POLICY: Xiaflex Utilization Management Medical Policy

- Xiaflex® (collagenase clostridium histolyticum intralesional injection – Endo)

EFFECTIVE DATE: 1/1/2021
LAST REVISION DATE: 09/16/2024

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

Xiaflex, a combination of bacterial collagenases, is indicated for the following uses:[1]

- **Dupuytren's contracture** with a palpable cord in adults.
- **Peyronie's disease** with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy in adult men.

Disease Overview

Dupuytren's contracture is a disorder of the palmar and digital fascia of the hand.[2] Abnormal deposition of collagen initially causes nodules in the palm of the hand, which may thicken and lead to formation of cords. As the disease progresses, the cords gradually contract, leading to flexion deformities of the fingers. Joint contractures are typically painless but are associated with significant functional impairment. In clinical studies of Dupuytren's contracture, patients were eligible to participate if they had a finger contraction of 20 degrees to 100 degrees in a metacarpophalangeal joint or 20 degrees to 80 degrees in a proximal interphalangeal joint.[1]

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.[3] 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 (2015).

Dosing Considerations

For treatment of Dupuytren's contracture, the dose of Xiaflex is 0.58 mg per injection into a palpable cord with a contracture of a metacarpophalangeal or proximal interphalangeal joint.[1] Two palpable cords affecting two joints or one palpable cord affecting two joints in the same finger may be injected per treatment visit. Injections may be administered up to three times per cord at approximately 4-week intervals.

For treatment of Peyronie's disease, one treatment course consists of four cycles.[1] Each cycle consists of two Xiaflex injection procedures (1 to 3 days apart). Up to four cycles of Xiaflex may

be administered, given at approximately 6-week intervals. The safety of more than one treatment course (8 total injections) is unknown. If the curvature deformity is less than 15 degrees after the first, second, or third treatment cycle, or if further treatment is not clinically indicated, then subsequent treatment cycles should not be administered.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Xiaflex. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Xiaflex, approval requires it to be administered by a healthcare provider with expertise in the condition being treated.

Medical benefit coverage is not recommended for Xiaflex for cosmetic uses.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Xiaflex is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Dupuytren's Contracture.** Approve Xiaflex for 3 months if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** At baseline (prior to initial injection of Xiaflex), the patient has a contracture of a metacarpophalangeal or proximal interphalangeal joint of at least 20 degrees; AND
   - **C)** As part of the current treatment course, the patient will be treated with up to three injections (maximum) per affected cord; AND
   - **D)** Xiaflex is administered by a healthcare provider experienced in injection procedures of the hand and in the treatment of Dupuytren's contracture.

   Dosing. Approve if the dose meets ALL of the following (A, B, and C):
   - **A)** The dose is 0.58 mg per injection into an affected cord; AND
   - **B)** A maximum of two cords (up to 1.16 mg) are injected per treatment visit; AND
     Note: If there are other affected cords in the same hand, treatment may be administered to those on a different day.

C) For each affected cord, subsequent doses are administered no sooner than 4 weeks following the previous Xiaflex injection.

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2. **Peyronie's Disease.** Approve Xiaflex for 6 months if the patient meets ALL of the following (A, B, C, and D):
   A) Patient is ≥18 years of age; AND
   B) Patient meets ONE of the following (i or ii):
      i. At baseline (prior to initial injection of Xiaflex), the patient has a penile curvature deformity of at least 30 degrees; OR
      ii. In a patient who has received prior treatment with Xiaflex, the patient has a penile curvature deformity of at least 15 degrees; AND
   C) Patient has not previously been treated with a complete course (8 injections) of Xiaflex for Peyronie's disease; AND
   D) Xiaflex is administered by a healthcare provider experienced in the treatment of male urological diseases.

   Dosing. Approve if the dose meets BOTH of the following (A and B):
   A) Up to a total of eight 0.58 mg injections; AND
   Note: This is enough Xiaflex to treat with four dosing cycles, each consisting of two 0.58 mg injections given 1 to 3 days apart.
   Note: For a patient who has already received one or more injections of Xiaflex, approve the duration requested up to the amount needed to complete one course of therapy (e.g., a patient who has received 3 injections may be approved for 5 additional injections to complete one course of therapy).
   B) Cycles are separated by at least 6 weeks from the previous Xiaflex cycle.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xiaflex is not recommended in the following situations:

1. **Cosmetic Uses (e.g., cellulite of buttocks).** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.

2. **Retreatment for Peyronie's Disease.** For Peyronie's disease, the safety of more than one treatment course (8 injections) is not known.[1]

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Xiaflex® intralesional injection [prescribing information]. Malvern, PA: Endo Pharmaceuticals; August 2022.
2. Brazzelli M, Cruickshank M, Tassie E, et al. Collagenase clostridium histolyticum for the treatment of Dupuytren's contracture: systematic review and economic evaluation. Southampton (UK): NIHR Journals Library; 2015 Oct. Available at: https://www.ncbi.nlm.nih.gov/books/NBK326596/. Accessed on August 16, 2024.
3. Nehra A, Alterowitz R, Culkin D, et al. Peyronie's disease: AUA guideline. *J Urol.* 2015;194(3):745-753.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	No criteria changes.	01/11/2023
Early Annual Revision	**Dupuytren's Contracture**: The verbiage for the requirement "Patient will not be treated with more than a total of three injections (maximum) per affected cord" was updated to: "As part of the current treatment course, the patient will be treated with up to three injections (maximum) per affected cord." **Conditions Not Recommended for Approval**: The condition of **Retreatment** was changed to **Retreatment for Peyronie's Disease**. For this condition, the statement was removed that "For Dupuytren's contracture, injections and finger extension procedures may be administered up to three times per cord. However, this does not limit treatment of additional cords."	09/06/2023
Annual Revision	No criteria changes.	09/04/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024