

PATIENTS MAY SAVE WITH

THE XIAFLEX[®] COPAY ASSISTANCE PROGRAM



Almost **9** out of **10**
commercially insured
patients should pay
\$0 out of pocket
for XIAFLEX[®]*

*Most eligible patients with commercial insurance plans should pay a \$0 copay for XIAFLEX[®]. Predictions based on historical analysis of claims filed September 2022 through August 2023.

How the program works

WHAT TO EXPECT WITH THE XIAFLEX[®] COPAY ASSISTANCE PROGRAM:

Eligible patients may save on their out-of-pocket costs for each vial of XIAFLEX[®]. Some treatments may require two vials of XIAFLEX[®], and patients may save on both vials. Restrictions for patients apply. See restrictions, terms, and conditions at XIAFLEX.com.

STEP 1 SEE IF YOU QUALIFY

In order to qualify for assistance, you must meet the following requirements:

- ☐ You are receiving or have received XIAFLEX[®] for an approved indication, including Dupuytren's contracture
- ☐ You are receiving or have received XIAFLEX[®] according to the approved instructions
- ☐ You are not insured OR you are paying for XIAFLEX[®] with cash OR you have private health insurance (insurance that is not provided by Medicare, Medicare Prescription Drug Benefit plans, Medicare Advantage, Veterans Affairs [VA], Medicaid, or similar federal or state programs)
- ☐ You are 18 years of age or older
- ☐ You have paid or are obligated to pay out-of-pocket costs for a dose of XIAFLEX[®]
- ☐ You have not used this program within the last 30 days
- ☐ This offer is not otherwise prohibited by law

[CLICK HERE](#) to download the Copay Proof of Expense Form.

STEP 2 CONFIRM HOW XIAFLEX® WILL BE ORDERED

There are 2 ways your doctor may order XIAFLEX®:

Be sure to talk with the office staff to confirm how your doctor will order XIAFLEX®.

Your doctor orders directly from the distributor and **bills you directly**

or

Your doctor orders through **CVS Specialty Pharmacy**

STEP 3 REBATE PROCESS

Directly (buy-and-bill)

1. Your hand specialist administers XIAFLEX®. If you are insured, the office staff will submit a claim for XIAFLEX® to your insurance plan.
2. You and the office staff will receive an Explanation of Benefits (EOB) indicating the exact amount that was reimbursed and the exact amount you owe for XIAFLEX®.



Ask the office staff if they will be submitting the [Copay Proof of Expense Form](#) on your behalf or if you will be responsible for doing so.



The Copay Proof of Expense Form cannot be completed until an EOB has been received. This may take up to 3 months.

3. You or the office staff will attach the EOB or payment receipt to the Copay Proof of Expense Form and submit via fax or mail. Note: Forms may take up to 15 business days to process.
4. The program provides reimbursement for your treatment up to the maximum amount allowed.

Through CVS Specialty Pharmacy

1. CVS Specialty Pharmacy will contact you at the phone number you provided to confirm your prescription, provide any additional information, and discuss your copay.



Haven't received a call yet?

- If you miss the call, it's important to return it as soon as possible. **XIAFLEX® will not be shipped to your doctor until you have confirmed your prescription with CVS Specialty Pharmacy**
 - If you haven't heard from them within 7 days, feel free to call them at 844-343-4221
 - Current patient privacy laws (HIPAA) prevent CVS Specialty Pharmacy from leaving a message about why they are calling. They also may not identify themselves in a phone message
2. Once your benefits have been determined, CVS Specialty Pharmacy will automatically apply the copay rebate and let you know how much, if anything, you still owe.
 3. After confirming your shipment, contact the doctor's office to schedule your injection of XIAFLEX®.

**For more support, call 877-XIAFLEX (877-942-3539)
or visit [XIAFLEX-savings.com](https://www.XIAFLEX-savings.com)**



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Please see full [Prescribing Information](#) at [XIAFLEX.com](https://www.XIAFLEX.com).

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Predictions based on historical analysis of claims filed September 2022 through August 2023.

Restrictions, Terms, and Conditions

1. By accepting this offer, you agree to report the value received under this offer to any health insurer or other third party paying for any part of your XIAFLEX® prescription if you are required to do so by benefit terms, contract, or law.
2. This offer is not valid for prescriptions reimbursed in whole or in part by Medicare, Medicare Prescription Drug Benefit plans, Medicare Advantage, VA, Medicaid, or similar federal or state programs, or where otherwise prohibited by law.
3. By accepting this offer, you agree that Endo Pharmaceuticals Inc. or those working on its behalf may contact your HCP to verify information about treatment that is relevant to verifying your eligibility for this offer.
4. This offer is only valid for doses of XIAFLEX® administered in the United States.
5. This offer is valid for the out-of-pocket cost for the dose of XIAFLEX® only. Offer is not valid for any other products or other out-of-pocket costs (for example, office visit charges, office visit copays, or injection/administration costs) even if those costs are associated with the administration of a dose of XIAFLEX®.
6. This offer is valid only if you have not used this program within the last 30 days.
7. The selling, purchasing, trading, or counterfeiting of this offer is prohibited.
8. Endo Pharmaceuticals Inc. reserves the right to rescind, revoke, or amend this offer without notice. You will have up to 365 days after receipt of your Explanation of Benefits (EOB) to submit this offer for processing.
9. By participating, you understand and agree to comply with the terms and conditions of this offer as set forth above.

Reference: 1. Data on file. DOF-XDC-46. Endo Pharmaceuticals Inc.; December 6, 2023.