endo ADVANTAGE™
Committed to Access

XIAFLEX® HANDBOOK FOR OFFICE ADMINISTRATION

Using XIAFLEX in Your Office — Planning and Preparation for Reimbursement

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 injection 0.9mg

About Endo Advantage™

Dear Healthcare Provider:

Endo Advantage™ provides step-by-step support for product acquisition and reimbursement as your patients use XIAFLEX® (collagenase clostridium histolyticum), the first and only FDA-approved, nonsurgical treatment for Peyronie's disease in adult men with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

This guide contains the tools needed to utilize the resources offered by Endo Advantage™. Inside, you will find blank insurance research forms, information about the drug acquisition process, and an overview of financial assistance options for patients. The guide also includes a fax cover sheet, a coding table, and sample claim forms designed to help you access XIAFLEX for your appropriate patients.

An additional resource offered by Endo Advantage™ is your Field Reimbursement Manager (FRM). These reimbursement experts are available to answer questions and help you with the acquisition and reimbursement process. We urge you to take advantage of your FRM's extensive knowledge about the product acquisition process.

Sincerely,

Endo Pharmaceuticals Inc.
1400 Atwater Drive
Malvern, PA 19355

Phone: 1-800-743-2382

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Important Safety Information

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-marketing 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 deformity
- **Syncope and Presyncope:** Most, but not all cases of syncope and presyncope in patients with Peyronie's disease, occurred in association with post-injection penile pain and hematoma, penile pain with spontaneous erections, and pain during micturition. These potential triggers suggest a vasovagal mechanism. Make patients aware of the potential symptoms that could trigger syncope and presyncope after treatment with XIAFLEX.
  If presyncopal symptoms occur, patients should remain recumbent until symptoms resolve. Syncope may be associated with bodily injuries, including concussion, head abrasion, and other accidental injuries

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 have occurred in close temporal proximity to XIAFLEX treatments
- Cases of localized skin and soft tissue necrosis events as sequelae of penile hematoma, some of which required surgical intervention
- Syncope and presyncope have been reported in men treated with XIAFLEX for Peyronie's disease. Most, but not all cases occurred in the immediate treatment period or within 1-2 days following injection. Bodily injuries associated with the syncopal events have been reported

Click for full Prescribing Information, including BOXED WARNING and Medication Guide.

XIAFLEX®
collagenase clostridium histolyticum injection 0.9mg

Treatment Overview

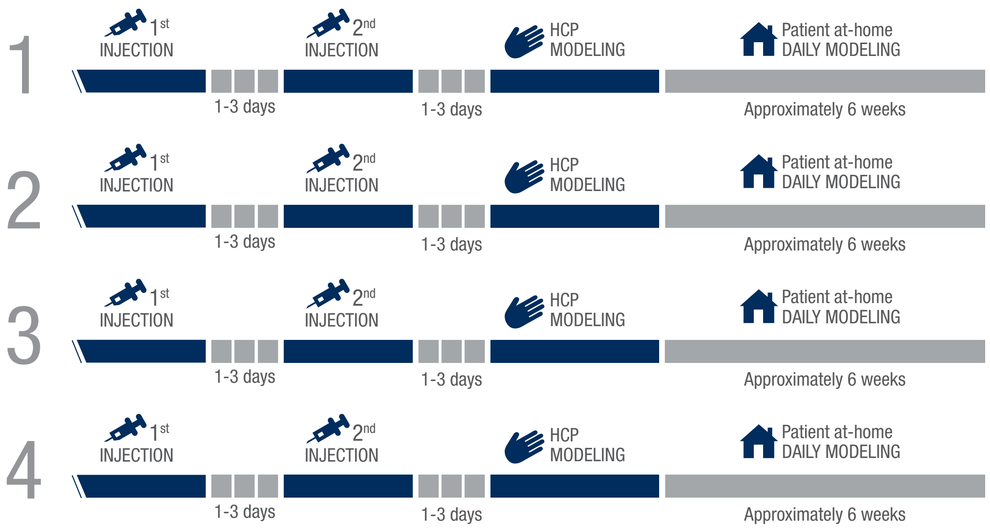
XIAFLEX® Treatment Cycle

Treatment for Peyronie's disease in adult men with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy consists of a maximum of 4 treatment cycles. Each treatment cycle includes 2 XIAFLEX injection procedures and an in-office HCP penile modeling procedure. The second XIAFLEX injection is performed 1 to 3 days after the first. The HCP penile modeling procedure is performed 1 to 3 days after the second injection. In addition, patients should be instructed to self-perform penile modeling activities at home each day for 6 weeks after the HCP penile modeling visit of each cycle. The interval between treatment cycles is approximately 6 weeks. You will need 2 vials of XIAFLEX for each treatment cycle. The treatment course, therefore, consists of a maximum of 8 injection procedures and 4 modeling procedures. If the curvature deformity is less than 15 degrees after the first, second, or third treatment cycle, or if the healthcare provider determines that further treatment is not clinically indicated, then the subsequent treatment cycles should not be administered. The safety of more than one treatment course of XIAFLEX is not known.

Acquisition of XIAFLEX will be coordinated through Endo Advantage™, which will forward the patient's prescription to CVS Specialty Pharmacy, a specialty pharmacy (SP) provider. If the patient's order will be fulfilled by a specialty distributor, Endo Advantage™ will confirm it for buy-and-bill with Besse Medical.*†

A treatment course of XIAFLEX consists of up to 4 treatment cycles 6 weeks apart.‡

Each treatment cycle consists of 2 XIAFLEX injection procedures and penile modeling



Endo Advantage™ will verify the patient's benefits before each treatment cycle, provide updates about the prior authorization process, and work with you to authorize and confirm drug refills and scheduled product shipments for your patients.

*CVS Specialty Pharmacy is the authorized SP for Endo Advantage™.
†Besse Medical is the authorized specialty distributor for Endo Advantage™.
‡If the curvature deformity is less than 15 degrees after the first, second, or third treatment cycle, or if the healthcare provider determines that further treatment is not clinically indicated, then the subsequent treatment cycles should not be administered.

Please see Important Safety Information on page 9.
Click for full Prescribing Information, including BOXED WARNING and Medication Guide.

Prescription and Benefits Investigation Form

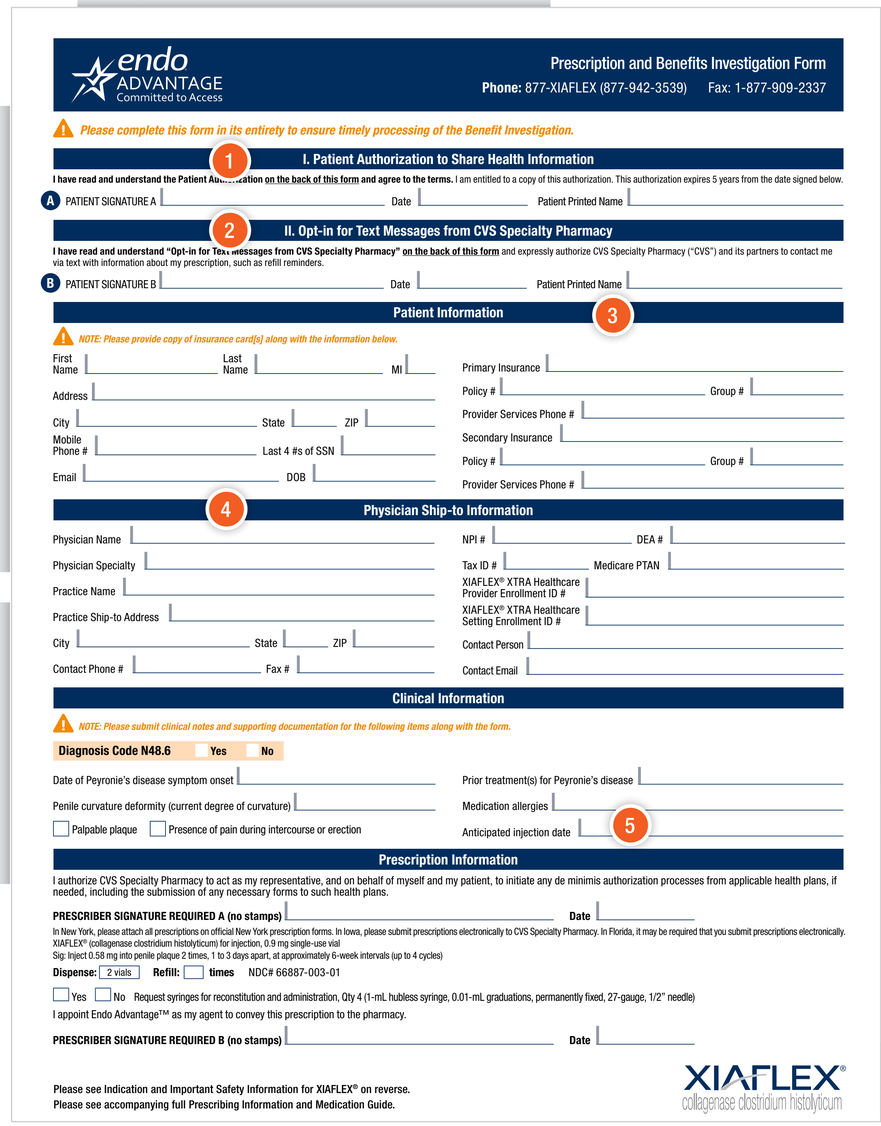
Endo Advantage™ will research each patient's insurance benefits to verify product coverage prior to shipment. You start the process by submitting the Prescription and Benefits Investigation Form to your Endo Advantage™ site coordinator. Make sure the patient signs the completed form before you fax it.

Instructions for Completing the Prescription and Benefits Investigation Form

1 Patient Authorization
This section allows the patient to provide written consent for Endo Advantage™ to perform services on his behalf

2 Texting Opt-in
This section allows the patient to opt in to receive text messages from the specialty pharmacy with updates on his prescription. **Please Note:** In order to receive text messages from CVS Specialty Pharmacy, the mobile phone # must be provided

4 Ship-to Information
Shipments of XIAFLEX for this patient will be delivered to this practice location



endo ADVANTAGE Committed to Access

Prescription and Benefits Investigation Form
Phone: 877-XIAFLEX (877-942-3539) Fax: 1-877-909-2337

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

1 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 _____

2 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 **3**

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 # _____

4 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 N48.6 ☐ **Yes** ☐ **No**

Date of Peyronie's disease symptom onset _____ Prior treatment(s) for Peyronie's disease _____
Penile curvature deformity (current degree of curvature) _____ Medication allergies _____
☐ Palpable plaque ☐ Presence of pain during intercourse or erection Anticipated injection date _____ **5**

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 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

☐ Yes ☐ No Request syringes for reconstitution and administration, 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.

PRESCRIBER SIGNATURE REQUIRED B (no stamps) _____ **Date** _____

Please see Indication and Important Safety Information for XIAFLEX® on reverse.
Please see accompanying full Prescribing Information and Medication Guide.

XIAFLEX® collagenase clostridium histolyticum

3 Patient Information
Endo Advantage™ uses this information to research medical and pharmacy coverage for XIAFLEX and related procedures. **Please Note:** In order to receive text messages from CVS Specialty Pharmacy, the mobile phone # must be provided

5 Prescription Information
When signed by the provider, serves as a prescription for XIAFLEX

XIAFLEX® collagenase clostridium histolyticum injection 0.9mg

Notification of Patient's Insurance Benefits

Endo Advantage™ will compile the results of the patient's insurance benefits investigation into a Benefits Investigation (BI) Results Form. This form will be sent to the contact person identified on the Prescription and Benefits Investigation Form.

Understanding the Benefits Investigation Results Form

1 Important Information
This is actionable information regarding next steps in drug acquisition, prior authorization, and financial assistance options

3 Plan Coverage
This section provides details about the patient's insurance coverage

Endo Advantage™ Program for XIAFLEX® (collagenase clostridium histolyticum)
Benefits Investigation (BI) Results Form

Disclaimer: The Endo Advantage™ Program is an information service only. The information contained below has been provided by the insurer or third-party payer. **This is not a guarantee of coverage or reimbursement now or in the future**, and the Endo Advantage™ Program disclaims liability for payment of any claims, benefits, or costs. Confidentiality Notice: This message may contain CONFIDENTIAL information concerning the named addressee. If you are not the named addressee or his/her authorized representative, your DISCLOSURE or USE of this information is PROHIBITED. If you receive this message in error, please notify us promptly and then destroy this document.

To:	Physician Name:	Fax Number:
From:	Date:	Pages:
Patient Name:	**Date of Birth:**	**HUB Case Number:**

PRIOR AUTHORIZATION REQUIRED:

SPECIAL NOTES:

FINANCIAL ASSISTANCE AVAILABLE:

RX SENT TO SPECIALTY PHARMACY:

Patient Benefit Information	Primary Insurance Medical Benefit	Secondary Insurance Medical Benefit	Pharmacy Benefit
Payer Name			
Plan Type			
Limitations/Restrictions			
Deductible			
Patient Copay and/or Co-insurance			
Out-of-Pocket Maximum			
Coverage for XIAFLEX® (J0775) & Procedure			
Physician Purchase *via Medical Benefit*			
Specialty Pharmacy *via Medical Benefit*			
Specialty Pharmacy *via Prescription Benefit*			
Injection (54200) & 2nd Injection (54200-58)			

****As a provider, you are solely responsible for billing third-party payers correctly. The information included here was provided by the payer. Contact the payer if you have any questions about the codes. Codes are based upon information provided by provider.****

IMPORTANT: This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this documentation in error, please notify us immediately and destroy the related documentation. This is not a guarantee of insurance benefits. All benefits are subject to the insured's plan. Under no circumstances shall the Endo Advantage™ Program be held responsible or liable for payment of any claims, benefits, or cost.

Endo Advantage™ Program **Toll-Free Phone 1-800-743-2382** **Toll-Free Fax 1-800-939-3348**

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2 Important Information
Review this area for additional important information related to the patient's insurance plan or access options

4 Coverage for XIAFLEX® (J0775)
This section provides details about coverage for XIAFLEX according to the patient's benefit structures

5 Coverage for the Injection and Second Injection
This section provides details about coverage for the procedures according to the patient's medical coverage

NOTE: Coding is part of the clinical decision. Please use codes that most accurately reflect the procedures performed. Suggestions by Endo Pharmaceuticals Inc. do not guarantee reimbursement or take the place of professional coding advice.

Sample Benefits Investigation (BI) Results Form

All information is for illustrative purposes only.

Endo Advantage™ Program for XIAFLEX® (collagenase clostridium histolyticum)
Benefits Investigation (BI) Results Form

Disclaimer: The Endo Advantage™ Program is an information service only. The information contained below has been provided by the insurer or third-party payer. **This is not a guarantee of coverage or reimbursement now or in the future**, and the Endo Advantage™ Program disclaims liability for payment of any claims, benefits, or costs. Confidentiality Notice: This message may contain CONFIDENTIAL information concerning the named addressee. If you are not the named addressee or his/her authorized representative, your DISCLOSURE or USE of this information is PROHIBITED. If you receive this message in error, please notify us promptly and then destroy this document.

To: Office Manager	Physician Name: Dr John Doe	Fax Number: (XXX) XXX-XXXX
From: Endo Advantage™	Date: XX/XX/XXXX	Pages: 1
Patient Name: John Doe	**Date of Birth:** XX/XX/XXXX	**HUB Case Number:** XXXX-XXXXX

PRIOR AUTHORIZATION REQUIRED: YES
A prior authorization (PA) is required for both the drug and the procedure. The PA can be initiated by calling (XXX) XXX-XXXX.

SPECIAL NOTES:

FINANCIAL ASSISTANCE AVAILABLE: YES
Patient may be eligible for copay assistance. For more info, please call (XXX) XXX-XXXX.

RX SENT TO SPECIALTY PHARMACY: NO
Covered for Buy-and-Bill access or Specialty Pharmacy access. For Buy-and-Bill, please contact <Wholesaler Name> at (XXX) XXX-XXXX.

For Specialty Pharmacy, please fax Rx to <Specialty Pharmacy Name> at (XXX) XXX-XXXX.

Patient Benefit Information	Primary Insurance Medical Benefit	Secondary Insurance Medical Benefit	Pharmacy Benefit
Payer Name	<Payer Name>	<Payer Name>	<Payer Name>
Plan Type	Commercial	Commercial	Commercial
Limitations/Restrictions	Covered with Restrictions	Covered	Covered
Deductible	$500 ($150 met)	No Deductible Applies	No Deductible Applies
Patient Copay and/or Co-insurance	20%	No Copay Applies	$150
Out-of-Pocket Maximum	$1000 ($150 met)	No OOP Applies	No OOP Applies
Coverage for XIAFLEX® (J0775) & Procedure	--	--	--
Physician Purchase *via Medical Benefit*	Prior Auth Required	No Restrictions	--
Specialty Pharmacy *via Medical Benefit*	Prior Auth Required	No Restrictions	--
Specialty Pharmacy *via Prescription Benefit*	--	--	No Restrictions
Injection (54200) & 2nd Injection (54200-58)	Prior Auth Required	No Restrictions	--

****As a provider, you are solely responsible for billing third-party payers correctly. The information included here was provided by the payer. Contact the payer if you have any questions about the codes. Codes are based upon information provided by provider.****

IMPORTANT: This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this documentation in error, please notify us immediately and destroy the related documentation. This is not a guarantee of insurance benefits. All benefits are subject to the insured's plan. Under no circumstances shall the Endo Advantage™ Program be held responsible or liable for payment of any claims, benefits, or cost.

Endo Advantage™ Program **Toll-Free Phone 1-800-743-2382** **Toll-Free Fax 1-800-939-3348**

MM-05823/October 2022

Chart Documentation Guide

Endo Advantage™ offers the Chart Documentation Guide management tool which captures information to help request prior authorization (initial and additional treatment cycles) as well as document services, as performed, following payor authorization.

Instructions for Completing the Chart Documentation Guide

Front:

1 PRE AUTHORIZATION
Fill out clinical information typically required by payors

2 TREATMENT CYCLE VISIT 1
Check services actually performed during visit

3 TREATMENT CYCLE VISIT 2
Check services actually performed during visit

XIAFLEX®
collagenase clostridium histolyticum

CHART DOCUMENTATION GUIDE

XIAFLEX® (collagenase clostridium histolyticum) 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.

This document is provided to help educate Healthcare Professionals regarding assembling clinical information typically required by payors for the purposes of confirming coverage.

Diagnosis: _____ Palpable plaque: ☐

Date of symptom onset: _____ Presence of pain at time of assessment: ☐

Penile curvature deformity at start/current: _____ Prior treatments: _____

Treatment Cycle Visit 1	Appointment Date: _____
☐ Evaluate patient's penis for appropriate treatment	
☐ Prior to each treatment cycle, inject pharmacologic agent(s) into corpora cavernosa to induce erection (identify specific agent[s] used)	
☐ Prior to each treatment cycle, locate the plaque at the point of maximum concavity (or focal point) in the bend of the penis and mark the point with a surgical marker	
☐ Measure and document degree of curvature	
☐ Explain injection protocol to patient	
☐ Allow time for erection to detumesce (the penis should be in a flaccid state before XIAFLEX® is injected)	
☐ Provide patient with copy of XIAFLEX® Medication Guide and urge patient to read it	
☐ Go over Patient Counseling points from the XIAFLEX® full Prescribing Information with patient	
☐ Have a discussion with patient about potential adverse reactions and what to do if one or more occur(s)	
☐ Reconstitute XIAFLEX® per instructions in full Prescribing Information	
☐ If required, administer suitable local anesthetic	
☐ Inject XIAFLEX® into palpable plaque per the instructions in the Prescribing Information. **Do not advance the needle beneath the plaque nor perpendicularly towards the corpora cavernosum** (record amount injected and any remainder discarded as wastage)	
☐ Instruct patient to return in 24 to 72 hours for second injection	

Treatment Cycle Visit 2	Appointment Date: _____
☐ Explain injection protocol to patient	
☐ Provide patient with copy of XIAFLEX® Medication Guide and urge patient to read it	
☐ Have a discussion with patient about potential adverse reactions and what to do if one or more occur(s)	
☐ Reconstitute XIAFLEX® per instructions in full Prescribing Information	
☐ If required, administer suitable local anesthetic	
☐ Inject XIAFLEX® into palpable plaque 2 to 3 mm apart from the first injection (record amount injected and any remainder discarded as wastage)	
☐ Instruct patient to return in 24 to 72 hours for modeling procedure	

Please see information about the in-office modeling procedure on next page.

Back:

4 TREATMENT CYCLE VISIT 3
Check services actually performed during visit

Treatment Cycle Visit 3	Appointment Date: _____
☐ Explain protocol for modeling procedure	
☐ Inform patient about potential adverse effects of the modeling procedure, what to do if one or more occur(s), and appropriate actions until the next visit	
☐ If required, administer suitable local anesthetic	
☐ Grasp the plaque or indurated portion of the flaccid penis about 1 cm proximal and distal to the injection site, avoiding direct pressure on the injection site	
☐ Using the plaque as a fulcrum point, use both hands to apply firm, steady pressure to elongate and stretch the plaque	
☐ Hold pressure for 30 seconds, then release. Perform 3 times with a 30-second rest period between stretches	
☐ Provide instructions for performing penile modeling at home for 6 weeks following this visit	
☐ Schedule the patient for follow-up in approximately 6 weeks	

Sample Letter of Medical Necessity

Endo Advantage™ has created this sample letter template to help you document a patient's medical necessity for XIAFLEX®. This letter is available from Endo Advantage™ or your FRM.

Sample Letter of Medical Necessity

DEAR PHYSICIAN: This letter is being provided as a sample to help you with your payor interactions concerning reimbursement for the administration of XIAFLEX® (collagenase clostridium histolyticum). Use of this document does not guarantee coverage or reimbursement. As a healthcare professional, you are responsible for providing accurate information to third-party payors. If there is any information in this document that does not accurately reflect your practices, it should be modified to appropriately represent your particular circumstances.

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 [illegible] "popping" sound or sensation was reported, and in these cases, cannot be excluded. Severe penile hematoma was also reported a 1044 (3.7%) XIAFLEX-treated patients.

Signs or symptoms that may reflect serious penile injury should l for corporal rupture or severe penile hematoma which may requir

Because of the risks of corporal rupture or other serious penile in treatment of Peyronie's disease only through a restricted program Mitigation Strategy (REMS) called the XIAFLEX REMS Program.

- **Contraindications:** XIAFLEX is contraindicated in the treatment of F penile urethra due to potential risk to this structure and in patients wit XIAFLEX or to collagenase used in any other therapeutic application
- **Corporal Rupture or Other Serious Injury to the Penis:** Injection c structures such as the corpora cavernosa of the penis may result in c possible injury such as corporal rupture (penile fracture). Therefore, X the Peyronie's plaque and care should be taken to avoid injecting int corpora cavernosa or other collagen-containing structures of the pen tissue necrosis occuring as sequelae of penile hematoma, some requ been reported post-marketing
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Please see additional Important Safety Information on next page.

Please see the accompanying full Prescribing Information, includ Medication Guide.

[Date]

[Insurance contact name]
[Insurance contact title]
[Name of insurance company]
[Insurance street address]
[City, state, ZIP code]

Re: Letter of Medical Necessity for XIAFLEX® (collagenase clostridium histolyticum) for Peyronie's disease

Patient name: **[First and last name]**
Patient date of birth: **[XX/XX/XXXX]**
Insurance ID #: **[XXXXXXXXXXXXXX]**
Group #: **[XXXXXXXXX]**

Dear **[Insurance contact name]:**

[Patient's first name] was diagnosed with Peyronie's disease on **[date]**. The patient has **[specify number of plaques and degree of penile curvature]**. The curvature has resulted in **[detail impact on patient]**. By treating my patient with XIAFLEX®, I anticipate the following outcomes: **[express your professional opinion about the potential to reach the anticipated outcome]**. **[If appropriate, provide any past clinical experiences you may have had with Peyronie's disease, including previous treatments and clinical interventions.]**

On December 6, 2013, XIAFLEX® was FDA-approved 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.

This letter is to provide clinical justification for **[patient's first and last name]** to receive 2 injections of XIAFLEX® per treatment cycle, up to 4 treatment cycles (for a maximum of 8 injections over approximately 24 weeks). If the curvature deformity is less than 15 degrees after the first, second or third treatment cycle, or if I determine that further treatment is not clinically indicated, then the subsequent treatment cycles will not be administered. During the first visit, I will inject a pharmacological agent into the patient's penis to induce an erection. This procedure reveals the location of the penile plaque at the point of maximum concavity and identifies the appropriate site for the injection of XIAFLEX®. After the penis has detumesced, I will inject an anesthetic agent into the penis, followed by an injection of XIAFLEX® into the penile plaque in accordance with the Prescribing Information. The patient will return to my office within 24 to 72 hours for a second injection of XIAFLEX®. He will return for a third visit 24 to 72 hours after the second injection for a modeling procedure. The interval between treatment cycles is approximately 6 weeks.

If you have any questions regarding the material that I have provided, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Sincerely,

[Physician's name and credentials]
[Title]
[Name of practice]
[Street address]
[City, state, ZIP code]
[Phone number]

XIAFLEX® Copay Assistance Program

Endo believes that financial concerns should not stop patients from seeking treatment. That is why we offer financial support to eligible individuals through the XIAFLEX Copay Assistance Program.

XIAFLEX Copay Assistance Program

Patients who are eligible to participate in the XIAFLEX Copay Assistance Program, but whose pharmacy or provider does not participate in the Program, may use the Proof of Expense Form to request reimbursement for XIAFLEX.

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. This offer is not valid for prescriptions reimbursed in whole or in part by Medicare, Medicare Prescription Drug Benefit plans, Medicare Advantage, VA, Medicaid, similar federal or state programs, or where otherwise prohibited by law.

Please see full terms and conditions for the XIAFLEX Copay Assistance Program available at XIAFLEX.com.

Additional Options

For information about the Endo Advantage™ Patient Assistance Program, see page 8. Patients may also call Endo Advantage™ at 1-800-743-2382 to learn about an independent, nonprofit foundation that may be able to provide financial assistance.

SELECT IMPORTANT SAFETY INFORMATION FOR XIAFLEX

- **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

Please see Important Safety Information on page 9.
Click for full Prescribing Information, including BOXED WARNING and Medication Guide.

Drug Distribution—Specialty Distributor

When a patient's prescription for XIAFLEX is fulfilled by a specialty distributor (ie, buy-and-bill), your practice pays for the drug and bills the insurance plan for both the drug and the procedure.

Step 1

You complete and submit a **Prescription and Benefits Investigation Form** to your Endo Advantage™ site coordinator (see page 3 for details)

Step 2

Endo Advantage™ compiles the results of the patient's insurance investigation into the **Benefits Investigation Results Form** and forwards the form to your office (see page 4 for details)

Step 3

Upon your approval, **Endo Advantage™ authorizes shipment with Besse Medical**

Step 4

Besse Medical ships the drug to your ship-to address

Step 5

You **administer** the drug, **bill** the patient's payor for the drug and procedure, and **pay** the specialty distributor for the drug according to the terms of your agreement with Besse Medical

Drug Distribution—Specialty Pharmacy (SP)

When a patient's prescription for XIAFLEX® is fulfilled by an SP, the pharmacy bills the insurance plan directly for the drug and your practice bills the insurance plan only for the procedure. (Medicare Part B does not allow this option.)

Step 1

You complete and submit a **Prescription and Benefits Investigation Form** to your Endo Advantage™ site coordinator (see page 3 for details)

Step 2

Endo Advantage™ compiles the results of the patient's insurance investigation into the **Benefits Investigation Results Form** and forwards the form to your office and to CVS Specialty Pharmacy (see page 4 for details)

BE PREPARED

CVS Specialty Pharmacy may need to communicate directly with you to gather additional information about insurance and processing needs. Additionally, you may be required to submit a prior authorization request

Step 3

CVS Specialty Pharmacy notifies the patient of any **financial obligations** (copayment/co-insurance), arranges for available financial assistance, and confirms the patient's willingness to have Rx filled and shipped

LET THEM KNOW

The patient should expect a call from CVS Specialty Pharmacy for SP orders. He will be asked to accept the prescription and to make arrangements to pay the copay, if applicable. CVS Specialty Pharmacy will contact you to confirm the shipment date to your designated site

Step 4

CVS Specialty Pharmacy **bills the payor for drug** and **bills the patient for any remaining copayment** or co-insurance

Step 5

CVS Specialty Pharmacy dispenses the drug with an attached prescription label identifying the patient and **ships the drug to the treatment site**

Step 6

You **administer** the drug to the patient and **bill** his payor for the procedure only. CVS Specialty Pharmacy will bill for the drug

Drug Distribution—Institutional Purchase

Products ordered for your patients are drop-shipped directly to an institutional facility and billed through your institution's prime vendor (the wholesaler). To learn more about this program, contact your FRM or visit XIAFLEX.com.

Step 1

You complete and submit a **Prescription and Benefits Investigation Form** to your Endo Advantage™ site coordinator (see page 3 for details)

Step 2

Endo Advantage™ compiles the results of the patient's insurance investigation into the **Benefits Investigation Results Form** and forwards the form to your office (see page 4 for details)

Step 3

You **order** the drug through your primary wholesale vendor

Step 4

Your vendor **ships** the drug to your ship-to address for next-day delivery

Step 5

You **administer** the drug to your patient and your institution's wholesale vendor bills your institution for the drug

Patient Assistance Program Application

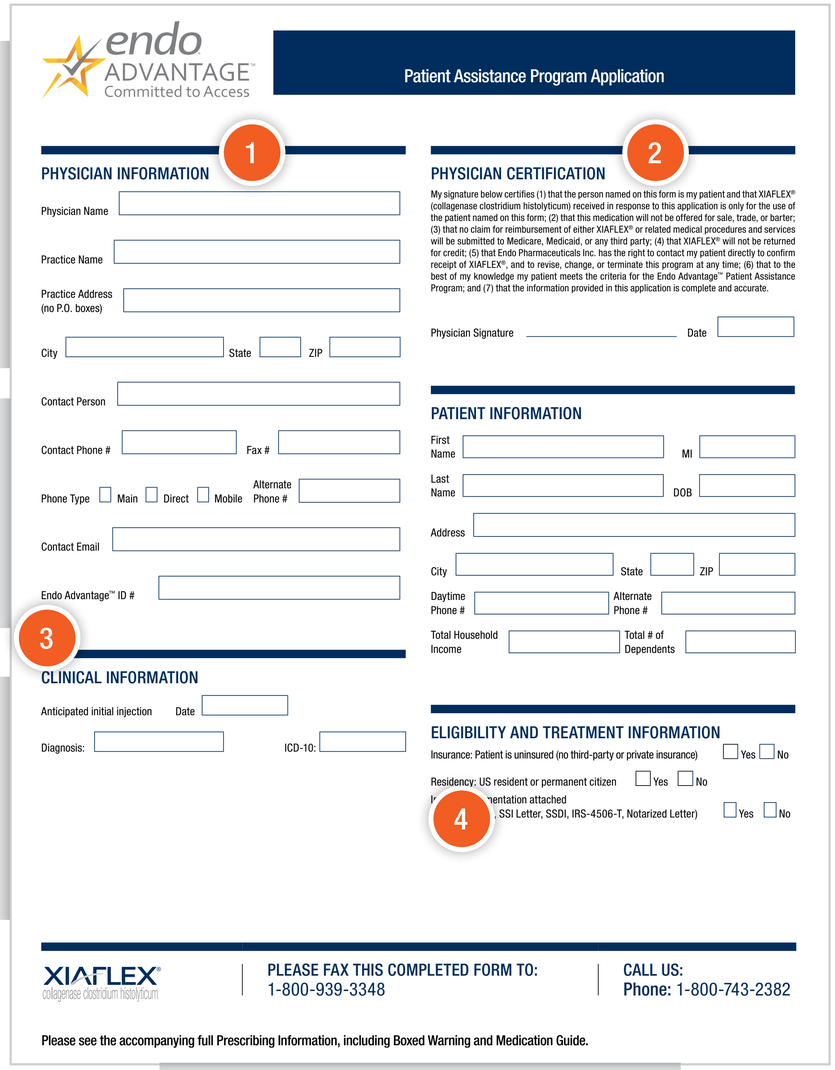
Endo Advantage™ will triage uninsured patients who meet specific income criteria to the Patient Assistance Program (PAP). Your Endo Advantage™ site coordinator will work with you to complete the enrollment process and verify program eligibility.

Instructions for Completing the PAP Application

1 PHYSICIAN INFORMATION
If the patient is eligible for the PAP, Endo Advantage™ will authorize the shipment of XIAFLEX® to the address provided in this section

2 PHYSICIAN CERTIFICATION
You should carefully read this section before signing the completed form

3 ENDO ADVANTAGE™ ID #
Be sure to include this number in all communications with Endo Advantage™



endo ADVANTAGE™ Committed to Access

Patient Assistance Program Application

1

PHYSICIAN INFORMATION

Physician Name

Practice Name

Practice Address (no P.O. boxes)

City State ZIP

Contact Person

Contact Phone # Fax #

Phone Type ☐ Main ☐ Direct ☐ Mobile Alternate Phone #

Contact Email

Endo Advantage™ ID #

3

CLINICAL INFORMATION

Anticipated initial injection Date

Diagnosis: ICD-10:

2

PHYSICIAN CERTIFICATION

My signature below certifies (1) that the person named on this form is my patient and that XIAFLEX® (collagenase clostridium histolyticum) received in response to this application is only for the use of the patient named on this form; (2) that this medication will not be offered for sale, trade, or barter; (3) that no claim for reimbursement of either XIAFLEX® or related medical procedures and services will be submitted to Medicare, Medicaid, or any third party; (4) that XIAFLEX® will not be returned for credit; (5) that Endo Pharmaceuticals Inc. has the right to contact my patient directly to confirm receipt of XIAFLEX®, and to revise, change, or terminate this program at any time; (6) that to the best of my knowledge my patient meets the criteria for the Endo Advantage™ Patient Assistance Program; and (7) that the information provided in this application is complete and accurate.

Physician Signature _____ Date

PATIENT INFORMATION

First Name MI

Last Name DOB

Address

City State ZIP

Daytime Phone # Alternate Phone #

Total Household Income Total # of Dependents

4

ELIGIBILITY AND TREATMENT INFORMATION

Insurance: Patient is uninsured (no third-party or private insurance) ☐ Yes ☐ No

Residency: US resident or permanent citizen ☐ Yes ☐ No

I[illegible]mentation attached

[illegible], SSI Letter, SSDI, IRS-4506-T, Notarized Letter) ☐ Yes ☐ No

XIAFLEX® collagenase clostridium histolyticum

PLEASE FAX THIS COMPLETED FORM TO: 1-800-939-3348

CALL US: Phone: 1-800-743-2382

Please see the accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

4 ELIGIBILITY AND TREATMENT INFORMATION
Endo Advantage™ will use the information provided in this section to confirm the patient's eligibility for the PAP. Eligible patients will receive free product through the PAP

Patient Assistance Program Product Request Form

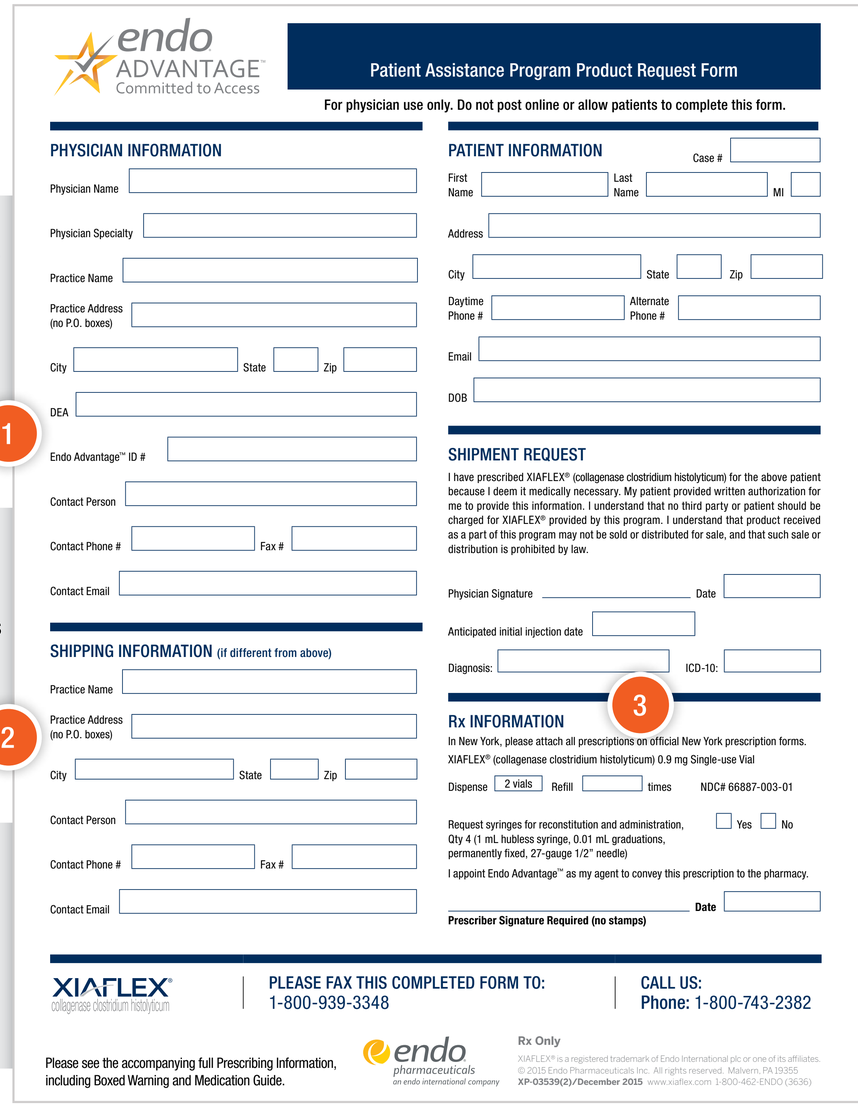
To obtain XIAFLEX for patients enrolled in the PAP, you must submit a completed **PAP Product Request Form**. Endo Advantage™ will authorize the shipment of the patient's prescription to the address provided in the Shipping Information section.

Instructions for Completing the PAP Product Request Form

1 ENDO ADVANTAGE™ ID #
Be sure to include this number in all communications with Endo Advantage™

2 SHIPPING INFORMATION
Endo Advantage™ will ship the patient's prescription to the address provided in this section

3 Rx INFORMATION
When completed, this section serves as a prescription for XIAFLEX and triggers dispensing of the drug



endo ADVANTAGE™ Committed to Access

Patient Assistance Program Product Request Form

For physician use only. Do not post online or allow patients to complete this form.

1

PHYSICIAN INFORMATION

Physician Name

Physician Specialty

Practice Name

Practice Address (no P.O. boxes)

City State Zip

DEA

Endo Advantage™ ID #

Contact Person

Contact Phone # Fax #

Contact Email

2

SHIPPING INFORMATION (if different from above)

Practice Name

Practice Address (no P.O. boxes)

City State Zip

Contact Person

Contact Phone # Fax #

Contact Email

PATIENT INFORMATION

Case #

First Name Last Name MI

Address

City State Zip

Daytime Phone # Alternate Phone #

Email

DOB

SHIPMENT REQUEST

I have prescribed XIAFLEX® (collagenase clostridium histolyticum) for the above patient because I deem it medically necessary. My patient provided written authorization for me to provide this information. I understand that no third party or patient should be charged for XIAFLEX® provided by this program. I understand that product received as a part of this program may not be sold or distributed for sale, and that such sale or distribution is prohibited by law.

Physician Signature _____ Date

Anticipated initial injection date

Diagnosis: ICD-10:

3

Rx INFORMATION

In New York, please attach all prescriptions on official New York prescription forms.

XIAFLEX® (collagenase clostridium histolyticum) 0.9 mg Single-use Vial

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)

XIAFLEX® collagenase clostridium histolyticum

PLEASE FAX THIS COMPLETED FORM TO: 1-800-939-3348

CALL US: Phone: 1-800-743-2382

Please see the accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

endo pharmaceuticals an endo international company

Rx Only

XP-03539(2)/December 2015 www.xiaflex.com 1-800-462-ENDO (3636)

Click for full Prescribing Information, including BOXED WARNING and Medication Guide.

XIAFLEX® collagenase clostridium histolyticum injection 0.9mg

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-marketing 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 deformity
- **Syncope and Presyncope:** Most, but not all cases of syncope and presyncope in patients with Peyronie's disease, occurred in association with post-injection penile pain and hematoma, penile pain with spontaneous erections, and pain during micturition. These potential triggers suggest a vasovagal mechanism. Make patients aware of the potential symptoms that could trigger syncope and presyncope after treatment with XIAFLEX.
  If presyncopal symptoms occur, patients should remain recumbent until symptoms resolve. Syncope may be associated with bodily injuries, including concussion, head abrasion, and other accidental injuries

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 have occurred in close temporal proximity to XIAFLEX treatments
- Cases of localized skin and soft tissue necrosis events as sequelae of penile hematoma, some of which required surgical intervention
- Syncope and presyncope have been reported in men treated with XIAFLEX for Peyronie's disease. Most, but not all cases occurred in the immediate treatment period or within 1-2 days following injection. Bodily injuries associated with the syncopal events have been reported

Click for full Prescribing Information, including BOXED WARNING and Medication Guide.

XIAFLEX®
collagenase clostridium histolyticum injection 0.9mg

XP-06593/December 2023 www.XIAFLEX.com 1-800-462-ENDO (3636)