EntyvioCONNECT | Entyvio® vedolizumab

FINANCIAL SUPPORT PROGRAMS FOR PATIENTS

Since each patient is unique, *EntyvioConnect* offers a range of insurance and financial support options to help patients in the way they need it most.

Please see Indications and Important Safety Information on page 4.

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FINANCIAL SUPPORT, REGARDLESS OF YOUR PATIENT'S INSURANCE TYPE

TYPE OF PATIENT COVERAGE	FINANCIAL SUPPORT
For commercially insured patients	**Co-Pay Program** Eligible patients enrolled in *EntyvioConnect* pay as little as $5 per dose*
For patients who are in-between coverage (eg, eligible patients currently on Entyvio who are experiencing a temporary loss or gap in commercial coverage or authorization)	**Bridge Program** This program provides Entyvio to eligible patients enrolled in *EntyvioConnect* at no cost for up to 6 months. After 6 months, *EntyvioConnect* will look for available coverage assistance programs, if needed
For patients who are government-insured (eg, Medicare, Medicare Advantage, Medicaid, TRICARE, or Department of Defense/Veterans Affairs)	**Financial assistance options** A Patient Support Manager helps your patients understand their benefits and can provide information about financial assistance options
For patients who are underinsured or rendered uninsured	**Patient Assistance Program** A Patient Support Manager helps your patients who meet eligibility criteria receive Entyvio at no cost

Additional Terms and Conditions apply.

*The *EntyvioConnect* Co-Pay Program ("Co-Pay Program") provides financial support for commercially insured patients who qualify for the Co-Pay Program. The Co-Pay Program cannot be used if 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 patient is currently in the coverage gap, or 3) insurance that is paying the entire cost of the prescription. 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. Takeda reserves the right to change or end the Co-Pay Program at any time without notice, and other terms and conditions may apply. Offer not valid for patients under 18 years of age. Assistance under the Co-Pay Program is not transferable. 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. If your insurance situation 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, or other offer. Not valid if reproduced.

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EMPOWER PATIENTS TO ENROLL IN OUR PROGRAMS

For access to all *EntyvioConnect* services
Complete the enrollment form with your patient and fax it to **1-877-488-6814**

For access to the Co-Pay Program only
Direct your patients to **Entyvio.com/Register** to complete the enrollment form. These programs do not require a physician's signature

Connect with us!

If you have questions about access or affordability of Entyvio, speak directly to a Patient Support Manager at **1-855-ENTYVIO (1-855-368-9846)**, Monday to Friday, from 8am to 8pm ET (except holidays).

Please see Indications and Important Safety Information on page 4.

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, 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.
- 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), 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 is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the postmarketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, 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 see full Prescribing Information, including Medication Guide.

INDICATIONS

Adult Ulcerative Colitis (UC)

ENTYVIO (vedolizumab) is indicated in adults for the treatment of moderately to severely active UC.

Adult Crohn's Disease (CD)

ENTYVIO (vedolizumab) is indicated in adults for the treatment of moderately to severely active CD.

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

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Takeda