

EntyvioCONNECT



## NEED HELP PAYING FOR YOUR TREATMENT?



You may be eligible to pay as little as \$5 per dose through the **EntyvioConnect** financial assistance program.

To find out if you're eligible, use the form in this folder or visit [www.Entyvio.com/copay-support](http://www.Entyvio.com/copay-support) to sign up for **EntyvioConnect** today. If you have any questions or need assistance, call 1-844-ENTYVIO (1-844-368-9846) Monday to Friday, 8AM-8PM ET except holidays.

\*See reverse for eligibility requirements

\*For commercially insured patients who qualify, as part of *EntyvioConnect* Financial Support. **Eligibility Requirements:** This offer cannot be used if you are a beneficiary of, or any part of your prescription is covered by: 1) any federal, state, or government-funded healthcare program (for example, Medicare, Medicaid, TRICARE), 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 you are currently in the coverage gap, or 3) insurance that is paying the entire cost of the prescription.



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