Wellmark Advantage Health Plan

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Effective Date: 08/04/2022

Xiaflex® (collagenase clostridium histolyticum)

HCPCS: J0775

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved age
   b. Diagnosis of Dupuytren's contracture:
      i. A finger flexion contracture with a palpable cord of at least one finger (other than the thumb) involving the metacarpophalangeal (MP) joint or the proximal interphalangeal (PIP) joint
      ii. Administering physician must be a surgeon who has experience and training in hand surgeries
   c. Diagnosis of Peyronie's disease:
      i. Prescribed by or in consultation with a urologist
      ii. Palpable plaque and curvature deformity of 30° or greater at start of therapy
      iii. Treatment with intralesional verapamil was ineffective, contraindicated, or not tolerated OR the patient has any of the following:
         a) The plaque has calcified
         b) There is a curvature of greater than 60°
         c) The plaque has been present for greater than 12 months
         d) The plaque is stable and has not changed over the last 6 months
   d. Facility must be enrolled to receive Xiaflex through Xiaflex REMS™
   e. Collagenase clostridium histolyticum will not be covered for cellulite or other cosmetic indications
   f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in Wellmark Advantage Health Plan's utilization management medical drug list.

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: 3 months
   c. Renewal Criteria: Not applicable as no further authorization will be provided

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Xiaflex is approved for the treatment of adult patients with Dupuytren's contracture (DC) with a palpable cord and the treatment of adult men with Peyronie's disease (PD) with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

- Safety and efficacy of Xiaflex in Dupuytren's contracture was evaluated in two randomized, double-blind, placebo-controlled, multi-centered trials in 374 adult patients with Dupuytren's contracture. At study entry, patients must have had 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 a positive "table top test" defined as the inability to simultaneously place the affected finger(s) and palm flat against a table top. The cord affecting the selected primary joint received up to 3 injections of 0.58 mg of Xiaflex or placebo on days 0, 30, and 60. About 24 hours after each injection of study medication, if needed, the investigator manipulated the treated finger in an attempt to facilitate rupture of the cord. The primary endpoint was 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. Both studies showed statistically significant reduction in contracture in the Xiaflex group compared to the placebo group.

- The 2015 American Urological Association guidelines for the treatment of Peyronie's disease recommend the use of Xiaflex or intralesional verapamil for the treatment of PD with the caveat that Xiaflex should only be offered if the disease is stable. In clinical practice, stable disease is considered when the plaque has been present for greater than 12 months or the plaque has remained unchanged for over 6 months.

- Efficacy of interlesion verapamil has been studied in a randomized, parallel-group study of 53 patients with Peyronie's disease. Patients patients with calcified plaques, penile curvature more than 60 degrees, history suggestive of fracture penis, and any history of calcium channel blocker therapy or therapy interfering with calcium channel blocker were excluded. There was a significant improvement in patient satisfaction, curvature of penis, erectile function, and reduction in plaque size in patients who received verapamil. Pain decreased in both the groups considerably (97% and 91%, in verapamil and control groups, respectively) and overall satisfaction was higher in verapamil group (82%) than control group (40%).

- The efficacy of Xiaflex was evaluated in two randomized, double-blind, placebo-controlled, multi-centered trials 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 patients. Patients were given up to 4 treatment cycles of Xiaflex or placebo. In each treatment cycle, two injections of Xiaflex or two injections of placebo were administered 1 to 3 days apart. The 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. 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. Xiaflex treatment significantly improved penile curvature deformity in patients with Peyronie's disease compared with placebo. Xiaflex also significantly reduced patient-reported bother associated with Peyronie's disease compared with placebo.

- There are no head to head studies of Xiaflex and verapamil showing superiority of one over the other.

- Collagenase clostridium histolyticum also is approved for the treatment of moderate to severe cellulite in the buttock. This is considered a cosmetic use and therefore not covered under the medical benefit.

References:

1. Xiaflex [prescribing information]. Malvern, PA: Auxilium Pharmaceuticals, LLC; December 2021.
2. Shirazi M, Haghpanah AR, Badiee M, et al. Effect of intralesional verapamil for treatment of Peyronie's disease: a randomized single-blind, placebo-controlled study. Int Urol Nephro. 2009; 41 (3): 467 – 71.
3. Arya MC, Swami JP, Yogendra, et al. Intralesional verpamil for the treatment of peyronie's disease: a prospective study. Int J Med Res Prof. 2019; 5 (3): 152 - 155.
4. Nehra A, Alterowitz R, Culkin DJ, et al. American urological association (AUA) guideline: peyronie's disease. 2015. Available at: https://www.auanet.org/guidelines/peyronies-disease-guideline#x2966. Accessed on July 8, 2020.
5. Levine L, Rybak J, Corder C, et al. Peyronie's disease plaque calcification—prevalence, time to identification, and development of a new grading classification. J Sex Med. 2013; 10: 3121 – 8.
6. Mayo Clinic. Peyronie's disease. 2020 April 4. Available at: https://www.mayoclinic.org/diseases-conditions/peyronies-disease/diagnosis-treatment/drc-20353473. Accessed on July 8, 2020.
7. The Center for Reconstructive Urology. Peyronie's disease symptoms and diagnosis. Available at: https://www.centerforreconstructiveurology.org/peyronies-disease/symptoms-diagnosis/. Accessed on July 8, 2020.

Policy History		
#	Date	Change Description
1.1	Effective Date: 08/04/2022	Annual review of criteria was performed, no changes were made
1.0	Effective Date: 01/01/2022	Effective date of policy.

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*