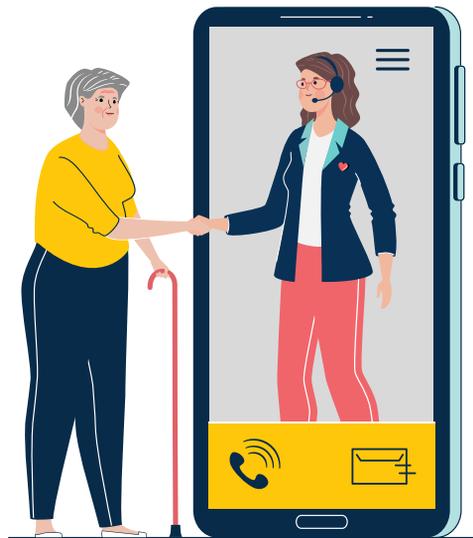


VYVGART® Hytrulo
(efgartigimod alfa and hyaluronidase-qvfc)
Subcutaneous Injection
180 mg/mL and 2000 U/mL vial

*Eligible commercially insured patients may pay as little as \$0 for VYVGART Hytrulo and may receive a maximum benefit of \$25,000 per calendar year for their eligible out-of-pocket costs for the drug and drug administration. Persons residing in MA and RI are not eligible for financial assistance related to administration costs. Please refer to the full Terms and Conditions on pages 6 and 7.

Please see the full Prescribing Information for [VYVGART HYTRULO](#).

Here for you during your VYVGART Hytrulo treatment journey



My VYVGART Path is a Patient Support Program that pairs you with a dedicated Nurse Case Manager (NCM), who can help you navigate insurance, offer resources, talk through your challenges, and more.

Information provided by the NCM is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. Always consult with a qualified and licensed physician or other healthcare provider regarding your medical condition, treatment, and healthcare needs.

Please refer to the full Terms and Conditions on pages 6 and 7.
NCM=Nurse Case Manager

If you are eligible, you may pay as little as \$0 for VYVGART Hytrulo and related administration costs*

You may be eligible if:

- ✓ You have a valid prescription for VYVGART Hytrulo
- ✓ You have insurance coverage for VYVGART Hytrulo through a private or commercial insurance plan

On the next page, see how to get enrolled in the VYVGART Co-pay Program.

Enroll in My VYVGART Path

If you are not enrolled in My VYVGART Path, ask your doctor to enroll you today. Once you're enrolled, an NCM can help you understand insurance coverage and more during your VYVGART Hytrulo treatment journey.

If you are not eligible for the VYVGART Co-pay Program, there may be other financial assistance programs available. Reach out to an NCM at **1-833-MY-PATH-1** (1-833-697-2841).



Not enrolled?

Ask your doctor to enroll you, or scan the QR code to download the patient enrollment form.

*Up to \$25,000 savings per calendar year for eligible out-of-pocket costs for the drug and drug administration. Persons residing in MA and RI are not eligible for financial assistance related to administration costs. Please refer to the full Terms and Conditions on pages 6 and 7.

NCM=Nurse Case Manager



First, get enrolled in the VYVGART Co-pay Program

Three ways to enroll:

Via a My VYVGART Path NCM

If you are enrolled in My VYVGART Path, an NCM will automatically check your eligibility and enroll you in the VYVGART Co-pay Program, if desired. An NCM can also:

- Let you know if you need to submit a claim
- Help you keep track of your reimbursement total
- Let you know how much of your yearly commercial co-pay savings allotment you have left

Via a specialty pharmacy

When your neurologist sends your VYVGART Hytrulo prescription to a specialty pharmacy, the specialty pharmacist will call you to help you get enrolled in the VYVGART Co-pay Program. If you do not receive a call, you can call the specialty pharmacy directly. Talk to your neurologist to get the name and phone number of the specialty pharmacy.

Via a treatment site

Talk to your healthcare team when you arrive at your treatment site. They can help verify your benefits and insurance and help you enroll in the VYVGART Co-pay Program.

After you've been enrolled, you'll receive a **VYVGART Hytrulo Co-pay Card** in the mail with the information you need to start saving.



Please refer to the full Terms and Conditions on pages 6 and 7.
NCM=Nurse Case Manager



Next, get reimbursed for your eligible out-of-pocket costs

Two ways to get reimbursed:

Your doctor, specialty pharmacist, or treatment site

In most cases, your healthcare provider will submit the reimbursement form on your behalf. Just be sure to give them the information from your VYVGART Hytrulo Co-pay Card.

Submit yourself

If your healthcare provider does not submit the reimbursement form on your behalf, you can submit the reimbursement form yourself by following the instructions below:

- 1 Use the Explanation of Benefits (EOB) sent to you by your primary insurance company and your VYVGART Hytrulo Co-pay Card to help you fill out the Patient Check Request Form (download the form at [VYVGARTcopyprogram.com](https://www.vyvgart.com/copyprogram)). You can use the ConnectiveRx (CRx) Customer Service number to reach out directly to request a copy of the Patient Check Request Form: **1-800-753-4513**.
- 2 Submit the Patient Check Request Form and a copy of the EOB via fax (**1-855-492-9923**) or mail to: **VYVGART Claims Processing Dept., PO Box 2355, Morristown, NJ 07962**.



Once your claim is reviewed and approved, you'll receive a check in the mail

Note: How often you need to complete these steps to submit a claim will depend on your primary insurance provider. In most cases, a doctor or health facility will submit the reimbursement form for you.

CRx=ConnectiveRx; EOB=Explanation of Benefits
Visit [VYVGARTHytruloCIDP.com/glossary](https://www.vyvgarthytruloCIDP.com/glossary) for a glossary of terms.

MY VYVGART PATH COMMERCIAL CO-PAYMENT PROGRAM EXPLANATION OF BENEFITS, TERMS, AND CONDITIONS

Summary of My VYVGART Path Commercial Co-payment Program (“Co-pay Program”) Benefits:

- Eligible patients may pay as little as \$0 per injection of VYVGART Hytrulo with a maximum benefit per calendar year of \$25,000.
- The financial assistance provided under the Co-pay Program is to be applied to the patient’s out-of-pocket costs for VYVGART Hytrulo and the associated administration of VYVGART Hytrulo (e.g., product administration costs).
- Patients residing in Massachusetts and Rhode Island are eligible for financial assistance with medication costs for VYVGART Hytrulo, but are ineligible for financial assistance related to administration costs.
- If a patient’s financial responsibility for the medication and associated administration of VYVGART Hytrulo is greater than the maximum financial assistance that can be provided in a given calendar year, the patient will be responsible for any remaining out-of-pocket costs for the medication and associated administration for VYVGART Hytrulo for that calendar year.
- The maximum financial assistance provided to eligible patients via the Co-pay Program is \$25,000 per calendar year.

Co-pay Program Terms and Conditions:

- The Co-pay Program provides financial support to be applied to a patient’s out-of-pocket costs for VYVGART Hytrulo and the associated administration of VYVGART Hytrulo (e.g., product administration costs) for commercially insured patients who qualify for the Co-pay Program. The Program does not

cover the costs of the physician office visit/evaluation, blood work, or other testing or transportation.

- The financial assistance provided by the Co-pay Program is exclusively for the benefit of eligible patients and must be applied towards patient out-of-pocket obligations, including applicable co-payments, co-insurance, and deductibles.
- The patient is responsible for any out-of-pocket costs once the financial assistance limit of \$25,000 is reached in a calendar year. Patients must apply for eligibility and financial assistance from the Co-pay Program each calendar year.
- Patients with government insurance are not eligible for assistance provided under the Co-pay Program, including, but not limited to patients with Medicare, Medicaid, Medigap, TriCare, VA, DoD, or any other federal-, state-, or government-funded government healthcare program. Uninsured and cash-paying patients are not eligible for the Co-pay Program nor are individuals with commercial insurance who do not have coverage for VYVGART Hytrulo.
- If, for any reason, a patient’s insurance plan changes while the patient is receiving assistance from the Co-pay Program from a commercial plan (for example, provided by an employer or purchased through an exchange) to a government-funded healthcare program (meaning Medicare, Medicare Advantage, Medicaid, Medigap, TriCare, VA, DoD, or any other federal-, state-, or government-funded government healthcare program), the patient must notify My VYVGART Path at 1-833-MY-PATH-1 or the dispensing specialty pharmacy immediately.
- Patients are not eligible for Co-pay Program assistance: (i) where the patient has no insurance coverage, (ii) where the patient’s insurance plan reimburses

for the entire cost of VYVGART Hytrulo and its administration, or (iii) where VYVGART Hytrulo is not covered by a patient's insurance.

- To receive financial assistance from the Co-pay Program, the patient must apply for, be determined eligible for, and be enrolled in the Co-pay Program.
- Financial assistance from the Co-pay Program is only available to patients who have been prescribed VYVGART Hytrulo for an FDA-approved indication.
- Patients are expressly prohibited from seeking reimbursement from their commercial insurance plan and any other program (such as a Flexible Spending Account [FSA], Health Savings Account [HSA], Health Reimbursement Account [HRA], etc.) for any out-of-pocket costs covered by the Co-pay Program.
- The Co-pay Program is not valid where prohibited or restricted by law.
- The Co-pay Program only applies to patients residing in the United States, including Puerto Rico and other U.S. territories.
- The Co-pay Program is not health insurance.
- Eligible patients are responsible for complying with any applicable limitations and requirements of his or her health plan related to the use of the financial assistance provided by the Co-pay Program.
- The financial assistance provided by the Co-pay Program is non-transferable, is limited to use by the eligible patient only, and cannot be combined with any other Co-pay Program, free trial, rebate, coupon, discount, prescription savings card, or other offer.
- Eligible patients may apply their award of financial assistance towards valid claims for VYVGART Hytrulo and its administration that are submitted with a date of service that is up to 90 days prior to the initial enrollment date in the Co-pay Program, and up to 30 days prior to the re-enrollment date.
- If seeking assistance for more than one calendar year, patients will be required to verify eligibility each calendar year.
- An Explanation of Benefits (EOB) from the patient's health insurer must be submitted to ConnectiveRx by the patient's healthcare provider or the patient within 180 days of the date of the EOB for financial assistance from the Co-pay Program to be applied to the claim. The EOB must reflect the patient's out-of-pocket cost for VYVGART Hytrulo and its associated administration, and submission of the claim by the patient's provider for the cost of VYVGART Hytrulo.
- Claims for assistance from the Co-pay Program will be processed and benefits applied against the patient's annual program maximum, in the order in which the claims are received.
- Aggregated and non-identifiable information from patients participating in the Co-pay Program may be collected, analyzed, summarized, and shared with argenx and its affiliates for market research, statistical, and other purposes related to assessing the Co-pay Program.
- Void if copied, transferred, purchased, altered, or traded.
- argenx reserves the right to rescind, revoke, or amend the Co-pay Program and discontinue support at any time without notice, and other terms and conditions may apply.



“ It is so rewarding to help provide resources that can help empower, inform, or support patients. ”

Amy
Nurse Case Manager

My VYVGART® Path

VYVGART® Hytrulo
(efgartigimod alfa and hyaluronidase-qvfc)
Subcutaneous Injection
180 mg/mL and 2000 U/mL vial

VYVGART is a registered trademark of argenx.
VYVGART Hytrulo is a trademark of argenx.
For U.S. audiences only.
©2024 argenx US-VYV_HYT-24-00100 V1 06/2024

argenx 