EntyvioCONNECT | Entyvio® vedolizumab

ENTYVIO co-pay claim submissions can be **simplified and automated** with electronic data interchange (EDI)

How to set up EDI if your office uses practice management software to submit an ENTYVIO claim

1. PSKW0 must be an available payer in your system

- If you do not see it in your system, contact your software vendor to add PSKW0 as a payer

2. The following information must be added to your patient's profile for a claim to be processed:

- Secondary payer: *EntyvioConnect*
- Payer ID: PSKW0
- *EntyvioConnect* Insurance Group Number: EC16301001
- *EntyvioConnect* Program Member ID

3. Request your practice management software vendor accept Electronic Remittance Advice (835) transactions as well as Electronic Rejection Advice (277) from PSKW0

4. You will receive an Electronic Remittance Advice approximately 5 to 7 business days after claim submission

Using EDI ensures:

- HIPAA compliance
- An increase in accuracy of data and efficiency in information delivery
- A reduction in co-pay claim processing delays since errors can be corrected and resubmitted electronically
- Faster and direct receipt of claims outcomes
- Compatibility with your existing billing software

Submit ENTYVIO claims securely through an EDI platform. **Your Field Reimbursement Manager** can answer questions you may have on setting up EDI for your office.

HIPAA=Health Insurance Portability and Accountability Act; ID=identification.

Please see Indications and Important Safety Information on next page.

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
ENTYVIO is contraindicated in patients who have had a known serious or severe hypersensitivity reaction to ENTYVIO or any of its excipients.

WARNINGS AND PRECAUTIONS
- **Infusion-Related and Hypersensitivity Reactions:** 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.
- **Infections:** 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):** 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 typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported. Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms that may 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 neurologist; if confirmed, discontinue ENTYVIO dosing permanently.
- **Liver Injury:** 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.
- **Live and Oral Vaccines:** 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.

ADVERSE REACTIONS
The most common adverse reactions (incidence ≥3% and ≥1% higher than placebo) were: nasopharyngitis, headache, arthralgia, nausea, pyrexia, upper respiratory tract infection, fatigue, cough, bronchitis, influenza, back pain, rash, pruritus, sinusitis, oropharyngeal pain, pain in extremities, and injection site reactions with subcutaneous administration.

DRUG INTERACTIONS
Because of the potential for increased risk of PML and other infections, avoid the concomitant use of ENTYVIO with natalizumab products and with TNF blockers. Upon initiation or discontinuation of ENTYVIO in patients treated with CYP450 substrates, monitor drug concentrations or other therapeutic parameters, and adjust the dosage of the CYP substrate as needed.

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

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

DOSAGE FORMS & STRENGTHS:
- ENTYVIO Intravenous (IV) Infusion: 300 mg vedolizumab
- ENTYVIO Subcutaneous (SC) Injection: 108 mg vedolizumab

Please click for Full Prescribing Information.

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

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

Takeda