endo ADVANTAGE™ Committed to Access

Prescription and Benefits Investigation Form

PATIENT AUTHORIZATION

By signing below, 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 Careform and its representatives, agents and contractors (collectively, "Endo Advantage™"), on behalf of Endo Pharmaceuticals Inc. to use and disclose as may be necessary for my treatment and coordination of care, to obtain insurance coverage information and payment for XIAFLEX® (collagenase clostridium histolyticum), 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.

I understand that my pharmacy provider may receive remuneration from Endo Pharmaceuticals Inc. 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 other healthcare providers, or to obtain insurance benefits, will not be affected; however, I will not be eligible to receive the services described above from Endo Advantage™. 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™
400 Holiday Drive, Third Floor
Pittsburgh, PA 15220

This authorization expires three (3) years from the date of execution, or one (1) year after the date of my last prescription, whichever is later. I am entitled to receive a copy of this authorization.

Patient Signature _____ Date

Patient Printed Name

Legal Representative Date

Relationship to Patient

PHYSICIAN INFORMATION

Physician Name

Physician Specialty

Practice Name

Practice 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

Access Preference: Buy and Bill ☐ Specialty Pharmacy Shipment ☐

ENDO ADVANTAGE™

Phone 877-XIAFLEX (877-942-3539) **Fax** 1-877-909-2337

Alternatively, if using Specialty Pharmacy, you may return this form directly to **US Bioservices: Phone** 855-534-8323 **Fax** 888-418-7246

PATIENT INFORMATION

First Name Last Name MI

Address

City State ZIP

Daytime Phone # Alternate Phone #

Email

DOB

Primary Insurance

(Copy of insurance card[s] acceptable in lieu of completing insurance information below.)

Policy Holder Group #

Policy # Provider ID #

Insurance Contact Phone #

CLINICAL INFORMATION*

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

Anticipated Initial Injection Date

Number of vials to be used on the above injection date ☐ 1 ☐ 2

Diagnosis: Dupuytren's contracture ☐ ICD-10 M72.0

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

LEFT HAND: degree of contracture MP PIP

Positive table top test ☐

Rx INFORMATION/ATTESTATION

I authorize US Bioservices Corporation to act as my representative, and on behalf of myself and my patient, to initiate any de minimus 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.

XIAFLEX® (collagenase clostridium histolyticum) 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.

Please click here for full Prescribing Information, including Medication Guide.

INDICATION

XIAFLEX® is indicated for the treatment of adult patients with Dupuytren's contracture with a palpable cord.

IMPORTANT SAFETY INFORMATION FOR XIAFLEX®

- XIAFLEX® is contraindicated in patients with a history of hypersensitivity to XIAFLEX® or to collagenase used in any other therapeutic application or application method
- In the controlled and uncontrolled portions of clinical trials in Dupuytren's contracture, flexor tendon ruptures occurred after XIAFLEX® injection. Injection of XIAFLEX® into collagen-containing structures such as tendons or ligaments of the hand may result in damage to those structures and possible permanent injury such as tendon rupture or ligament damage. Therefore, XIAFLEX® should be injected only into the collagen cord with a MP or PIP joint contracture, and care should be taken to avoid injecting into tendons, nerves, blood vessels, or other collagen-containing structures of the hand. When injecting a cord affecting a PIP joint of the fifth finger, the needle insertion should not be more than 2 to 3 mm in depth and avoid injecting more than 4 mm distal to the palmar digital crease
- Other XIAFLEX®-associated serious local adverse reactions in the controlled and uncontrolled portions of the studies included pulley rupture, ligament injury, complex regional pain syndrome (CRPS), sensory abnormality of the hand, and skin laceration (tear). In a historically controlled post-marketing trial, the incidence of skin laceration (22%) was higher for subjects treated with two concurrent injections of XIAFLEX® compared with subjects treated with up to three single injections in the placebo-controlled premarketing trials (9%). Cases of skin laceration requiring skin graft after finger extension procedures have been reported post-marketing. Signs or symptoms that may reflect serious injury to the injected finger/hand should be promptly evaluated because surgical intervention may be required
- In the controlled portions of the clinical trials in Dupuytren's contracture, a greater proportion of XIAFLEX®-treated patients (15%) compared to placebo-treated patients (1%) had mild allergic reactions (pruritus) after up to 3 injections. The incidence of XIAFLEX®-associated pruritus increased after more XIAFLEX® injections in patients with Dupuytren's contracture
- Because XIAFLEX® contains foreign proteins, severe allergic reactions to XIAFLEX® can occur. Anaphylaxis was reported in a post-marketing clinical study in one patient who had previous exposure to XIAFLEX® for the treatment of Dupuytren's contracture. Healthcare providers should be prepared to address severe allergic reactions following XIAFLEX® injections
- In the XIAFLEX® trials in Dupuytren's contracture, 70% and 38% of XIAFLEX®-treated patients developed an ecchymosis/contusion or an injection site hemorrhage, respectively. Patients with abnormal coagulation (except for patients taking low-dose aspirin, eg, up to 150 mg per day) were excluded from participating in these studies. Therefore, the efficacy and safety of XIAFLEX® in patients receiving anticoagulant medications (other than low-dose aspirin, eg, up to 150 mg per day) within 7 days prior to XIAFLEX® administration is not known. In addition, it is recommended to avoid use of XIAFLEX® in patients with coagulation disorders, including patients receiving concomitant anticoagulants (except for low-dose aspirin)
- In the XIAFLEX® clinical trials for Dupuytren's contracture, the most common adverse reactions reported in ≥25% of patients treated with XIAFLEX® and at an incidence greater than placebo were edema peripheral (eg, swelling of the injected hand), contusion, injection site hemorrhage, injection site reaction, and pain in the injected extremity

Please click here for full Prescribing Information, including Medication Guide.

XIAFLEX®
collagenase clostridium histolyticum

endo pharmaceuticals
an endo international company

Rx Only

MM-05058/July 2017 www.xiaflex.com 1-800-462-ENDO (3636)