

PATIENTS CAN SAVE WITH
**THE XIAFLEX[®] COPAY
ASSISTANCE PROGRAM**



\$0 copay

for most eligible patients
with commercial insurance plans*

How the program works

*Based on analysis of claims filed September 2011 through March 2018.

The XIAFLEX[®] Copay Assistance Program

WHAT TO EXPECT

How much you pay for XIAFLEX[®] will depend on your health benefits or insurance coverage. The XIAFLEX[®] Copay Assistance Program can cover up to \$1200 of your out-of-pocket costs for each vial.

	Scenario 1	Scenario 2	Scenario 3 (for 2 vials)
Out-of-pocket cost for XIAFLEX [®]	\$100	\$1200	\$2650
XIAFLEX [®] Copay Assistance Program pays	\$100	\$1200	\$2400
You pay	\$0	\$0	\$250

STEP 1 SEE IF YOU QUALIFY

In order to qualify for assistance, you must meet the following requirements:

- You are receiving or have received XIAFLEX[®] for an approved indication, including Dupuytren's contracture
- You are receiving or have received XIAFLEX[®] according to the approved instructions
- You are not insured OR you are paying for XIAFLEX[®] with cash OR you have private health insurance (insurance that is not provided by Medicare, Medicare Prescription Drug Benefit plans, Medicare Advantage, Veterans Affairs [VA], Medicaid, or similar federal or state programs)
- You are 18 years of age or older
- You have paid or are obligated to pay out-of-pocket costs for a dose of XIAFLEX[®]
- You have not used this program within the last 30 days
- This offer is not otherwise prohibited by law

[CLICK HERE](#) to download the Copay Reimbursement Form.

STEP 2 CONFIRM HOW XIAFLEX[®] WILL BE ORDERED

There are 2 ways your doctor may order XIAFLEX[®]:

Be sure to talk with the office staff to confirm how your doctor will order XIAFLEX[®].

Your doctor orders directly from the distributor and **bills you directly**

or

Your doctor orders through **CVS Specialty Pharmacy**

STEP 3 REBATE PROCESS

Directly (buy and bill)

1. Your hand specialist administers XIAFLEX[®]. If you are insured, the office staff will submit a claim for XIAFLEX[®] to your insurance plan.
2. You and the office staff will receive an Explanation of Benefits (EOB) indicating the exact amount that was reimbursed and the exact amount you owe for XIAFLEX[®].



Ask the office staff if they will be submitting the [Copay Reimbursement Form](#) on your behalf or if you will be responsible for doing so.



The Copay Reimbursement Form cannot be completed until an EOB has been received. This may take up to 3 months.

3. You or the office staff will attach the EOB or payment receipt to the Copay Reimbursement Form and submit via fax, email, or mail. Note: Forms may take up to 15 business days to process.
4. The program provides reimbursement for your treatment up to the maximum amount allowed.

Through CVS Specialty Pharmacy

1. CVS will contact you at the phone number you provided to confirm your prescription, provide any additional information, and discuss your copay.



Haven't received a call yet?

- If you miss the call, it's important to return it as soon as possible. **XIAFLEX[®] will not be shipped to your doctor until you have confirmed your prescription with CVS**
 - If you haven't heard from them within 7 days, feel free to call them at 855-534-8323
 - Current patient privacy laws (HIPAA) prevent CVS from leaving a message about why they are calling. They also may not identify themselves in a phone message
2. Once your benefits have been determined, CVS will automatically apply the copay rebate and let you know how much, if anything, you still owe.
 3. After confirming your shipment, contact the doctor's office to schedule your injection of XIAFLEX[®].

**For more support, call 877-XIAFLEX (877-942-3539)
or visit www.xiaflex-savings.com**



\$0 copay

**for most eligible patients
with commercial insurance plans***

Please see full [Prescribing Information](#) at XIAFLEX.com.

*Based on analysis of claims filed September 2011 through March 2018.

Restrictions, Terms, and Conditions

1. By accepting this offer, you agree to report the value received under this offer to any health insurer or other third party paying for any part of your XIAFLEX[®] prescription if you are required to do so by benefit terms, contract, or law.
2. This offer is not valid for prescriptions reimbursed in whole or in part by Medicare, Medicare Prescription Drug Benefit plans, Medicare Advantage, VA, Medicaid, or similar federal or state programs, or where otherwise prohibited by law.
3. By accepting this offer, you agree that Endo Pharmaceuticals or those working on its behalf may contact your HCP to verify information about treatment that is relevant to verifying your eligibility for this offer.
4. This offer is only valid for doses of XIAFLEX[®] administered in the United States.
5. This offer is valid for the out-of-pocket cost for the dose of XIAFLEX[®] only. Offer is not valid for any other products or other out-of-pocket costs (for example, office visit charges, office visit copays, or injection/administration costs) even if those costs are associated with the administration of a dose of XIAFLEX[®].
6. This offer is valid only if you have not used this program within the last 30 days.
7. The selling, purchasing, trading, or counterfeiting of this offer is prohibited.
8. Endo Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. You will have up to 365 days after receipt of your Explanation of Benefits (EOB) to submit this offer for processing.
9. By participating, you understand and agree to comply with the terms and conditions of this offer as set forth above.

Reference: 1. Data on file. DOF-XDC-29. Endo Pharmaceuticals Inc; April 25, 2018.