

EntyvioConnect Portal Quick Start

Get familiar with the basic features of this digital platform

Introduction



Welcome to the *EntyvioConnect* Portal

The *EntyvioConnect* Portal Quick Start is a reference that addresses many of the questions you may have about how to get started. From quick account setup to understanding the dashboard features, this will fast-track your understanding of the portal.

Note: For detailed information and step-by-step instructions, please refer to the full *EntyvioConnect* Portal User Guide.

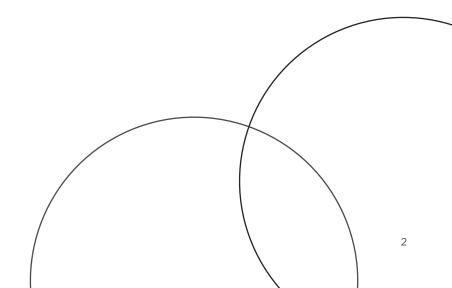
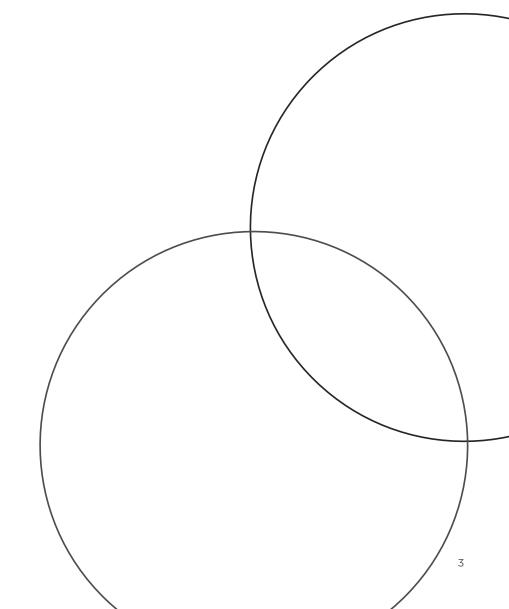


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How do I set up an account for the first time?

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	<section-header><section-header><section-header><text><form></form></text></section-header></section-header></section-header>	 Manager with a link and reference code to create a profile in the <i>EntyvioConnect</i> Portal. This person is automatically designated the primary administrator. This and the following page will walk you through how an administrator can set up profiles. Creating a profile requires standard user information. Your username is your email address. Please ensure you enter your work email and not a personal email address. Create a secure password that is 8 characters long with 1 symbol and/or capital letter and 1 number. Note that all users will need to update their password expiration date.
		1 M/han all the fields have been as realisted

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 4. When all the fields have been completed, click Next to go to the next section. Note that you cannot move forward if all required fields are not filled in.

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	Create your profile	
,	Already have an account? Log in.	
	Please fill in all mandatory fields marked with an asterisk (*).	
🥑 (Jser Information ~	
P	Practice and Facility Information	
C	Practice Name* Create a practice name for your account. Avoid using abbreviations and symbols in your name. Note that your chosen practice name must match exactly as written to search facilities and NPI numbers.	
s	Search Facilities'	
S	Search for a facility to add to your account. You may add more than one.	
2	Carlt find your facility? Click here to add one.	
A	Added Facilities	
-	Search Providers*	
	Add providers using their unique NPI number. You may add more than one.	
Р	Provider NPI Number	
	Q	

Initial practice setup

- Practice Name. Choose a name that identifies your office and/or group of facilities if you have multiple locations.
- 2. Search Facility. Type in a facility name, and select the correct location in the search field. If it is not there, click the link to add a facility and fill in the required fields. Examples of facilities include infusion centers, laboratories, imaging centers, and pharmacies.
- **3. Provider NPI#.** Type in a valid National Provider Identifier (NPI) number, and the corresponding name will appear in the search field.

How do I set up an account for the first time? (cont'd)

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	rs to the portal by fil ou can add as many '		on below. Note tha	t you can only designa	ate 4 people as	
First Name*			Last Name*			
Email*			User Type*	rator 🔿 User	Add	\square
Added Users						
Submit						
Submit	⊃—					
Submit	Terms of Use	Privacy Notice	Contact Us	Professional Support	Medical Information	

During the initial practice setup, administrators can add multiple facilities, providers, and users to the practice.

Initial practice setup

- 4. Add users. Invite other office practice managers to register for the portal.
 Add their name and work email and decide if they will have "Administrator" or general "User" access.
- 5. Once you press Submit, your account is set up, and you are instantly able to access the login page.

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How do I set up an account for the first time? (cont'd)

Account setup for general users

- Once the initial account is set up, the primary administrator can add other account users to the portal either during profile creation or under
 Practice Profile in the navigation bar. The administrator can switch their role to another user and/or add other people as administrators. An email is automatically sent to the user with a link to create their own profile.
- Creating a profile for a general account user is similar to the primary administrator process except you do not have the authorization to add practice and facility information, as detailed on <u>page 5</u>. Look for an email from your primary administrator with a link to create a profile.

Once you have created your profile, you can access the *EntyvioConnect* Portal at <u>EntyvioConnectportal.com</u>.

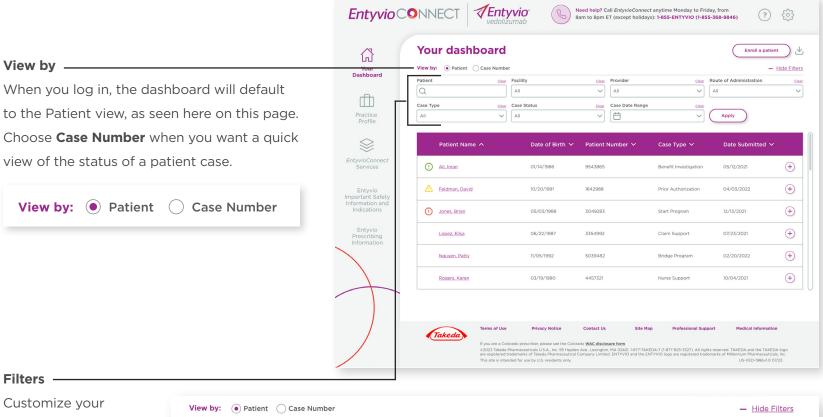
Bookmark the site for quick access.

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What are the main features of the dashboard?

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dashboard view by patient, facility, provider, route of administration, case type, case status, or case date range.

Patient	Clear	Facility	Clear	Provider	Clear	Route of Administration	Clea
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Case Type	Clear	Case Status	Clear	Case Date Range	Clear		
All	~	All	~	Ë	~	Apply	

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What are the main features of the dashboard? (cont'd)

A basic tutorial is always at your disposal by clicking the question mark on the top right.

Alerts

A visual alert system is in place to notify you of updates to a patient's case or any next steps you may need to act on.

- Green exclamation icon: Alerts you to a change of status in a patient's case (eg, "Benefits investigation has been updated to complete")
- Yellow yield icon: A warning for missing patient information or any upcoming action for you to complete
- Red stop sign icon: Notifies you that an action is past due and requires immediate action

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What are the main features of the dashboard? (cont'd)

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(1-549002947	Start Program	Cancelled	IV infusion		1/29/2021	
	1-549002945	Benefit Investigation	Approved	IV infusion		11/25/2021	

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Patient information

If you need to edit any patient information, click the patient's name and update the file. Remember to save changes.

Case number

From the Patient view, click the + button to view case numbers. When you click the case number link, you can view the full profile of a patient's case and its current status, as well as all the information and documents you submitted to *EntyvioConnect*. Note that you cannot edit patient information in this section.

What are the main features of the dashboard? (cont'd)

Yo	ur dashboard				Enroll a pa	tient
View b						- Hide Fi
Patient	Clear	All	Clear Provider		ute of Administration	
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	Rogers, Karen	03/19/1980	4457321	Nurse Support	10/04/2021	(+





Enroll a patient

Add new patients to the portal for *EntyvioConnect*, Co-Pay Program Only, or Patient Assistance Program.



How do I enroll a patient?

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Your dashboard				Enroll a patient	\supset
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Lopez, Elisa	06/22/1987	3354992	Claim Support	07/23/2021	+
Nguyen, Patty	11/05/1992	5039482	Bridge Program	02/20/2022	+
Rogers, Karen	03/19/1980	4457321	Nurse Support	10/04/2021	+
Terms of Use	Privacy Notice	Contact Us Site I	1ap Professional Supp	ort Medical Information	

On the dashboard, click **Enroll a patient**. Select only one of the given options.

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	select one of the support progran r patient.	าร	
(EntyvioConnect	$\mathbf{)}$	
(Co-Pay Program Only	\sum	
(Patient Assistance Program)	
	Patient Assistance Program Re-Enrollment	\supset	
	An _ Jal Re-Enrollment for existing PAP patients with Federally Funded insurance cove _ ige is available October 2, 2023, to December 31, 2023		
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Enroll a Patient

How do I enroll a patient? (cont'd)

<i>Entyvio</i> C O	VNNECT Vector Need help? Call EntryvioConnect anytime Monday to Friday, from Barm to Bpm ET (except holidays): H855-ENTYVIO (H855-368-9846) ? <th?< th=""> ? <th?< th=""> <th?< th=""></th?<></th?<></th?<>
لرا Your ۴	EntryvioConnect enrollment To enrol your patient in <i>EntyvioConnect</i> , please complete each of the following sections below. Save your work frequently, termshebre to complete all required fields marked by an asterisk (?), review the accuracy of your information, and fully read the errors and conditions prior to submitting the form.
Practice Profile	Patient Information, Insurance, and Treatment History Services Select the services you wish to enroll your patient into.
EntyvioConnect Services	Image: Support () Im
Entyvio Important Safety Information and Indications	2) Patient information Note that, if your patient is already in our system, their information will autopopulate. Search Patient Last Name, First Name, and/or Date of Birth Q Add a new patient
Entyvio Prescribing Information	First Name* Middle Initial Last Name* Birth Date (MM/DD)/YYYY)*
	Takeds and its partners recognize that patients may not identify as make or female. However, many insurance companies still require that one of these 2 fields be used for each of their members. Plass indicate the sec. on few with the patient's insurance companies. State * Zip Code*
	PLEASE NOTE: For patients receiving Entyvio subcutaneous (SC) injection, shipping information will be confirmed with the patient by the specialty pharmacy.
	Primary Phone*
	Other Phone Other Phone Other Other Other
	Preferred form of contact (select one): Preferred time (select one): Phone Text Email Morning Day Evening Is it Ox to leave a detailed voice message about the status of an application, prescription, or shipment on your patient's phone? Check all that apply:
	Primary Phone Other Phone Legal Representative Name
	(# Applicable) Legal Representative Primary Phone Legal Representative Primary Phone

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This example shows enrollment for *EntyvioConnect* services, excluding PAP. If a patient only requires co-pay assistance, select the **Co-Pay Program Only** button (see <u>page 12</u>).

Note that the information required is consistent with the printed enrollment form. We have noted the main differences on the digital form below.

Services

Check all the services that your patient wants to enroll in. Note that **Benefits investigation** is automatically checked for you. Enroll a Patient

How do I enroll a patient? (cont'd)

EntyvioCONNECT



Dosage and Direction For Use (Choose Entyrio IV or Entyrio SC Injection)	
Please review options below and only III out one of the tables (either IV or SC prescription information). Attach your prescription if this form	Under the Dosage and Direction For Use
does not comply with state laws (NY and NJ). NOTE: In certain circumstances this prescription may need to be validated and/or verified.	
Select the prescribed formulation: EDTYVID Intravenous (IV) Infusion EDTYVID Subcutaneous (IC) Injection	section you will have to:
Dose Directions Dispense	
Initiation	
Week 0 and 2: Infusion 300-mg IV Infuse 1 vial IV at Week 0 and Week 2 2 visits, 0 refilts	 Review your patient's prescription and
Week 6: Infusion 300-mg IV Infuse 1 viail IV at Week 6 1 viail. D refills	
Maintenance	select the route of administration
Influsion 300-mg IV Influse 1 viai IV every 8 weeks 1 viait 6 refilis	
Date of last IV infusion (if applicable), and date of next IV infusion.	
Do you intend to buy and bill Entrylio IV doses* 🔿 Vits 💮 No	 Select between ENTYVIO Intravenous
Please refer to the Entyvio Prescribing Information on how to reconstitute and dilute Entyvio for Infusion.	
Next	(IV) Infusion or ENTYVIO Pen for
	Subcutaneous (SC) Injection
	Subcutancous (SC) injection
Dosage and Direction For Use (Choose Entyvio IV or Entyvio SC Injection)	
Consign and children on the Centrode Ling front of Ling from the infection?	
Please review options below and only fill out one of the tables (either IV or SC prescription information). Attach your prescription if this form does not comply with state laws (NY and NJ).	For the ENTYVIO Pen, if you know the
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Select the prescribed formulation: OENTV10 Intravenous (V) Infusion DENTV10 Subcutaneous (SG) Injection	patient's preferred specialty pharmacy,
	patient's preferred specialty pharmacy,
Dose Directions Dispense	
If the patient has received at least 2 doses of Entyvio IV, please provide the following: Dates of bit 2, IV infusions: and	type in the name.
Initiation	
Week 0 and 2: Infusion 300-mg IV Infusion 1 val Week 0 and Week 2 2 viails. 0 refills	
Week 6: Influsion 300-mg IV Influe 1 vial IV at Week 6 I vial, 0 refills	
Maintenance	
Prefiled Pen 108 mg Inject 1 pan 5C every 2 weeks 2 pens, 13 refilis	
Date of last SC injection (if applicable). and date of next SC injection:	
Do you intend to buy and bill Entyvio IV does?" O Yos O No	
PLEASE NOTE: Patient will remain on Entrylo IV Mulsions as prescribed until Entrylo SC Injection coverage is secured.	
Please refer to the Entyvio Prescribing Information for the recommended Dosage and Administration of Entyvio IV and SC.	
Encyclo SC formulation in intended to treat ulcerative collsts. Injections are self-administered or given thy a caregiver. The patient or caregiver though to brained by a healthcare portensional. EncycloConnect provides free injection education to all eligible Encyclo patients when they opt-in for the Narus Support Program.	
Into the mark support Program.	
NOTE: If none is identified by you or the pacient, an EntyvioConnect preferred Speciality Pharmacy will be selected for the patient.	
Neat	

Please note the ENTYVIO Pen is only indicated for moderate to severe ulcerative colitis adult patients.

Enroll a Patient

How do I enroll a patient? (cont'd)

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Your F	EntyvioConnect enrollment o enroll your patient in EntyvioConnect, please complete each of the following sections below. Save your work frequently, kernember to complete all required fields marked by an asterisk (*), review the accuracy of your information, and fully read the erns and conditions prior to submitting the form.
Practice Profile	Patient Information, Insurance, and Treatment History Provider Information ·
EntyvioConnect	ENTYVIO IV Infusion Site Information (Must Complete If Different From Provider Information) v Dosage and Direction For Use (Choose Entyvio IV or Entyvio SC Injection) v
Services Entyvio Important Safety	Upload Documents/Signatures
Information and Indications Entyvio Prescribing Information	Required Signatures If you opt for a digital signature, an email will be sent to the patient and provider via MyEasyConsent. You can also upload a signed enrollment form, which requires a provider signature and 2 patient signatures for HIPAA and program enrollment. Note that a Benefit Investigation only requires a provider signature or a patient signature/Regal representative signature. Proxy signature is available only if we have received documented approval by a registered provider.
	Patient Signature/Legal Representative Signature O Upload a signed document O Jigital signature Patient/Legal Representative Email
	Provider Signature Upload a signed document Digital signature Provider Email
	Fax Opt-Out Preferences Image: Check this box if you would like to opt out of all fax communications. By checking this box, you are agreeing to stop all fax communications related to this patient's enrollment.
	Additional Documents Please upload any required documents for insurance approval or EntyvioConnect enrollment, including a copy of both sides of the primary and/or secondary insurance card(s).
	Upload Document Name Use Type Size File Type Date Modified

A status update will be posted on your dashboard within 2 to 5 business days—look for an alert icon next to the patient's name. **Entyvio**C**O**NNECT



Upload Documents/Signatures

There are 3 ways to submit patient and provider attestation:

- Select **Digital signature**, and type in provider and patient's/legal representative's email addresses. Upon submission of the form, a signature request will be sent via *MyEasyConsent*
- Upload a signed document. You may attach a signed copy of an *EntyvioConnect* form. You do not need to fill out the form if you have completed the sections digitally
- **Proxy signature.** If the provider has authorized you to sign on their behalf, you will be able to choose this option. If selected, you must check the box next to the attestation disclaimer

Note: only primary administrators have privilege to request provider attestation for all office users. Contact your administrator if you would like to be added as a proxy signature

Under Additional Documents, you may upload as many documents as needed to meet the requirements of a specific *EntyvioConnect* program. Copies of both sides of the primary and, if available, secondary insurance card are mandatory. Examples of other documents may include clinical notes, explanation of benefits, or letter of medical necessity.

How do I enroll a patient in the Patient Assistance Program (PAP)?

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Entyvio C	Image: Second state Image: Second state Need help? Call EntrywicConnect anytime Monday to Priday, from geodolizumab Priday,
Your Dashboard	Patient Assistance Program (PAP) application To see If your patent is eligible for PAP plase review and complete the application below. Save your work frequently. Remember to complete all required first marked by an artistic (2), erview the accuracy of your information, and fully read the terms and conditions prior to submitting the form.
Practice Profile	Patient Information Provider Information
	ENTYVIO IV Infusion Site Information (Must Complete If Different From Provider Information)
EntyvioConnect Services	🧭 Dotage and Direction For Use (Choose Entyvio IV or Entyvio SC Injection)
Entyvio Important Safety Information and Indications	Upload Documents/Signatures
Entyvio Prescribing Information	If you op för a diginal ignatura, an emai will be sent to the patient and provider via Aylisay Constont. You can alko upload a signed PAP application, which requires a provider signature and 2 patient signatures for HRAA and patient declarations. Proxy signature is only available if we have received documented approval by a registered provider. Patient Signature/Legal Representative Signature O Upload a signed document O Digital signature
	Patient/Legal Representative Email Provider Signature Upload a signed document Provider Email Provider Email
	Nurse Support Check this box to opt your patient into the Entyrio Nurse Support Program. Patients participating in virtual injection education agree to attend via an online, secure platform provided by EntyrioConnect.
	Fax Opt-Out Preferences Imack this box if you would like to opt out of all fax communications. By checking this box, you are agreeing to stop all fax communications related to this patient's enrollment.
	Additional Documents
	Document Name Use Type Size File Type Date Modified
	Click uplead to uplead any required documents.

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To enroll a patient into PAP, click **Enroll a patient** on the dashboard and select **Patient Assistance Program** (see <u>page 12</u>).

The information required to enroll a patient in PAP is consistent with the printed form.

In addition to copies of both sides of the primary and, if available, secondary insurance card, which are mandatory, you must also upload one of the following patient documents as proof of program eligibility:

- Federal income tax return
- Income statement from jobs held in the previous year
- IRS Form 4506T
- SSA-1099

(social security benefit statement)

A status update will be posted on your dashboard within 2 to 5 business days—look for an alert icon next to the patient's name.





Contact EntyvioConnect



Phone:

1-855-ENTYVIO (1-855-368-9846), Monday to Friday, from 8 AM to 8 PM ET (except holidays)



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