

EFFECTIVE DATE: 06|01|2018

POLICY LAST UPDATED: 05|15|2018

OVERVIEW

Collagenases are enzymes that digest native collagen and are being evaluated for treatment of fibroproliferative disorders such as Dupuytren's contracture and Peyronie's disease. Injection with clostridial collagenase is intended to provide a non-operative treatment option for fibroproliferative disorders.

This policy is applicable to BlueCHiP for Medicare products only. For Commercial Products, see related policy section.

MEDICAL CRITERIA

BlueCHiP for Medicare

Injectable clostridial collagenase is covered for all members who meet all of the following criteria:

- Adult patients with Dupuytren's contracture with
 - a palpable cord, and
 - functional impairment, and
 - fixed-flexion contractures of the metacarpophalangeal joint or proximal interphalangeal joint of 20 degrees or more excluding the thumb.

PRIOR AUTHORIZATION

BlueCHiP for Medicare

Prior authorization is required for BlueCHiP for Medicare and is obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare

Injectable clostridial collagenase is covered for Dupuytren's contracture, for up to three injections at intervals of at least thirty-days, when the medical criteria are met.

Injectable clostridial collagenase is not covered for all other indications including Peyronie's disease as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, for applicable physician administered drug benefits/coverage.

BACKGROUND

Clostridial collagenase is a bacterial collagenase derived from *Clostridium histolyticum* that has been evaluated for the treatment of fibroproliferative disorders such as Dupuytren contracture and Peyronie disease.

Injection with clostridial collagenase is intended to provide a nonoperative treatment option for fibroproliferative disorders. Fibrotic tissue disorders, characterized by excessive collagen deposits, can affect the musculoskeletal system, causing pain and limiting movement and reducing joint range of motion. Examples of fibroproliferative disorders include Dupuytren disease, Peyronie disease, and adhesive capsulitis.

The mechanisms that contribute to the pathology are poorly understood. In Dupuytren disease, collagen deposition in nodules and cords in the palm and fingers results in pitting of the overlying cutis and flexion contractures. The standard of care for Dupuytren disease is surgery, most commonly open fasciectomy. Other surgical procedures are percutaneous fasciotomy and needle fasciotomy. Surgery is recommended in patients with functional impairment and metacarpophalangeal (MCP) joint contractures of 30° or more. There is no effective pharmacotherapy.

Adhesive capsulitis or “frozen shoulder” is treated with physiotherapy and mobilization in combination with analgesics or nonsteroidal anti-inflammatory drugs. Corticosteroid injection is used with caution. The prevalence of Dupuytren disease and adhesive capsulitis is estimated at 3% to 6% and 2% to 3%, respectively, in the general population and increases with advancing age. Both conditions are more common in patients with diabetes or thyroid disease. Dupuytren disease is more common in men, and adhesive capsulitis more common in women.

Peyronie disease is the development of abnormal scar tissue, or plaques, in the tunica albuginea layer of the penis causing distortion, curvature, and pain, usually during erection. It occurs in 3% to 9% of men, most commonly between the ages of 45 and 60 years. In some cases, plaque does not cause severe pain or curvature, and the condition resolves on its own. In severe cases, erectile dysfunction can occur. The goal of treatment is to reduce pain and maintain sexual function. Treatments in early stages (before calcification) include vitamin E or para-aminobenzoate tablets (e.g., Potaba), although studies of oral therapies demonstrate inconsistent benefit. Intralesional injection therapy consisting of injection of interferon- α -2b or calcium channel-blockers (e.g., verapamil) is the current standard of therapy.² Surgical procedures involve the excision (removal) of hardened tissue and skin graft, the removal or pinching (plication) of tissue opposite the plaque to reduce curvature (called the Nesbit procedure), a penile implant, or a combination of these.

Adhesive capsulitis or “frozen shoulder” is treated with physical therapy and mobilization in combination with analgesics or nonsteroidal anti-inflammatory drugs. Corticosteroid injection is used with caution. The prevalence of Dupuytren disease and adhesive capsulitis is estimated at 3% to 6% and 2% to 3%, respectively, in the general population and increases with advancing age. Both conditions are more common in patients with diabetes or thyroid disease. Dupuytren disease is more common in men, and adhesive capsulitis more common in women.

Clostridial collagenase histolyticum is an enzyme produced by the bacterium *Clostridium histolyticum*, which has the physiologic effect of breaking down collagen. It has been developed and marketed pharmacologically as a treatment for disorders associated with collagen overdevelopment.

For patients with Dupuytren contracture, the evidence from clinical trials suggests that injectable clostridial collagenase provides short-term release of contracture. A comparison of overall outcomes compared with surgical intervention may be useful; however, randomized studies with direct comparisons are not available. Some nonrandomized studies comparing clostridial collagenase with surgery report similar outcomes with faster return-to-work and return-to-usual activities rates with clostridial collagenase, but 1 study reported poorer contraction improvement but lower adverse event rates. Evidence on long-term recurrence rates is somewhat limited, but 3- and 5-year follow-ups from 1 large registry reported high recurrence rates (47% at 5 years). Although clostridial collagenase is associated with the potential benefit of being a less-invasive treatment for Dupuytren contracture, gaps in the evidence base related to treatment durability exist. The evidence is insufficient to determine the effects of the technology on health outcomes.

For other disorders, there is less evidence. Based on the available evidence and clinical input, injection of this agent clostridial collagenase is considered not covered for all other treatment indications, including Peyronie disease and adhesive capsulitis as there is insufficient peer-reviewed literature that demonstrates that the service is effective.

CODING

BlueCHiP for Medicare

The following codes are covered when the medical criteria are met:

20527 Injection, enzyme (eg, collagenase), palmar fascial cord (ie Dupuytren's contracture)

J0775 Injection, collagenase, clostridium histolyticum, 0.01 mg

The CPT code for the manipulation of the cord is only covered if the injection is covered:

26341 Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg Collagenase)
single cord

It is considered incorrect coding to report the injection with the following CPT code:

20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

Prior Authorization of Drugs

PUBLISHED

Provider Update, June 2018

Provider Update, January 2018

Provider Update, January 2017

Provider Update, January 2016

Provider Update, January 2015

Provider Update, June 2013

Provider Update, October 2012

Provider Update, April 2011

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3 Peimer CA, Wilbrand S, Gerber RA, et al. Safety and tolerability of collagenase Clostridium histolyticum and fasciectomy for Dupuytren's contracture. *J Hand Surg Eur Vol.* Apr 29 2014. PMID 24698851

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