

Xiaflex (collagenase clostridium histolyticum)
Effective 08/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Xiaflex (collagenase clostridium histolyticum) is a combination of bacterial collagenases indicated for treatment of:

1. Adult patients with Dupuytren's contracture with a palpable cord
2. Adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Approval will be granted when the following diagnosis-specific criteria are met:

Dupuytren's Contracture

1. Diagnosis of Dupuytren's contracture with a palpable cord
2. Member is 18 years of age or older
3. Finger flexion contracture with palpable cord in metacarpophalangeal joint or a proximal interphalangeal joint prior to therapy initiation
4. Contracture is at least 20 degrees prior to therapy initiation

Peyronie's Disease

1. Diagnosis of Peyronie's disease with a palpable plaque
2. Member is 18 years of age or older
3. Peyronie's disease symptoms have been present for at least 12 months
4. Curvature deformity is at least 30 degrees at the start of therapy
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
6. Prescriber is a urologist or otherwise experienced in the treatment of male urological diseases

Continuation of Therapy

Peyronie's disease:

Requests for reauthorization for Peyronie's disease will be granted when the following criteria are met:

1. Curvature deformity is greater than 15 degrees after the first, second or third treatment cycle.
2. Maximum of four treatment cycles or a total of eight injection procedures and 4 penile modeling procedures.

Limitations

1. The following quantity limits apply:

Condition	Quantity Limitations
Dupuytren's Contracture	Approvals will be granted for 3 months Up to 3 injections per cord, 2 cords per hand
Peyronie's Disease	Approvals will be granted for 6 months <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. Xiaflex (collagenase clostridium histolyticum) [prescribing information] Rochester, MI: Endo USA; August 2022.

Review History

11/28/2016 – Reviewed

11/27/2017 – Reviewed

03/18/2020 – Reviewed and Updated P&T Mtg

7/22/2020 – reviewed and Updated July P&T Mtg; updated Approval Limitation to include duration of approval. Effective 10/01/20.

05/14/2025 – Reviewed and updated at May P&T. Added language for members who are new to the plan.

Updated criteria for Dupuytren's contracture to require: diagnosis, member is 18 years of age or older, finger flexion contracture with palpable cord in metacarpophalangeal or proximal interphalangeal joint prior to starting therapy, and contracture is at least 20 degrees prior to starting therapy. Effective 08/01/2025.

