

EntyvioConnect

EntyvioConnect Patient Support Program Enrollment

Enroll me in the *EntyvioConnect* Patient Support Program (the “Program”). I have read and understand the applicable terms and conditions. I certify that all the information provided on this form is accurate and complete, and I agree to notify the Program immediately if my medical or prescription drug coverage changes in any way. I understand that Takeda and its business partners will use my personal information to enroll me in the Program, provide the support I am asking for, and offer related services to me. I authorize Takeda, its affiliates and business partners to use my personal information to provide me with information and offers related to ENTYVIO, the diseases and the conditions it treats, and related treatment options. In addition to information about ENTYVIO and related health conditions, I understand this may include information about clinical trials and market research opportunities, and other support services or programs Takeda may in the future develop for patients. I also authorize Takeda to use my de-identified information to help Takeda improve and develop products, services, materials, and programs or for health economic outcomes and market research. I understand that I may revoke my permission at any time. To learn how Takeda will use and protect my personal information, I acknowledge that I have reviewed Takeda’s Privacy Notice (www.takeda.com/privacy-notice).

Please click here for full Prescribing Information, including Medication Guide for ENTYVIO.