endo ADVANTAGE
Committed to Access

Prescription and Benefits Investigation Form

Phone: 1-800-743-2382 Fax: 1-800-939-3348

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.

Patient Signature _____ Date _____

A

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 2 vials Refill _____ times NDC# 66887-003-01

Request syringes for reconstitution and administration, Qty 4 (1 mL hubless syringe, 0.01 mL graduations, permanently fixed, 27-gauge, 1/2" needle) ☐ Yes ☐ No

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.

XIAFLEX®
collagenase clostridium histolyticum

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.

INDICATION

XIAFLEX® is indicated for the treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

IMPORTANT SAFETY INFORMATION FOR XIAFLEX

WARNING: CORPORAL RUPTURE (PENILE FRACTURE) OR OTHER SERIOUS PENILE INJURY IN THE TREATMENT OF PEYRONIE'S DISEASE

Corporal rupture (penile fracture) was reported as an adverse reaction in 5 of 1044 (0.5%) XIAFLEX-treated patients in clinical studies. In other XIAFLEX-treated patients (9 of 1044; 0.9%), a combination of penile ecchymoses or hematoma, sudden penile detumescence, and/or a penile "popping" sound or sensation was reported, and in these cases, a diagnosis of corporal rupture cannot be excluded. Severe penile hematoma was also reported as an adverse reaction in 39 of 1044 (3.7%) XIAFLEX-treated patients.

Signs or symptoms that may reflect serious penile injury should be promptly evaluated to assess for corporal rupture or severe penile hematoma which may require surgical intervention.

Because of the risks of corporal rupture or other serious penile injury, XIAFLEX is available for the treatment of Peyronie's disease only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the XIAFLEX REMS Program.

- **Contraindications:** XIAFLEX is contraindicated in the treatment of Peyronie's plaques that involve the penile urethra due to potential risk to this structure and in patients with a history of hypersensitivity to XIAFLEX or to collagenase used in any other therapeutic application or application method
- **Corporal Rupture or Other Serious Injury to the Penis:** Injection of XIAFLEX into collagen-containing structures such as the corpora cavernosa of the penis may result in damage to those structures and possible injury such as corporal rupture (penile fracture). Therefore, XIAFLEX should be injected only into the Peyronie's plaque and care should be taken to avoid injecting into the urethra, nerves, blood vessels, corpora cavernosa or other collagen-containing structures of the penis. Cases of localized skin and soft tissue necrosis occurring as sequelae of penile hematoma, some requiring surgical intervention, have been reported post-marketing
- **Hypersensitivity Reactions, Including Anaphylaxis:** In the double-blind, placebo-controlled portions of the clinical trials in Peyronie's disease, a greater proportion of XIAFLEX-treated patients (4%) compared to placebo-treated patients (1%) had localized pruritus after up to 4 treatment cycles (involving up to 8 XIAFLEX injection procedures). The incidence of XIAFLEX-associated pruritus was similar after each injection regardless of the number of injections administered
  - Because XIAFLEX contains foreign proteins, severe allergic reactions to XIAFLEX can occur. Anaphylaxis was reported in a post-marketing clinical trial 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. The safety of more than one treatment course of XIAFLEX is not known
- **Risk of Bleeding in Patients with Abnormal Coagulation:** In the XIAFLEX controlled trials in Peyronie's disease, 65.5% of XIAFLEX-treated patients developed penile hematoma, and 14.5% developed penile ecchymosis. 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)
- **Acute Post-Injection Back Pain Reactions:** Post approval reports of acute lower back pain reactions, sometimes accompanied by radiation to the lower extremities, chest and arms, muscle spasms, chest pain, paresthesias, headache, and dyspnea, have been received by patients treated with XIAFLEX for Peyronie's disease. These events can be mild to severe in intensity. The events typically lasted for 15 minutes and typically did not require intervention. Administer the smallest number of treatment cycles necessary to treat the patient's curvature
- **Adverse Reactions:** Clinical trials – In the XIAFLEX clinical trials for Peyronie's disease, the most frequently reported adverse drug reactions (≥25%) and at an incidence greater than placebo included: penile hematoma, penile swelling, and penile pain. Post-marketing experience – Acute post-injection lower back pain reactions; and cases of localized skin and soft tissue necrosis events as sequelae of penile hematoma, some of which required surgical intervention

Click for full Prescribing Information, including Boxed Warning and Medication Guide.

XIAFLEX®
collagenase clostridium histolyticum

endo pharmaceuticals
an endo international company

MM-05622/September 2021 www.xiaflex.com 1-800-462-ENDO (3636)