Clinical Policy Title:	collagenase clostridium histolyticum
Policy Number:	RxA.306
Drug(s) Applied:	Xiaflex®
Original Policy Date:	02/07/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Collagenase clostridium histolyticum (Xiaflex®) is a combination of bacterial collagenases and is indicated for the treatment of:

- Adult patients with Dupuytren's contracture (DC) with a palpable cord; and
- Adult men with Peyronie's disease (PD) with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
collagenase clostridium histolyticum (Xiaflex®)	DC	0.58 mg per injection intralesionally into a palpable cord with a contracture of a MP joint or a PIP joint. Injections (0.58 mg) and finger extension procedures (24 to 72 hours later) may be administered up to 3 times per cord at approximately 4-week intervals. Up to 2 injections in the same hand may be performed during a treatment visit. Two palpable cords affecting 2 joints may be injected or 1 palpable cord affecting 2 joints in the same finger may be injected at 2 locations during a treatment visit. If a patient has other palpable cords with contractures of the MP or PIP joints, these cords may be injected at other treatment visits approximately 4 weeks apart.	0.58 mg per dose
	PD	0.58 mg per injection intralesionally administered into a Peyronie's plaque; if more than one plaque is present, inject into the plaque causing the curvature deformity. A treatment course consists of a maximum of 4 treatment cycles. Each treatment cycle consists of 2 injection procedures and one penile modelling procedure. The second injection procedure is performed 1 to 3 days after the first. The penile modelling procedure is performed 1 to 3 days after the second injection of the treatment cycle. The interval between treatment cycles is approximately six weeks. The treatment course, therefore, consists of a maximum of 8 injection procedures and 4 modelling procedures. If the curvature deformity is less than 15 degrees after the first, second or third treatment cycle, or if the healthcare provider determines that further treatment is not clinically	0.58 mg per dose

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
		indicated, then the subsequent treatment cycles should not be administered. The safety of more than one treatment course of Xiaflex® is not known.	

Dosage Forms

- Lyophilized powder for reconstitution (single-use glass vials): 0.9 mg of collagenase clostridium histolyticum.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Dupuytren's Contracture (must meet all)**:**

1. The member has a finger flexion contracture with a palpable cord in a metacarpophalangeal (MCP) or proximal interphalangeal (PIP) joint;
2. The contracture is at least 20 degrees prior to initiating therapy;
3. Prescribed by or in consultation with a healthcare provider experienced in injection procedures of the hand and in the treatment of DC;
4. Member is 18 years of age or older;
5. Member has not received surgical treatment (e.g., fasciectomy, fasciotomy) on the selected primary joint within the last 90 days;
6. If two (2) injections (two vials) are requested, they are for one of the following (a or b):
   a. One cord affecting two joints in the same finger;
   b. Two cords affecting two joints in the same hand;
7. Dose does not exceed 0.58 mg per injection (one vial per injection).

Approval duration
Commercial: 3 months (up to 3 injections)
Medicaid: 3 months (up to 3 injections)

B. Peyronie's Disease (must meet all):

1. Diagnosis of PD with both of the following (a and b):
   a. Palpable plaque;
   b. Curvature deformity of 30 degrees or more at the start of therapy without clinical changes (e.g., worsening curvature) in the previous three (3) months;
2. Prescribed by or in consultation with a healthcare provider experienced in the treatment of male urological diseases;
3. Member is 18 years of age or older;
4. Dose does not exceed 0.58 mg per injection (one vial per injection).

Approval duration
Commercial: 3 months (up to 4 injections)

Medicaid: 3 months (up to 4 injections)

II. Continued Therapy Approval

A. Dupuytren's Contracture (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Last treatment was 4 weeks or more ago;
3. Member has not received more than three total injections per affected cord;
4. Request is for one or both of the following:
   a. MCP or PIP contracture remains in affected cord since previous injection and the contracture is greater than 5 degrees;
   b. A different MCP or PIP contracture will be injected;
5. If two (2) injections (two vials) are requested, use is for one of the following (a or b):
   a. One cord affecting two joints in the same finger;
   b. Two cords affecting two joints in the same hand;
6. Member has not received surgical treatment (e.g., fasciectomy, fasciotomy) on the selected primary joint within the last 90 days;
7. If request is for a dose increase, new dose does not exceed 0.58 mg per injection (one vial per injection).

Approval duration
Commercial: 3 months (up to 3 injections, total of 3 injections per affected cord)
Medicaid: 3 months (up to 3 injections, total of 3 injections per affected cord)

B. Peyronie's Disease (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Documented curvature deformity of ≥ 15 degrees remaining since last treatment cycle;
3. Last treatment cycle was 6 weeks or more ago;
4. Member has received less than 4 treatment cycles (i.e. < 8 injections [2 injections per cycle]);
5. If request is for a dose increase, new dose does not exceed 0.58 mg per injection (one vial per injection).

Approval duration
Commercial: 3 months (up to 4 injections)
Medicaid: 3 months (up to 4 injections)

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
DC: Dupuytren's contracture
FDA: Food and Drug Administration
MCP: Metacarpophalangeal joint
PD: Peyronie's disease
PIP: Proximal interphalangeal joint

APPENDIX B: Therapeutic Alternatives
Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Peyronie's plaques that involve the penile urethra; and
  - Hypersensitivity.

- Boxed warning(s):
  - Corporal rupture (penile fracture) or other serious penile injury in the treatment of Peyronie's disease.

APPENDIX D: General Information

- Tendon rupture or serious injury to the injected finger/hand: Avoid injecting Xiaflex® into tendons, nerves, blood vessels, or other collagen-containing structure of the hand. Injection into these structures may result in possible permanent injury, such as tendon rupture, ligament damage, or skin laceration.
- Patients with abnormal coagulation: Use with caution, including in patients who have received anticoagulant medications other than low-dose aspirin within 7 days of the injection.

References

1. Xiaflex Prescribing Information. Malvern, PA: Endo Pharmaceuticals, Inc.; November 2019. Available at https://www.xiaflex.com/. Accessed March 05, 2021.
2. Schulze SM and Tursi JP. Postapproval clinical experience in the treatment of Dupuytren's contracture with collagenase clostridium histolyticum (CCH): the first 1,000 days. Hand. 2014; 9: 447-458.
3. Nehra A, Alterowitz R, Culkin DJ, et al. DIAGNOSIS AND TREATMENT OF PEYRONIE'S DISEASE: AUA GUIDELINE. 2015. Available at: file:///C:/Users/jenny.say/Downloads/Peyronies-Disease-Algorithm.pdf. Published 2015.
4. Collagenase Drug Monograph. Clinical Pharmacology. Accessed March 05, 2021. http://www.clinicalpharmacology-ip.com.
5. Aggarwal, R., Blazar, P.E. Dupuytren's contracture. In Z. Isaac & M.R. Curtis (Eds), *UpToDate* Retrieved March 5, 2021. Available by subscription at: https://www.uptodate.com/contents/dupuytrens-contracture?search=dupuytren%20contracture&source=search_result&selectedTitle=1~27&usage_type=default&display_rank=1#H12

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy title table was updated. 2. Dosing regimen updated to clarify timeframe for finger extension procedure. 3. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 4. Approval duration was updated in initial as well as in continued therapy approval to include commercial, Medicaid and HIM plan. References were updated.	07/25/2020	09/14/2020
Policy was reviewed: 1. Policy title table was updated. 2. Clinical policy - Verbiage added: ''The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage" after "Provider must submit…" 3. Initial criteria for approval and number of injections updated. 4. Continued therapy criteria II.A.1 and II.B.2 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance…". 5. Appendix D was added. 6. References were reviewed and updated.	03/05/2021	06/10/2021