

My VYVGART® Path

Help your patients save on VYVGART Hytrulo

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



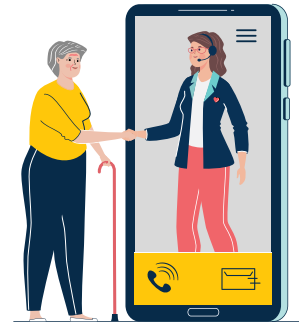
VYVGART® Hytrulo
(efgartigimod alfa and hyaluronidase-qvfc)
Subcutaneous Injection
180 mg/mL and 2000 U/mL vial

*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](#).

Support for your patients during their VYVGART Hytrulo journey

My VYVGART Path is a program that pairs your patients with a Nurse Case Manager (NCM) and a dedicated team who will help your patients navigate the treatment journey, including helping them understand each step of the insurance process and the VYVGART Co-pay Program.



How do I enroll my patients?

My VYVGART Path provides resources, tools, information, and other support. There are **2 ways to enroll your patients** in My VYVGART Path:

1

Visit [MyPathEnroll.com](https://www.mypathenroll.com), fill out the enrollment form, and submit it on the website

OR

2

Download the enrollment form at [MVPForm.com](https://www.mvpform.com) and fax the completed document to [1-833-698-7284](tel:1-833-698-7284)

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

Eligible commercially insured patients may pay as little as \$0 for their co-pay through the VYVGART Co-pay Program*

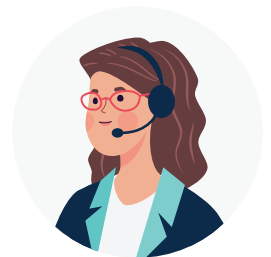
What should I tell my patients?

- The VYVGART Co-pay Program is for **patients with commercial insurance and a valid prescription** for VYVGART Hytrulo for an on-label indication
- **Patients may be reimbursed** for eligible out-of-pocket costs for VYVGART Hytrulo and related administration costs, up to \$25,000 of savings per calendar year*
- If you have enrolled your patient in My VYVGART Path, **an NCM can enroll them** in the VYVGART Co-pay Program and answer their questions
- Patients can also be **enrolled through their specialty pharmacist** when they fill their prescription

What if my patient does not have commercial or private insurance?

If you've enrolled them in My VYVGART Path, you can direct them to contact an NCM, who can help them understand potential financial assistance programs that may be available to patients who do not qualify for co-pay assistance.

If your patient is not yet enrolled in My VYVGART Path, visit **[MyPathEnroll.com](https://www.vyvgart.com/MyPathEnroll.com)** to enroll them.



*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

For in-office injections

Follow these steps if you plan to administer VYVGART Hytrulo in-office and bill the patient.

- 1 Administer VYVGART Hytrulo** to the enrolled patient
- 2 Submit a claim** for VYVGART Hytrulo to your patient's primary insurance plan
- 3 Review the Explanation of Benefits (EOB)** from the patient's insurance plan to determine the amount owed by the patient
- 4 Submit a copy of the CMS-1500 or UB-04 claim form** on behalf of the patient to the program
 - a. Claims must be accompanied by a copy of the EOB
 - b. Claims and documentation may be submitted via fax, mail, or portal

Fax number: 1-855-492-9923
Mailing address: VYVGART Claims Processing Dept.
PO Box 2355
Morristown, NJ 07962
Portal URL: VYVGARTcopayprogram.com

 **After the claim has been reviewed and approved, the program will provide payment via check, up to the limits of the offer**

Please refer to the full Terms and Conditions on pages 6 and 7.
EOB=Explanation of Benefits

For specialty pharmacy fulfillment

Follow these steps if VYVGART Hytrulo will be dispensed by a specialty pharmacy.

- 1 **Send the prescription** for VYVGART Hytrulo to the specialty pharmacy
- 2 **Instruct the specialty pharmacy to call the patient** to enroll them in the VYVGART Co-pay Program if eligible
 - a. The specialty pharmacy will submit a claim to the patient's primary insurance plan (medical or pharmacy)
 - b. When the specialty pharmacy contacts the patient to collect the out-of-pocket amount owed by the patient, the patient will provide the VYVGART Hytrulo Co-pay Card information
 - c. The specialty pharmacy will submit a secondary claim to the program
- 3 **Obtain VYVGART Hytrulo and administer** to the enrolled patient
- 4 **Follow steps 2 through 4 on the previous page** to submit a claim for reimbursement of injection-related costs

➔ **The specialty pharmacy will be reimbursed by the VYVGART Co-pay Program, up to the limits of the offer**

Have questions about the VYVGART Co-pay Program?
Call [1-800-753-4513](tel:1-800-753-4513)



Please refer to the full Terms and Conditions on pages 6 and 7.
Visit 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-24-00099 V1 06/2024

argenx