### Introduction—Mechanism of Action

**XIAFLEX REMS Video (Peyronie’s Disease)**

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>AUDIO</th>
</tr>
</thead>
</table>
| **TITLE FRAME** | **VO:** Welcome to the REMS training video for administering Xiaflex for Peyronie’s disease. A REMS is a strategy to manage known or potential risks associated with a drug, and is required by the FDA to ensure that the benefits of the drug outweigh its risks. Xiaflex, or 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 thirty degrees at the start of therapy. [Ref: PI/p.3/§1/¶ 2] Xiaflex is only available under a restricted distribution program called the Xiaflex REMS because of the risks of penile fracture and other serious penile injury associated with using Xiaflex in treating Peyronie’s disease. This training video is part of the Xiaflex REMS program. This video discusses:  
- the steps necessary to prepare and administer Xiaflex  
- the in-office penile modeling procedure that is part of each Xiaflex treatment cycle  
- the daily, at-home penile modeling activities that are performed for approximately 6 weeks after each treatment cycle  
- counseling your patient with the Xiaflex Patient Counseling Tool  
Xiaflex is also indicated for the treatment of adult patients with Dupuytren’s contracture with a palpable cord. [Ref: PI/p.3/§1/¶ 1] Use of Xiaflex for Dupuytren’s contracture is covered under separate REMS requirements. Information on Dupuytren’s contracture is available by visiting www.XIAFLEX.com or by calling 1-877-313-1235. |
| **ON-SCREEN COPY:** REMS training video for administering Xiaflex for Peyronie’s disease.  
**VISUAL:** REMS description scrolls  
A REMS is a strategy to manage known or potential risks associated with a drug, and is required by the FDA to ensure that the benefits of the drug outweigh its risks. Xiaflex, or 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 thirty degrees at the start of therapy.  
Xiaflex is only available under a restricted distribution program called the Xiaflex REMS because of the risks of penile fracture and other serious penile injury associated with using Xiaflex in treating Peyronie’s disease.  
This training video is part of the Xiaflex REMS program. This video discusses:  
- the steps necessary to prepare and administer Xiaflex  
- the in-office penile modeling procedure that is part of each Xiaflex treatment cycle  
- the daily, at-home penile modeling activities that are performed for approximately 6 weeks after each treatment cycle  
- counseling your patient with the Xiaflex Patient Counseling Tool  
Xiaflex is also indicated for the treatment of adult patients with Dupuytren’s contracture with a palpable cord. [Ref: PI/p.3/§1/¶ 1] Use of Xiaflex for Dupuytren’s contracture is covered under separate REMS requirements. Information on Dupuytren’s contracture is available by visiting www.XIAFLEX.com or by calling 1-877-313-1235. |
that are performed for approximately 6 weeks after each treatment cycle
• counseling your patient with the Xiaflex Patient Counseling Tool

Xiaflex is also indicated for the treatment of adult patients with Dupuytren’s contracture with a palpable cord. [Ref: PI/p.3§1¶1] Use of Xiaflex for Dupuytren’s contracture is covered under separate REMS requirements. Information on Dupuytren’s contracture is available by visiting www.Xiaflex.com or by calling 1-877-313-1235.

Xiaflex® (collagenase clostridium histolyticum)
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Frame 1

VISUAL: REMS headline fades away and Xiaflex logo moves to center of screen.

ON-SCREEN COPY: Xiaflex® collagenase clostridium histolyticum

www.XiaflexREMS.com.

VO:
For the treatment of Peyronie’s disease, Xiaflex should be administered by a healthcare provider experienced in the treatment of male urological diseases who has completed the required training. [Ref: PI/p.6§2.2¶1]

This video demonstrates the steps necessary to prepare and administer Xiaflex. It also describes the in-office penile modeling procedure that is part of each Xiaflex treatment cycle, as well as the daily, at-home penile modeling activities that are performed for approximately six weeks after each cycle. [Ref: PI/p.9§2.2/Penile Modeling for PD¶1; PI/p.9§2.2/Penile Modeling for PD¶2] It also includes directions for utilizing the Xiaflex Patient Counseling Tool. The full Prescribing Information and Medication Guide are available at www.XiaflexREMS.com.
Peyronie's disease is a localized connective tissue disorder characterized by changes in collagen composition in the tunica albuginea. These changes cause an abnormal scar formation known as Peyronie’s plaque, which is typically a palpable bump under the skin. The Peyronie’s plaque is composed predominantly of collagen, and replaces the normally elastic fibers of the tunica albuginea. Microvascular trauma resulting from excessive bending or injury to the erect penis (possibly during sexual activity) is thought to be an important trigger for the inflammatory response and plaque development characteristic of Peyronie’s disease. Genetic predisposition and autoimmunity may also play a role in its development.

One of the hallmarks of Peyronie’s disease is curvature deformity. Peyronie’s disease may also cause other types of deformities, including narrowing, indentation, and shortening of the penis.
### Frame 4

**ON-SCREEN COPY:** Xiaflex® collagenase clostridium histolyticum
Mechanism of Action

**VO:**
Xiaflex contains two different types of purified collagenase clostridium histolyticum in a defined mass ratio.  
[Ref: PI/p.19/§11/¶1]

### Frame 5

**VISUAL:** Animation illustrates enzymatic disruption of the collagen found in Peyronie’s plaque

**VO:**
Injection of Xiaflex into a Peyronie’s plaque, which is composed mostly of collagen, may result in enzymatic disruption of the collagen found in Peyronie’s plaque.  
[Ref: PI/p.20/§12.1/¶3, lines 1-3]

### Frame 6

**VISUAL:** Transition to full male figure

**VO:**
Following this disruption of the collagen-containing plaque, penile curvature deformity may improve and Patient-Reported Bother may be reduced.  
[Ref: PI/p.20/12.1/¶3/lines 2-4]
**Frame 7**

**VO:** Xiaflex should be administered by a healthcare provider experienced in the treatment of male urological diseases who has completed the required training. [Ref: PI/p.6/§2.2/¶1]

Xiaflex, supplied as a lyophilized powder, must be reconstituted with the provided diluent prior to use. [Ref: PI/p.7/§2.2/¶2/lines 1-2] The dose of Xiaflex is 0.58 mg per injection administered into a Peyronie’s plaque. If more than one plaque is present, inject into the plaque causing the curvature deformity. [Ref: PI/p.7/§2.2/¶2/lines 2-4]

**ON-SCREEN COPY:** Xiaflex®
collagenase clostridium histolyticum
Treatment Overview

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**Frame 8**

**VO:** A treatment course consists of a maximum of four treatment cycles. Each treatment cycle consists of two Xiaflex injection procedures and one in-office penile modeling procedure. The second Xiaflex injection procedure occurs one to three days after the first. The in-office penile modeling procedure is performed one to three days after the second injection of the treatment cycle. [Ref: PI/p.7/§2.2/¶3/lines 1-5] It is necessary to identify the treatment area prior to each treatment cycle. [Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a/line 1]

Healthcare providers must counsel patients on the risks of penile fractures or other serious injuries of the penis and how to perform the at-home penile modeling activities as appropriate. After the third office visit of each treatment cycle, the patient performs approximately six weeks of daily, at-home penile modeling activities. [Ref: PI/p.9/§2.2/Penile Modeling for PD/¶2]

Up to four treatment cycles (for a total of eight injection procedures and four modeling procedures) may be administered per plaque causing the curvature deformity. If the curvature deformity is less than 15 degrees
### Preparation for Administration

<table>
<thead>
<tr>
<th>Frame 9</th>
<th>VO:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Xiaflex vial" /></td>
<td></td>
</tr>
<tr>
<td>In this section, we will explain the procedure for reconstitution of the lyophilized powder of Xiaflex.</td>
<td></td>
</tr>
</tbody>
</table>

**ON-SCREEN COPY:** Xiaflex® collagenase clostridium histolyticum

Preparation for Administration

<table>
<thead>
<tr>
<th>Frame 10</th>
<th>VO:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Xiaflex vial" /></td>
<td></td>
</tr>
<tr>
<td>Xiaflex, supplied as a lyophilized powder, must be reconstituted with the provided diluent prior to use. Xiaflex is supplied in single-use glass vials containing 0.9 mg of collagenase clostridium histolyticum as a sterile, lyophilized powder for reconstitution. [Ref: PI/p.10§3]</td>
<td></td>
</tr>
</tbody>
</table>

---

activities→Treatment Cycle 2; approximately 6 weeks; At-home penile modeling activities→Treatment Cycle 3; approximately 6 weeks; At-home penile modeling activities→Treatment Cycle 4; approximately 6 weeks; At-home penile modeling activities

Up to 4 treatment cycles may be administered

If the curvature deformity is less than 15 degrees after the 1st, 2nd or 3rd Treatment Cycle, or if you determine that further treatment is not clinically indicated, then subsequent treatment cycles should not be administered.

The safety of more than one treatment course of Xiaflex is not known. [Ref: PI/p.7§2.2¶1-3]
Sterile diluent for reconstitution is provided in the package in a single-use glass vial containing 3 mL of 0.3 mg/mL calcium chloride dihydrate in 0.9% sodium chloride. Xiaflex must be reconstituted with the provided diluent prior to use. [Ref: PI/p.10/§3]

The vials of lyophilized Xiaflex powder and sterile diluent should be stored in a refrigerator at two to eight degrees Celsius or thirty-six to forty-six degrees Fahrenheit. Do not freeze. [Ref: PI/p.31/§16/¶1]

Before use, remove the vial containing the lyophilized powder of Xiaflex and the vial containing the diluent for reconstitution from the refrigerator and check the labels on both the diluent vial and the lyophilized powder vial to make sure they have not expired. Allow the two vials to stand at room temperature for at least fifteen minutes and no longer than sixty minutes. [Ref: PI/p.7/§2.2/bullet a, lines 1-4]
### PREPARATION FOR ADMINISTRATION

**ON-SCREEN COPY:** After refrigeration, let the vial containing Xiaflex and the vial containing diluent stand at room temperature for at least 15 minutes before use. No longer than 60 minutes.

<table>
<thead>
<tr>
<th>Frame 14</th>
<th>VO:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visually inspect the vial containing Xiaflex. The cake of lyophilized powder should be intact and white in color. If the cake has been eroded, it should not be used, and should be reported to Auxilium by calling 1-877-663-0412.</strong></td>
<td><strong>After removing the flip-off cap from each vial, using aseptic technique, swab the rubber stopper and surrounding surface of the vial containing Xiaflex and the vial containing the diluent for reconstitution with sterile alcohol.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>[Ref: PI/p.7/§2.2/bullet a, lines 4-5]</strong></td>
</tr>
</tbody>
</table>

**VISUAL:** Two Xiaflex vials one intact, one eroded

**ON-SCREEN COPY:** INTACT; ERODED

If eroded, call 1-877-663-0412

<table>
<thead>
<tr>
<th>Frame 15</th>
<th>VO:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Gloved hands remove flip-off cap from Xiaflex vial</td>
<td><strong>After removing the flip-off cap from each vial, using aseptic technique, swab the rubber stopper and surrounding surface of the vial containing Xiaflex and the vial containing the diluent for reconstitution with sterile alcohol.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>[Ref: PI/p.8/§2.2/bullet b]</strong></td>
</tr>
</tbody>
</table>
No other antiseptics should be used. [Ref: PI/p.8/§2.2/bullet b] Use only the supplied diluent for reconstitution. The diluent contains calcium, which is required for the activity of Xiaflex. [Ref: PI/p.8/§2.2/bullet c]

Using a 1-mL syringe with 0.01-mL graduations with a twenty-seven-gauge one-half-inch needle, which is not supplied, withdraw a volume of 0.39 mL of the diluent supplied. [Ref: PI/p.8/§2.2/bullet d]

ON-SCREEN COPY: Use a 1-mL syringe with 0.01-mL graduations and a 27-gauge ½-inch needle to withdraw diluent supplied.
### Frame 18

**Visual:** Gloved hands hold 1-mL syringe and inject diluent slowly into sides of Xiaflex vial.

**On-screen copy:** Inject the diluent slowly into the sides of the Xiaflex vial. Do not invert the vial or shake the solution.

**Voice OVER:** Inject the diluent slowly into the sides of the vial containing the lyophilized powder of Xiaflex.  
[Ref: PI/p.8/$2.2/bullet e/lines 1-2]

### Frame 19

**Visual:** Gloved hands slowly swirl the solution.

**On-screen copy:** Slowly swirl the solution to ensure that all of the lyophilized powder has gone into solution.

**Voice OVER:** Do not invert the vial or shake the solution. Slowly swirl the solution to ensure that all of the lyophilized powder has gone into solution. Do not use if opaque particles, discoloration, or other foreign particles are present.  
[Ref: PI/p.8/$2.2/bullet e/lines 2-3]

Reference ID: 3645685
# Preparation for Administration

<table>
<thead>
<tr>
<th>Frame 20</th>
<th>VO: The Xiaflex solution is now ready for injection.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Gloved hand holds vial of reconstituted Xiaflex solution</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frame 21</th>
<th>VO: The reconstituted Xiaflex solution can be kept at room temperature of twenty to twenty-five degrees Celsius, or sixty-eight to seventy-seven degrees Fahrenheit, for up to one hour; or refrigerated at two to eight degrees Celsius, or thirty-six to forty-six degrees Fahrenheit, for up to four hours prior to administration. If the reconstituted Xiaflex solution is refrigerated, allow this solution to return to room temperature for approximately fifteen minutes before use and no longer than sixty minutes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Vial with reconstituted Xiaflex; clock illustrating 15-minute duration; clock animates to 60 minutes, illustrating the VO “and no longer than 60 minutes”</td>
<td></td>
</tr>
<tr>
<td><strong>ON-SCREEN COPY:</strong> Reconstituted Xiaflex After refrigeration, let stand at room temperature for 15 minutes before use</td>
<td></td>
</tr>
</tbody>
</table>

[Ref: PI/p.8/§2.2/bullet f]
| Frame 22 | **VO:**  
As a final step, discard the syringe, needle and diluent used for reconstitution using medical waste disposal procedures. [Ref: PI/p.8/§2.2/bullet g]  
**VISUAL:** Gloved hand discards syringe |
| --- | --- |
| Frame 23 | **VO:**  
This completes the section on Xiaflex preparation for administration. To confirm understanding of the key points of this section, please answer the following self-test questions. After answering these questions correctly, you may continue to the next section.  
**ON-SCREEN COPY:** Xiaflex® collagenase clostridium histolyticum  
Self-Test Questions |
### Frame 24

**SELF-TEST QUESTIONS**

**ON-SCREEN COPY:** Xiaflex\textsuperscript{®} collagenase clostridium histolyticum

**VO:** Self-Test Questions

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### Frame 25

**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** Before use, for how long should the vials containing Xiaflex and the diluent be left to stand at room temperature?

- a) 5 to 10 minutes
- b) At least 15 but no more than 60 minutes
- c) 60 to 90 minutes
- d) At least 2 hours

**VO:** Before use, for how long should the vials containing Xiaflex and the diluent be left to stand at room temperature?

- a) Five to ten minutes
- b) At least fifteen but no more than sixty minutes
- c) Sixty to ninety minutes
- d) At least two hours

---

### Frame 25A

**VISUAL:** The correct answer is highlighted. **ON-SCREEN COPY:** Before use, for how long should the vials containing Xiaflex and the diluent be left to stand at room temperature?

- a) 5 to 10 minutes
- b) At least 15 but no more than 60 minutes
- c) 60 to 90 minutes
- d) At least 2 hours

**VO:** b) At least fifteen but no more than sixty minutes [Ref: PI/p.8/§2.2/bullet f]

---

### Frame 26

**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** The amount of diluent that should be used for reconstituting the lyophilized powder of Xiaflex is:

- a) 0.15 mL
- b) 0.25 mL
- c) 0.31 mL

**VO:** The amount of diluent that should be used for reconstituting the lyophilized powder of Xiaflex is:

- a) 0.15 mL
- b) 0.25 mL
- c) 0.31 mL

---

Reference ID: 3645685
INJECTION PROCEDURE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>0.25 mL</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>0.31 mL</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>0.39 mL</td>
<td></td>
</tr>
</tbody>
</table>

**Frame 26A**

**VISUAL:** The correct answer is highlighted. **ON-SCREEN COPY:** The amount of diluent that should be used for reconstituting the lyophilized powder of Xiaflex is:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>0.15 mL</td>
</tr>
<tr>
<td>b)</td>
<td>0.25 mL</td>
</tr>
<tr>
<td>c)</td>
<td>0.31 mL</td>
</tr>
<tr>
<td>d)</td>
<td><strong>0.39 mL</strong></td>
</tr>
</tbody>
</table>

**VO:**

d) **0.39 mL** [Ref: PI/p.8/§2.2/bullet d]

**Frame 27**

**VISUAL:** Question appears on screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** The reconstituted Xiaflex solution can be kept at room temperature for up to 1 hour or refrigerated for up to:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>2 hours</td>
</tr>
<tr>
<td>b)</td>
<td>3 hours</td>
</tr>
<tr>
<td>c)</td>
<td>4 hours</td>
</tr>
<tr>
<td>d)</td>
<td>5 hours</td>
</tr>
</tbody>
</table>

**VO:**

The reconstituted Xiaflex solution can be kept at room temperature for up to 1 hour or refrigerated for up to:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Two hours</td>
</tr>
<tr>
<td>b)</td>
<td>Three hours</td>
</tr>
<tr>
<td>c)</td>
<td>Four hours</td>
</tr>
<tr>
<td>d)</td>
<td>Five hours</td>
</tr>
</tbody>
</table>

**Frame 27A**

**VISUAL:** The correct answer is highlighted. **ON-SCREEN COPY:** The reconstituted Xiaflex solution can be kept at room temperature for up to 1 hour or refrigerated for up to:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>2 hours</td>
</tr>
<tr>
<td>b)</td>
<td>3 hours</td>
</tr>
<tr>
<td>c)</td>
<td><strong>4 hours</strong></td>
</tr>
<tr>
<td>d)</td>
<td>5 hours</td>
</tr>
</tbody>
</table>

**VO:**

c) **four hours** [Ref: PI/p.8/§2.2/bullet f]
### Frame 28

**XIAFLEX® collagenase clostridium histolyticum**

Identifying the Treatment Area and Injecting XIAFLEX

**ON-SCREEN COPY:** Xiaflex® collagenase clostridium histolyticum

Identifying the Treatment Area and Injecting Xiaflex

**VO:**

We will now discuss the proper procedures for identifying the treatment area and injecting the reconstituted Xiaflex (collagenase clostridium histolyticum) solution into the Peyronie’s plaque.

Prior to administering Xiaflex and as part of every treatment-related visit, use the Patient Counseling Tool to discuss important information with each patient.

### Frame 29

**VISUAL:** Gloved hand identifies the treatment area and induces an erection

**VO:**

Prior to each treatment cycle, identify the treatment area as follows: Induce a penile erection. A single intracavernosal injection of ten micrograms or twenty micrograms of alprostadil may be used for this purpose. Apply antiseptic at the site of injection and allow the skin to dry prior to the intracavernosal injection.

[Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a, sub-bullet 1]

### Frame 30

**VISUAL:** Gloved hands locate the plaque at point of maximum concavity and mark the focal point with a surgical marker

**VO:**

Locate the plaque at the point of maximum concavity, or focal point, in the bend of the penis. [Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a, sub-bullet 2]

Mark the point with a surgical marker. This indicates the target area in the plaque for Xiaflex deposition. [Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a, sub-bullet 3]
### INJECTION PROCEDURE

<table>
<thead>
<tr>
<th>Frame 31</th>
<th>VO: The reconstituted Xiaflex solution should be clear. Inspect the solution visually for particulate matter and discoloration prior to administration. If the solution contains particulates, is cloudy, or is discolored, do not inject the reconstituted solution. [Ref: PI/p.8/§2.2/Inj Procedure for PD/bullet a]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Gloved hand holds up vial for inspection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frame 32</th>
<th>VO: Apply antiseptic at the site of the injection and allow the skin to dry. If desired, administer suitable local anesthetic. [Ref: PI/p.8/§2.2/Inj Procedure for PD/bullets b,c]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Gloved hands apply antiseptic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frame 33</th>
<th>VO: Using a new hubless syringe containing 0.01-mL graduations with a permanently fixed twenty-seven-gauge half-inch needle, which is not supplied, withdraw a volume of 0.25 mL of reconstituted solution containing 0.58 mg of Xiaflex. There will be reconstituted solution remaining in the vial. [Ref: PI/p.8/§2.2/Inj Procedure for PD/bullet d]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL:</strong> Gloved hands with hubless 0.01-mL syringe withdraw fluid</td>
<td></td>
</tr>
</tbody>
</table>
**INJECTION PROCEDURE**

**Frame 34**

**VO:** The penis should be in a flaccid state before injecting Xiaflex. Place the needle tip on the side of the target plaque in alignment with the point of maximal concavity. Orient the needle so that it enters the plaque from the side, NOT downward or perpendicularly toward the body of the corpora cavernosum. [Ref: PI/ p.8/§2.2/Inj Procedure for PD/bullet e]

**VISUAL:** Gloved hands orient the needle so that it enters the plaque from the side

**Frame 35**

**VO:** Insert and advance the needle transversely through the width of the plaque, toward the opposite side of the plaque and without passing completely through it. Proper needle position is confirmed by carefully noting resistance to minimal depression of the syringe plunger. [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet f]

**VISUAL:** Cut to needle insertion animation

**ON-SCREEN COPY:** Image not to scale

**Frame 36**

**VO:** With the tip of the needle placed within the plaque, initiate the injection, maintaining steady pressure to slowly inject the drug into the plaque. Withdraw the needle slowly so as to deposit the full dose along the needle track within the plaque. For plaques that are only a few millimeters in width, the distance of withdrawal of the syringe may be very minimal. The goal is always to deposit the full dose entirely within the plaque. [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet g]
<table>
<thead>
<tr>
<th>Frame</th>
<th>Description</th>
<th>VO</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Needle withdrawal animation; arrow indicates direction</td>
<td>Upon complete withdrawal of the needle, apply gentle pressure at the injection site. Apply a dressing as necessary. [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet h] Discard the unused portion of the reconstituted solution and diluent after each injection. Do not store, pool, or use any vials containing unused reconstituted solution or diluent. [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet i]</td>
</tr>
<tr>
<td>38</td>
<td>A gloved hand applies pressure at the injection site</td>
<td>The second injection of each treatment cycle should be made approximately two to three millimeters apart from the first injection and within the plaque. [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet j]</td>
</tr>
</tbody>
</table>

**VISUAL:** Gloved hand holds penis in place; copy and x’s appear, indicating injection sites 2-3 mm apart

**ON-SCREEN COPY:** 2-3 mm apart, but still within the plaque
**INJECTION PROCEDURE**

<table>
<thead>
<tr>
<th>Frame 39</th>
<th>VO:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ON-SCREEN COPY:</strong> Xiaflex®, collagenase clostridium histolyticum</td>
<td>At each patient visit, counsel the patient as appropriate on the following:</td>
</tr>
<tr>
<td>At each patient visit, counsel the patient as appropriate on the following:</td>
<td>• The risks of corporal rupture (penile fracture) and other serious injury to the penis</td>
</tr>
<tr>
<td>• The risks of corporal rupture (penile fracture) and other serious injury to the penis</td>
<td>• That their penis may appear bruised and/or swollen [Ref: PI/p.32/§17.2/bullet 2]</td>
</tr>
<tr>
<td>• That their penis may appear bruised and/or swollen</td>
<td>• That they may have mild-to-moderate penile pain that can be relieved by taking over-the-counter pain medications [Ref: PI/p.32/§17.2/bullet 3]</td>
</tr>
<tr>
<td>• That they may have mild-to-moderate penile pain that can be relieved by taking over-the-counter pain medications</td>
<td>• To promptly contact their physician if, at any time, they have any of these symptoms:</td>
</tr>
<tr>
<td>• To promptly contact their physician if, at any time, they have any of these symptoms:</td>
<td>– A popping sound or sensation in an erect penis</td>
</tr>
<tr>
<td>– A popping sound or sensation in an erect penis</td>
<td>– sudden loss of the ability to maintain an erection</td>
</tr>
<tr>
<td>– Sudden loss of the ability to maintain an erection</td>
<td>– severe purple bruising and swelling of the penis</td>
</tr>
<tr>
<td>– Severe purple bruising and swelling of the penis</td>
<td>– difficulty urinating or blood in the urine, severe pain in the penis</td>
</tr>
<tr>
<td>– Difficulty urinating or blood in the urine, severe pain in the penis</td>
<td>These symptoms may indicate penile fracture, and may require surgery [Ref: PI/p.32/§17.2/bullet 4]</td>
</tr>
<tr>
<td>• These symptoms may be accompanied by a popping or cracking sound from the penis</td>
<td>• To return to their healthcare provider’s office when directed for further injection(s) and/or penile modeling procedure(s) [Ref: PI/p.32/§17.2/bullet 5]</td>
</tr>
<tr>
<td>• To return to their healthcare provider’s office when directed for further injection(s) and/or penile modeling procedure(s)</td>
<td>• To wait two weeks after the second injection of each treatment cycle before resuming sexual activity, provided pain and swelling have subsided [Ref: PI/p.32/§17.2/bullet 6]</td>
</tr>
<tr>
<td>• To wait two weeks after the second injection of each treatment cycle before resuming sexual activity, provided pain and swelling have subsided</td>
<td></td>
</tr>
</tbody>
</table>

Reference ID: 3645685
This completes the section on identifying the treatment area and injecting Xiaflex. To confirm understanding of the key points of this section, please answer the following self-test questions. After answering these questions, you may continue to the next section.
### Frame 41

**ON-SCREEN COPY:** Xiaflex®
collagenase clostridium histolyticum

Self-Test Questions

### Frame 42

**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** The proper site of injection for Xiaflex is:

- a) Laterally into the distal two-thirds of the penis
- b) At the point of minimal concavity in the bend of the penis
- c) At the point of maximal concavity in the bend of the penis
- d) 2 mm from the base of the erect penis

**VO:**

The proper site of injection for Xiaflex is:

- a) Laterally into the distal two-thirds of the penis
- b) At the point of minimal concavity in the bend of the penis
- c) At the point of maximal concavity in the bend of the penis
- d) Two millimeters from the base of the erect penis [Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a, sub-bullet 2]

### Frame 42A

**VISUAL:** The correct answer is highlighted.

**ON-SCREEN COPY:** The proper site of injection for Xiaflex is:

- a) Laterally into the distal two-thirds of the penis
- b) At the point of minimal concavity in the bend of the penis
- c) At the point of maximal concavity in the bend of the penis
- d) 2 mm from the base of the erect penis

**VO:**

- c) At the point of maximal concavity in the bend of the penis

### Frame 43

**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** The amount of reconstituted Xiaflex that should be injected into the Peyronie’s plaque is:

- a) 0.20 mL
- b) 0.25 mL
- c) 0.31 mL
- d) 0.39 mL

**VO:**

The amount of reconstituted Xiaflex that should be injected into the Peyronie’s plaque is:

- a) 0.20 mL
- b) 0.25 mL
- c) 0.31 mL
- d) 0.39 mL
**INJECTION PROCEDURE—SELF-TEST**

| Frame 43A | VISUAL: The correct answer is highlighted. **ON-SCREEN COPY:** The amount of reconstituted Xiaflex that should be injected into the Peyronie’s plaque is:
| a) | 0.20 mL |
| b) | **0.25 mL** |
| c) | 0.31 mL |
| d) | 0.39 mL |
| VO: | **b) 0.25 mL** [Ref: PI/ p.8/§2.2/Inj Procedure for PD/bullet d] |

| Frame 44 | VISUAL: Question appears on-screen and answers appear sequentially, corresponding to VO **ON-SCREEN COPY:** The penis should be ______ when marking the treatment area and ______ when injecting Xiaflex.
| a) | Erect; erect |
| b) | Flaccid; flaccid |
| c) | Erect; flaccid |
| d) | Flaccid; erect |
| VO: | When marking the treatment area the penis should be (a) flaccid or (b) erect.
When injecting Xiaflex the penis should be:
(a) flaccid or (b) erect. |

| Frame 44A | VISUAL: Answers disappear and the correct answers are inserted into the question and highlighted. **ON-SCREEN COPY:** The penis should be **erect** when marking the treatment area and **flaccid** when injecting Xiaflex. |
| ALT FRAME 44 | VISUAL: Question appears on-screen and answers appear sequentially, corresponding to VO **ON-SCREEN COPY:** When marking the treatment area should the penis be (a) flaccid or (b) erect? |
| VO: | The penis should be **erect** when marking the treatment area and **flaccid** when injecting Xiaflex. [Ref: PI/p.8/§2.2/ID of Tx Area for PD/bullet a/sub-bullet 1] [Ref: PI/ p.8/§2.2/Inj Procedure for PD/bullet e/line 1] |

**VO:**
- When marking the treatment area the penis should be (a) flaccid or (b) erect.
- When injecting Xiaflex the penis should be (a) flaccid or (b) erect.
### Injection Procedure — Self-Test

**Alt Frame 44A**

**Visual:** The correct answer is highlighted.

**On-screen Copy:**
When marking the treatment area should the penis be
(a) flaccid or (b) erect

**VO:**
When marking the treatment area the penis should be erect. [Ref: PI/p.8/§2.2/ID of Tx Area for PD/bullet a/sub-bullet 1]

**Alt Frame 44B**

**Visual:** Question appears on-screen and answers appear sequentially, corresponding to VO

**On-screen Copy:**
When injecting Xiaflex should the penis be:
(a) flaccid or (b) erect?

**VO:**
When injecting Xiaflex should the penis be:
(a) flaccid or (b) erect?

**Alt Frame 44C**

**Visual:** Answers disappear and the correct answers are inserted into the question and highlighted.

**On-screen Copy:**
When injecting Xiaflex should the penis be:
(a) flaccid or (b) erect?

**VO:**
When injecting Xiaflex should the penis be:
flaccid [Ref: PI/ p.8/§2.2/Inj Procedure for PD/bullet e/line 1]

**Frame 45**

**Visual:** Question appears on-screen and answers appear sequentially, corresponding to VO

**On-screen Copy:**
The needle needs to be inserted _______ the plaque
a) Perpendicular to
b) Transversely through the width of
c) Parallel to
d) Adjacent to, but not within

**VO:**
The needle needs to be inserted in which direction into the plaque?

a) Perpendicular to
b) Transversely through the width of
c) Parallel to
d) Adjacent to, but not within

**Frame 45A**

**Visual:** Answers disappear and the correct answer is inserted into the question and highlighted.

**On-screen Copy:**
The needle needs to be inserted transversely through the width of the plaque

**VO:**
The needle needs to be inserted transversely through the width of the plaque? [Ref: PI/ p.9/§2.2/Inj Procedure for PD/bullet f/lines 1-2]
### Frame 46
**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO
**ON-SCREEN COPY:** The goal of injection is always to deposit the full dose of drug:
- a) Entirely within the plaque
- b) Mostly within the plaque
- c) Entirely outside of the plaque
- d) Both inside and outside of the plaque

**VO:**
The goal of injection is always to deposit the full dose of drug...
- a) Entirely within the plaque
- b) Mostly within the plaque
- c) Entirely outside of the plaque
- d) Both inside and outside of the plaque

### Frame 46A
**VISUAL:** The correct answer is highlighted.
**ON-SCREEN COPY:** The goal of injection is always to deposit the full dose of drug:
- a) Entirely within the plaque
- b) Mostly within the plaque
- c) Entirely outside of the plaque
- d) Both inside and outside of the plaque

**VO:**
The goal of injection is always to deposit the full dose of drug **entirely within the plaque** [Ref: PI/p.9/§2.2/Inj Procedure for PD/bullet g/lines 5-6]
PENILE MODELING (IN-OFFICE AND AT-HOME)

Frame 47

ON-SCREEN COPY: Xiaflex®
collagenase clostridium histolyticum
Penile Modeling (In-Office and At-Home)

VO:
In conjunction with Xiaflex, penile modeling helps improve curvature deformity and straighten the penile shaft. In this section, we will review the in-office penile modeling procedure that is performed one to three days following the second injection of Xiaflex in each treatment cycle. [Ref: PI/ p.9/$2.2/Penile Modeling Procedure¶ 1] We will also review the at-home penile modeling activities that patients should be instructed to do daily. [Ref: PI/ p.9/$2.2/Penile Modeling for PD¶ 2]

Prior to administering Xiaflex and as part of every treatment-related visit, use the Patient Counseling Tool to discuss important information with each patient.

Frame 48

VISUAL: “In-office penile modeling procedure” is highlighted to correspond with VO

ON-SCREEN COPY: One Xiaflex Treatment Cycle

Treatment Cycle 1; 1st in-office injection procedure→1 to 3 days→2nd in-office injection procedure→1 to 3 days→In-office penile modeling

VO:
At a follow-up visit one to three days after the second injection of each treatment cycle, perform the in-office penile modeling procedure on the flaccid penis in order to stretch and elongate the treated plaque. [Ref: PI/ p.9/$2.2/Penile Modeling for PD¶ 1]
**PENILE MODELING (IN-OFFICE AND AT-HOME)**

| Procedure | 
|---|---|
| approximately 6 weeks; At-home penile modeling activities ➔ Treatment Cycle 2; approximately 6 weeks; At-home penile modeling activities ➔ Treatment Cycle 3; approximately 6 weeks; At-home penile modeling activities ➔ Treatment Cycle 4; approximately 6 weeks; At-home penile modeling activities | Up to 4 treatment cycles may be administered if the curvature deformity is less than 15 degrees after the 1st, 2nd or 3rd Treatment Cycle, or if you determine that further treatment is not clinically indicated, then subsequent treatment cycles should not be administered. The safety of more than one treatment course of Xiaflex is not known. |

---

**Frame 49**

- **VISUAL:** Gloved hands grasp the plaque or indurated portion of the flaccid penis about 1 cm proximal and distal to the injection site.

- **VO:**
  - If desired, administer suitable local anesthetic.
  - [Ref: PI/ p.9/§2.2/Penile Modeling Procedure/bullet 1]
  - Wearing gloves, grasp the plaque or indurated portion of the flaccid penis about one centimeter proximal and distal to the injection site. Avoid direct pressure on the injection site.
  - [Ref: PI/ p.9/§2.2/Penile Modeling Procedure/bullet 2]
**Frame 50**

**VISUAL:** Gloved hands apply firm, steady pressure to elongate and stretch the plaque, creating bending opposite to the patient’s penile curvature.

**ON-SCREEN COPY:**
- Use target plaque as fulcrum point
- Apply firm, steady pressure
- Gradually bend the shaft in the opposite direction of the curvature

**VO:**
Using the target plaque as a fulcrum point, use both hands to apply firm, steady pressure to elongate and stretch the plaque. The goal is to gradually create bending opposite to the patient’s penile curvature, with stretching to the point of moderate resistance. [Ref: PI/p.9/§2.2/Penile Modeling Procedure/bullet 3]

Hold pressure for thirty seconds then release. [Ref: PI/p.9/§2.2/Penile Modeling Procedure/bullet 3]

**Frame 51**

**VISUAL:** Gloved hands repeat the penile modeling technique.

**ON-SCREEN COPY:**
- Rest for 30 seconds
- Repeat a total of 3 times
- Hold for 30 seconds each time

**VO:**
After a thirty-second rest period, repeat the penile modeling technique for a total of three modeling attempts at thirty seconds each. [Ref: PI/p.9/§2.2/Penile Modeling Procedure/bullet 4]

**Frame 52**

**VO:**
For the approximately six weeks following each treatment cycle, patients will need to perform the following penile modeling activities at home daily to help reduce penile curvature. [Ref: PI/p.9/§2.2/Penile Modeling for PD/¶2]
ON-SCREEN COPY: Xiaflex®
collagenase clostridium histolyticum
At-home Penile Modeling Activities

Frame 52A

VO:
There are two types of home penis activities. One is a stretching activity. The other is a straightening activity. Be sure to instruct patients on exactly when to start the activities and how long to continue performing them. [Ref: PI/p.9/§2.2/Penile Modeling for PD/¶2]

The stretching activity should be performed three times daily and when the penis is not erect. Instruct patients to grasp the tip of the penis with the fingers of one hand and hold the base of the penis with the fingers of the other. Then, gently pull the penis away from the body to its full length. Hold the stretch for thirty seconds. Then let go and allow the penis to return to its normal unstretched length. [Ref: PI/p.10/§2.2/Penile Modeling for PD/bullet 2]

The penile straightening activity is performed a maximum of once per day on an erection unrelated to sexual activity. If the patient does not have a spontaneous erection, he should not attempt the penis straightening. Instruct patients to gently attempt to bend the shaft of the erect penis in the opposite direction of the curve, but not so forcefully as to produce significant pain or discomfort. Patients should hold the penis in this more straightened position for thirty seconds, then let go. [Ref: PI/p.10/§2.2/Penile Modeling for PD/bullet 1]
<table>
<thead>
<tr>
<th>Frame</th>
<th>ON-SCREEN COPY:</th>
<th>VO:</th>
</tr>
</thead>
</table>
| 53    | Provide instructions on at-home penile modeling activities:  
  • On flaccid penis: Stretch 3 times daily for 30 seconds at a time  
  • On erect penis: Gently straighten and hold for 30 seconds, once daily | In summary, penis stretching is performed on a non-erect penis, three times a day for thirty seconds each time. Penis straightening is performed no more than once a day on a spontaneous erection unrelated to sexual activity. Discuss with patients the best time to perform these activities.  
[Ref: PI/p.10/§2.2/Penile Modeling for PD/bullets 1-2] |
| 54    | Xiaflex® collagenase clostridium histolyticum  
Self-Test Questions | This completes the section on the Xiaflex penile modeling, both in-office and at-home. To confirm understanding of the key points of this section, please answer the following self-test questions. After answering these questions, you may continue to the next section. |
| 55    | Question appears on-screen and answers | How soon should the in-office penile modeling |
appear sequentially, corresponding to VO
ON-SCREEN COPY: In-office penile modeling procedure should be performed _______ after the second injection of each treatment cycle:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>Immediate</td>
<td>15 to 60 minutes</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>1 to 3 days</td>
<td>5 to 7 days</td>
</tr>
</tbody>
</table>

procedure be performed after the second injection of each treatment cycle:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>Immediately</td>
<td>Fifteen to sixty minutes</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>One to three days</td>
<td>Five to seven days</td>
</tr>
</tbody>
</table>

Frame 55A
VISUAL: The correct answer is highlighted.
ON-SCREEN COPY: In-office penile modeling procedure should be performed _______ after the second injection of each treatment cycle:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>Immediately</td>
<td>15 to 60 minutes</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>1 to 3 days</td>
<td>5 to 7 days</td>
</tr>
</tbody>
</table>

VO:
In-office penile modeling procedure should be performed **one to three days** after the second injection of each treatment cycle: [Ref: PI/p.9/§2.2/Penile Modeling for PD/¶1]

Frame 56
VISUAL: Question appears on-screen and answers appear sequentially, corresponding to VO
ON-SCREEN COPY: When performing in-office penile modeling procedure, hold the pressure for 30 seconds and rest for 30 seconds for a total of:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>2 times</td>
<td>3 times</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>5 times</td>
<td>10 times</td>
</tr>
</tbody>
</table>

VO:
When performing in-office penile modeling procedure, hold the pressure for thirty seconds and rest for thirty seconds for a total of:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>Two times</td>
<td>Three times</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>Five times</td>
<td>Ten times</td>
</tr>
</tbody>
</table>

Frame 56A
VISUAL: The correct answer is highlighted.
ON-SCREEN COPY: When performing in-office penile modeling procedure, hold the pressure for 30 seconds and rest for 30 seconds for a total of:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>2 times</td>
<td>3 times</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>5 times</td>
<td>10 times</td>
</tr>
</tbody>
</table>

VO:
When performing in-office penile modeling procedure, hold the pressure for thirty seconds and rest for thirty seconds for a total of: **three times**. [Ref: PI/ p.9/§2.2/Penile Modeling Procedure/bullets 3 and 4]
| Frame 57 | VO: The patient should be instructed to perform at-home penile *straightening* activity on a spontaneous *erection* unrelated to sexual activity no more than once daily for thirty seconds. How often should the patient perform the *stretching* activity on the *flaccid* penis:  
| **a)** At no time  
| **b)** Once daily for a total of one minute  
| **c)** Five times daily for thirty seconds at a time  
| **d)** Three times daily for thirty seconds at a time |

| Frame 57A | **VO:** Instruct the patient to perform the *stretching* activity on the *flaccid* penis **three times daily for thirty seconds at a time.**  
[Ref: PI/p.10/§2.2/Penile Modeling for PD/bullet 2] |

| Frame 58 | **VO:** Instructions for using the Xiaflex Patient Counseling Document. |

---

**SUMMARY**

**Frame 57**

**VISUAL:** Question appears on-screen and answers appear sequentially, corresponding to VO

**ON-SCREEN COPY:** The patient should be instructed to perform at-home penile *straightening* activity on a spontaneous *erection* unrelated to sexual activity no more than once daily for 30 seconds. The patient should also be instructed to perform the *stretching* activity on the *flaccid* penis:

| a) At no time  
| b) Once daily for a total of 1 minute  
| c) 5 times daily for 30 seconds at a time  
| d) 3 times daily for 30 seconds at a time |

**Frame 57A**

**VISUAL:** The correct answer is highlighted.

**ON-SCREEN COPY:** The patient should be instructed to perform at-home penile *straightening* activity on an *erection* unrelated to sexual activity once daily for 30 seconds. The patient should also be instructed to perform the *stretching* activity on the *flaccid* penis:

| a) At no time  
| b) Once daily for a total of 1 minute  
| c) 5 times daily for 30 seconds at a time  
| d) 3 times daily for 30 seconds at a time |

**Frame 58**

**VISUAL:** Title screen with Xiaflex logo and copy below.

**ON-SCREEN COPY:** Xiaflex® collagenase clostridium histolyticum Instructions for Using the Xiaflex Patient Counseling Document

---

Reference ID: 3645685
Prior to initiating treatment with Xiaflex, and as part of each treatment-related visit, discuss the following information included in the Patient Counseling Tool with each patient:

- The risks of corporal rupture (penile fracture) and other serious penile injury
- Precautions related to the patient’s role in reducing the risks of these adverse outcomes (for example, advising patients to wait two weeks until after the second injection of each treatment cycle before resuming sexual activity)
- Conditions under which patients should promptly contact their healthcare provider
- Clear instructions on at-home penile modeling activities
- Important information regarding the safe use of Xiaflex in treating Peyronie’s disease

The patient must be given a copy of the Patient Counseling Document to take home.

In addition, provide a Medication Guide to each patient prior to each injection of Xiaflex.

To obtain copies of the Patient Counseling Document:

- Visit www.XiaflexREMS.com
- Call 1-877-XIAFLEX (1-877-942-3539)
- Or contact your Xiaflex sales representative
**SUMMARY**

**Frame 61**

**ON-SCREEN COPY:** Xiaflex®
collagenase clostridium histolyticum
Summary

**Frame 62**

**ON-SCREEN COPY: Storage and handling**
- Keep vials of Xiaflex and sterile diluent refrigerated between 2°C and 8°C or 36°F to 46°F
- Before use, allow vials to stand at room temperature for at least 15 minutes and no longer than 60 minutes
- Reconstituted solution can be kept at room temperature for up to 1 hour or refrigerated for up to 4 hours prior to administration. If refrigerated, allow to return to room temperature for 15 minutes before use

**Frame 63**

**VO:**
If the reconstituted Xiaflex solution is refrigerated, allow this solution to return to room temperature for approximately fifteen minutes before use.

**Reference ID:** 3645685
SUMMARY

VISUAL: Vial with reconstituted Xiaflex; clock illustrating 15-minute interval

ON-SCREEN COPY: Reconstituted Xiaflex
After refrigeration, let stand at room temperature for 15 minutes before use

Frame 64

VISUAL: Gloved hands mark injection site with surgical marker.

ON-SCREEN COPY: Xiaflex® collagenase clostridium histolyticum
Identifying the Treatment Area
- Induce an erection
- Locate the point of maximum concavity
- Mark the area with a marker

VO: Identifying the Treatment Area

After inducing an erection, locate the point of maximum concavity, or focal point in the bend of the penis, which is where the plaque and the curvature intersect. [Ref: PI/p.8/§2.2/ID of Tx Area for PD, bullet a, sub-bullets 1-2]

Frame 65

VO: INJECTION PROCEDURE
Withdraw 0.25 mL of reconstituted Xiaflex solution. [Ref: PI/p. 8/§2.2/Inj Procedure for PD/bullet d]

The penis should be in a flaccid state before injecting Xiaflex. Place the needle tip on the side of the target plaque in alignment with
**SUMMARY**

**VISUAL:** Two gloved hands inject penis with syringe; copy bullets appear, corresponding with VO

**ON-SCREEN COPY:** Injection Procedure
- Withdraw 0.25 mL of reconstituted Xiaflex solution
- Penis should be flaccid
- Place needle tip on the side of the plaque in alignment with the point of maximal concavity
- Insert and advance the needle transversely
- Confirm proper positioning by noting resistance in syringe plunger
- Deposit full dose within the plaque

**Frame 66

**VISUAL:** Gloved hands bending penis opposite to penile curvature, with stretching to the point of moderate resistance.

**ON-SCREEN COPY:**
- Create a reverse bend
- Stretch to point of moderate resistance
- Hold for 30 seconds

**IN-OFFICE PENILE MODELING**

**VO:**

**PENILE MODELING (IN-OFFICE AND AT-HOME)**
In-office penile modeling procedure should be performed one to three days after the second injection of each treatment cycle. [Ref: PI/p. 9/§2.2/Penile Modeling Procedure/¶ 1]

Using the target plaque as a fulcrum point, use both hands to apply firm, steady pressure to elongate and stretch the plaque. The goal is to gradually create bending opposite to the patient’s penile curvature, with stretching to the point of moderate resistance. Hold pressure for thirty seconds and then release. [Ref: PI/ p.9/§2.2/Penile Modeling Procedure/bullet 3]

After a thirty-second rest period, repeat the penile modeling technique for a total of three times at thirty seconds each.

Reference ID: 3645685
At-home penile modeling activities involve a gentle stretching and straightening of the penis.

The stretching activity should be performed three times daily and when the penis is not erect. Stretching should last for thirty seconds.

The straightening activity is performed for thirty seconds, no more than once per day on a spontaneous erection unrelated to sexual activity.

Remember, prior to initiating treatment and as part of each treatment-related visit, use the Xiaflex Patient Counseling Tool to discuss important information with each patient.
<table>
<thead>
<tr>
<th>FRAME 68</th>
<th>VO:</th>
</tr>
</thead>
</table>
| **ON-SCREEN COPY:** Xiaflex®
collagenase clostridium histolyticum
Contact Us
1-877-663-0412 | If you have product-related questions or to report adverse events, please contact the Auxilium Drug Information Call Center at 1-877-663-0412. |

<table>
<thead>
<tr>
<th>FRAME 69</th>
<th></th>
</tr>
</thead>
</table>
| **ON-SCREEN COPY:** Auxilium
Innovations for Life®
©2013 Auxilium Pharmaceuticals RMX-00008 |                           |