



EntyvioConnect Terms and Conditions

CO-PAY PROGRAM

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.

START PROGRAM

The Start Program provides ENTYVIO at no cost to eligible new-to-therapy patients who are excluded from coverage, received a denial of coverage, and/or received a prior authorization denial from their commercial payer. Patients eligible for federal or state healthcare programs (Medicare, Medicaid, TRICARE, etc.) are ineligible. Patients who experience a Plan Exclusion due to Alternate Funding Program (AFP) involvement are not eligible for the Start Program. Patients must have a valid prescription for ENTYVIO. The Start Program provides ENTYVIO at no cost to eligible patients for up to three

years. Patients must submit evidence of denied coverage, excluded from coverage, or prior authorization denial from their commercial payer and other required documents. There is no purchase obligation by virtue of a patient's participation in the Start Program. Free product provided through the Start Program is only available through the Start Program's contracted non-commercial Specialty Pharmacy. No claim for reimbursement for product dispensed through the Start Program may be submitted to any third-party payer. Benefits provided under the Start Program are not transferable. The Start Program is a one-time offer per patient. Eligibility will be determined on a case-by-case basis. Takeda reserves the right to change or end the Start Program at any time, and other terms and conditions may apply.

BRIDGE PROGRAM

The Bridge Program provides continuity of care when an eligible ENTYVIO patient experiences a loss of or gap in commercial insurance coverage or authorization. The Bridge Program provides up to 6 months of product at no cost to enrolled patients while they obtain commercial coverage for ENTYVIO. Patients must be currently receiving ENTYVIO therapy and experiencing a gap in or loss of commercial coverage. The Bridge Program is not available to patients who are eligible for federal or state healthcare programs (Medicare, Medicaid, TRICARE, etc.). Patients who experience a Plan Exclusion due to Alternate Funding Program (AFP) involvement are not eligible for the Bridge Program. Patients who have not yet received their first dose of ENTYVIO are not eligible. There is no purchase obligation by virtue of a patient's participation in the Bridge Program. Free product provided through the Bridge Program is only available through the Bridge Program's contracted non-commercial Specialty Pharmacy. No claim for reimbursement for product dispensed through the Bridge Program may be submitted to any third-party payer. Benefits provided under the Bridge Program are not transferable. Eligibility will be determined on a case-by-case basis. Takeda reserves the right to change or end the Bridge Program at any time, and other terms and conditions may apply.

PATIENT ASSISTANCE PROGRAM

The ENTYVIO Patient Assistance Program ("ENTYVIO PAP") provides free medicine to qualifying patients based on financial need. Participation in the ENTYVIO PAP is free; we do not collect any fees from people seeking our assistance. In applying for the ENTYVIO PAP, you agree that the program is intended solely for the benefit of you—not health plans and/or their partners. Other than the patient, only the patient's legal guardians, authorized caregivers, prescribing physician or the prescribing physician's staff, or the patient's power of attorney can complete the ENTYVIO PAP application and apply for free medicine. If you have enrolled in an alternate funding program or similar program that purports to help manage costs, or requires you to apply to a manufacturer's patient assistance program, or otherwise pursue specialty drug prescription coverage through an alternate funding vendor as a condition of, requirement for, or prerequisite to coverage of ENTYVIO, then you are not eligible for the ENTYVIO Patient Assistance Program. If you later learn that your insurance company or health plan has implemented such a program, you agree to inform *EntyvioConnect* at 1-844-368-9846. It may be possible that you are unaware whether you are subject to these programs. Takeda will monitor program utilization data and reserves the right to discontinue assistance at any time. If Takeda determines that you are subject to an alternate funding program or similar program, or the information provided to ENTYVIO PAP is inaccurate, Takeda may discontinue assistance at any time. The program may be changed or discontinued without notice. Takeda reserves the right to change or end the ENTYVIO PAP Program at any time without notice, and other terms and conditions may apply.

VIDEO EDUCATION

Patients participating in virtual injection education agree to attend via an online, secure platform provided by *EntyvioConnect*.

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