

EntyvioCONNECT

Entyvio[®]
vedolizumab

YOU MAY BE ABLE TO LOWER YOUR OUT-OF-POCKET COSTS WITH OUR PROGRAMS

Living with a chronic condition is difficult enough.
Managing your treatment costs shouldn't be.



Please see Important Safety Information on [page 6](#).

CO-PAY ASSISTANCE IS AVAILABLE



You may be eligible to pay as little as **\$5 per dose of ENTYVIO up to the maximum annual program benefit.**

Please read the full terms and conditions for the Co-Pay Program on [page 5](#).

TO ENROLL IN THE CO-PAY PROGRAM

1

Enroll online

Go online to **Entyvio.com** and click the link at the top right to SIGN UP for *EntyvioConnect*.

2

Complete your enrollment

Complete all sections to obtain your member identification (ID) number.



Important! Please print and save your member ID number and card to use for future reimbursement.

What is ENTYVIO?

ENTYVIO is a prescription medicine used in adults for the treatment of moderate to severe ulcerative colitis (UC) or moderate to severe Crohn's disease (CD).

Safety Considerations

Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of its ingredients. Infusion-related and serious allergic reactions can happen while you are receiving ENTYVIO or several hours after treatment. ENTYVIO may increase your risk of getting a serious infection.

Please see Important Safety Information on [page 6](#).

HOW DO I GET REIMBURSED FOR MY TREATMENT?

After your ENTYVIO infusion, the infusion provider (for example, your doctor or the infusion center) will submit a claim to your insurance company. Getting reimbursed for your out-of-pocket (OOP) costs will depend on whether or not the infusion provider is able to accept payment through *EntyvioConnect*.

ACCEPTS PAYMENT

If the infusion provider **accepts payment** through *EntyvioConnect* but does not submit co-pay claims for patients:

1

Obtain these important documents

- A paid and itemized Explanation of Benefits (EOB) from your health plan
- A CMS-1500 medical claim form (contact the infusion provider to request one)

2

Send to *EntyvioConnect*

- **Fax your documents to *EntyvioConnect* at 1-844-595-6272**
- **You may also mail to:**
Takeda Support Services
Financial Assistance
Program
P.O. Box 1119
Morristown, NJ 07962

3

Follow up with the infusion provider

- Follow up in 10 business days to confirm that they received your check, and make arrangements with the office to pick it up

HOW DO I GET REIMBURSED FOR MY TREATMENT? (cont'd)

DOES NOT ACCEPT PAYMENT

If the infusion provider **does not accept payment** directly from *EntyvioConnect*:

1

Obtain these important documents

- A paid and itemized EOB from your health plan
- An ENTYVIO medical claim form (you must check **“Patient” in Section 5: Payee**)
- A receipt or proof of payment for ENTYVIO (eg, a receipt from your infusion visit or an itemized bill)

2

Send to *EntyvioConnect*

- **Fax your documents to *EntyvioConnect* at 1-844-595-6272**
- **You may also mail to:**
Takeda Support Services
Financial Assistance
Program
P.O. Box 1119
Morristown, NJ 07962

3

Check your mailbox

- You will receive a reimbursement check for your OOP costs for ENTYVIO within 10 business days

Safety Considerations

Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of its ingredients. Infusion-related and serious allergic reactions can happen while you are receiving ENTYVIO or several hours after treatment. ENTYVIO may increase your risk of getting a serious infection.

Please see Important Safety Information on [page 6](#).

EntyvioConnect Co-Pay Terms and Conditions

The *EntyvioConnect* Co-Pay Program (“Co-Pay Program”) provides financial support for commercially insured patients who qualify for the Co-Pay Program. Participation in the Co-Pay Program and provision of financial support is subject to all Co-Pay Program terms and conditions, including but not limited to eligibility requirements, the maximum benefit per claim, and the Maximum Annual Benefit. By enrolling in the Co-Pay Program, you agree that the program is intended solely for the benefit of you—not health plans and/or their partners. Further, you agree to comply with all applicable requirements of your health plan. The Co-Pay Program cannot be used if the patient is a beneficiary of, or any part of the prescription is covered by: 1) any federal, state, or government-funded healthcare program (Medicare, Medicare Advantage, Medicaid, TRICARE, etc.), including a state pharmaceutical assistance program (the Federal Employees Health Benefit (FEHB) Program is not a government-funded healthcare program for the purpose of this offer), 2) the Medicare Prescription Drug Program (Part D), or if the patient is currently in the coverage gap, or 3) insurance that is paying the entire cost of the prescription. Takeda reserves the right to change or end the Co-Pay Program at any time without notice, and other terms and conditions may apply.

If you have enrolled in an accumulator adjustment, co-pay maximizer, or similar program that purports to help manage costs, or later learn that your insurance company or health plan has implemented such a program, you agree to inform *EntyvioConnect* at 1-844-368-9846. In an accumulator adjustment program, payments made by you that are subsidized by a manufacturer co-pay assistance program do not count toward your deductibles and other out-of-pocket cost-sharing obligations. In a co-pay maximizer program, the amount of your out-of-pocket cost obligation is increased to match support offered by a manufacturer co-pay assistance program. It may be possible that you are unaware whether you are subject to these programs when you enroll in the Co-Pay Program. Takeda will monitor program utilization data and reserves the right to discontinue assistance under the Co-Pay Program at any time if Takeda determines that you are subject to a co-pay maximizer, accumulator, or similar program.

The Maximum Annual Benefit under the Co-Pay Program is subject to change without notice. Subject to all terms and conditions, the Maximum Annual Benefit under the Co-Pay Program may be applied to out-of-pocket cost for your ENTYVIO prescription, including co-pay, co-insurance or deductible. The Co-Pay Program is for medication costs only and does not include costs to give you your treatment. Subject to all terms and conditions, the Maximum Annual Benefit under the Co-Pay Program is \$20,000 per calendar year. However, except where prohibited by law, if your insurance company or health plan implements a co-pay maximizer program or similar program, you will have a reduced Maximum Annual Benefit of \$9,000 per calendar year. If your insurance company or health plan removes ENTYVIO from such program, subject to all terms and conditions, you will be eligible for co-pay assistance up to the Maximum Annual Benefit for patients who are not subject to maximizer adjustment or similar programs.

The actual application and use of the benefit available under the co-pay assistance program may vary on a per-claim, monthly, quarterly, and/or annual basis, depending on each individual patient’s health plan and other prescription drug costs.

Patient may not seek reimbursement from any other plan or program (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. Patient or healthcare provider may be required to submit an Explanation of Benefits (EOB) following each infusion to the Co-Pay Program.

The Co-Pay Program only applies in the United States, including Puerto Rico and other U.S. territories, and does not apply where prohibited by law, taxed, or restricted. This does not constitute health insurance. Void where use is prohibited by your insurance provider or health plan. If your health plan changes you must notify *EntyvioConnect* at 1-844-368-9846. This offer is not transferable and is limited to one offer per person and may not be combined with any other coupon, discount, prescription savings card, rebate, free trial, patient assistance, co-pay maximizer, alternative funding program, co-pay accumulator, or other offer, including those from third parties and companies that help insurers or health plans manage costs. Not valid if reproduced.

By utilizing the Co-Pay Program, you hereby accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the Co-Pay Program represents that the patient meets the eligibility criteria and other requirements described herein. You must meet the program eligibility requirements every time you use the program.

Important Safety Information

- **Do not receive ENTYVIO[®] if you** have had an allergic reaction to ENTYVIO or any of its ingredients.
- **ENTYVIO may cause serious side effects, including:**
 - **Infusion-related and serious allergic reactions** can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get immediate medical help if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
 - **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or symptoms of an infection, such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
 - **Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
 - **Liver problems** can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your abdomen, dark urine, or yellowing of the skin and eyes (jaundice).
- **The most common side effects of ENTYVIO include:** common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, pain in extremities, and with injections under the skin: pain, swelling, itching, hives, bruising, rash, or redness at the injection site. These are not all the possible side effects of ENTYVIO. Call your healthcare provider for medical advice about side effects.
- **Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:** have or think you may have an infection or have infections that keep coming back; have liver problems; have tuberculosis (TB) or have been in close contact with someone with TB; have recently received or are scheduled to receive a vaccine; or if you are pregnant, breastfeeding, plan to become pregnant, or plan to breastfeed.
- **Tell your healthcare provider about all the medicines you take, especially if you take or have recently taken** Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

Please see accompanying full Prescribing Information, including the Medication Guide, for ENTYVIO and talk with your healthcare provider.

ENTYVIO is available for:

- **intravenous (IV) infusion: 300 mg vedolizumab.**
- **subcutaneous (SC) injection: 108 mg vedolizumab.**

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

What is ENTYVIO?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn's disease (CD).

It is not known if ENTYVIO is safe and effective in children under 18 years of age.

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US-VED-0929v4.0 06/24

