The following information is intended for medical or healthcare professionals only:
DUPUYTREN’S CONTRACTURE

Instructions for use and handling

1. Preparation – Reconstitution procedure
The single dose vial containing XIAFLEX powder and the single dose vial containing the diluent for solution for injection for reconstitution must be refrigerated. Prior to use, the vial containing XIAFLEX powder and the vial containing the diluent for solution for reconstitution must be removed from the refrigerator and allowed to stand at room temperature for at least 15 minutes and no longer than 60 minutes.

Each vial of XIAFLEX and sterile solvent for reconstitution should only be used for a single injection. If two cords of affected joints on the same hand are to be treated during a treatment visit, separate vials and syringes should be used for each reconstitution and injection.

Confirm the joint(s) to be treated (metacarpophalangeal [MP] or proximal interphalangeal [PIP]) as the volume of diluent required for reconstitution is determined by the type of joint(s).

Using an aseptic technique, the following procedure for reconstitution must be followed:

1. Confirm the joint(s) to be treated (metacarpophalangeal [MP] or proximal interphalangeal [PIP]) as the volume of diluent required for reconstitution is determined by the type of joint (PIP joint requires a smaller volume for injection).

2. Remove the flip-off plastic caps the vials and swab the rubber stopper and surrounding surface of the vial containing XIAFLEX powder and the vial containing the diluent for reconstitution with sterile alcohol (no other antiseptics must be used).

3. Use only the supplied diluent for reconstitution; it contains calcium which is required for the activity of XIAFLEX powder. Using a sterile syringe calibrated with 0.01 mL graduations, withdraw the appropriate amount of diluent supplied in order to deliver as follows:
   - 0.39mL of diluent for cords affecting a MP joint or
   - 0.31mL of diluent for cords affecting a PIP joint

4. Inject the diluent slowly into the sides of the vial containing the XIAFLEX powder. Do not invert the vial or shake the solution. Slowly swirl the solution to ensure that all of the lyophilised powder has gone into solution. Remove and discard the syringe and needle used for reconstitution.

5. Inspect the solution visually for particulate matter and discolouration prior to administration. The reconstituted solution of XIAFLEX injection must be clear. If the solution contains particles, is cloudy or discoloured, do not inject it.

Reconstituted XIAFLEX injection can be kept at ambient room temperature (20ºC-25ºC) for up to one hour or refrigerated (2ºC-8ºC) for up to 4 hours prior to administration.

If the reconstituted XIAFLEX solution is refrigerated, allow this solution to return to room temperature for approximately 15 minutes before use.

2. Injection procedure
Ensure appropriate equipment is available to address any severe local or systemic allergic reactions including potential for anaphylaxis that may occur following injection.

Administration of a local anaesthetic prior to XIAFLEX injection is not recommended, as it may interfere with proper placement of the injection.

1. Reconfirm the cord(s) to be injected. The site chosen for injection must be the area where the contracting cord is maximally separated from the underlying flexor tendons and where the skin is not intimately adhered to the cord.

2. Prepare the skin with an antiseptic and allow it to dry.

3. Using a sterile, hubless syringe with 0.01mL graduations and a permanently fixed, 26 or 27 gauge, 12 or 13mm needle (not supplied), withdraw the adequate volume of reconstituted solution for a 0.58mg dose of XIAFLEX required for injection to deliver:
   - 0.25mL of reconstituted XIAFLEX for cords affecting a MP joint or
   - 0.20mL of reconstituted XIAFLEX for cords affecting a PIP joint

Note not all of the active drug and diluent is required for injection. The injection volume for delivery of a 0.58 mg dose is less than the total volume of diluent used for reconstitution. The entire reconstituted XIAFLEX solution contains 900 micrograms of XIAFLEX. Any reconstituted XIAFLEX solution remaining in the vial after the injection should be discarded.

4. Use caution with cords as they approach the PIP flexion crease area. If injecting into a cord affecting...
the PIP joint of the fifth (little) finger, care must be taken to inject as close to the palmar digital crease as possible and not to insert more than 2mm to 3mm in depth. For PIP joints do not inject more than 4 mm distal to the palmar digital crease.

5. When administering two injections in the same hand during a treatment visit, begin with the affected finger in the most ulnar aspect of the hand and continue toward the radial aspect (eg, fifth finger to index finger). Within each finger, begin with the affected joint in the most proximal aspect of the finger and continue toward the distal aspect (eg, MP to PIP).

6. With your non-dominant hand, secure the patient’s hand to be treated while simultaneously applying tension to the cord. With your dominant hand, place the needle into the cord, using caution to keep the needle within the cord. Avoid having the needle tip pass completely through the cord to help minimise the potential risk of XIAFLEX injection passing into tissues other than the cord. After needle placement, if there is any concern that the needle is in the flexor tendon, apply a small amount of passive motion at the distal interphalangeal (DIP) joint. If insertion of the needle into a tendon is suspected or paresthesia is noted by the patient, withdraw the needle and reposition it into the cord. If the needle is in the proper location, there will be some resistance noted during the injection procedure. See Figure 1 for an illustration of the injection technique.

7. After confirming that the needle is correctly placed in the cord, inject approximately one-third of the dose.

8. Next, keeping the needle under the skin at all times, withdraw the needle tip from the cord and reposition it in a slightly more distal location (approximately 2-3 mm) to the initial injection in the cord and inject another one-third of the dose.

9. Again keeping the needle under the skin at all times, withdraw the needle tip from the cord and reposition it a third time proximal to the initial injection (approximately 2-3 mm) and inject the final portion of the dose into the cord (see Figure 2). The figures 1 and 2 are for illustrative purposes only and may not be representative of the precise location of anatomical structures in an individual patient.

10. Repeat the injection procedure to the remaining cord.

**Figure 1: Illustration of the injection technique.**

![Figure 1: Illustration of the injection technique.](image1)

**Figure 2: Three step injection of XIAFLEX into the cord.**

![Figure 2: Three step injection of XIAFLEX into the cord.](image2)
11. Wrap the patient’s treated hand with a soft, bulky, gauze dressing.

12. Observe the patient for at least 20 minutes following injection and be prepared to address any severe local or systemic allergic reactions including potential for anaphylaxis that may occur following injection.

13. Discard the unused portion of the reconstituted solution and diluent after injection. Do not store, pool, or use any vials containing unused reconstituted solution or diluent.

14. Patients should be instructed:
- To remove all jewellery from the hand to be treated.
- Not to flex or extend the fingers of the injected hand to reduce extravasation of XIAFLEX injection out of the cord.
- Not attempt to disrupt the injected cord by self manipulation at any time.
- To elevate the injected hand as much as possible until bedtime.
- To promptly contact their doctor if there is evidence of infection (e.g., fever, chills, increasing redness or oedema) or trouble bending the finger after the swelling goes down (symptoms of tendon rupture).
- To return to see their physician the next day for an examination of the injected hand and a possible finger extension procedure to disrupt the cord.

3. Finger extension procedure

1. At the follow-up visit 24 to 72 hours after the injection, determine if the contracture has resolved. If the cord(s) contracture remains, the finger extension procedure will be performed in an attempt to disrupt the cord(s). If cords of two affected joints in one finger were treated, perform the finger extension procedure on the cord affecting the MP joint before performing the procedure on the cord affecting the PIP joint.

2. Local anaesthesia may be used, if needed, during the finger extension procedure. Avoid direct pressure on the injection site as it will likely be tender. Care should be taken during release of contracture, as some patients may experience skin splitting. If this occurs, cover the area with gauze and apply gentle pressure until bleeding stops. Standard wound care with regular dressings should be applied.

3. While the patient’s wrist is in the flexed position, apply moderate stretching pressure to the injected cord by extending the finger for approximately 10 to 20 seconds. For cords affecting the PIP joint, perform the finger extension procedure when the MP joint is in the flexed position.

4. If the first finger extension procedure does not result in disruption of the cord(s), a second and third attempt can be performed at 5- to 10-minute intervals. No more than 3 attempts per joint are recommended to disrupt a cord(s).

5. If the cord(s) has/have not disrupted after 3 attempts of extension, a follow-up visit may be scheduled approximately 4 weeks after the injection. If, at that subsequent visit the contracted cord persists, an additional injection and finger extension procedure may be performed.

6. Following the finger extension procedure(s) and fitting patient with a splint (with treated joint in maximum extension), patients should be instructed to:
- Not perform strenuous activity with the injected hand until advised to do so.
- Wear the splint at bedtime for up to 4 months.
- Perform a series of finger flexion and extension exercises several times a day for several months.

Manufacturer/Distributor/ Supplier
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BELROSE NSW 2085

Australian Registration Number:
XIAFLEX - AUST R 199584

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This leaflet was prepared in November 2017.
The following information is intended for medical or healthcare professionals only: PEYRONIE’S DISEASE

Instructions for use and handling

Preparation - Reconstitution procedure

The single dose vial containing XIAFLEX powder and the single dose vial containing the diluent for solution for injection for reconstitution must be refrigerated. Prior to use, the vial containing XIAFLEX powder and the vial containing the diluent for solution for reconstitution must be removed from the refrigerator and allowed to stand at room temperature for at least 15 minutes and no longer than 60 minutes.

Using an aseptic technique, the following procedure for reconstitution must be followed:

1. Remove the flip-off plastic caps from both vials and swab the rubber stopper and surrounding surface of the vial containing XIAFLEX powder and the vial containing the diluent for reconstitution with sterile alcohol (no other antiseptics must be used).

2. Use only the supplied diluent for reconstitution; it contains calcium which is required for the activity of XIAFLEX powder. Using a sterile syringe calibrated with 0.01 mL graduations, withdraw the appropriate amount of diluent supplied in order to deliver as follows:

- **0.39mL of diluent for Penile plaque**
  3. Inject the diluent slowly into the sides of the vial containing the XIAFLEX powder. Do not invert the vial or shake the solution. Slowly swirl the solution to ensure that all of XIAFLEX powder has gone into solution. Remove and discard the syringe and needle used for reconstitution.

4. Inspect the solution visually for particulate matter and discolouration prior to administration. The reconstituted solution of XIAFLEX injection must be clear. If the solution contains particles, is cloudy or discoloured, do not inject it.

Reconstituted XIAFLEX injection can be kept at ambient room temperature (20°C-25°C) for up to one hour or refrigerated (2°C-8°C) for up to 4 hours prior to administration.

If the reconstituted XIAFLEX solution is refrigerated, allow this solution to return to room temperature for approximately 15 minutes before use.

Identification of Treatment Area

Prior to each treatment cycle, identify the treatment area as follows:

1. Induce a penile erection.

2. Locate the plaque at the point of maximum concavity (or focal point) in the bend of the penis.

3. Mark the point with a surgical marker. This indicates the target area in the plaque for XIAFLEX deposition.

Injection procedure

Ensure appropriate equipment is available to address any severe local or systemic allergic reactions including potential for anaphylaxis that may occur following injection.

Administer suitable local anaesthetic, if desired.

1. Prepare the skin with an antiseptic and allow it to dry.

2. Using a sterile, hubless syringe with 0.01mL graduations and a permanently fixed, 26 or 27 gauge, 12 or 13mm needle (not supplied), withdraw a volume of 0.25mL of reconstituted solution for a 0.58mg dose of XIAFLEX required for injection to deliver **0.25mL of reconstituted XIAFLEX for Penile plaque**.

Note, not all of the active drug and diluent is required for injection. The injection volume for delivery of a 0.58 mg dose is less than the total volume of diluent used for reconstitution.

The entire reconstituted XIAFLEX solution contains 900 micrograms of XIAFLEX. Any reconstituted XIAFLEX solution remaining in the vial after the injection should be discarded.

3. The penis should be in a flaccid state before XIAFLEX is injected. 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 downwards or perpendicularly towards the corpora cavernosum.

4. Insert and advance the needle transversely through the width of the plaque, towards the opposite side of the plaque without passing completely through it. Proper needle position is tested and confirmed by carefully noting resistance to minimal depression of the syringe plunger.

5. With the tip of the needle placed within the plaque, initiate 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.

6. Upon complete withdrawal of the needle, apply gentle pressure at the injection site. Apply a dressing as necessary.

7. Observe the patient for at least 20 minutes following injection and be prepared to address any severe local or systemic allergic reactions including potential for anaphylaxis that may occur following injection.

8. 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.

9. The second injection of each treatment cycle should be made approximately 2 to 3mm apart from the first injection.

10. Patients should be instructed that serious complications of XIAFLEX injection include corporal rupture and penile haematoma and may require surgery to correct the complication. Patients should also be instructed:
    - That their penis may appear bruised and/or swollen
    - That they may have mild-to-moderate penile pain that can be relieved by taking over-the-counter pain medications
    - To promptly contact their physician if, at any time, they have severe pain or severe swelling of the penis, severe purple bruising and swelling of the penis, difficulty urinating or blood in the urine, or sudden loss of the ability to maintain an erection. These symptoms may be accompanied by a popping or cracking sound from the penis
    - To return to their healthcare provider’s office when directed for further injection(s) and/or penile modeling procedure(s)
    - To perform the at home penile modeling procedures (3 times daily for the penile stretching procedure and once daily for the penile straightening procedure) for 6 weeks following each treatment
    - To wait two weeks after the second injection of a treatment cycle before resuming sexual activity, provided pain and swelling have subsided

**Penile Modeling Procedure**

Penile modeling helps relieve curvature deformity and straighten the penile shaft. At a follow-up visit 1 to 3 days after the second injection of each treatment cycle, perform a penile modeling procedure (as described below) on the flaccid penis to stretch and elongate the plaque that XIAFLEX has disrupted:

1. Administer suitable local anaesthetic, if desired.

2. Wearing gloves, grasp the plaque or indurated portion of the flaccid penis about 1 cm proximal and distal to the injection site. Avoid direct pressure on the injection site.

3. 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 30 seconds then release.

4. After a 30 second rest period, repeat the penile modeling technique for a total of 3 modeling attempts at 30 seconds for each attempt.

**Manufacturer/Distributor/Supplier**

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