

**!** Please complete this form in its entirety to ensure timely processing of the Benefit Investigation.

### 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 A \_\_\_\_\_ Date \_\_\_\_\_ Patient Printed Name \_\_\_\_\_

### II. Opt-in for Text Messages from CVS Specialty Pharmacy

I have read and understand "Opt-in for Text Messages from CVS Specialty Pharmacy" on the back of this form and expressly authorize CVS Specialty Pharmacy ("CVS") and its partners to contact me via text with information about my prescription, such as refill reminders.

**B** PATIENT SIGNATURE B \_\_\_\_\_ Date \_\_\_\_\_ Patient Printed Name \_\_\_\_\_

### Patient Information

**!** NOTE: Please provide copy of insurance card[s] along with the information below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mobile Phone # \_\_\_\_\_ Last 4 #s of SSN \_\_\_\_\_  
 Email \_\_\_\_\_ DOB \_\_\_\_\_

Primary Insurance \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Provider Services Phone # \_\_\_\_\_  
 Secondary Insurance \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Provider Services Phone # \_\_\_\_\_

### Physician Ship-to Information

Physician Name \_\_\_\_\_ NPI # \_\_\_\_\_ DEA # \_\_\_\_\_  
 Physician Specialty \_\_\_\_\_ Tax ID # \_\_\_\_\_ Medicare PTAN \_\_\_\_\_  
 Practice Name \_\_\_\_\_ XIAFLEX® XTRA Healthcare Provider Enrollment ID # \_\_\_\_\_  
 Practice Ship-to Address \_\_\_\_\_ XIAFLEX® XTRA Healthcare Setting Enrollment ID # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Email \_\_\_\_\_

### Clinical Information

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

Diagnosis Code M72.0 ☐ Yes ☐ No

	Anticipated Date	# of MP Joints to treat	Degree of Contracture MP	# of PIP Joints to treat	Degree of Contracture PIP	Affected Fingers
RIGHT HAND						R2 R3 R4 R5
LEFT HAND						L2 L3 L4 L5

Contracture has a palpable cord ☐ Positive tabletop test ☐ Number of vials to be used on the above injection date ☐ 1 ☐ 2

### Prescription Information

I authorize CVS Specialty Pharmacy 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.

**PRESCRIBER SIGNATURE REQUIRED A (no stamps)** \_\_\_\_\_ **Date** \_\_\_\_\_

In New York, please attach all prescriptions on official New York prescription forms. In Iowa, please submit prescriptions electronically to CVS Specialty Pharmacy. 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 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.

**PRESCRIBER SIGNATURE REQUIRED B (no stamps)** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ 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.

Click for full [Prescribing Information](#) 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 USA, 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 in Section **A** on the previous page to authorize your consent.

## II. Opt-in for Text Messages from CVS Specialty Pharmacy

By signing this Authorization, I expressly authorize CVS Specialty Pharmacy (“CVS”) 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 CVS, and that I may opt out at any time, and must do so in writing to the following address:

**CVS Specialty Pharmacy**  
**Attn: Compliance Team**  
**800 Biermann Ct, Ste B**  
**Mt Prospect, IL 60056**

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 adults with Dupuytren's contracture when a “cord” can be felt. It is not known if XIAFLEX is safe and effective in children under the age of 18.

## IMPORTANT SAFETY INFORMATION FOR XIAFLEX

**Do not receive XIAFLEX if you** have had an allergic reaction 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:**

- **Tendon rupture or ligament damage.** Receiving an injection of XIAFLEX may cause damage to a tendon or ligament in your hand and cause it to break or weaken. This could require surgery to fix the damaged tendon or ligament. Call your healthcare provider right away if you have trouble bending your injected finger (towards the wrist) after the swelling goes down or you have problems using your treated hand after your follow-up visit
- **Nerve injury or other serious injury of the hand.** After finger procedures, some people developed tears in the skin (lacerations), and local skin and soft-tissue necrosis (death of skin cells). Some lacerations and necrosis required skin grafting, or other surgery including amputation. **Call your healthcare provider right away** if you get numbness, tingling, increased pain, or tears in the skin (laceration) in your treated finger or hand after your injection or after your follow-up visit
- **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
- **Fainting.** Fainting (passing out) or near fainting can happen in people who receive XIAFLEX, especially following finger procedures  
**If you have dizziness or feel faint after receiving XIAFLEX, lie down until the symptoms go away.**
- **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.

**Before receiving XIAFLEX, tell your healthcare provider if you** have had an allergic reaction to a previous XIAFLEX injection, or have a bleeding problem or any other medical conditions. Tell your healthcare provider about all the medicines you take, including prescription and non-prescription 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 unsure.

The most common side effects with XIAFLEX for the treatment of Dupuytren's contracture include:

- swelling of the injection site or the hand
- bruising or bleeding at the injection site
- pain or tenderness of the injection site or the hand
- swelling of the lymph nodes (glands) in the elbow or armpit
- itching
- breaks in the skin
- redness or warmth of the skin
- pain in the armpit

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 [Medication Guide](#).