

My VYVGART Path Commercial Copayment Program Explanation of Benefits, Terms and Conditions

Summary of My VYVGART Path Commercial Copayment 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, coinsurance, 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 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 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 health care provider 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.