

**Xiaflex® (collagenase clostridium histolyticum)**  
**Effective 11/27/17**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Xiaflex is a combination of bacterial collagenases indicated for:

1. The treatment of adult patients with Dupuytren’s contracture with a palpable cord (1)
2. 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 (1)

**Coverage Guidelines**

Approval will be granted if the member meets the following diagnosis specific criteria:

**Dupuytren’s Contracture**

1. Member has a diagnosis of Dupuytren’s contracture with a palpable cord

**Peyronie’s Disease**

1. Member has a documented diagnosis of Peyronie’s disease with a palpable plaque **AND**
2. Member is 18 years of age or older **AND**
3. Peyronie’s disease symptoms have been present for at least 12 months **AND**
4. Curvature deformity is at least 30 degrees at the start of therapy **AND**
5. Member has had an inadequate response, contraindication or intolerance to a trial (6 months or greater) of appropriate alternative treatments such as pentoxifylline or intralesional verapamil **AND**

Prescriber is a urologist or otherwise experienced in the treatment of male urological diseases

**Continuation of Therapy**



Reauthorization for Peyronie’s disease may be granted if the curvature deformity is greater than 15 degrees after the first, second or third treatment cycle.

Maximum of four treatment cycles or a total of eight injection procedures and 4 penile modeling procedures.

**Limitations**

1. The following quantity limits apply:

Dupuytren’s Contracture	up to 3 injections per cord, 2 cords per hand
Peyronie’s Disease	<u>Initial Approval</u> Up to one treatment cycle of two Xiaflex injection procedures and one penile modeling procedure.
	<u>Reauthorization</u> Maximum of four treatment cycles or a total of eight injection procedures and 4 penile modeling procedures.

**References**

1. Package Insert, XIAFLEX- collagenase clostridium histolyticum, Auxilium Pharmaceuticals, LLC Malvern, PA 19355, 8/2016.
2. Up-To-Date; Peyronie’s Disease: Diagnosis and Medical Management Authors: William O Brant, MD, FACS, FECSM, Anthony J Bella, MD, FRCSC, Updated: May 26, 2016.

**Review History**

11/28/16 – Reviewed  
11/27/17 – Reviewed

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