

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® REMS Healthcare Provider Enrollment ID # _____
XIAFLEX® REMS Healthcare Setting Enrollment ID # _____
Contact Person _____
Contact Phone # _____ Fax # _____
Contact Email _____

Clinical Information

Clinical Information (for Specialty Pharmacy prescriptions only):

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

Date of Peyronie's Disease Symptom Onset _____
Penile Curvature Deformity (current degree of curvature) _____
 Palpable Plaque
 Presence of pain during intercourse or erection
Prior treatment(s) for Peyronie's disease _____
Medication Allergies _____
Anticipated Injection Date _____
Diagnosis Code N48.6 Yes No

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 into penile plaque 2 times, 1 to 3 days apart, at approximately 6-week intervals (up to 4 cycles)

Dispense vials Refill _____ times NDC# 66887-003-01
Request syringes for reconstitution and administration, _____ Yes No
Qty 4 (1-mL hubless syringe, 0.01-mL graduations, permanently fixed, 27-gauge, 1/2" needle)

I appoint Endo Advantage™ as my agent to convey this prescription to the pharmacy.
_____ Date _____

Prescriber Signature Required (no stamps)

Please see Indication and Important Safety Information on next page.
Click for full [Prescribing Information](#), including Boxed Warning 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 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 adult men with Peyronie's disease who have a "plaque" that can be felt and a curve in their penis greater than 30 degrees when treatment is started.

It is not known if XIAFLEX is safe and effective in children under the age of 18.

IMPORTANT SAFETY INFORMATION

Do not receive XIAFLEX if:

- the Peyronie's plaque to be treated involves the "tube" that your urine passes through (urethra).
- you are allergic 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 side effects, including:

- 1. Penile fracture (corporal rupture) or other serious injury to the penis.** Receiving an injection of XIAFLEX may cause damage to the tubes in your penis called the corpora. After treatment with XIAFLEX, one of these tubes may break during an erection. This is called a corporal rupture or penile fracture. This could require surgery to fix the damaged area. Damage to your penis might not get better after a corporal rupture.
 - After treatment with XIAFLEX, blood vessels in your penis may also break, causing blood to collect under the skin (hematoma). This could require a procedure to drain the blood from under the skin. If a hematoma appears, skin and soft tissue necrosis (death of skin cells) may develop in that area, which could require surgery.

Symptoms of corporal rupture or other serious injury to your penis may include:

- a popping sound or sensation in an erect penis
- sudden loss of the ability to maintain an erection
- pain in your penis
- purple bruising and swelling of your penis
- difficulty urinating or blood in the urine

Call your healthcare provider right away if you have any of the symptoms of corporal rupture or serious injury to the penis listed above.

Do not have sex or any other sexual activity between the first and second injections of a treatment cycle.

Do not have sex or have any other sexual activity for at least 4 weeks after the second injection of a treatment cycle with XIAFLEX and after any pain and swelling has gone away.

XIAFLEX for the treatment of Peyronie's disease is only available through a restricted program called the XIAFLEX Risk Evaluation and Mitigation Strategy (REMS) Program.

- 2. 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
- breathing trouble
- low blood pressure
- swollen face
- chest pain
- dizziness or fainting

- 3. Back pain reactions.** After receiving an injection of XIAFLEX for Peyronie's disease, you may suddenly feel back pain, including severe lower back pain moving to your legs, feet, chest and arms. The back pain may also include spasms and make it hard to walk. These symptoms usually go away in 15 minutes or less, but may last longer.

Tell your healthcare provider right away if you have sudden back pain, chest pain, or hard time walking after an injection.

Before receiving XIAFLEX, tell your healthcare provider if you have had an allergic reaction to a previous XIAFLEX injection, have a bleeding problem, received XIAFLEX for another condition, or any other medical conditions. Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter 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 not sure.

What should I avoid while receiving XIAFLEX?

Avoid situations that may cause you to strain your stomach (abdominal) muscles, such as straining during bowel movements.

Do not use a vacuum erection device during your treatment with XIAFLEX.

XIAFLEX can cause serious side effects, including 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.

The most common side effects with XIAFLEX for the treatment of Peyronie's disease include:

- a small collection of blood under the skin at the injection site (hematoma)
- swelling at the injection site or along your penis
- pain or tenderness at the injection site, along your penis and above your penis
- penis bruising
- itching of your penis or scrotum (genitals)
- painful erection
- erection problems (erectile dysfunction)
- changes in the color of the skin of your penis
- blisters at the injection site
- pain with sex
- a lump at the injection site (nodule)

Events of fainting (passing out) and near fainting have been reported by some patients treated with XIAFLEX.

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, including Boxed Warning and Medication Guide.](#)