

Xiaflex® (Collagenase Clostridium Histolyticum)

Policy Number: PHARMACY 334.1 T2
Effective Date: April 1, 2021

[Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> Drug Coverage Guidelines

Coverage Rationale

Dupuytren’s Contracture

Xiaflex is proven and medically necessary for the treatment of dupuytren’s contracture when all of the following criteria are met:

- For initial therapy, all of the following:
 - Patient has diagnosis of Dupuytren’s contracture with a palpable cord; and
 - Patient is 18 years of age or older; and
 - Xiaflex is prescribed and administered by a healthcare provider experienced in injection procedures of the hand and in the treatment of Dupuytren’s contracture; and
 - Documented contracture of at least 40 degrees flexion for a metacarpophalangeal (MP) joint contracture or at least 20 degrees flexion for a proximal interphalangeal (PIP) joint contracture; and
 - Documentation that the flexion deformity results in functional limitations; and
 - Patient has not received surgical treatment on the selected primary joint within the last 90 days; and
 - If two injections (two vials) are requested, they are for one of the following:
 - One cord affecting two joints in the same finger; or
 - Two cords affecting two joints in the same hand and
 - Xiaflex dosing is in accordance with the U.S. Food and Drug Administration (FDA) approved labeling: 0.58 mg per injection into a palpable cord; and
 - The total number of injections does not exceed 3 injections per cord at approximately 4-week intervals; and
 - Authorization is for no more than 2 injections in the same hand
- For continuation of therapy, all of the following:
 - Patient has previously received Xiaflex; and
 - Documentation of positive clinical response to Xiaflex; and
 - Treatment request is for at least one of the following:
 - Metacarpophalangeal (MP) or proximal interphalangeal (PIP) contracture remains in affected cord since previous injection and the contracture is > 5 degrees
 - A different MP or PIP contracture will be injected and

- If two injections (two vials) are requested, use is for one of the following:
 - One cord affecting two joints in the same finger; or
 - Two cords affecting two joints in the same hand
 and
- Member has not received surgical treatment (e.g., fasciectomy, fasciotomy) on the selected primary joint within the last 90 days; and
- The previous treatment was at least 4 weeks ago; and
- Xiaflex dosing is in accordance with the U.S. Food and Drug Administration (FDA) approved labeling: 0.58 mg per injection into a palpable cord; and
- The total number of injections does not exceed 3 injections per cord at approximately 4-week intervals; and
- Authorization is for no more than 2 injections in the same hand

Peyronie's Disease

Xiaflex is proven and medically necessary for the treatment of peyronie's disease when all of the following criteria are met:

- For initial therapy, all of the following:
 - Patient has diagnosis of Peyronie's disease with both of the following:
 - Palpable plaque; and
 - Curvature deformity of greater than or equal to 30 degrees at the start of therapy
 and
 - Patient is 18 years of age or older; and
 - Xiaflex is prescribed and administered by a healthcare provider experienced in the treatment of male urological diseases; and
 - Xiaflex dosing is in accordance with the U.S. Food and Drug Administration (FDA) approved labeling: 0.58 mg per injection into a Peyronie's plaque; and
 - Authorization is for no more than 2 injections
- For continuation of therapy, all of the following:
 - Patient has previously received Xiaflex; and
 - Documentation of positive clinical response to Xiaflex; and
 - Last treatment was at least 6 weeks ago; and
 - Documented curvature deformity of ≥ 15 degrees remaining since last treatment cycle; and
 - Patient has received less than 4 treatment cycles (i.e. less than 8 injections [2 injections per cycle]); and
 - Xiaflex dosing is in accordance with the U.S. Food and Drug Administration (FDA) approved labeling: 0.58 mg per injection into a Peyronie's plaque; and
 - Authorization is for no more than 2 injections

Xiaflex is considered unproven and not medically necessary for any other uses.

Prior Authorization Requirements

Prior authorization is required in all sites of service.

Notes:

- Participating providers in the office setting: Prior authorization is required for services performed in the office of a participating provider.
- Non-participating/out-of-network providers in the office setting: Prior authorization is not required but is encouraged for out-of-network services. If prior authorization is not obtained, Oxford will review for out-of-network benefits and medical necessity after the service is rendered.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may

require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
20527	Injection, enzyme (e.g., collagenase), palmar fascial cord (i.e., Dupuytren's contracture)
26341	Manipulation, palmar fascial cord (i.e., Dupuytren's cord), post enzyme injection (e.g., collagenase), single cord

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HCPCS Code	Description
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg

Diagnosis Code	Description
M72.0	Palmar fascial fibromatosis [Dupuytren]
N48.6	Induration penis plastica

Description of Services

Dupuytren's contracture is a relatively common disorder characterized by progressive fibrosis of the palmar fascia. It is a benign, slowly progressive fibroproliferative disease of the palmar fascia. Initial fascial thickening is usually seen as a nodule in the palm, which can be painful or painless and often goes unnoticed and undiagnosed. Joint stiffness and a loss of full extension develop insidiously over a variable period of time but typically decades. As the process evolves, nodules may progress over years to form longitudinal bands referred to as cords on the palmar fascia, and the finger gradually loses extension, with contractures that draw one or more fingers into flexion at the metacarpophalangeal (MCP) joint, proximal interphalangeal (PIP) joint, or both. The term Dupuytren disease (DD) is also used for this disorder, as the fingers are not always held in a fixed flexion deformity. The cause of Dupuytren's contracture is unknown; important factors include genetics, ethnicity, sex, and age and may include certain environmental factors and other diseases. The disorder, which most affects those of northern European ancestry, appears to have a pronounced genetic predisposition; 68 percent of male relatives of affected patients develop the disease. In a study involving patients from the Netherlands, Germany, and the United Kingdom, six of nine genetic loci found associated with genetic susceptibility to Dupuytren's disease contained genes encoding proteins in the Wnt-signaling pathway. Overstimulation of this pathway, which can regulate cellular proliferation, could potentially lead to fibroblast proliferation and nodule formation in this disorder through effects upon beta-catenin. Pathologically, Dupuytren's contracture is characterized by fibroblastic proliferation and disorderly collagen deposition with fascial thickening. Formation of a nodule or nodules occurs in the early proliferative stage of the disease and is the pathognomonic lesion of Dupuytren's contracture. Nodules form due to proliferation of fibroblasts in the superficial palmar fascia and histologically are composed of fibroblasts and type III collagen. Smooth muscle fibroblasts and myofibroblasts are present in the nodules; increased concentrations of prostaglandins are also found within the nodules and may influence myofibroblast contractility. The flexor tendons are not intrinsically involved, but invasion of the dermis occurs and results in characteristic puckering and tethering of the skin. The presence of CD3-positive lymphocytes and the expression of major histocompatibility complex (MHC) class II proteins also suggest a possible role for a T-cell mediated autoimmune response in this disorder.

Peyronie's disease is an acquired penile abnormality caused by fibrosis of the tunica albuginea, which may lead to pain, deformity, erectile dysfunction, and/or distress. It is thought that repeated minor trauma to the penis initiates a cascade involving extravascular protein deposition, fibrin trapping, and overexpression of cytokines, leading to collagen changes characteristic of the condition. Males around 50 years of age are most commonly affected. Peyronie's disease has a variable course; for most patients, pain will resolve over time without intervention, but curvature deformities are less likely to resolve without treatment. Intralesional therapy with Xiaflex may be used to treat curvature associated with Peyronie's disease and is supported by American Urological Association guidelines.

Dupuytren's Contracture

The efficacy of 0.58 mg of collagenase clostridium histolyticum was evaluated in two randomized, double-blind, placebo controlled, multi-centered trials (CORD I and II) in 374 adult patients with Dupuytren's contracture. At study entry, patients must have had: (1) a finger flexion contracture with a palpable cord of at least one finger (other than the thumb) of 20° to 100° in a metacarpophalangeal (MP) joint or 20° to 80° in a proximal interphalangeal (PIP) joint and (2) a positive "table top test" defined as the inability to simultaneously place the affected finger(s) and palm flat against a table top. Patients could not have received a surgical treatment (e.g., fasciectomy, fasciotomy) on the selected primary joint within 90 days before the first injection of study medication and patients could not have received anticoagulation medication (except for up to 150 mg of aspirin per day) within 7 days before the first injection of study medication.

The cord affecting the selected primary joint received up to 3 injections of 0.58 mg of collagenase clostridium histolyticum or placebo on Days 0, 30, and 60. About 24 hours after each injection of study medication, if needed, the investigator manipulated (extended) the treated finger in an attempt to facilitate rupture of the cord (finger extension procedure). Following manipulation, patients were fitted with a splint, instructed to wear the splint at bedtime for up to 4 months, and instructed to perform a series of finger flexion and extension exercises each day.

In these two studies, the primary endpoint was to evaluate the proportion of patients who achieved a reduction in contracture of the selected primary joint (MP or PIP) to within 0° to 5° of normal, 30 days after the last injection of that joint on Days 30, 60, or 90 (after up to 3 injections). A greater proportion of collagenase clostridium histolyticum-treated patients compared to placebo treated patients achieved the primary endpoint. The proportion of patients who achieved a contracture reduction of the primary joint to 0° to 5° after the first injection was 39% and 1% in CORD I and 27% and 5% in CORD II in the collagenase clostridium histolyticum and placebo groups respectively. Collagenase clostridium histolyticum-treated patients, compared to placebo treated patients, showed a greater increase from baseline in the range of motion of MP and PIP joints.

A long term, observational, Year 2 to Year 5 follow-up study was undertaken to evaluate recurrence of contracture and long-term safety in subjects who received up to 8 single injections of collagenase clostridium histolyticum 0.58mg in a previous Phase 3 open-label or double-blind with open-label extension study. Of the 950 patients eligible, only 645 patients enrolled. Of the 645 patients enrolled, 30% discontinued the study. Recurrence was assessed in successfully treated joints (i.e., subjects had a reduction in contracture to 5° or less at the Day 30 evaluation after the last injection of collagenase clostridium histolyticum in a previous study) and was defined as an increase in joint contracture by at least 20° in the presence of a palpable cord, or the joint underwent medical or surgical intervention primarily to correct a new or worsening Dupuytren's contracture in that joint. More than 50% of joints successfully treated with collagenase clostridium histolyticum maintained response for 5 years.

Study 5 retreated a subset of patients from Study 4 for a joint that was previously successfully treated but had recurrence. Patients in Study 5 received up to 3 injections of collagenase clostridium histolyticum (0.58 mg). Of the 91 patients eligible for Study 5, 52 patients enrolled. In Study 5, 65% of recurrent MP joints and 45% of recurrent PIP joints achieved clinical success after retreatment with up to three injections of collagenase clostridium histolyticum. There was no control group for comparison in Study 5.

Peyronie's Disease

The efficacy of collagenase clostridium histolyticum was evaluated in two randomized, double-blind, placebo-controlled, multicentered trials (IMPRESS I and II) in 832 adult males with Peyronie's disease. At study entry, patients must have had penile curvature deformity of at least 30 degrees in the stable phase of Peyronie's disease. Patients were excluded if they had a ventral curvature deformity, an isolated hourglass deformity or a calcified plaque that could have interfered with the injection technique. At baseline, penile pain was either not present or was mild in most (98%) patients.

In these trials, patients were given up to 4 treatment cycles of collagenase clostridium histolyticum or placebo (weeks 0, 6, 12, 18), and were followed in a non-treatment follow-up period (weeks 24 -52). In each treatment cycle, two injections of collagenase clostridium histolyticum or two injections of placebo were administered 1 to 3 days apart. A penile modeling procedure was performed on patients at the study site 1 to 3 days after the second injection of the cycle. The treatment cycle was repeated at approximately six-week intervals for up to three additional times, for a maximum of 8 total injection procedures

and 4 total modeling procedures. In addition, patients were instructed to perform penile modeling at home for six weeks after each treatment cycle.

Before the first dose of study drug was administered, eligible subjects were stratified by the degree of curvature deformity (30 to 60 degrees, and 61 to 90 degrees) and then randomized into two treatment groups to receive either collagenase clostridium histolyticum or placebo in a 2:1 ratio. The efficacy population (modified intent-to-treat (mITT) population) comprised a total of 612 intent-to-treat subjects who had both a curvature deformity measurement and a PDQ assessment at baseline, and at one or more subsequent time points in IMPRESS I and II, and had engaged in vaginal intercourse within 3 months prior to each PDQ assessment.

In IMPRESS I and II, the co-primary endpoints were the percent change from baseline to Week 52 in penile curvature deformity and the change from baseline to Week 52 in the Bother domain score of the PDQ. The Bother domain score is a composite of the following patient-reported items: concern about erection pain, erection appearance, and the impact of Peyronie's disease on intercourse and on frequency of intercourse.

Penile curvature deformity (co-primary endpoint) collagenase clostridium histolyticum treatment significantly improved penile curvature deformity in patients with Peyronie's disease compared with placebo. Change from baseline with collagenase clostridium histolyticum treated patients was 33%. The improvement in curvature deformity was numerically similar among subjects with baseline curvature deformity from 30 to 60 degrees and those with curvature deformity from 61 to 90 degrees.

Peyronie's Disease Questionnaire Bother domain score (co-primary endpoint) collagenase clostridium histolyticum significantly reduced patient-reported bother associated with Peyronie's disease compared with placebo. The reduction in the bother domain score was numerically similar between patient groups stratified by degree of baseline curvature deformity (30 to 60 degrees, and 61 to 90 degrees). IMPRESS I had a 37.3% reduction in Bother and IMPRESS II a 35.1% reduction.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Xiaflex is a combination of bacterial collagenases indicated for the treatment of adult patients with Dupuytren's contracture with a palpable cord and 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.

Because of the risks of corporal rupture (penile fracture) or other serious penile injury in the treatment of Peyronie's disease, Xiaflex is available only through the Xiaflex REMS Program.

Required components of the Xiaflex REMS Program include the following:

- Prescribers must be certified with the program by enrolling and completing training in the administration of Xiaflex treatment for Peyronie's disease.
- Healthcare sites must be certified with the program and ensure that Xiaflex is only dispensed for use by certified prescribers.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Pharmacy Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealth Group National Pharmacy & Therapeutics Committee. [2021D0099A]

1. Xiaflex [prescribing information]. Malvern, PA: Auxilium Pharmaceuticals, LLC; November, 2019.
2. Hurst LC, Badalamente MA, Hentz VR, et al. Injectable collagenase clostridium histolyticum for Dupuytren's contracture. N Engl J Med. 2009 Sep 3;361(10):968-79.
3. Nehra A, Alterowitz R, Culkin DJ, et al. Peyronie's Disease: AUA Guideline. J Urol. 2015;194(3):745- 753.

4. Aggarwal, Rohit, and Philip Blazar. "Peyronie's Disease." UpToDate, Mar. 2020, www.uptodate.com/contents/dupuytren-contracture?search=dupuytren%2Bcontracture&source=search_result&selectedTitle=1~20&usage_type=default&display_rank=1.
5. "Peyronie Disease." Practice Essentials, Problem, Epidemiology, 5 Dec. 2019, emedicine.medscape.com/article/456574-overview#a8.
6. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>

Policy History/Revision Information

Date	Summary of Changes
04/19/2021	Template Update <ul style="list-style-type: none"> • Replaced reference to "MCG™ Care Guidelines" with "InterQual® criteria" in <i>Instructions for Use</i>
04/01/2021	<ul style="list-style-type: none"> • New Clinical Policy

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.