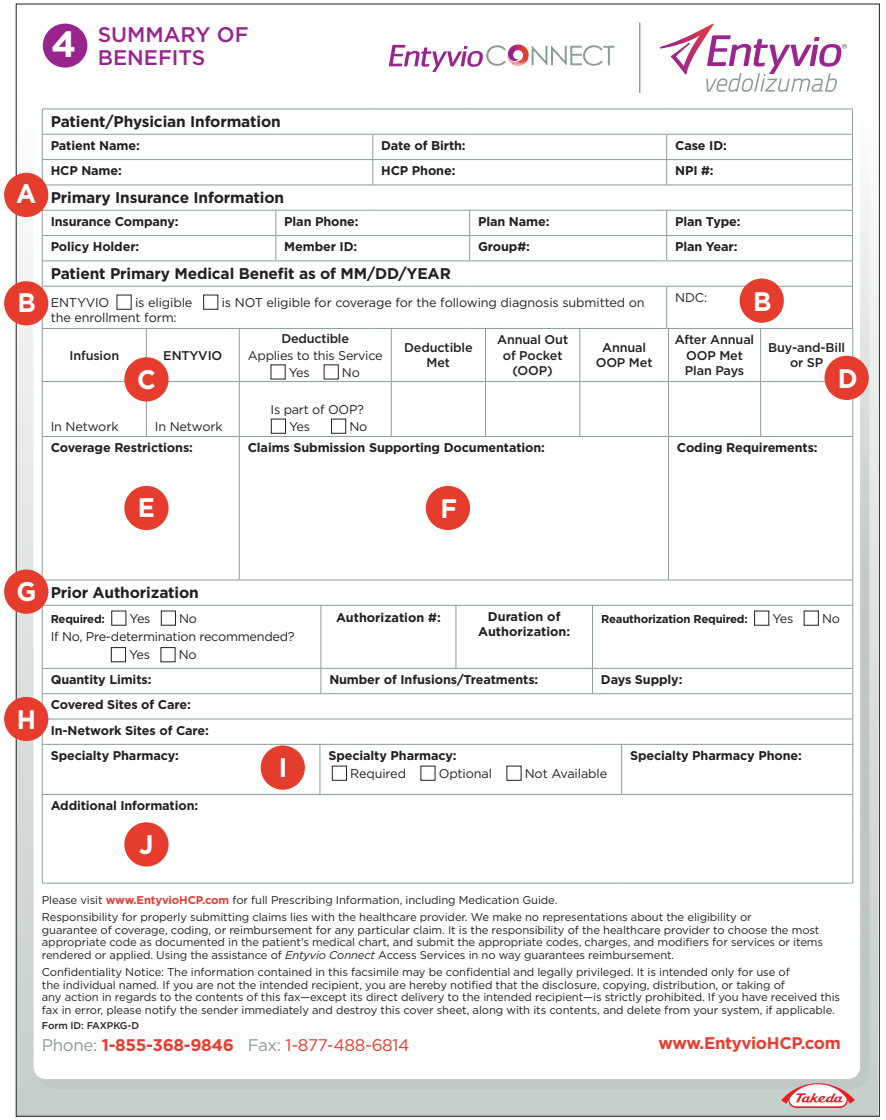
# 4 SAMPLE SUMMARY OF BENEFITS FORM

Once *Entyvio Connect* verifies your patient's insurance coverage, you will be sent a Summary of Benefits. This example outlines the information you can expect to receive.

- **A** Primary (or Secondary) Insurance Final Benefit Summary
- **B** Diagnosis and NDC researched
- **C** Patient plan out-of-pocket (OOP) costs
- **D** Medical benefit coverage reflects the purchasing options available to the physician, based on the patient's insurance plan restrictions
- **E** Identifies specific restrictions obtained from the patient's insurance company
- **F** Payer-specific instructions on how to submit a claim or what must be included with each claim
- **G** Provides details on whether a prior authorization (PA) was required, and the approval information associated with each approval, for your reference
- **H** Covered sites of care
- **I** Indicates if payer requires specialty pharmacy (SP) to be used. If optional, provider can choose to obtain product through SP or distributor. If not optional, then provider must obtain from distributor
- **J** Additional instructions on claim submission process



4 SUMMARY OF BENEFITS

EntyvioCONNECT | Entyvio vedolizumab

**Patient/Physician Information**

| Patient Name: | Date of Birth: | Case ID: |
|---|---|---|
| HCP Name: | HCP Phone: | NPI #: |

**A Primary Insurance Information**

| Insurance Company: | Plan Phone: | Plan Name: | Plan Type: |
|---|---|---|---|
| Policy Holder: | Member ID: | Group#: | Plan Year: |

**Patient Primary Medical Benefit as of MM/DD/YEAR**

B ENTYVIO ☐ is eligible ☐ is NOT eligible for coverage for the following diagnosis submitted on the enrollment form: NDC: B

| Infusion | ENTYVIO | Deductible Applies to this Service ☐ Yes ☐ No | Deductible Met | Annual Out of Pocket (OOP) | Annual OOP Met | After Annual OOP Met Plan Pays | Buy-and-Bill or SP |
|---|---|---|---|---|---|---|---|
| C | | | | | | | D |
| In Network | In Network | Is part of OOP? ☐ Yes ☐ No | | | | | |

| Coverage Restrictions: | Claims Submission Supporting Documentation: | Coding Requirements: |
|---|---|---|
| E | F | |

**G Prior Authorization**

| Required: ☐ Yes ☐ No If No, Pre-determination recommended? ☐ Yes ☐ No | Authorization #: | Duration of Authorization: | Reauthorization Required: ☐ Yes ☐ No |
|---|---|---|---|

| Quantity Limits: | Number of Infusions/Treatments: | Days Supply: |
|---|---|---|

H **Covered Sites of Care:**

**In-Network Sites of Care:**

| Specialty Pharmacy: I | Specialty Pharmacy: ☐ Required ☐ Optional ☐ Not Available | Specialty Pharmacy Phone: |
|---|---|---|

**Additional Information:** J

Please visit www.EntyvioHCP.com for full Prescribing Information, including Medication Guide.

Responsibility for properly submitting claims lies with the healthcare provider. We make no representations about the eligibility or guarantee of coverage, coding, or reimbursement for any particular claim. It is the responsibility of the healthcare provider to choose the most appropriate code as documented in the patient's medical chart, and submit the appropriate codes, charges, and modifiers for services or items rendered or applied. Using the assistance of *Entyvio Connect* Access Services in no way guarantees reimbursement.

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Form ID: FAXPKG-D

Phone: 1-855-368-9846 Fax: 1-877-488-6814 www.EntyvioHCP.com

Takeda

**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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