



# VYVGART Co-pay Program

Help your patients save on their VYVGART treatment



# Financial support for your patients

**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 of VYVGART Hytrulo for subcutaneous injection or VYVGART for IV infusion for an on-label indication
- ✓ **Patients may be reimbursed for eligible out-of-pocket costs for VYVGART** and related administration costs, up to \$25,000 of savings per calendar year\*
- ✓ **A Nurse Case Manager (NCM) from My VYVGART Path can check their eligibility and enroll them** in the VYVGART Co-pay Program
- ✓ **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 your patients to contact an NCM, who can help them understand other 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, **learn more about how to enroll on page 5.**

\*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.

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

# For in-office injections or infusions

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

- 1 **Administer VYVGART** to the enrolled patient
- 2 **Submit a claim** for VYVGART 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](https://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.

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

# For specialty pharmacy fulfillment

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

- 1 Send the prescription** for VYVGART 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 Co-pay Card information
  - c. The specialty pharmacy will submit a secondary claim to the program
- 3 Obtain VYVGART and administer** to the enrolled patient
- 4 Follow steps 2 through 4 on the previous page** to submit a claim for reimbursement of injection- or infusion-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** for more information.

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

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

# With your patients during their VYVGART journey

**My VYVGART Path** is a program that pairs your eligible patients with an 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.

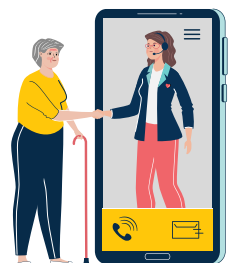
## There are 2 ways to enroll your patients in My VYVGART Path:

### OPTION 1

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

### OPTION 2

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



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

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

## 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

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



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.

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**Here to assist your patients  
during their treatment journey**

**1-833-MY-PATH-1** (1-833-697-2841)