



# Helping you save on your VYVGART treatment



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

**VYVGART®**  
(efgartigimod alfa-fcab)  
Injection for Intravenous Use  
400 mg/20 mL vial

**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 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.

IV=intravenous

**Please see full Prescribing Information for [VYVGART for IV infusion](#) and [VYVGART HYTRULO for subcutaneous injection](#).**

# Here for you during your VYVGART treatment journey



**My VYVGART Path is a Patient Support Program** that provides personalized support from a Nurse Case Manager and committed support team. A Nurse Case Manager is here to help you understand your VYVGART treatment, feel empowered with resources and information, navigate the insurance process, and understand potential financial assistance programs.

**If you are enrolled in My VYVGART Path,**  
reach out to a Nurse Case Manager at 1-833-MY-PATH-1 (1-833-697-2841).

**Not yet enrolled in My VYVGART Path?**

**ASK YOUR  
DOCTOR  
TO SIGN YOU UP**



With My VYVGART Path, a Nurse Case Manager is waiting to help you through your VYVGART treatment journey.

Please refer to the full Terms and Conditions on pages 6 and 7.

Please see full Prescribing Information for **VYVGART for IV infusion** and **VYVGART HYTRULO for subcutaneous injection**.

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

## You may be eligible if:

- You have a valid prescription for VYVGART for IV infusion or VYVGART Hytrulo for subcutaneous injection
- You have insurance coverage for VYVGART for IV infusion or VYVGART Hytrulo for subcutaneous injection 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 at [MyPathEnroll.com](http://MyPathEnroll.com).

Once you're enrolled, a Nurse Case Manager can help you understand insurance coverage and more during your VYVGART treatment journey.

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

Reach out to  
a Nurse Case  
Manager at  
**1-833-MY-PATH-1**  
(1-833-697-2841)

\*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.

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## First, get enrolled in the VYVGART Co-pay Program

### TWO WAYS TO ENROLL:

#### » Via a My VYVGART Path Nurse Case Manager

If you are enrolled in My VYVGART Path, a Nurse Case Manager will automatically check your eligibility and enroll you in the VYVGART Co-pay Program, if desired.

A Nurse Case Manager 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 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.



**After you've been enrolled, you'll receive a VYVGART 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.

**Please see full Prescribing Information for [VYVGART for IV infusion](#) and [VYVGART HYTRULO for subcutaneous injection](#).**



## 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 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.

##### **STEP 1:**

Use the Explanation of Benefits (EOB) sent to you by your primary insurance company and your VYVGART Co-pay Card to help you fill out the Patient Check Request Form (download the form at [VYVGARTcopayprogram.com](http://VYVGARTcopayprogram.com)). 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.

##### **STEP 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.

## **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 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 and the associated administration of VYVGART (e.g., product administration costs).
  - Patients residing in Massachusetts and Rhode Island are eligible for financial assistance with medication costs for VYVGART, but are ineligible for financial assistance related to administration costs.
  - If a patient’s financial responsibility for the medication and associated administration of VYVGART 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 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 and the associated administration of VYVGART (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.
- 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 and its administration, or (iii) where VYVGART 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 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 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 and its associated administration, and submission of the claim by the patient's provider for the cost of VYVGART.
- 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’s a great feeling to educate patients about a treatment option that is FDA-approved.”

*Margaret*  
Nurse Case Manager

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*My* **VYVGART®** *Path*

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