Entyvio CONNECT | Entyvio® vedolizumab

ENTYVIO CONNECT COVERAGE AND CO-PAY ENROLLMENT

HOW TO ENROLL

1 BENEFIT INVESTIGATION ENROLLMENT FORM Complete this form and make an enlarged copy of both sides of the patient's insurance card and pharmacy benefit card, if available.

2 PATIENT AUTHORIZATION AND CO-PAY CONSENT FORM Have your patient complete and sign this form. While patients are not required to sign the Patient Authorization and Co-pay Consent Form in order to receive Entyvio, signing allows your patient to be enrolled into the Co-pay Assistance Program. The *Entyvio Connect* Co-pay Assistance Program provides help with out-of-pocket costs of Entyvio for those patients who qualify.

The prescription section of 1 Benefit Investigation Enrollment Form is required if you or the patient's insurance plan prefers to have a specialty pharmacy (SP) ship Entyvio to your office. If you would like to use an SP but do not have a preference, please indicate that you do not wish to buy and bill on Form 1. *Entyvio Connect* will triage the prescription to the in-network SP based on the patient's insurance plan and will make sure the selected SP has your patient's co-pay enrollment details. *Entyvio Connect* will also notify you of which SP received the prescription. Your patient will be contacted by the SP to arrange for payment, and you will be contacted to confirm shipment location.

Fax the completed and signed Forms 1 and 2 to **1-877-488-6814**. **Prior to faxing, confirm that all forms are complete and signed in the highlighted areas.**

Click here for the Coverage and Co-pay Enrollment Forms you can fill out.

For questions, please call 1-855-ENTYVIO (1-855-368-9846), Monday to Friday, from 8 AM to 8 PM EST (except holidays)

Please see Indications and Important Safety Information on next page.

INDICATIONS: ENTYVIO (vedolizumab)

Adult Ulcerative Colitis (UC)

Adult patients with moderately to severely active UC who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids:

- inducing and maintaining clinical response
- inducing and maintaining clinical remission
- improving endoscopic appearance of the mucosa
- achieving corticosteroid-free remission

Adult Crohn's Disease (CD)

Adult patients with moderately to severely active CD who have had an inadequate response with, lost response to, or were intolerant to a TNF blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids:

- achieving clinical response
- achieving clinical remission
- achieving corticosteroid-free remission

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 have occurred. Allergic reactions including dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have also been observed. If anaphylaxis or other serious allergic reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.

IMPORTANT SAFETY INFORMATION (continued)

- 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.
- Although no cases of PML have been observed in ENTYVIO clinical trials, JC virus infection resulting in progressive multifocal leukoencephalopathy (PML) and death has occurred in patients treated with another integrin receptor antagonist. 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 read the full Prescribing Information, including Medication Guide.

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