

EntyvioCONNECT



FROM PRESCRIPTION TO **PATIENT SUPPORT**

Programs and services available
to your ENTYVIO patients

Please see additional Important Safety Information on pages [29-30](#).



Hypothetical HCP portrayal

EntyvioCONNECT



THEIR TREATMENT STARTS WITH YOU

You know what's best for your patients. So when you're ready to treat, we're here to help you avoid roadblocks to care. That way, you can get the information and support you need when navigating a patient's coverage.



SUPPORT FOR YOUR OFFICE

Inside this toolkit:

1 Treatment Options

- ENTYVIO intravenous (IV) infusions
- ENTYVIO Pen for subcutaneous (SC) injection

2 EntyvioConnect

- Support programs
- Enrollment
- HCP Portal

3 Benefits Road Map

- Getting started: medical vs pharmacy benefit
- Benefit investigation (BI)
- Prior authorization (PA)
- Denials
- Appeals

4 Getting ENTYVIO to Your Patients

- IV prescription ordering
- SC prescription ordering
- IV treatment administration
- SC treatment

5 Claims and Reimbursement

- Claims forms
- Electronic data interchange (EDI) and electronic funds transfer (EFT)

6 Important Safety Information



Look for this symbol throughout the presentation for clickable links to helpful resources.

Please see additional Important Safety Information on pages [29-30](#).



1 TREATMENT OPTIONS

- > ENTYVIO IV infusions are available for adult patients with moderately to severely active (UC) and Crohn's disease (CD)
- > The ENTYVIO Pen for SC injection is available for maintenance in adult patients with moderately to severely active UC and Crohn's disease (CD)

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.

Please see additional Important Safety Information on pages [29-30](#).

ENTYVIO[®] (vedolizumab)

EntyvioCONNECT

Entyvio[®]
vedolizumab

GENERIC NAME: Vedolizumab

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:

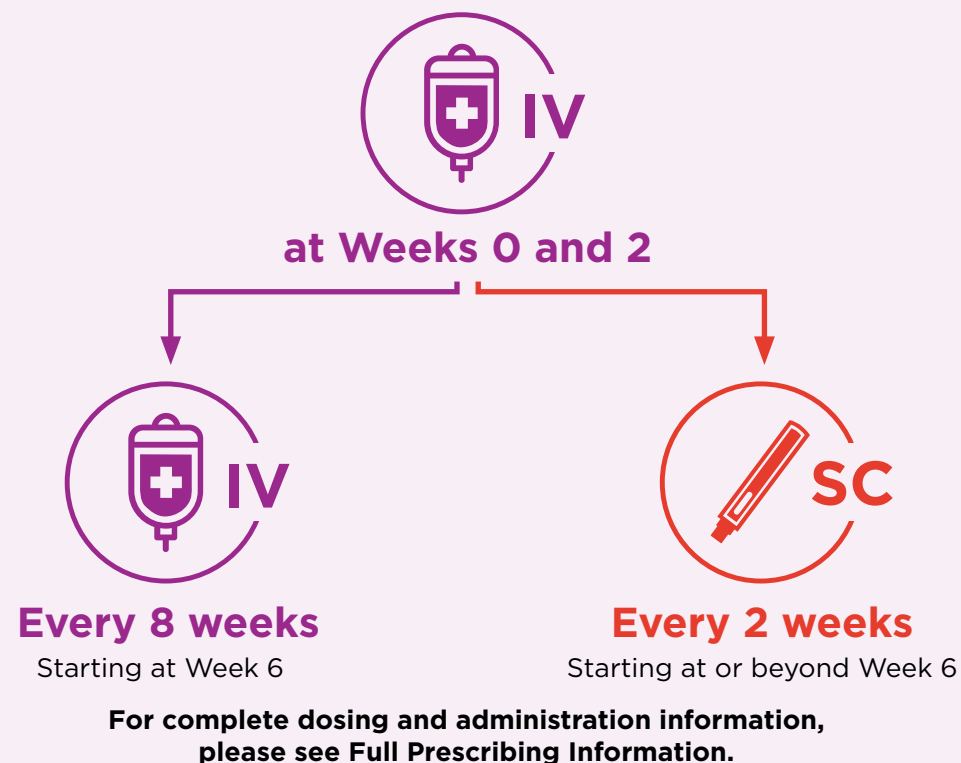
- ENTYVIO (IV) Injection: 300 mg vedolizumab
- ENTYVIO Pen for SC injection: 108 mg vedolizumab

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.

Adult patients have 2 maintenance options for their ENTYVIO treatment.

All patients start on ENTYVIO IV infusions



Please see additional Important Safety Information on pages 29-30.

2 **ENTYVIOCONNECT**

Because each patient's circumstances vary, *EntyvioConnect* offers a range of programs to help patients in the way they need it most.

- > Support throughout the treatment journey
- > Enrolling patients
- > *EntyvioConnect* healthcare provider (HCP) portal

SUPPORT THROUGHOUT THE TREATMENT JOURNEY

After your patient has been prescribed ENTYVIO, you can help **connect them with all that *EntyvioConnect* has to offer.**



INSURANCE SUPPORT

- Benefits investigation (BI)
- Prior authorization (PA) assistance
- Appeals and denials assistance



FOR PATIENTS WITH A DENIED PA

Start Program*: New-to-ENTYVIO patients with commercial health insurance whose PA has been denied are eligible to receive ENTYVIO IV infusions at no cost for up to 1 year while the appeals process is conducted. Available for IV infusions only.



ENTYVIOCONNECT CO-PAY PROGRAM

Allows commercially insured, eligible patients to pay as little as \$5 per dose up to the maximum annual program benefit. Please read the full terms and conditions for the Co-Pay Program on **page 28**.



FOR PATIENTS WITH A LAPSE IN COVERAGE

Bridge Program*: ENTYVIO patients with a temporary loss or gap in commercial coverage or authorization are eligible to receive ENTYVIO at no cost for up to 6 months. Available for IV infusions or self-administered SC injections.



NURSE SUPPORT

Patients can opt in to be paired with a Nurse Educator and receive guidance throughout their treatment on ENTYVIO. SC injection education for the ENTYVIO Pen can also be provided either virtually or in-home when applicable. Our nurses do not provide medical advice.

*Additional terms and conditions may apply.

Please see additional Important Safety Information on pages **29-30**.

TWO WAYS TO ENROLL PATIENTS

EntyvioCONNECT

Entyvio[®]
vedolizumab

Getting patients signed up to take advantage of *EntyvioConnect* resources is easy.



EntyvioConnect HCP Portal

The easiest and quickest way to sign your patients up for *EntyvioConnect* is directly in the online portal at **EntyvioConnectPortal.com**. If you do not have an account yet, ask your Field Reimbursement Manager (FRM) to help you get set up.



By Fax

You and your patient can also complete the **EntyvioConnect Enrollment Form** together at your office and then fax it to: **1-877-488-6814**.



Co-Pay Program and Nurse Support

If your patient wants to enroll in these *EntyvioConnect* programs, they can sign up on their own at **Entyvio.com/Register**.



ENTYVIOCONNECT RESOURCE

The **EntyvioConnect Enrollment Guide** provides the information you and your staff need to enroll patients into *EntyvioConnect* programs.

THE *ENTYVIOCONNECT* HCP PORTAL

EntyvioCONNECT

Entyvio[®]
vedolizumab

Use the portal to enroll patients in *EntyvioConnect*, track their case status, and manage documentation for *EntyvioConnect* services.



Manage these services through the portal:

- BI
- PA support
- Denial and appeal support
- Co-Pay Program enrollment
- Patient Assistance Program (PAP)
- Start Program
- Bridge Program
- Nurse support



If you need help with the portal, please call *EntyvioConnect* at **1-855-ENTYVIO (1-855-368-9846)**, Monday to Friday, from 8 AM to 8 PM ET (except holidays) or call your FRM.

3 BENEFITS ROAD MAP

Getting a prescription approved by health plans can be time-consuming. Use this section to help you navigate the different coverage scenarios you might run into along the way.

- > Before you begin: Medical vs pharmacy benefit
- > Benefit investigation
- > Prior authorization
- > PA process: ENTYVIO IV vs SC
- > Denials
- > Coding guide
- > Appeals

BEFORE YOU BEGIN: MEDICAL VS PHARMACY BENEFIT

Depending on the treatment, a drug usually falls under the medical or pharmacy benefit.*

	MEDICAL	PHARMACY
Route of administration	ENTYVIO IV infusions	ENTYVIO Pen for SC injection
Who dispenses the drug?	HCP, infusion center, home infusion, hospital outpatient	Specialty pharmacy (SP)
Coverage requirements	Medical policy	Formulary
Patient out-of-pocket (OOP) considerations	Co-pay and coinsurance; could be one for drug and one for administration, depending on the patient's coverage	Co-pay or coinsurance for drug
Coding category	Healthcare Common Procedure Coding System (HCPCS)/J-Code	National Drug Code (NDC)



Infusion treatments like ENTYVIO IV are typically covered by a patient's medical benefit.



Self-administered SC injections like the ENTYVIO Pen are typically covered by a patient's pharmacy benefit.

*Some health plans cover IV infusions under the pharmacy benefit or self-administered SC injections under the medical benefit, but this is not typical.

Reference: Vogenberg FR, Santilli J, Eng K. Bend the curve: a new era for the management of specialty pharmaceuticals. Access Market Intelligence. 2016. Accessed February 26, 2024. <https://accessmarketintell.com/wp-content/uploads/2016/08/Bend-the-curve-final.pdf>

Please see additional Important Safety Information on pages [29-30](#).

BENEFIT INVESTIGATION

EntyvioCONNECT

Entyvio[®]
vedolizumab

To get started, contact *EntyvioConnect* or reach out directly to your patient's health plan over the phone or online to understand the specific coverage criteria and requirements for ENTYVIO.

CONSIDERATIONS FOR APPROVAL

- What is the route of administration?
- Where is the drug being administered?
- Is the drug covered under the medical or pharmacy benefit?



When you submit a BI for patients, inquire about coverage for both IV and SC treatments.* That way, you'll be prepared if they want to switch later.

Patients who are new to ENTYVIO: If the health plan covers ENTYVIO IV on the medical benefit and the ENTYVIO Pen on the pharmacy benefit, then separate benefits verifications will need to be completed by the health plan and pharmacy benefit manager (PBM).

Patients currently receiving ENTYVIO IV: Check to see what, if any, restrictions are in place for the ENTYVIO Pen. They may vary from those for IV treatment.

*Separate prescriptions need to be written for IV and SC formulations.

Please see additional Important Safety Information on pages [29-30](#).



COVERAGE RESOURCE

EntyvioConnect offers a sample **Benefits Investigation Form** to educate office staff on how to review and interpret verification results.

PRIOR AUTHORIZATION

EntyvioCONNECT

Entyvio[®]
vedolizumab

Health plans typically require you to demonstrate on a PA form that **their specific requirements for ENTYVIO have been met.**



Considerations when submitting a PA for ENTYVIO:

- ✓ Know how the health plan prefers to receive submissions
- ✓ Know what forms and documentation are required
- ✓ Review the health plan's coverage policy to understand the PA requirements
- ✓ Ensure you have the results for any required lab work

Possible PA and step therapy requirements for ENTYVIO

For UC or CD

Inadequate response with, lost response to, or were intolerant to a tumor necrosis factor blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids.

IMPORTANT SAFETY INFORMATION (cont'd) 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.

Reference: ENTYVIO (vedolizumab) prescribing information. Takeda Pharmaceuticals.

Please see additional Important Safety Information on pages [29-30](#).



COVERAGE RESOURCE

The [ENTYVIO PA Checklist](#) can help you understand the necessary requirements and processes involved when submitting a PA request to a patient's health plan.

PA TIMING FOR ENTYVIO IV AND ENTYVIO PEN

EntyvioCONNECT

Entyvio[®]
vedolizumab



Initiation doses

Start the medical benefit PA process after the prescribing decision has been made



IV maintenance

Submit a new medical benefit PA if there is an expiration date for the initial submission



ENTYVIO Pen maintenance

Start the PA process **2-4 weeks before** the next scheduled infusion date



For details on navigating the PA process and the ENTYVIO Pen prescription and administration, see section 4, [Getting ENTYVIO to your patients](#).

Please see additional Important Safety Information on pages [29-30](#).

DENIALS



Common reasons for a denial include:

- Missing or inaccurate information
- Not covered by medical policy
- Step-edit required
- Infusion center/site of care is not preferred
- Billed to the incorrect benefit (medical vs pharmacy)
- **Incorrect diagnosis code**



One of the most common reasons for a PA denial is incorrect coding.

Health plan administrative processes rely heavily on codes for decision-making.



Note: For patients who are waiting to transition from IV infusions to the ENTYVIO Pen, a PA may be denied if they have not yet completed at least 2 IV initiation doses.

CODING REFERENCE GUIDE

The following coding information is intended as general information only. Please refer to your patient’s insurance policies for specific billing guidance.

NDC for ENTYVIO ¹	
Code	Description
64764-300-20*	300 mg single-dose vial in individual carton
64764-108-21	108 mg single-dose prefilled pen in individual carton
Product J-code ²	
Code	Description
J3380	Injection, vedolizumab, intravenous, 1 mg
Potential Current Procedural Terminology (CPT [®]) hospital outpatient procedural codes ^{3,4}	
Code	Description
96365	IV Infusion, up to 1 hour
96413 [†]	Chemotherapy, IV Infusion, up to 1 hour
96372	Therapeutic, prophylactic, or diagnostic injection, SC injection or intramuscular
Potential CPT codes for ENTYVIO SC injection education	
Code	Description
98960 [‡]	Education and training for patient management lasting 30 minutes
98961 [‡]	Education and training for patient management for 2-4 patients lasting 30 minutes
98962 [‡]	Education and training for patient management for up to 8 patients lasting 30 minutes

*Proper billing may require code conversion to 11-digit format: 64764-0300-20.

[†]Certain Medicare contractors and private insurers do not allow the use of procedure code 96413 (chemotherapy, intravenous [IV] infusion, up to 1 hour) for administration of ENTYVIO. As applicable, the HCP should consult the Medicare contractor to determine which code is most appropriate, or call *EntyvioConnect* for assistance at **1-855-ENTYVIO (1-855-368-9846)**.

[‡]Medicare will not reimburse for CPT 98960, 98961, and 98962.

References: **1.** ENTYVIO (vedolizumab) prescribing information. Takeda Pharmaceuticals. **2.** HCPCS.codes. HCPCS code J3380. 2023 Healthcare Common Procedure Coding System. Accessed February 26, 2024. <https://hcpcs.codes/j-codes/J3380> **3.** American Academy of Professional Coders. CPT[®] codes lookup. Accessed February 26, 2024. <https://www.aapc.com/codes/cpt-codes-range> **4.** CMS.gov. CMS-1751-F. Centers for Medicare & Medicaid Services. Accessed February 26, 2024. <https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notice/cms-1751-f>

Please see additional Important Safety Information on pages **29-30**.

CODING REFERENCE GUIDE (cont'd)

ICD-10-CM codes for ulcerative colitis	
Code	Description
K51.00	Ulcerative (chronic) pancolitis without complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.50	Left-sided colitis without complications
K51.80	Other ulcerative colitis without complications
K51.90	Ulcerative colitis, unspecified, without complications

ICD-10-CM codes for Crohn's disease	
Code	Description
K50.00	Crohn's disease of small intestine without complications
K50.10	Crohn's disease of large intestine without complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.90	Crohn's disease, unspecified, without complications



These are some examples of possible ICD-10-CM codes. Certain payers may require other codes not listed here. Please reach out to your FRM to discuss further.

IMPORTANT SAFETY INFORMATION (cont'd) WARNINGS AND PRECAUTIONS (cont'd)

- **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.

Reference: CMS.gov. 2023 ICD-10-CM. Centers for Medicare & Medicaid Services. Accessed February 26, 2024. <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

Please see additional Important Safety Information on pages [29-30](#).

APPEALS

If your patient is denied coverage and you appeal the decision, you're required to **explain your rationale for prescribing ENTYVIO in a Letter of Appeal.**

If the first PA appeal is denied:

- Contact the health plan and ask for a supervisor or manager to explain the next level of appeal and what information is required
- Request a peer-to-peer review with a medical director at the health plan
- Follow up if you do not hear from the health plan

Sample Letters of Appeal

History of previous therapies	Reason(s) for discontinuation	Duration of previous therapies
<p>Sample Letter of Medical Necessity for Entyvio</p> <p>Physician's letterhead</p> <p>[Date] [Patient's name] [Health plan's name] [Date of birth] ATTN: [Department] [Case ID number] [Medical director's name] [Date(s) of service] [Health plan's address] [City, State ZIP]</p> <p>Re: Letter of Medical Necessity for Entyvio[®] (vedolizumab)</p> <p>Dear [Medical director's name],</p> <p>I am writing this letter on behalf of my patient, [patient's name], to request coverage for Entyvio for the treatment of moderately to severely active [Crohn's disease (CD)/ulcerative colitis (UC)] ([insert appropriate ICD-10-CM code here]). I have read and acknowledged your drug coverage policy and believe that Entyvio is the appropriate treatment for my patient at this time. This letter provides my clinical rationale along with relevant information about my patient's medical history and treatment.</p> <p>Patient's diagnosis and medical history [Patient's name] is [a/an] [age]-year-old [male/female] who has been diagnosed with [CD/UC] as of [date of diagnosis]. [He/she] has been in my care since [date].</p> <p>My rationale for prescribing Entyvio is based on [include a brief disease course of patient, including history of disease, any symptoms, and previous treatments, including clinical assessment of patient, response to treatment with Entyvio, side effects or response to other CD/UC treatments].</p> <p>Treatment plan In my clinical opinion, [patient's name] should receive Entyvio for the following reasons:</p> <p>[List your recommendations for why Entyvio is appropriate for this patient based on diagnosis and medical history. Include documentation of past treatments.]</p>		



APPEALS AND DENIALS RESOURCES

The **ENTYVIO Appeals and Denials Checklist** can help you understand the process of appealing a denied PA and lists any pertinent information that you may need.

[Sample letter of medical necessity](#)

[Sample letter of appeal due to coding error](#)

[Sample letter of appeal due to rejected claim](#)

1
TREATMENT
OPTIONS

2
ENTYVIOCONNECT

3
BENEFITS
ROAD MAP

4
GETTING ENTYVIO
TO YOUR PATIENTS

5
CLAIMS AND
REIMBURSEMENT

6
IMPORTANT SAFETY
INFORMATION



4 GETTING ENTYVIO TO YOUR PATIENTS

Once your patient is adequately covered for ENTYVIO, it's time to determine the best route of acquiring, administering, and billing for their treatment.

- > Prescribing ENTYVIO
- > Ordering ENTYVIO IV and the ENTYVIO Pen
- > Administering ENTYVIO IV or the ENTYVIO Pen

Please see additional Important Safety Information on pages [29-30](#).

HOW TO PRESCRIBE ENTYVIO

Example Prescriptions of ENTYVIO IV and ENTYVIO Pen

START



Start with 300 mg IV infusions for:
Weeks 0 and 2

Rx: ENTYVIO 300 mg IV
Sig: 1 IV infusion Q2W
Disp: 2 IV doses

Refills: 0

For IV doses, submit a medical benefit prior authorization (PA) 2-4 weeks before first infusion date.

MAINTAIN



Starting at Week 6, continue with
infusions every 8 weeks

Rx: ENTYVIO 300 mg IV
Sig: 1 IV infusion Q8W
Disp: 1 IV dose

Refills:

Patients currently receiving and responding to ENTYVIO intravenous therapy after Week 6 may also be switched to subcutaneous injection. Administer the first subcutaneous dose in place of the next scheduled intravenous infusion and every two weeks thereafter.

Discontinue therapy in patients who show no evidence of therapeutic benefit by Week 14.



Starting at Week 6,
begin ENTYVIO SC 108 mg and
continue every 2 weeks

For patients who have received 2 or more IV doses, administer the first SC dose in place of the next scheduled IV infusion.

Rx: ENTYVIO Pen 108 mg
Sig: 1 single-dose prefilled pen Q2W
Disp: 2 SC pens

Refills:

To transition patients to ENTYVIO SC, start the pharmacy benefit PA process 2-4 weeks before the next scheduled infusion date.

Monitoring

ENTYVIO IV should be administered by a healthcare professional prepared to manage hypersensitivity reactions, including anaphylaxis, if they occur. Appropriate monitoring and medical support measures should be available for immediate use. Observe patients during infusion and until the infusion is complete.

Injection education

After proper training on correct SC injection technique, a patient or caregiver may inject ENTYVIO SC if a healthcare professional determines it is appropriate. Patients and caregivers should be instructed to follow the directions for administration of ENTYVIO SC in the Instructions for Use section of the Prescribing Information.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **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.

Reference: ENTYVIO (vedolizumab) prescribing information. Takeda Pharmaceuticals.

Q2W=every 2 weeks; Q8W=every 8 weeks.

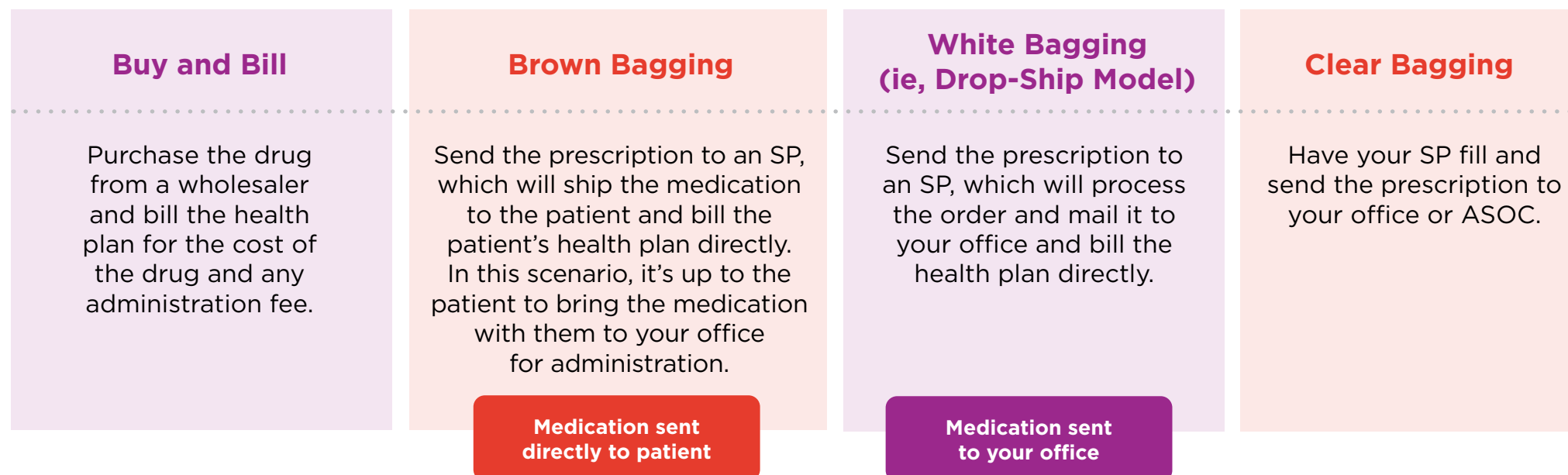
Please see additional Important Safety Information on pages [29-30](#).

ORDERING ENTYVIO IV

After ENTYVIO has been approved for your patient, the way you'll order their IV prescription depends on whether you'll be administering the treatment in your office or sending your patient to an alternate site of care (ASOC) for treatment.

Buying, Bagging, and Billing

If you plan to administer your patient's ENTYVIO IV infusions in your office, there are 4 ways to get started.



Reference: Vizient. Buy, bill or bag? Considerations for specialty drug acquisition. Accessed February 26, 2024. <https://newsroom.vizientinc.com/buy-bill-or-bag-considerations-for-specialty-drug-acquisition.htm>

Please see additional Important Safety Information on pages [29-30](#).

ORDERING ENTYVIO PEN

ENTYVIO Pen prescriptions are filled by SPs in our current distribution network. If you think a patient would be a good candidate for SC injections for maintenance therapy, you can begin the process of transitioning them from IV infusions.

Before you send the prescription:

- Look at the list of participating SPs in the current distribution network. This list is always kept up to date on the **ENTYVIO Pen SP Information Sheet**, which you can use for guidance on choosing an SP
- Cross-check the SPs in the current distribution network against the ones in your patient's pharmacy network
- Conduct a BI (or see if the SP will do this for you) if necessary under the patient's pharmacy benefit. *EntyvioConnect* can also provide support to confirm coverage
- If SC coverage is already confirmed, file a PA 2-4 weeks before the patient's first scheduled SC dose

After completing the PA and confirming coverage or receiving confirmation from the SP, send the SP an electronic prescription for the single-dose prefilled pen.

After you send the prescription:

- Let patients know that someone from the SP will likely be contacting them to confirm details like shipping address and to discuss financial benefit requirements if applicable



For any questions about how to acquire the ENTYVIO Pen, reach out to your FRM. You can also connect with a Case Manager at *EntyvioConnect* at **1-855-ENTYVIO (1-855-368-9846)**, Monday to Friday, from 8 AM to 8 PM ET (except holidays).

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **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.

Please see additional Important Safety Information on pages **29-30**.

ADMINISTERING ENTYVIO IV

The process for verifying a patient's benefits and acquiring and billing for the prescription may differ depending on where ENTYVIO IV is administered.

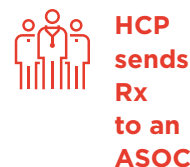
If ENTYVIO is infused in a clinic different from your office, your office may be responsible for ensuring ENTYVIO is covered by the health plan. Once coverage is confirmed, the prescription and approved PA can be sent to the ASOC, which purchases ENTYVIO and submits the required reimbursement claims to the payer.

Prior to an infusion appointment, your office may perform the following:

- BI
- PA submission
- Appeals and denials
- Co-pay benefits



OR



- Buy and bill or acquire through SP
- On-site infusion
- Schedule next IV therapy with patient

If buy and bill, submit claim for reimbursement

Drug administration

Post administration

- ASOC:**
- Submits or reverifies PA, as needed
 - Buy and bill or acquire through SP
 - Administers product
 - Schedules next IV therapy with patient

If buy and bill, **ASOC** submits claim for reimbursement

HCP stays in communication with ASOC to ensure patient is following prescribed treatment course



Use the [ENTYVIO Infusion Center Locator](#) to search criteria like proximity, operating hours, accepted insurance, and specific amenities.

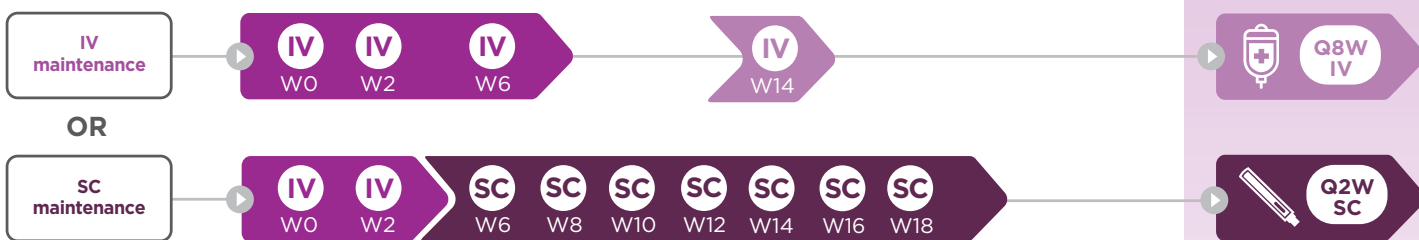
FLEXIBILITY IN ADMINISTRATION

EntyvioCONNECT

Entyvio[®]
vedolizumab

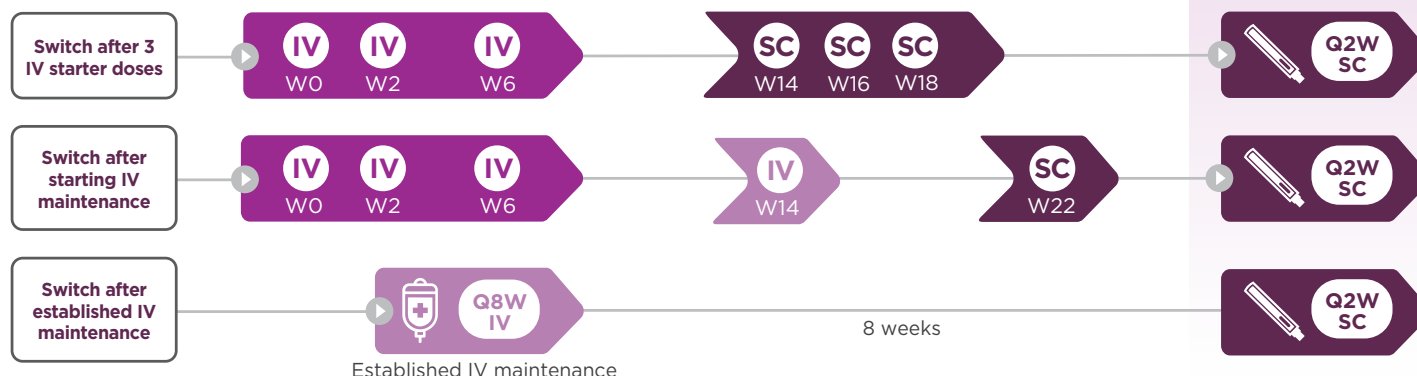
● IV starter doses ● IV maintenance ● SC maintenance

Recommended Dosing Schedule



Example dosing schedules to switch from ENTYVIO IV to SC

ENTYVIO may be switched from IV to SC for patients currently receiving and responding to ENTYVIO at or beyond Week 6. Administer the first SC dose in place of the next scheduled IV dose and Q2W thereafter.



- Discontinue ENTYVIO in patients who do not show evidence of therapeutic benefit by Week 14

Prior to administration

Patients should be brought up-to-date with all immunizations prior to starting ENTYVIO IV or SC.

Concomitant therapies

ENTYVIO IV and SC can be administered concomitantly with aminosalicylates, steroids, and immunomodulators.

Administration

ENTYVIO is administered as a 300 mg flat dose over an approximately 30 minute IV infusion. ENTYVIO SC is administered as a 108 mg single-dose prefilled pen.

For complete Dosage and Administration information, please see [Full Prescribing Information](#).

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- 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.

Reference: ENTYVIO (vedolizumab) prescribing information. Takeda Pharmaceuticals.

Please see additional Important Safety Information on pages [29-30](#).

5 CLAIMS AND REIMBURSEMENT

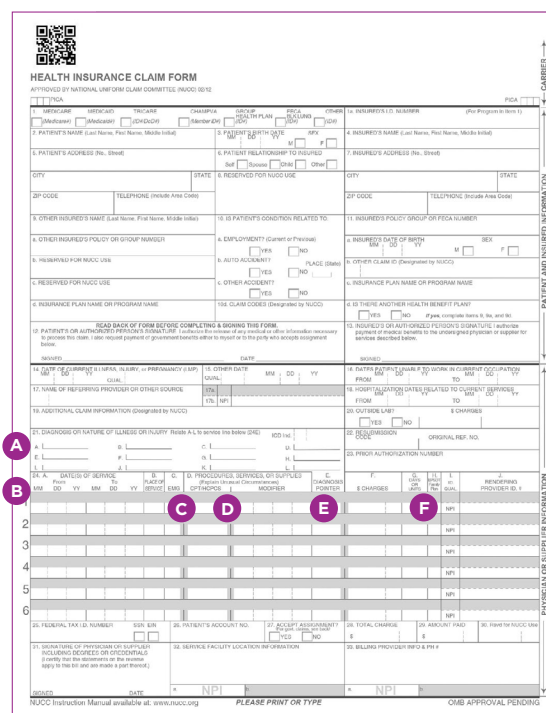
Claims are a necessary part of enabling you to continue taking care of your patients.

- > Completing a claims form
- > Electronic filing and direct deposit for reimbursement

COMPLETING A CLAIMS FORM

The 2 claim forms shown here are the standard forms you'll use to **bill most government and private insurers and Medicare Fee-for-Service** for services under a patient's medical benefit (ie, ENTYVIO IV treatment).

Completing a physician office CMS-1500 claim form



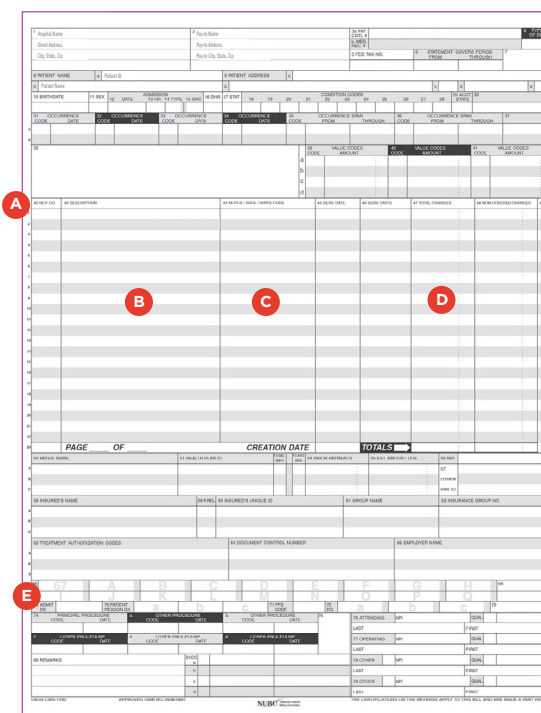
The image shows a CMS-1500 claim form with several annotations:

- A** points to the ICD-10-CM diagnosis code field (Box 21).
- B** points to the shaded section for supplemental information (Box 24).
- C** points to the HCPCS code field (Box 24D).
- D** points to the CPT code field (Box 24D).
- E** points to the diagnosis pointer field (Box 24E).
- F** points to the service units field (Box 24G).

SEE THE FULL
CMS-1500 CLAIM FORM

INSTRUCTIONS ON
HOW TO FILL OUT

Completing a hospital outpatient CMS-1450 (UB-04) claim form



The image shows a CMS-1450 (UB-04) claim form with several annotations:

- A** points to the revenue code field (Box 42).
- B** points to the description field (Box 43).
- C** points to the HCPCS code field (Box 44).
- D** points to the total charges field (Box 47).
- E** points to the ICD-10-CM diagnosis code field (Box 67).

SEE THE FULL
UB-04 CLAIM FORM

INSTRUCTIONS ON
HOW TO FILL OUT

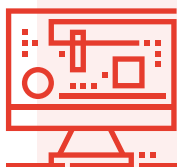
Please see additional Important Safety Information on pages 29-30.

ELECTRONIC DATA INTERCHANGE (EDI) AND ELECTRONIC FUNDS TRANSFER (EFT)

EntyvioCONNECT

Entyvio[®]
vedolizumab

Let *EntyvioConnect* help you **automate filing and getting reimbursed for your ENTYVIO commercial co-pay claims.**



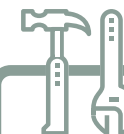
USING EDI SIMPLIFIES THE CO-PAY SUBMISSION PROCESS AND ENSURES:

- EDI 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



HAVE REIMBURSEMENTS DEPOSITED DIRECTLY INTO YOUR ACCOUNT THROUGH EFT AND:

- Automate claim payments from *EntyvioConnect*
- Reduce paperwork
- Reduce costs associated with manual processing time
- Get payments quickly and securely



EDI RESOURCE

The [EDI Guideline resource](#) outlines the features and steps of using an EDI to receive payment.

Ask your FRM about setting up EDI and EFT.

Please see additional Important Safety Information on pages [29-30](#).

EntyvioConnect Co-Pay Program Terms and Conditions

EntyvioCONNECT



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.

Please see additional Important Safety Information on pages [29-30](#).

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.

IMPORTANT SAFETY INFORMATION (cont'd)

EntyvioCONNECT

Entyvio[®]
vedolizumab

ADVERSE REACTIONS

The most common adverse reactions (incidence $\geq 3\%$ and $\geq 1\%$ 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](#).

1

TREATMENT
OPTIONS

2

ENTYVIOCONNECT

3

BENEFITS
ROAD MAP

4

GETTING ENTYVIO
TO YOUR PATIENTS

5

CLAIMS AND
REIMBURSEMENT

6

IMPORTANT SAFETY
INFORMATION



©2024 Takeda Pharmaceuticals U.S.A., Inc., 500 Kendall Street, Cambridge, MA 02142. 1-877-TAKEDA-7 (1-877-825-3327). All rights reserved. TAKEDA and the TAKEDA logo are registered trademarks of Takeda Pharmaceutical Company Limited. The TAKEDA PATIENT SUPPORT logo is a trademark of Takeda Pharmaceutical Company Limited. ENTYVIO and the ENTYVIO logo are registered trademarks of Millennium Pharmaceuticals, Inc. CPT® is a registered trademark of the American Medical Association.
US-VED-1968v4.0 09/24

