

Requested Service:

- Benefit Investigation only
- Benefit Investigation with Limited PA Support
- Specialty Pharmacy Triage

I. Patient Authorization to Share Health Information

I have read and understand the Patient Authorization on the back of this form and agree to the terms. I am entitled to a copy of this authorization. This authorization expires 5 years from the date signed below.

A Patient Signature _____ Date _____
Patient Printed Name _____

II. Opt-in for Text Messages from US Bioservices

B I have read and understand "Opt-in for Text Messages from US Bioservices" on the back of this form and expressly authorize US Bioservices Corporation ("US Bio") and its partners to contact me via text with information about my prescription, such as refill reminders.

Patient Signature _____ Date _____
Patient Printed Name _____

Patient Information

First Name _____ Last Name _____ MI _____
Address _____
City _____ State _____ ZIP _____
Mobile Phone # _____ Last 4 #s of SSN _____
Email _____ DOB _____
Primary Insurance _____

NOTE: Copy of insurance card[s] acceptable in lieu of completing insurance information below. Please include both sides of card.

Policy Holder _____ Group # _____
Policy # _____ Phone # _____

The following information should be filled out by your Healthcare Provider

Physician Ship-to Information

Physician Name _____
Physician Specialty _____
Practice Name _____
Practice Ship-to Address _____
City _____ State _____ ZIP _____
NPI # _____ DEA # _____
Tax ID # _____ Medicare PTAN _____
XIAFLEX® XTRA Healthcare Provider Enrollment ID # _____
XIAFLEX® XTRA Healthcare Setting Enrollment ID # _____
Contact Person _____
Contact Phone # _____ Fax # _____
Contact Email _____

Clinical Information*

*Please research benefits assuming 1 vial used or 2 vials used on day of administration.

NOTE: Please submit clinical notes and supporting documentation for the following items along with the form.

Anticipated Initial Injection Date _____ Number of vials to be used on the above injection date 1 2
Diagnosis Code M72.0 Yes No
RIGHT HAND: # of MP joints to treat _____ # of PIP joints to treat _____
Affected finger(s): R2 R3 R4 R5
LEFT HAND: # of MP joints to treat _____ # of PIP joints to treat _____
Affected finger(s): L2 L3 L4 L5
Contracture has a palpable cord
RIGHT HAND: degree of contracture _____ MP _____ PIP Positive tabletop test
LEFT HAND: degree of contracture _____ MP _____ PIP

Prescription Information

I authorize US Bioservices Corporation to act as my representative, and on behalf of myself and my patient, to initiate any de minimis authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans.

_____ Date _____

Prescriber Signature Required (no stamps)

In New York, please attach all prescriptions on official New York prescription forms.
In Iowa, please submit prescriptions electronically to US Bioservices.
In Florida, it may be required that you submit prescriptions electronically.

XIAFLEX® (collagenase clostridium histolyticum) for injection, 0.9 mg Single-use Vial
Sig: Inject 0.58 mg of XIAFLEX® into each of 1 or 2 palpable Dupuytren's cord(s) with a contracture of a metacarpophalangeal (MP) joint or a proximal interphalangeal (PIP) joint. Up to 2 joints in the same hand may be treated during a treatment visit. Injections may be administered up to 3 times per cord at approximately 4-week intervals.

Dispense: 1 vial 2 vials

Up to 2 joints in the same hand may be treated during a treatment visit.

Refill: times NDC# 66887-003-01

Each vial of XIAFLEX® and sterile diluent should only be used for a single injection. If 2 joints on the same hand are to be treated during a treatment visit, separate vials and syringes should be used for each reconstitution and injection. I appoint Endo Advantage™, administered by Careform as my agent, to convey on my behalf to the pharmacy the prescription described herein.

_____ Date _____

Prescriber Signature Required (no stamps)

Yes No Request syringes for reconstitution and administration, (1-mL hubless syringe, 0.01-mL graduations, permanently fixed, 27-gauge 1/2" needle)

Please see Indication and Important Safety Information for XIAFLEX® on next page.

Click for full [Prescribing Information](#) and [Medication Guide](#).

I. Patient Authorization to Share Health Information

By signing this authorization, I authorize my healthcare providers, pharmacies, health insurers and other programs that provide health benefits to me to disclose my personal health information (including medical records) and insurance information to Endo Pharmaceuticals Inc. and its representatives and agents (collectively, "Endo"), for Endo to use and disclose as may be necessary to assist in my treatment and coordination of care, to obtain insurance coverage information and payment for XIAFLEX® (collagenase clostridium histolyticum), a prescription product distributed by Endo, to conduct reimbursement verifications, including any related authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans, make referrals for payment assistance from charitable foundations, and provide educational and treatment support services to me, including treatment reminders and surveys about my treatment with XIAFLEX®. I understand that the information to be disclosed hereunder, once shared with others, will not be protected by state and federal privacy laws, provided that it is used and disclosed solely for the purposes stated above.

I understand that my pharmacy provider may receive remuneration from Endo in exchange for health information and/or for therapy support services provided to me.

I understand that this authorization is voluntary and that if I do not sign it, my ability to obtain treatment from my physician or obtain insurance benefits will not be affected; however, I will not be eligible to receive the services described above. I understand that I may revoke this authorization at any time, to end further use and disclosure of my information, except to the extent that my information has been used or disclosed in reliance upon this authorization, or as permitted by law. I understand that if I choose to revoke this authorization, I must do so in writing to the following address:

Endo Advantage™
6000 Park Lane
Pittsburgh, PA 15275

Please sign in the space in Section **A** on the previous page to authorize your consent.

II. Opt-in for Text Messages from US Bioservices

By signing this Authorization, I expressly authorize US Bioservices Corporation ("US Bio") and its partners to contact me via text with information about my prescription, such as refill reminders. I hereby certify that the number I have provided on this form is mine. I agree to receive text messages that may be sent using an automated telephone dialing system and that there is a risk of interception because text messages are not secure communications. I understand that I am not required to consent to text messages in order to receive services from US Bio, and that I may opt out at any time, and must do so in writing to the following address:

US Bioservices
Attn: Compliance Team
5025 Plano Parkway
Carrollton, TX 75010

Message and data rates may apply.

Please sign in the space in Section **B** on the previous page to authorize your consent.

WHAT IS XIAFLEX®?

XIAFLEX is a prescription medicine used to treat adults with Dupuytren's contracture when a "cord" can be felt. It is not known if XIAFLEX is safe and effective in children under the age of 18.

IMPORTANT SAFETY INFORMATION FOR XIAFLEX

Do not receive XIAFLEX if you have had an allergic reaction to collagenase clostridium histolyticum or any of the ingredients in XIAFLEX, or to any other collagenase product. See the end of the Medication Guide for a complete list of ingredients in XIAFLEX.

XIAFLEX can cause serious effects, including:

- **Tendon rupture or ligament damage.** Receiving an injection of XIAFLEX may cause damage to a tendon or ligament in your hand and cause it to break or weaken. This could require surgery to fix the damaged tendon or ligament. Call your healthcare provider right away if you have trouble bending your injected finger (towards the wrist) after the swelling goes down or you have problems using your treated hand after your follow-up visit
- **Nerve injury or other serious injury of the hand.** After finger procedures, some people developed tears in the skin (lacerations), and local skin and soft-tissue necrosis (death of skin cells). Some lacerations and necrosis required skin grafting, or other surgery including amputation. **Call your healthcare provider right away** if you get numbness, tingling, increased pain, or tears in the skin (laceration) in your treated finger or hand after your injection or after your follow-up visit
- **Hypersensitivity reactions, including anaphylaxis.** Severe allergic reactions can happen in people who receive XIAFLEX because it contains foreign proteins. **Call your healthcare provider right away if you have any of these symptoms of an allergic reaction after an injection of XIAFLEX:**
 - hives
 - swollen face
 - breathing trouble
 - chest pain
 - low blood pressure
 - dizziness or fainting
- **Increased chance of bleeding.** Bleeding or bruising at the injection site can happen in people who receive XIAFLEX. Talk to your healthcare provider if you have a problem with your blood clotting. XIAFLEX may not be right for you.

Before receiving XIAFLEX, tell your healthcare provider if you have had an allergic reaction to a previous XIAFLEX injection, or have a bleeding problem or any other medical conditions. Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Using XIAFLEX with certain other medicines can cause serious side effects. Especially tell your healthcare provider if you take medicines to thin your blood (anticoagulants). If you are told to stop taking a blood thinner before your XIAFLEX injection, your healthcare provider should tell you when to restart the blood thinner. Ask your healthcare provider or pharmacist for a list of these medicines if you are unsure.

The most common side effects with XIAFLEX for the treatment of Dupuytren's contracture include:

- swelling of the injection site or the hand
- bruising or bleeding at the injection site
- pain or tenderness of the injection site or the hand
- swelling of the lymph nodes (glands) in the elbow or armpit
- itching
- breaks in the skin
- redness or warmth of the skin
- pain in the armpit

Post-marketing experience – Events of fainting (passing out) and near fainting have been reported in patients treated with XIAFLEX. In some cases, pain from injection and finger extension procedures were identified as potential triggers for these events.

Tell your healthcare provider if you have any side effect that bothers you or does not go away. These are not all of the possible side effects with XIAFLEX. For more information, ask your healthcare provider or pharmacist.

Click for full [Prescribing Information](#) and [Medication Guide](#).

XIAFLEX®
collagenase clostridium histolyticum

 **endo**
pharmaceuticals
an endo international company

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