

**Requested Service:**

- Benefit Investigation only
- Benefit Investigation – Forward Rx to Specialty Pharmacy
- Benefit Investigation – Assistance with Specialty Distributor order
- Pre-authorization Follow-Up

## 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 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™**  
400 Holiday Drive, Third Floor  
Pittsburgh, PA 15220

I am entitled to a copy of this authorization. This authorization expires 5 years from the date signed below.

Patient Signature \_\_\_\_\_ Date

Patient Printed Name

Legal Representative  Date

Relationship to Patient

## 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

## PATIENT INFORMATION

First Name  Last Name  MI

Address

City  State  ZIP

Mobile Phone #  May we contact you via text?  Yes  No

Email

DOB

Primary Insurance

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

Policy Holder  Group #

Policy #  Phone #

## Rx AND CLINICAL INFORMATION

**Clinical Information (for Specialty Pharmacy prescriptions only):**

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

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

Diagnosis  ICD-10

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)**

## 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.**

- 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
- 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
- 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
- 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)
- In the XIAFLEX® clinical trials for Peyronie's disease, the most frequently reported adverse drug reactions ( $\geq 25\%$ ) and at an incidence greater than placebo included: penile hematoma, penile swelling, and penile pain

Please [click here](#) for full Prescribing Information, including Boxed Warning and Medication Guide.

[http://www.endo.com/File%20Library/Products/Prescribing%20Information/Xiaflex\\_prescribing\\_information.html](http://www.endo.com/File%20Library/Products/Prescribing%20Information/Xiaflex_prescribing_information.html)

**XIAFLEX®**  
collagenase clostridium histolyticum

 **endo**  
pharmaceuticals  
an endo international company

**Rx Only**

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