For your appropriate adult patients with moderately to severely active CD
for whom other therapies have not worked well enough or cannot be tolerated

MADE FOR SELECTIVITY
MADE FOR REMISSION
MADE FOR NOW

Entyvio works through a gut-selective MOA by specifically binding to the α4β7 integrin and blocking its interaction with MAdCAM-1, which is mainly expressed on gut endothelial cells.[1]

Remission was evaluated at Week 52.[1] Individual results may vary.

INDICATION

Adult Crohn's Disease (CD)
ENTYVIO (vedolizumab) is indicated in adults for the treatment of moderately to severely active CD.

IMPORTANT SAFETY INFORMATION

- ENTYVIO (vedolizumab) for injection is contraindicated in patients who have had a known serious or severe hypersensitivity reaction to ENTYVIO or any of its excipients.

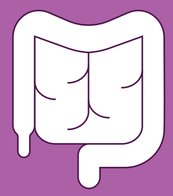
Please see additional Important Safety Information on page 19 and click here for full Prescribing Information, including Medication Guide.

MAdCAM-1 = mucosal addressin cell adhesion molecule-1; MOA = mechanism of action.

Entyvio® vedolizumab

For your appropriate adult patients with moderately to severely active CD for whom other therapies have not worked well enough or cannot be tolerated

ONLY ENTYVIO COMBINES



GUT SELECTIVITY[2-7]

Entyvio helps address inflammation where it occurs—in the gut.[1]

Entyvio specifically binds to the α4β7 integrin and blocks the interaction between the α4β7 integrin and MAdCAM-1, which is mainly expressed on the GI tract endothelial cells.

LONG-TERM REMISSION[1,8]

CD patients achieved remission at Week 52 vs placebo in study populations that included bio-naïve and anti-TNFα–experienced patients.[1,8]

Individual results may vary.

SAFETY FOR THE LONG TERM[1,9-11]

Clinical trials evaluated safety in more than 3300 adults (UC, CD, and healthy volunteers).[1]

A separate open-label study of up to 7 years demonstrated consistent results across safety parameters.[9-11]*

NO BOXED WARNINGS

*In a single-arm, open-label extension study, 2243 patients received Entyvio with a median exposure of 1072 days (range 1 to 3412 days).[9-11]

SELECTED SAFETY INFORMATION

- If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled.
- Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms.
- ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.

IMPORTANT SAFETY INFORMATION

- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

Please see additional Important Safety Information on page 19.

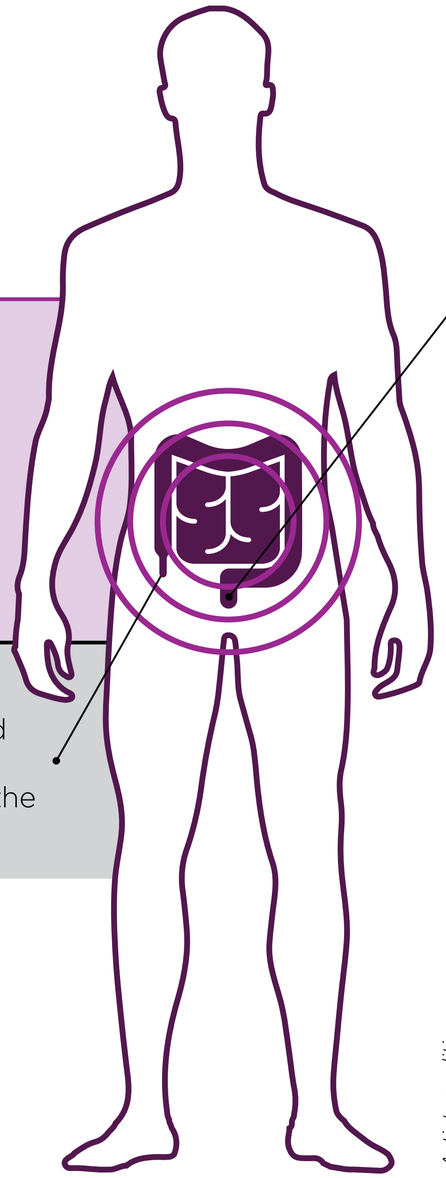
GI = gastrointestinal; TNFα = tumor necrosis factor alpha; UC = ulcerative colitis.

Entyvio® vedolizumab

SELECTIVITY

Entyvio®
vedolizumab

HELPS ADDRESS INFLAMMATION WHERE IT OCCURS—IN THE GUT[1-7,12]

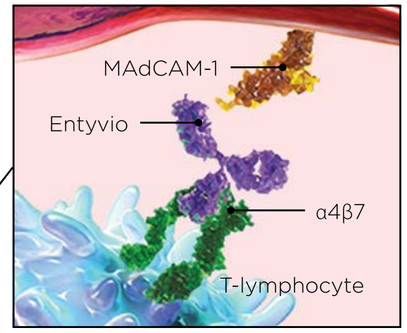


ONLY ENTYVIO IS GUT SELECTIVE

Entyvio is the first and only gut-selective biologic to focus its action on an inflammatory pathway in the gut

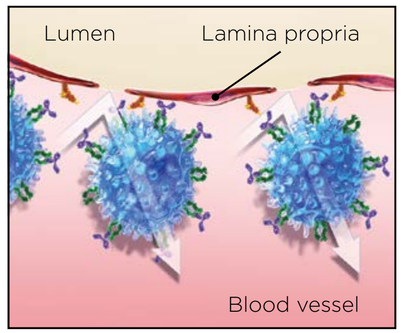
CD causes chronic inflammation of the gut, and infiltrating T-lymphocytes cross the endothelium into the inflamed GI tissue

Entyvio blocks lymphocyte interaction



Entyvio specifically binds to the α4β7 integrin and blocks the interaction between the α4β7 integrin and MAdCAM-1, which is mainly expressed on GI tract endothelial cells

Inflammation is reduced



Artist rendition

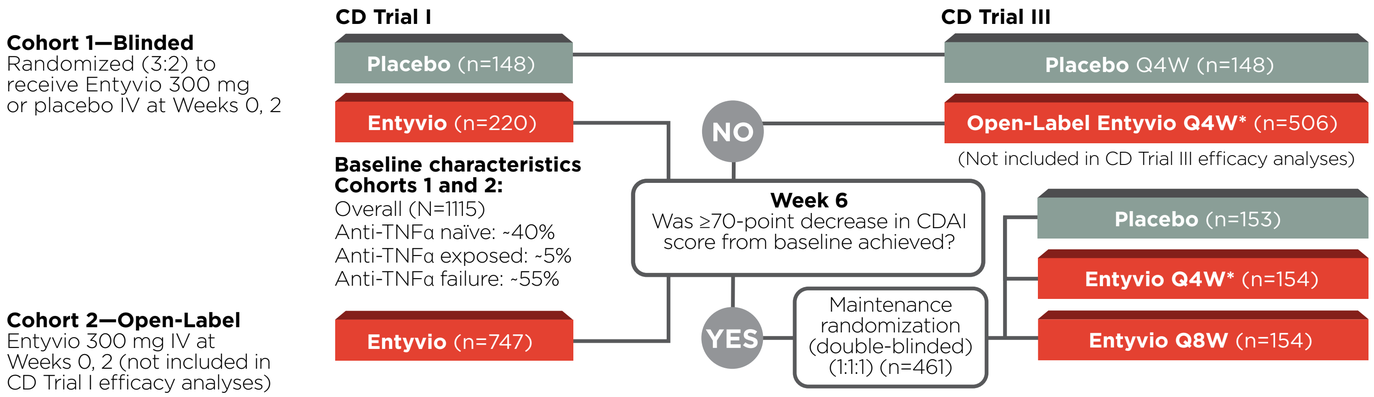
T-lymphocyte migration into the gut is inhibited and inflammation is reduced

IMPORTANT SAFETY INFORMATION

- Infusion-related reactions and hypersensitivity reactions including anaphylaxis, dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have been reported. These reactions may occur with the first or subsequent infusions and may vary in their time of onset from during infusion or up to several hours post-infusion. If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

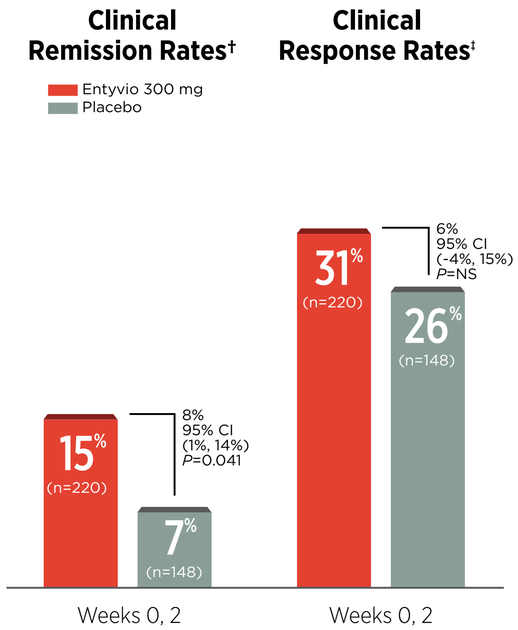
Please see additional Important Safety Information on page 19.

CD TRIALS I AND III: DESIGN AND END POINTS[1,8,13]

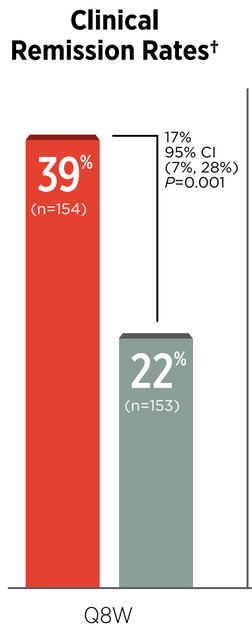


~48% of Entyvio-treated patients from CD Trial I and the open-label cohort achieved ≥70-point decrease in CDAI

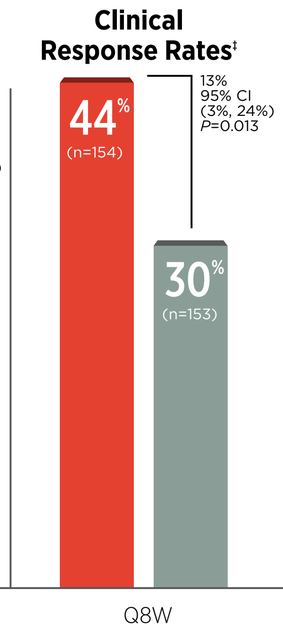
- CD Trial I: 2 cohorts with primary end point evaluation at Week 6‖
- CD Trial III: Patients receiving Entyvio 300 mg in cohorts 1 and 2 of CD Trial I who had a clinical response‡ at Week 6 were randomly assigned to continue receiving Entyvio 300 mg every 8 weeks, Entyvio 300 mg every 4 weeks, or placebo for up to 52 weeks‖

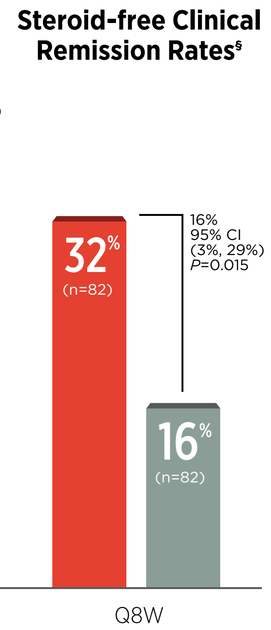


Week 6
CD Trial I: Primary End Points



Week 52
CD Trial III: Primary End Point





Week 52
CD Trial III: Secondary End Points

*The Entyvio Q4W dosing regimen did not demonstrate additional clinical benefit over the Q8W dosing regimen. The Q4W dosing regimen is not the recommended dosing regimen.
†Clinical remission = CDAI ≤150.
‡Clinical response = ≥100-point decrease in CDAI from baseline.
§Assessed in the subgroup of patients who were receiving corticosteroids at baseline and who were in clinical response at Week 6 (n=82 for placebo, and n=82 for Entyvio Q8W). Corticosteroid-free clinical remission was defined as the proportion of patients in this subgroup who discontinued corticosteroids by Week 52 and were in clinical remission at Week 52.
‖CD Trials I and III were randomized, double-blind, placebo-controlled studies that enrolled adult patients with moderately to severely active CD who had failed at least one conventional therapy, including corticosteroids or immunomodulators and/or ≥1 anti-TNFα therapy. Concomitant aminosalicylates, corticosteroids, and immunomodulators were permitted. Corticosteroids were tapered after Week 6; in the United States, immunosuppressants were discontinued after Week 6.

IMPORTANT SAFETY INFORMATION

- Progressive multifocal leukoencephalopathy (PML), a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the post marketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms. Typical signs and symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. If PML is suspected, withhold dosing with ENTYVIO and refer to a neurologist; if confirmed, discontinue ENTYVIO dosing permanently.

Please see additional Important Safety Information on page 19.

CDAI = Crohn's Disease Activity Index; CI = confidence interval; IV = intravenous; NS = not significant; Q4W = every 4 weeks; Q8W = every 8 weeks.

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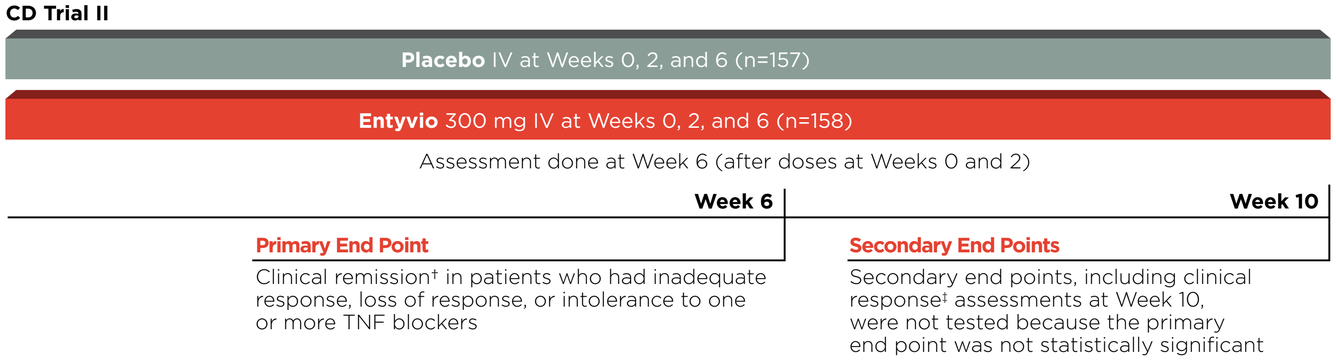
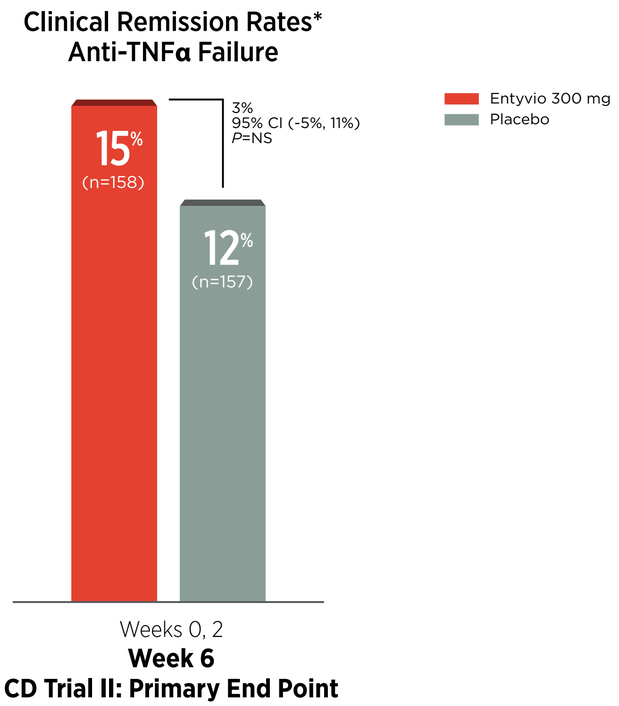
CD TRIAL II: DESIGN AND END POINTS[1]



- CD Trial II: Patients were randomized in a double-blinded fashion (1:1) to receive either placebo or Entyvio‡
- 76% of patients in CD Trial II had an inadequate response, loss of response, or intolerance to one or more TNF blockers



*Clinical remission = CDAI ≤150.
†Clinical response = ≥100-point decrease in CDAI from baseline.
‡CD Trial II was a randomized, double-blind, placebo-controlled study that enrolled adult patients with moderately to severely active CD who had failed at least one conventional therapy, including corticosteroids or immunomodulators and/or ≥1 anti-TNFα therapy. Concomitant aminosalicylates, corticosteroids, and immunomodulators were permitted through Week 10.

IMPORTANT SAFETY INFORMATION

- There have been reports of elevations of transaminase and/or bilirubin in patients receiving ENTYVIO. ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.

Please see additional Important Safety Information on page 19.

INITIATION OF THERAPY

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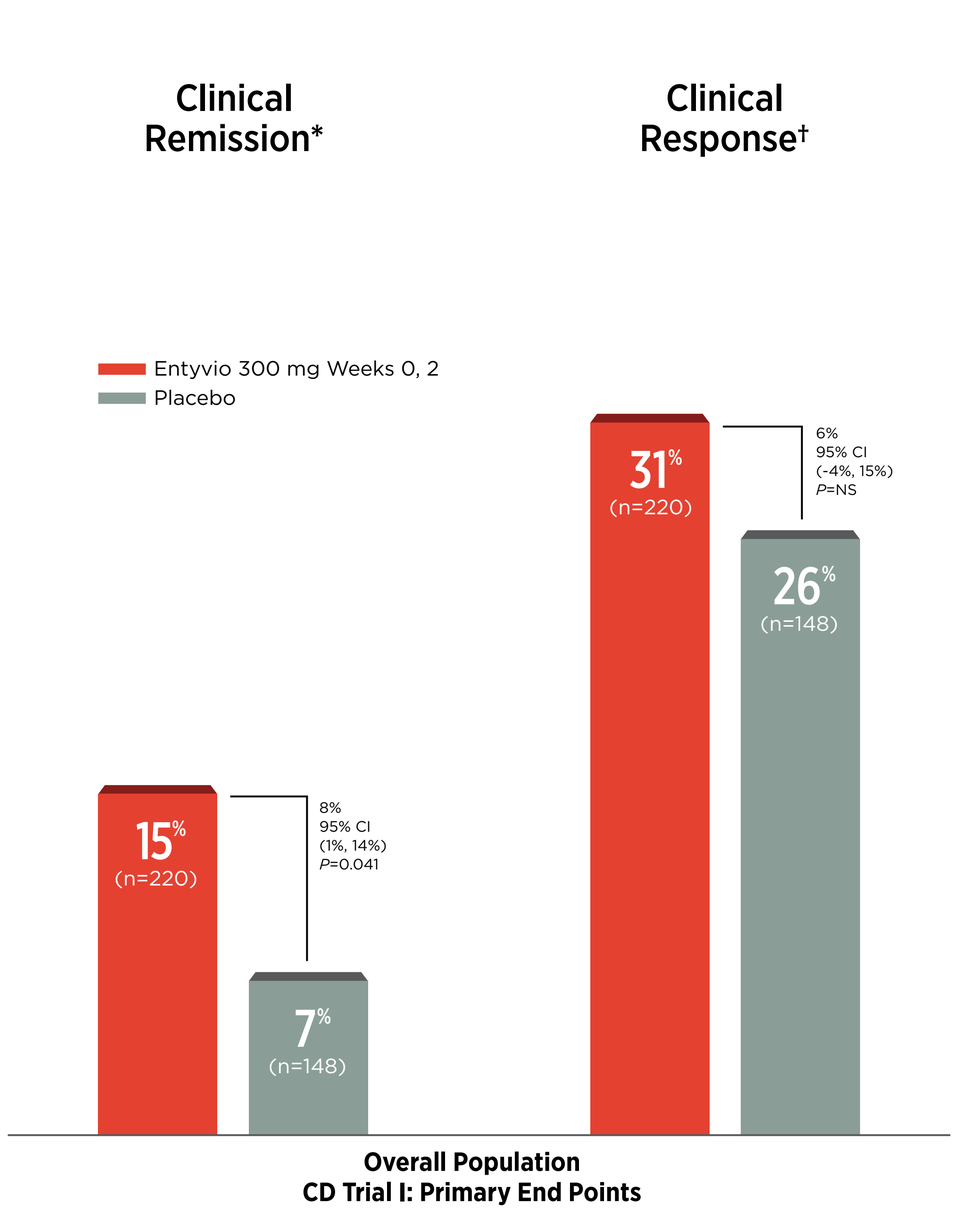
REMISSION AND RESPONSE RATES AT WEEK 6[1,8,13]



Please click here to see the primary end point of clinical remission at Week 52 on page 13.

CD TRIAL II

- In a separate study, 15% (n=158) of patients taking Entyvio who had a suboptimal response to ≥1 anti-TNFα therapy achieved clinical remission* at Week 6 vs 12% (n=157) with placebo (*P*=NS) (primary end point, CD Trial II)

*Clinical remission = CDAI score ≤150.
†Clinical response = ≥100-point decrease in CDAI from baseline.

IMPORTANT SAFETY INFORMATION

- Prior to initiating treatment with ENTYVIO, all patients should be brought up to date with all immunizations according to current immunization guidelines. Patients receiving ENTYVIO may receive non-live vaccines and may receive live vaccines if the benefits outweigh the risks.

Please see additional Important Safety Information on page 19.

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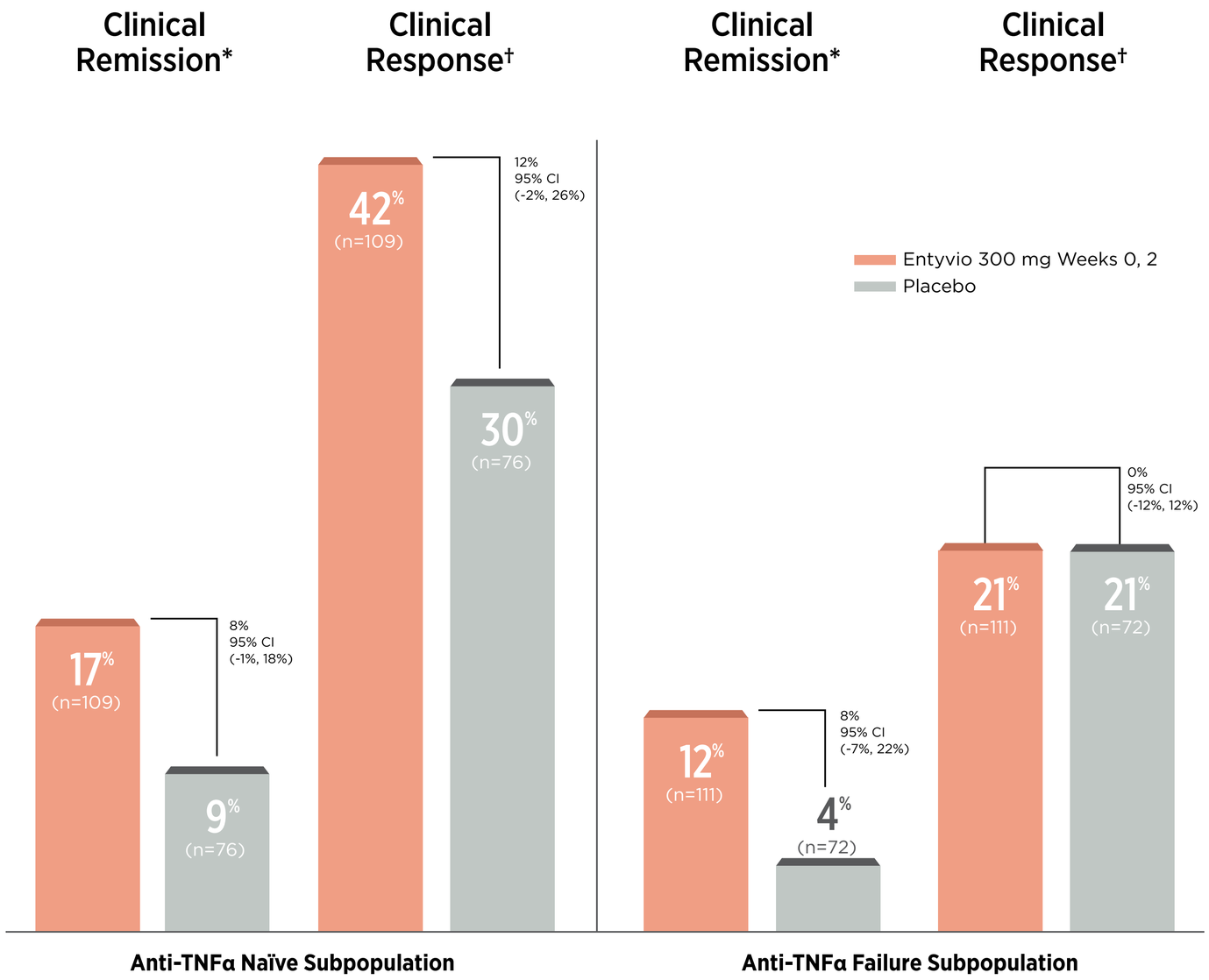
REMISSION AND RESPONSE RATES AT WEEK 6[1,8]



CD Trial I: Exploratory End Points
Not powered for statistical significance.

*Clinical remission = CDAI score ≤150.
†Clinical response = ≥100-point decrease in CDAI from baseline.

IMPORTANT SAFETY INFORMATION

- Most common adverse reactions (incidence ≥3% and ≥1% higher than placebo): nasopharyngitis, headache, arthralgia, nausea, pyrexia, upper respiratory tract infection, fatigue, cough, bronchitis, influenza, back pain, rash, pruritus, sinusitis, oropharyngeal pain, and pain in extremities.

Please see additional Important Safety Information on page 19.

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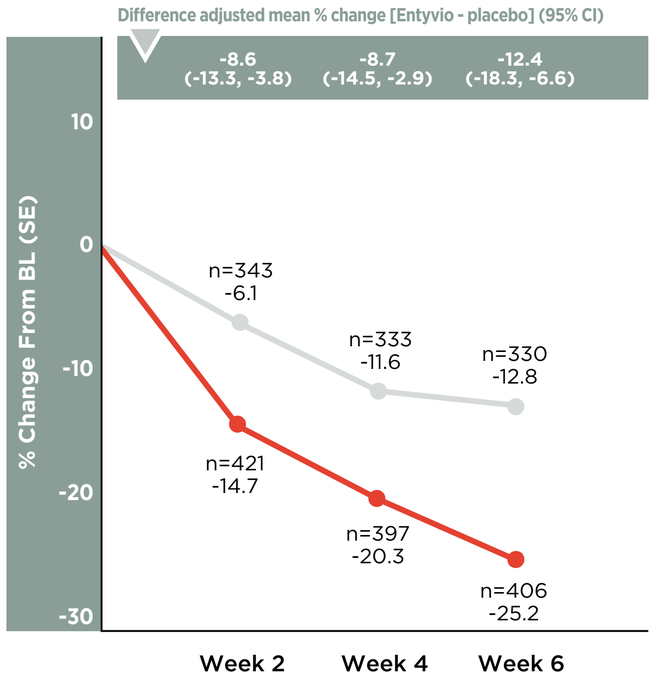
POST-HOC ANALYSIS OF PATIENT-REPORTED CDAI COMPONENTS AT WEEK 2, 4, AND 6[14*†]

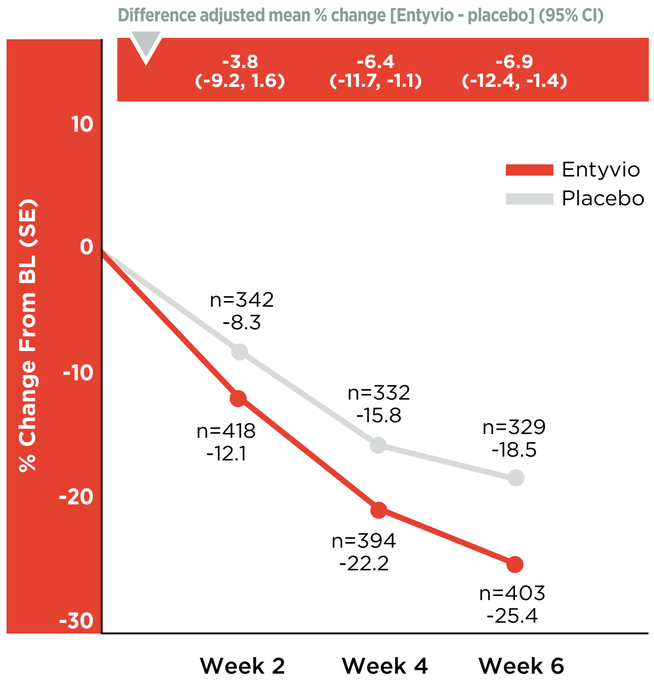
Pooled Exploratory Analysis of CD Trials I and II

The 2 individual patient-reported components (loose stool frequency and abdominal pain) are part of the CDAI and not powered for statistical significance. Correlation of depicted patient-reported outcomes (PROs) to Week 6 and Week 52 primary end points was not evaluated in the analysis.

Analysis of Loose Stool Frequency Subscore (LSFS) in Overall Population‡



Analysis of Abdominal Pain Subscore (APS) in Overall Population‡



Please click here to see the primary end points of clinical remission and clinical response at Week 6 on page 8.

*Data are derived from a post-hoc pooled analysis of CD Trials I and II and therefore not powered for statistical significance and should be considered exploratory.
†Patients with baseline APS=0 and LSFS=0 were excluded from the analysis.
‡Data points represent adjusted % change from baseline mean, where adjustment is for subscore baseline value and treatment.

IMPORTANT SAFETY INFORMATION

- Infusion-related reactions and hypersensitivity reactions including anaphylaxis, dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have been reported. These reactions may occur with the first or subsequent infusions and may vary in their time of onset from during infusion or up to several hours post-infusion. If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.

Please see additional Important Safety Information on page 19.

BL = baseline; SE = standard error.

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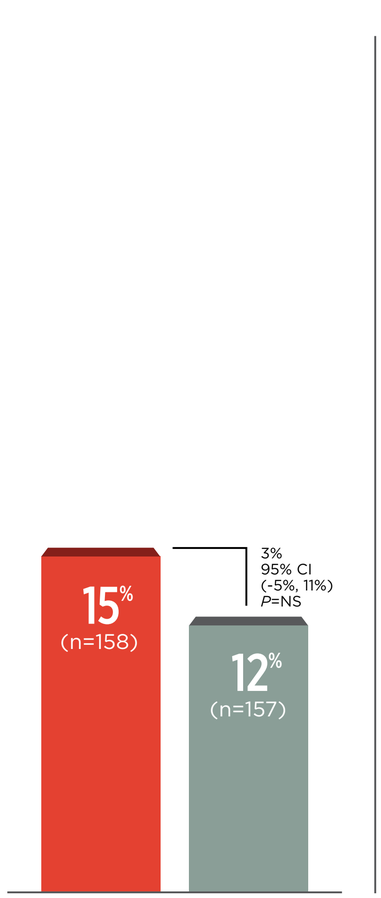
REMISSION RATES AT WEEK 6 AND WEEK 10[1,8,15]

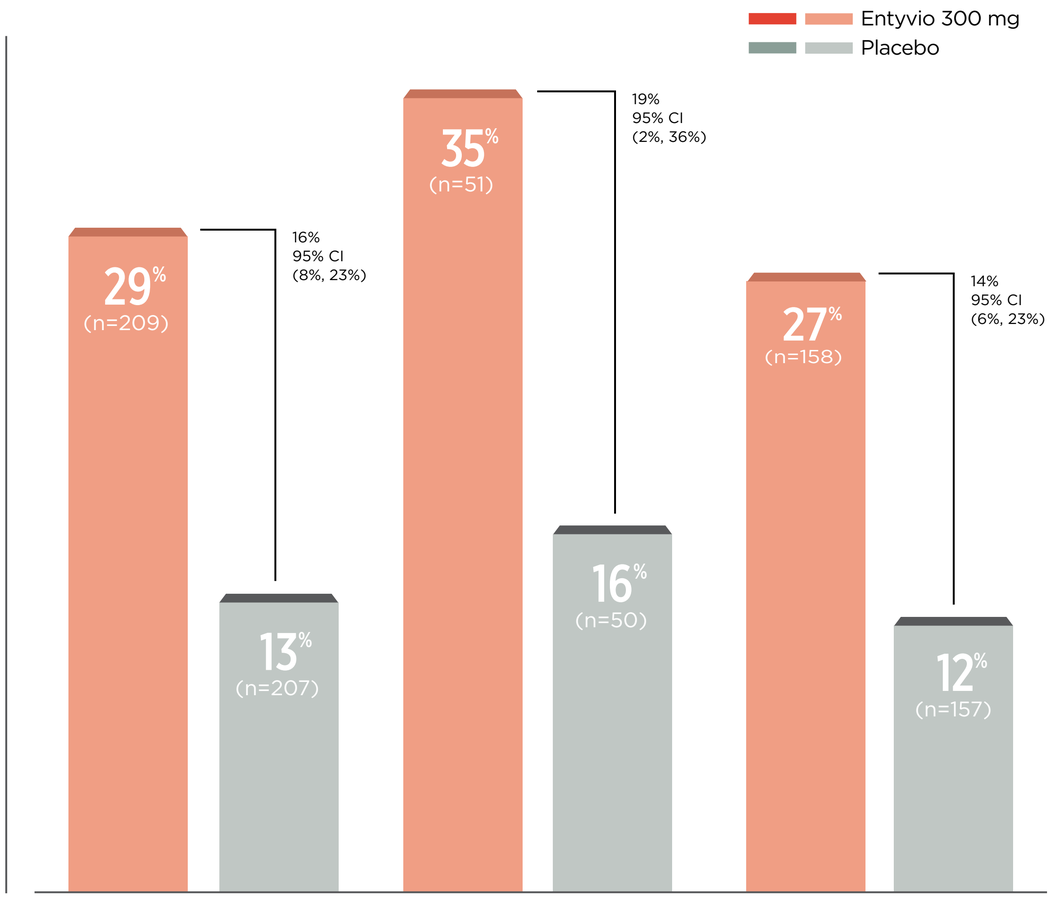
Clinical Remission at Week 6*



Anti-TNFα Failure Subpopulation

CD Trial II: Primary End Point

Clinical Remission at Week 10*



Overall Population

Anti-TNFα Naïve Subpopulation

Anti-TNFα Failure Subpopulation

CD Trial II: Exploratory End Points

Not powered for statistical significance.

- The primary end point of CD Trial II was not statistically significant
- Because the primary outcome was not statistically significant, formal hypothesis testing of ranked secondary outcomes was not performed and considered exploratory
- CD Trial II patients were not enrolled in the maintenance study

*Clinical remission = CDAI score ≤150.

IMPORTANT SAFETY INFORMATION

- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

Please see additional Important Safety Information on page 19.

LONG-TERM DATA

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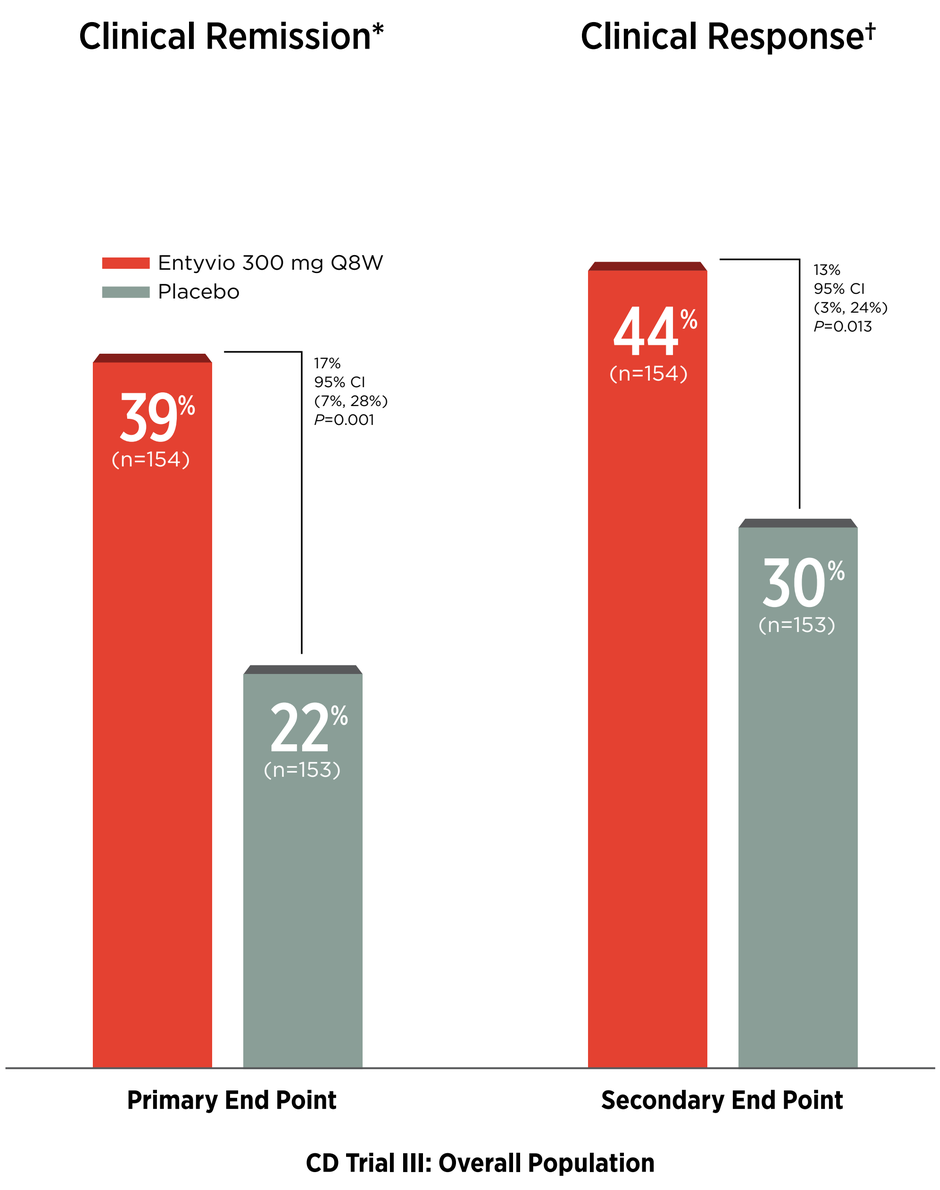
vedolizumab

REMISSION AND RESPONSE RATES AT WEEK 52[1,13]



*Clinical remission = CDAI score ≤150.
†Clinical response = ≥100-point decrease in CDAI from baseline.

Please click here to see the primary end points of clinical remission and clinical response at Week 6 on page 8.

IMPORTANT SAFETY INFORMATION

- Progressive multifocal leukoencephalopathy (PML), a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the post marketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms. Typical signs and symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. If PML is suspected, withhold dosing with ENTYVIO and refer to a neurologist; if confirmed, discontinue ENTYVIO dosing permanently.

Please see additional Important Safety Information on page 19.

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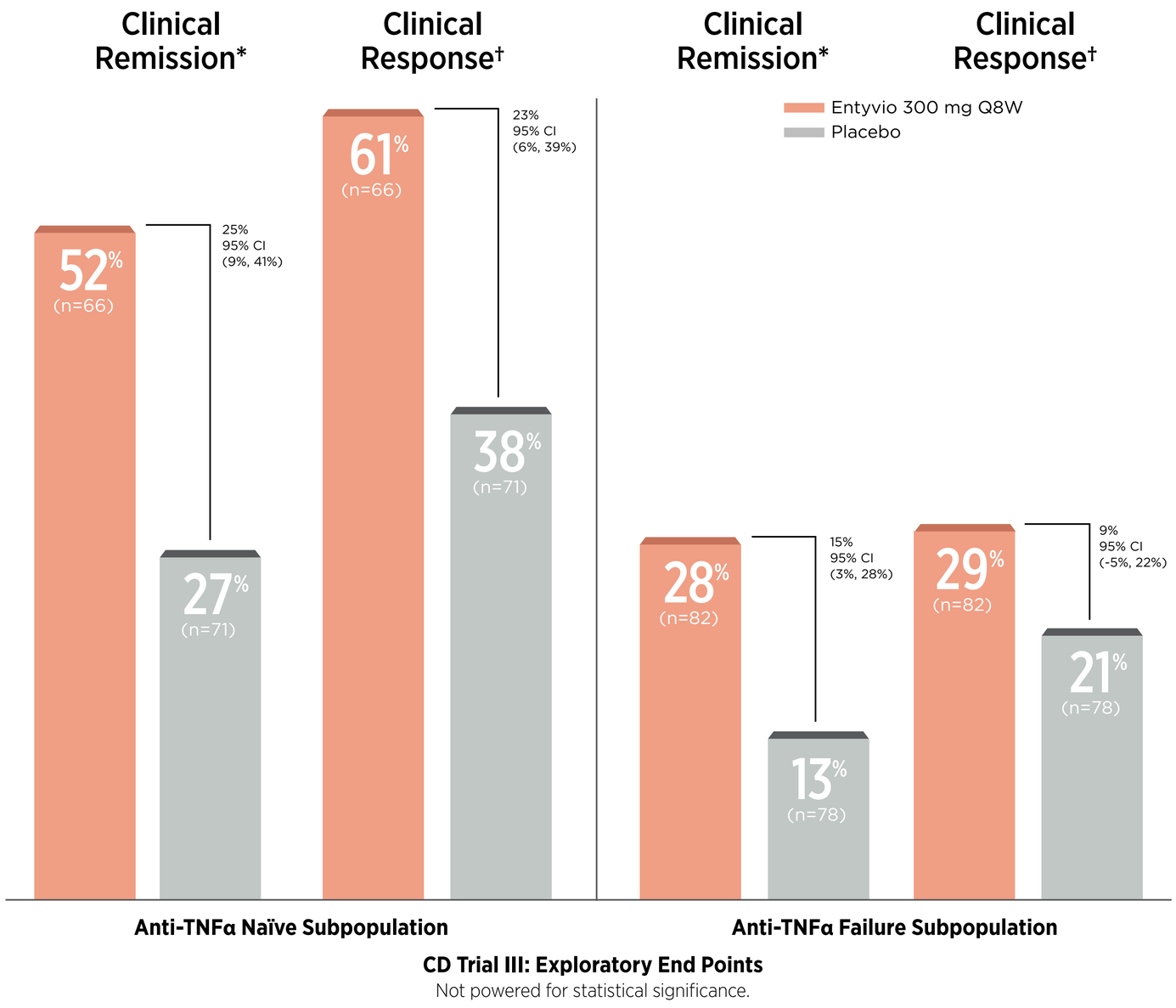
REMISSION AND RESPONSE RATES AT WEEK 52[1,8]



CD Trial III: Exploratory End Points
Not powered for statistical significance.

*Clinical remission = CDAI score ≤150.
†Clinical response = ≥100-point decrease in CDAI from baseline.

IMPORTANT SAFETY INFORMATION

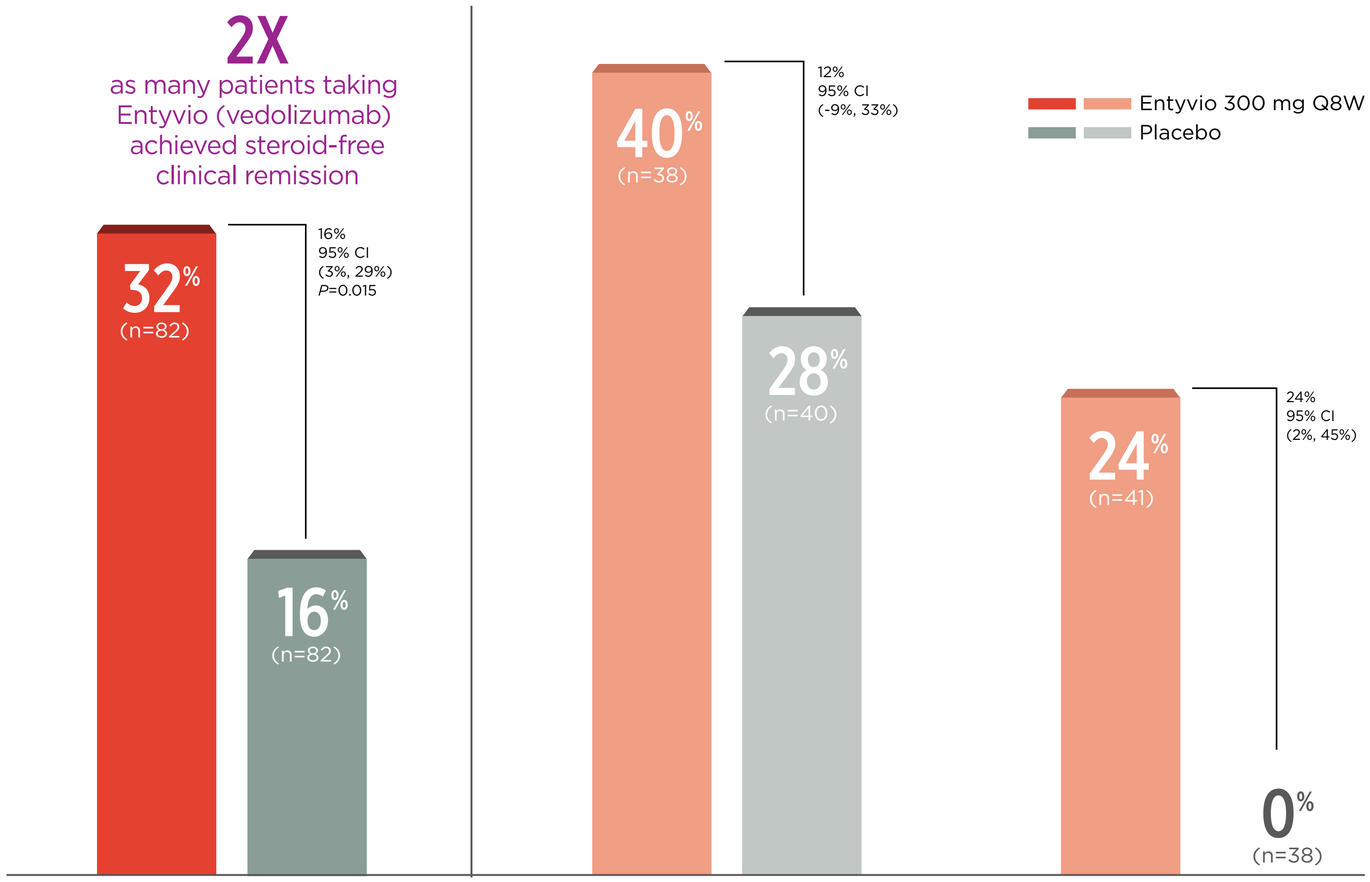
- There have been reports of elevations of transaminase and/or bilirubin in patients receiving ENTYVIO. ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.

Please see additional Important Safety Information on page 19.

STEROID-FREE REMISSION RATES AT WEEK 52[1,8,13]

Steroid-free Clinical Remission*

2X
as many patients taking Entyvio (vedolizumab) achieved steroid-free clinical remission



CD Trial III: Secondary End Point

CD Trial III: Exploratory End Points
Not powered for statistical significance.

*Corticosteroid-free clinical remission: Assessed in the subgroup of patients who were receiving corticosteroids at baseline and who were in clinical response (defined as ≥70 decrease in CDAI from baseline) at Week 6 (n=82 for placebo and n=82 for Entyvio every 8 weeks). Corticosteroid-free clinical remission was defined as the proportion of patients in this subgroup that discontinued corticosteroids by Week 52 and were in clinical remission at Week 52.

IMPORTANT SAFETY INFORMATION

- Prior to initiating treatment with ENTYVIO, all patients should be brought up to date with all immunizations according to current immunization guidelines. Patients receiving ENTYVIO may receive non-live vaccines and may receive live vaccines if the benefits outweigh the risks.

Please see additional Important Safety Information on page 19.

LONG-TERM SAFETY PROFILE

Entyvio® vedolizumab

Entyvio® vedolizumab

4 CLINICAL TRIALS, MORE THAN 3300 ADULTS[1]

NO BOXED WARNINGS

Selected adverse events observed in UC Trials I and II and CD Trials I and III

Category	Entyvio	Placebo
Infection Rates	0.85 per patient-year	0.7 per patient-year
Serious Infection Rates	0.07 per patient-year	0.06 per patient-year
Adverse Reaction Rates	52% (N=1434)	45% (N=297)
Malignancy Rates	0.4% (N=1434)	0.3% (N=297)
Immunogenicity Rates	6% (N=1427)	N/A
Infusion-Related Reaction Rates	4% (N=1434)	3% (N=297)
Liver Injury	3 patients (N=1434) reported serious adverse reactions of hepatitis with Entyvio; 1 additional case of serious hepatitis was seen in the open-label trial of Entyvio.	

For further details on selected safety parameters from UC Trials I and II and CD Trials I and III, please refer to page 18.

SELECTED SAFETY INFORMATION

- If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled.
- Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms.
- ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.

IMPORTANT SAFETY INFORMATION

- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

Please see additional Important Safety Information on page 19.

Entyvio® vedolizumab

ADVERSE EVENTS BASED ON UC TRIALS I AND II AND CD TRIALS I AND III[1]

INFECTIONS

- **Infection rates with Entyvio were 0.85 per patient-year vs 0.7 for placebo**
  - Infections consisted primarily of nasopharyngitis, upper respiratory tract infection, sinusitis, and urinary tract infection
  - 2% of patients discontinued Entyvio due to infections

SERIOUS INFECTIONS

- **Serious infection rates with Entyvio were 0.07 per patient-year vs 0.06 for placebo**
  - Serious infections included anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis

IMMUNOGENICITY

- **The rate of detectable anti-vedolizumab antibodies at any time during the 52 weeks of continuous treatment with Entyvio was 6% (86 of 1427 patients)**
  - 20 of 86 patients were persistently positive (at 2 or more study visits) for anti-vedolizumab antibody, and 56 of 86 patients developed neutralizing antibodies to vedolizumab
  - Among these 20 patients, 14 had undetectable or reduced vedolizumab serum concentrations. Five of the 20 patients with persistently positive anti-vedolizumab antibody achieved clinical remission at Week 52 in the controlled trials
  - Overall, there was no apparent correlation of anti-vedolizumab antibody development to adverse reactions following intravenous administration of Entyvio

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML)

- **Although unlikely, a risk of PML cannot be ruled out:**
  - PML, a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised
  - 1 case of PML in an Entyvio-treated patient with multiple contributory factors has been reported in the postmarketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression)

LIVER INJURY

- **Entyvio should be discontinued in patients with jaundice or other evidence of significant liver injury**
- **3 patients reported serious adverse reactions of hepatitis with Entyvio; 1 additional case of serious hepatitis was seen in the open-label trial**
  - These adverse reactions occurred following 2 to 5 Entyvio doses; however, it is unclear if the reactions indicated drug-induced or autoimmune etiology
  - There have been reports of elevations of transaminase and/or bilirubin in patients receiving Entyvio
  - All patients recovered following discontinuation of therapy with or without treatment with corticosteroids

MALIGNANCIES

- **Malignancies (excluding dysplasia and basal cell carcinoma) were reported in 0.4% (6 of 1434) of patients treated with Entyvio and in 0.3% (1 of 297) of patients treated with placebo**
  - The number of malignancies in clinical trials was small; however, long-term exposure was limited

ADVERSE REACTIONS

- **Adverse reactions were reported in 52% of patients treated with Entyvio (N=1434) and 45% of patients treated with placebo (N=297)**
  - Over 52 weeks, 7% of patients treated with Entyvio experienced serious adverse reactions compared to 4% treated with placebo

INFUSION-RELATED REACTIONS (IRRS) AND HYPERSENSITIVITY REACTIONS

- **4% of patients treated with Entyvio (N=1434) experienced an IRR vs 3% of patients on placebo (N=297)**
- 1 case of anaphylaxis (1 of 1434 patients treated with Entyvio) was reported by a CD patient during the second infusion (symptoms reported were dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate) and was managed with discontinuation of infusion and treatment with antihistamine and IV hydrocortisone
- **Most frequently observed IRRs** were nausea, headache, pruritus, dizziness, fatigue, infusion-related reaction, pyrexia, urticaria, and vomiting. These reactions generally occurred within the first 2 hours after the infusion and resolved with no treatment or following antihistamine and/or IV hydrocortisone treatment

IMPORTANT SAFETY INFORMATION

- Progressive multifocal leukoencephalopathy (PML), a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the post marketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms. Typical signs and symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. If PML is suspected, withhold dosing with ENTYVIO and refer to a neurologist; if confirmed, discontinue ENTYVIO dosing permanently.

Please see additional Important Safety Information on page 19.

Entyvio® vedolizumab

INDICATIONS

Adult Ulcerative Colitis (UC)
ENTYVIO (vedolizumab) is indicated in adults for the treatment of moderately to severely active UC.

Adult Crohn's Disease (CD)
ENTYVIO (vedolizumab) is indicated in adults for the treatment of moderately to severely active CD.

IMPORTANT SAFETY INFORMATION

- ENTYVIO (vedolizumab) for injection is contraindicated in patients who have had a known serious or severe hypersensitivity reaction to ENTYVIO or any of its excipients.
- Infusion-related reactions and hypersensitivity reactions including anaphylaxis, dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have been reported. These reactions may occur with the first or subsequent infusions and may vary in their time of onset from during infusion or up to several hours post-infusion. If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.
- Progressive multifocal leukoencephalopathy (PML), a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the post marketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms. Typical signs and symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. If PML is suspected, withhold dosing with ENTYVIO and refer to a neurologist; if confirmed, discontinue ENTYVIO dosing permanently.
- There have been reports of elevations of transaminase and/or bilirubin in patients receiving ENTYVIO. ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.
- Prior to initiating treatment with ENTYVIO, all patients should be brought up to date with all immunizations according to current immunization guidelines. Patients receiving ENTYVIO may receive non-live vaccines and may receive live vaccines if the benefits outweigh the risks.
- Most common adverse reactions (incidence ≥3% and ≥1% higher than placebo): nasopharyngitis, headache, arthralgia, nausea, pyrexia, upper respiratory tract infection, fatigue, cough, bronchitis, influenza, back pain, rash, pruritus, sinusitis, oropharyngeal pain, and pain in extremities.

Please click here to see full Prescribing Information and Medication Guide.

REFERENCES:
1. Entyvio (vedolizumab) prescribing information. Takeda Pharmaceuticals USA, Inc. **2.** Fedyk E, Wyant T, Yang LL, et al. *Inflamm Bowel Dis.* 2012;18(11):2107-2119. **3.** Soler D, Chapman T, Yang LL, et al. *J Pharmacol Exp Ther.* 2009;330(3):864-875. **4.** Wyant T, Fedyk E, Abhyankar B. *J Crohns Colitis*. 2016;10(12):1437-1444. **5.** Wyant T, Leach T, Sankoh S, et al. *Gut.* 2015;64(1):77-83. **6.** Milch C, Wyant T, Xu J, et al. *J Neuroimmunol.* 2013;264:123-126. **7.** Briskin M, Winsor-Hines D, Shyjan A, et al. *Am J Pathol.* 1997;151(1):97-110. **8.** Data on file. MLN0002, Final CSR C13007, October 2012. Takeda Pharmaceuticals USA, Inc. **9.** Loftus EV Jr, Feagan BG, Panaccione R, et al. *Aliment Pharmacol Ther.* 2020;52(8):1353-1365. **10.** Data on file. MLN0002, Final CSR C13008, April 2018. Takeda Pharmaceuticals USA, Inc. **11.** Data on file. Internal communications, October 2020. Takeda Pharmaceuticals USA, Inc. **12.** Xavier RJ, Podolsky DK. *Nature*. 2007;448(7152):427-434. **13.** Sandborn WJ, Feagan BG, Rutgeerts P, et al; for GEMINI 2 Study Group. *N Engl J Med*. 2013;369(8):711-721. **14.** Feagan B, Lasch K, Lissoos T, et al. *Clin Gastroenterol Hepatol.* 2019;17:130-138. **15.** Data on file. MLN0002, Final CSR C13011, August 2012. Takeda Pharmaceuticals USA, Inc.

For your appropriate adult patients with moderately to severely active CD for whom other therapies have not worked well enough or cannot be tolerated

Entyvio® vedolizumab

ONLY ENTYVIO COMBINES

GUT SELECTIVITY[2-7]

Entyvio helps address inflammation where it occurs—in the gut[1]

Entyvio specifically binds to the α4β7 integrin and blocks the interaction between the α4β7 integrin and MAdCAM-1, which is mainly expressed on the GI tract endothelial cells

LONG-TERM REMISSION[1,8]

CD patients achieved remission at Week 52 vs placebo in study populations that included bio-naïve and anti-TNFα–experienced patients[1,8]

Individual results may vary

SAFETY FOR THE LONG TERM[1,9-11]

Clinical trials evaluated safety in more than 3300 adults (UC, CD, and healthy volunteers).[1] A separate open-label study of up to 7 years demonstrated consistent results across safety parameters.[9-11]*

NO BOXED WARNINGS

*In a single-arm, open-label extension study, 2243 patients received Entyvio with a median exposure of 1072 days (range 1 to 3412 days).[9-11]

ARE YOU STARTING WITH ENTYVIO AS YOUR FIRST-LINE BIOLOGIC?

SELECTED SAFETY INFORMATION

- If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled.
- Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms.
- ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.

IMPORTANT SAFETY INFORMATION

- Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.

Please see additional Important Safety Information on page 19.

GI = gastrointestinal; TNFα = tumor necrosis factor alpha; UC = ulcerative colitis.

If you are a Colorado prescriber, please see the Colorado WAC disclosure form.