WHAT ARE YOUR PATIENTS’ HANDS TELLING YOU?

FOR ADULTS WITH DUPUYTREN’S CONTRACTURE WITH A PALPABLE CORD, REFER YOUR APPROPRIATE PATIENTS

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

Please see Important Safety Information continued on next page.
Please click here for full Prescribing Information, including Medication Guide.
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.

**FOR ADULTS WITH DUPUYTREN’S CONTRACTURE WITH A PALPABLE CORD**

**CHECK FOR SIGNS OF DUPUYTREN’S CONTRACTURE**

What is Dupuytren’s contracture?

- Dupuytren’s contracture is a chronic, progressive fibroproliferative disease with no available cure, and a contracture can recur following all currently available treatment modalities.1-4

Why it is important to refer your Dupuytren’s contracture patients for treatment

- XIAFLEX® may be an option to treat adult patients with contractures 20° to 100° for metacarpophalangeal (MP) joints and 20° to 80° for proximal interphalangeal (PIP) joints with a palpable cord instead of watching and waiting.1,6
- In a clinical study, XIAFLEX® successfully treated recurrent contractures in 65% (20/31) and 45% (9/20) of MP and PIP joints, respectively.1

Your referral can allow hand specialists to evaluate disease progression.

- It is also important to consider the following when evaluating patients for Dupuytren’s contracture:1-6:
  - Presence of a palpable cord
  - Range of motion in fingers
  - Positive table-top test

**IMPORTANT SAFETY INFORMATION FOR XIAFLEX® CONTINUED**

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**IMPORTANT SAFETY INFORMATION FOR XIAFLEX® CONTINUED**

- 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.

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For adults with Dupuytren’s contracture with a palpable cord

Efficacy evaluated in clinical trials for a broad range of MP contractures

A greater percentage of MP joints experienced near-complete correction with XIAFLEX® than with placebo.

**MP Joint Response Rates by Severity of Contracture**

- **CORD* I Trial**
  - 77% of MP patients returned to 0°–5° of normal
  - vs 7% of patients receiving placebo in CORD I

- **CORD* II Trial**
  - 65% of MP patients returned to 0°–5° of normal
  - vs 9% of patients receiving placebo in CORD II

**IMPORTANT SAFETY INFORMATION FOR XIAFLEX® CONTINUED**

- 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) 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).

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Refer your adult patients with a palpable cord to an experienced hand specialist to see if XIAFLEX® might be right for them.
FOR ADULTS WITH DUPUYTREN’S CONTRACTURE WITH A PALPABLE CORD

EFFICACY EVALUATED IN CLINICAL TRIALS FOR A BROAD RANGE OF PIP CONTRACTURES

A greater percentage of PIP joints experienced near-complete correction with XIAFLEX® than with placebo.

CORD* I Trial

40% of PIP patients returned to 0°–5° of normal vs 6% of patients receiving placebo in CORD I

CORD* II Trial

28% of PIP patients returned to 0°–5° of normal vs 0% of patients receiving placebo in CORD II

IMPORTANT SAFETY INFORMATION FOR XIAFLEX® CONTINUED

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A historically controlled, open-label, multicenter trial assessing the safety of XIAFLEX®

- 2 palpable cords affecting 2 joints, or 1 palpable cord affecting 2 joints in the same finger, were injected at 2 locations during a single treatment visit11
- The full clinical dose of 0.58 mg was injected into each palpable cord

Primary Outcome Measure
- Incidence of tendon rupture/ligament injury and anaphylaxis11
  - 1 patient (0.1%; N=715) experienced tendon rupture of the treated finger within 3 days of injection1
  - 1 patient (0.1%) experienced anaphylaxis11

Secondary Outcome Measure
- Clinical success was achieved in 65% (579/896) of MP joints and 29% (158/552) of PIP joints11

IMPORTANT SAFETY INFORMATION FOR XIAFLEX® CONTINUED
- 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

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- 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.

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With the XIAFLEX® Copay Program, eligible patients can receive up to $1200 for their out-of-pocket costs for each vial of XIAFLEX®

XIAFLEX® is covered by Medicare and for ~93% of claims for patients with commercial insurance†‡

*Based on insurance verification of >16,000 patient claims during the period of 1/1/15 – 12/31/15.
- Patient Benefit Design may vary; please be sure to verify your patients’ coverage via the XIAFLEX® Reimbursement Helpline at 877-XIAFLEX (877-942-3539)

Reference:
1. A long-term, observational, Year 2 to Year 5 follow-up study evaluated recurrence of contracture and long-term safety in 645 patients who received up to 8 single injections of XIAFLEX® 0.58 mg in a previous Phase 3 open-label or double-blind with open-label extension study. A subset of these patients (n=52) were retreated with up to 3 injections of XIAFLEX® 0.58 mg in a recurrent joint that was previously successfully treated (ie, contracture reduction to ≤5° at the Day 30 visit after the last XIAFLEX® injection in previous study).1

2. Recurrence was defined as an increase in joint contracture by ≥20° in the presence of a palpable cord or the joint underwent medical or surgical intervention primarily to correct a new or worsening contracture in that joint.1

* Treatment success was defined as reduction in contracture to 0°–5° 30 days after last XIAFLEX® injection.1

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