XIAFLEX®

☐ NEW Enrollment
☐ Enrollment Update

collagenase clostridium histolyticum

REMS Program for Peyronie's Disease

Program Use Only:
Healthcare Setting Enrollment ID #

Pharmacy/Healthcare Setting Enrollment Form for Peyronie's Disease

To enroll, the pharmacy or healthcare setting must designate an Authorized Representative to coordinate the setting's activities and assure compliance with the XIAFLEX® REMS Program for Peyronie's disease.

To submit this form, please complete all required fields as indicated with an asterisk (*), fax completed form to **XIAFLEX® at 1-877-313-1236** or mail to XIAFLEX® REMS Program, PO Box 2957, Phoenix, AZ 85062-2957. You will receive an enrollment confirmation within 2 business days after your form is received by Endo Pharmaceuticals. For questions regarding the XIAFLEX® REMS Program for Peyronie's disease, call 1-877-313-1235.

AUTHORIZED REPRESENTATIVE RESPONSIBILITIES

I understand that XIAFLEX® is only available through the XIAFLEX® REMS Program for Peyronie's disease.

I am the Authorized Representative designated by my pharmacy or healthcare setting to coordinate the activities of the XIAFLEX® REMS. I agree to comply with the following program requirements:

- Ensure that the staff responsible for dispensing and administering XIAFLEX® at this healthcare setting is aware of my responsibilities as the Authorized Representative.
- Prior to dispensing XIAFLEX®, confirm that the Healthcare Provider treating Peyronie's disease is specially certified in the XIAFLEX® REMS Program for Peyronie's disease.
- Maintain a current list of Healthcare Providers (HCP) affiliated with my healthcare setting who are specially certified. The current affiliated Healthcare Providers of this healthcare setting include the individuals listed below. I will maintain this list by adding or removing affiliated Healthcare Providers as appropriate.
- Agree not to loan, sell or transfer XIAFLEX® to another pharmacy, healthcare setting, prescriber, institution or distributor.
- Make available to Endo Pharmaceuticals, and/or a designated third party or the FDA, documentation to verify understanding of, and adherence to, the requirements of the XIAFLEX® REMS.

I understand that this enrollment only applies to me as the designated Authorized Representative of this pharmacy or healthcare setting. I will complete a separate enrollment form for each pharmacy or healthcare setting (unique ship-to site address) for which my designation and responsibilities extend. Failure to enroll a pharmacy or healthcare setting in the XIAFLEX® REMS Program for Peyronie's disease will result in the inability to receive shipments of XIAFLEX®.

HCP First and Last Name* | HCP Enrollment ID #*

For additional Affiliated Healthcare Setting Providers, please continue on page 2.

Authorized Representative* (Please Print)

Signature* | Date*

SETTING INFORMATION

Healthcare Setting Name*

Ship-to Address*

City* | State* | ZIP*

Setting Phone* | Setting Fax*

Provide as appropriate:

NPI #*

HIN # | NCPDP #

Pharmacy or Healthcare Setting Type* (Check one)

☐ Independent Practice
☐ Group Practice
☐ Institution Central Purchasing (owned or under the control of hospital system)
☐ Institution Direct Purchasing (owned or under the control of hospital system)
☐ Pharmacy

AUTHORIZED REPRESENTATIVE

Salutation: ☐ Dr ☐ Mr ☐ Ms ☐ Mrs

First Name* | MI | Last* | Suffix

Fax* | Phone* | Phone Type* ☐ Main ☐ Direct ☐ Mobile

Email | Preferred method of contact is: ☐ Email ☐ Fax

Role:* ☐ Office Staff ☐ Clinician/Healthcare Provider ☐ Office Administration ☐ Other (Specify)

XIAFLEX®

collagenase clostridium histolyticum

REMS Program for Peyronie's Disease

Program Use Only:
Healthcare Setting Enrollment ID #

Pharmacy/Healthcare Setting Enrollment Form for Peyronie's Disease

To enroll, the pharmacy or healthcare setting must designate an Authorized Representative to coordinate the setting's activities and assure compliance with the XIAFLEX® REMS Program for Peyronie's disease.

INSTRUCTIONS: Fax completed form to **XIAFLEX® at 1-877-313-1236** or mail to XIAFLEX® REMS Program, PO Box 2957, Phoenix, AZ 85062-2957. You will receive an enrollment confirmation within 2 business days after your form is received by Endo Pharmaceuticals. For questions regarding the XIAFLEX® REMS Program for Peyronie's disease, call 1-877-313-1235.

AFFILIATED HEALTHCARE SETTING HEALTHCARE PROVIDERS

HCP First and Last Name	HCP Enrollment ID #

