



TREATMENT TRAVEL CERTIFICATE

This is to certify that:

Name: _____

is treated with Entyvio® (vedolizumab).

Entyvio® is used for treatment of adults with moderately to severely active Ulcerative Colitis (UC) or Crohn's disease (CD).¹

Entyvio® SC is administered by subcutaneous (SC) injection via Entyvio® Pen or Entyvio® Syringe.¹ The named patient is prescribed with an:

Entyvio® Pen

Entyvio® Syringe

The materials required for the administration of one dose using an Entyvio® Pen are one single-use autoinjector, one alcohol pad and one gauze pad.²

The materials required for the administration of one dose using an Entyvio® Syringe are one single-use, pre-filled syringe, one alcohol pad and one gauze pad.³

The number of doses that will be required will depend on the length of travel.

Entyvio® SC can be stored under refrigeration (2°C to 8°C) to its stated shelf life.¹

Entyvio® SC can also be stored for 7 days in its unopened original package, at a temperature up to 25°C.¹

Name of doctor: _____

Signature: _____

GP surgery/
Hospital address: _____

Contact number: _____

Date: _____

References: 1. Entyvio® Summary of Product Characteristics. Available at: www.ema.europa.eu. 2. Entyvio® Pen for subcutaneous administration Package Leaflet. 3. Entyvio® Syringe for subcutaneous administration Package Leaflet.