EFFECTIVE DATE: 12/01/2014
POLICY LAST UPDATED: 11/04/2014

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.

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial

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

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Injectable clostridial collagenase is considered medically necessary 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 considered not medically necessary for all other indications including Peyronie's disease due to the lack of peer-reviewed medical literature which supports use.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial

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.

BACKGROUND

Clostridial collagenase is a bacterial collagenase derived from Clostridium histolyticum. which has been evaluated for the treatment of fibroproliferative disorders such as Dupuytren contracture and Peyronie disease. 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.1

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 (eg, Potaba), although studies of oral therapies demonstrate inconsistent benefit. Intralesional injection therapy consisting of injection of interferon-α-2b or calcium channel-blockers (eg, 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.

In February 2010, the U.S. Food and Drug Administration (FDA) approved Auxilium Pharmaceutical Inc.'s biologics license application (BLA) for clostridial collagenase histolyticum (Xiaflex®) for treatment of adult patients with Dupuytren contracture with a palpable cord. FDA labeling for Xiaflex states that up to 3 injections at 4-week intervals may be given into a palpable Dupuytren cord with a contracture of a metacarpophalangeal (MCP) joint or a proximal interphalangeal (PIP) joint.

In December 2013, FDA expanded the indications for Xiaflex to include Peyronie disease. Xiaflex is approved for men with a palpable penile plaque and penile curvature more than 30 degrees. FDA labelling states that a treatment course consists of a maximum of 4 cycles, each of which consists of 2 Xiaflex injection procedures. In clinical trials of Xiaflex for Peyronie disease, corporeal rupture was reported as an adverse event in 0.5% of Xiaflex-treated patients. An additional 0.9% of Xiaflex-treated patients experienced a combination of penile ecchymosis or hematoma, sudden penile detumescence, and/or a penile "popping" sound or sensation, such that a diagnosis of corporal rupture could not be excluded. Severe penile hematoma was reported in 3.7% of patients. Because of these complications, FDA required a boxed warning label for Xiaflex as a treatment for Peyronie disease. Xiaflex is available for the treatment of Peyronie disease only through a restricted program under a Risk Evaluation and Mitigation Strategy (the Xiaflex REMS Program). Required components of the REMS program are that prescribers are certified with the program by enrolling and completing training in the administration of Xiaflex for Peyronie disease, and that healthcare sites are certified with the program and ensure that Xiaflex is only dispensed for use by certified prescribers.3

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 to surgical intervention may be useful; however, randomized studies with direct comparisons are not available. Potentially serious adverse events also warrant further investigation, and evidence on long-term recurrence rates is limited. While gaps in the evidence base remain, this may be an appropriate treatment option in adult patients with a palpable cord based on short-term evidence of effectiveness and a preponderance of agreement from clinical input. Therefore, injectable clostridial collagenase may be considered medically necessary as an alternative to surgical options.

For other disorders, there is less evidence. Based on the available evidence and clinical input, injection of this agent clostridial collagenase is considered not medically necessary 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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Services Not Medically Necessary" benefit/coverage.

CODING

BlueCHiP for Medicare and Commercial

The following codes are considered medically necessary when the medical criteria are met:

20527	**J0775**

The manipulation of the cord is only covered if the injection is covered**:**

26341

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

20550

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update	Jan 2015
Provider Update	May 2012
Provider Update	Oct 2012
Provider Update	Apr 2011
Provider Update	Jul 2010

REFERENCES

1. Hurst LC BM, Wang ED. Injectable clostridial collagenase: striving toward non-operative treatment options for fibroproliferative disorders. American Academy of Orthopaedic Surgeons. 2009; http://www.aaos.org/research/committee/research/Kappa/KD2009_Hurst.pdf. Accessed August, 2014.

2. Hellstrom WJ. Medical management of Peyronie's disease. J Androl. Jul-Aug 2009;30(4):397-405. PMID 18974422

3. US Food and Drug Administration (FDA). Highlights of prescribing information: Xiaflex. 2013; http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/125338s0061lbl.pdf. Accessed August, 2014

4. 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

5. Witthaut J, Bushmakin AG, Gerber RA et al. Determining clinically important changes in range of motion in patients with Dupuytren's Contracture: secondary analysis of the randomized, double-blind, placebo-controlled CORD I study. Clin Drug Investig 2011; 31(11):791-8

6. Hurst LC, Badalamente MA, Hentz VR et al. Injectable collagenase clostridium histolyticum for Dupuytren's contracture. N Engl J Med 2009; 361(10):968-79

7. Chen NC SR, Shauver MJ et al. A systematic review of outcomes of fasciotomy, aponeurotomy, and collagenase treatments for Dupuytren's contracture. Hand 2011; 2011(September 28):6(3):250-5

8. Badalamente MA, Hurst LC. Efficacy and safety of injectable mixed collagenase subtypes in the treatment of Dupuytren's contracture. J Hand Surg Am 2007; 32(6):767-74.

9. McGrouther DA, Jenkins A, Brown S, et al. The efficacy and safety of collagenase clostridium histolyticum in the treatment of patients with moderate Dupuytren's contracture. Curr Med Res Opin. Apr 2014;30(4):733-739. PMID 24397625

10. Raven RB, 3rd, Kushner H, Nguyen D, et al. Analysis of Efficacy and Safety of Treatment With Collagenase Clostridium histolyticum Among Subgroups of Patients With Dupuytren Contracture. Ann Plast Surg. Mar 18 2013. PMID 23511746

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS