



# Drug Coverage Policy

Effective Date .....12/1/2025  
Coverage Policy Number.....IP0143  
Policy Title..... Xiaflex

## Xiaflex

- Xiaflex® (collagenase clostridium histolyticum intralesional injection – Endo)

### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see “Coding Information” below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### OVERVIEW

Xiaflex, a combination of bacterial collagenases, is indicated for the following uses:<sup>1</sup>

- **Dupuytren’s contracture** with a palpable cord in adults.
- **Peyronie’s disease** with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy in adult men.

## Disease Overview

Dupuytren's contracture is a disorder of the palmar and digital fascia of the hand.<sup>2</sup> Abnormal deposition of collagen initially causes nodules in the palm of the hand, which may thicken and lead to formation of cords. As the disease progresses, the cords gradually contract, leading to flexion deformities of the fingers. Joint contractures are typically painless but are associated with significant functional impairment. In clinical studies of Dupuytren's contracture, patients were eligible to participate if they had a finger contraction of 20 degrees to 100 degrees in a metacarpophalangeal joint or 20 degrees to 80 degrees in a proximal interphalangeal joint.<sup>1</sup>

Peyronie's disease is an acquired penile abnormality caused by fibrosis of the tunica albuginea, which may lead to pain, deformity, erectile dysfunction, and/or distress.<sup>3</sup> Peyronie's disease has a variable course; for most patients, pain will resolve over time without intervention, but curvature deformities are less likely to resolve without treatment. Intralesional therapy with Xiaflex may be used to treat curvature associated with Peyronie's disease and is supported by American Urological Association guidelines (2015).

## Dosing Considerations

For treatment of Dupuytren's contracture, the dose of Xiaflex is 0.58 mg per injection into a palpable cord with a contracture of a metacarpophalangeal or proximal interphalangeal joint.<sup>1</sup> Two palpable cords affecting two joints or one palpable cord affecting two joints in the same finger may be injected per treatment visit. Injections may be administered up to three times per cord at approximately 4-week intervals.

For treatment of Peyronie's disease, one treatment course consists of four cycles.<sup>1</sup> Each cycle consists of two Xiaflex injection procedures (1 to 3 days apart). Up to four cycles of Xiaflex may be administered, given at approximately 6-week intervals. The safety of more than one treatment course (8 total injections) is unknown. If the curvature deformity is less than 15 degrees after the first, second, or third treatment cycle, or if further treatment is not clinically indicated, then subsequent treatment cycles should not be administered.

## Safety

Xiaflex has a Boxed Warning regarding the risk of corporal rupture (penile fracture) or other serious penile injuries in the treatment of Peyronie's disease.<sup>1</sup> Because of these risks, Xiaflex for the treatment of Peyronie's disease is only available through Risk Evaluation and Mitigation Strategy (REMS) program.

# Coverage Policy

## POLICY STATEMENT

Prior Authorization is required for benefit coverage of Xiaflex. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Xiaflex, approval requires it to be administered by a healthcare provider with expertise in the condition being treated.

**Xiaflex is considered medically necessary when ONE of the following is met:**

## FDA-Approved Indications

**1. Dupuytren's Contracture.** Approve Xiaflex for 3 months if the patient meets ALL of the following (A, B, C, D, E and F):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has at least one palpable cord in the affected hand; AND
- C)** Patient has a contracture of a metacarpophalangeal or proximal interphalangeal joint that is associated with the palpable cord; AND
- D)** At baseline (prior to initial injection of Xiaflex), the contracture measures at least 20 degrees; AND
- E)** As part of the current treatment course, the patient will be treated with up to three injections (maximum) per affected cord; AND
- F)** The medication will be administered by a healthcare provider experienced in injection procedures of the hand and in the treatment of Dupuytren's contracture.

**Dosing.** Approve if the dose meets ALL of the following (A, B, and C):

- A)** The dose is 0.58 mg per injection into an affected cord; AND
- B)** A maximum of two cords (up to 1.16 mg) are injected per treatment visit; AND  
Note: If there are other affected cords in the same hand, treatment may be administered to those on a different day.
- C)** For each affected cord, subsequent doses are administered no sooner than 4 weeks following the previous Xiaflex injection.

**2. Peyronie's Disease.** Approve Xiaflex for 6 months if the patient meets ALL of the following (A, B, C, D and E):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has at least one palpable plaque in the penis; AND
- C)** Patient meets ONE of the following (i or ii):
  - i.** At baseline (prior to initial injection of Xiaflex), patient has a penile curvature deformity of at least 30 degrees; OR
  - ii.** In a patient who has received prior treatment with Xiaflex, patient has a penile curvature deformity of at least 15 degrees; AND
- D)** Patient has not previously been treated with a complete course (8 injections) of Xiaflex for Peyronie's disease; AND
- E)** The medication will be administered by a healthcare provider experienced in the treatment of male urological diseases.

**Dosing.** Approve if the dose meets BOTH of the following (A and B):

- A)** Up to a total of eight 0.58 mg injections; AND  
Note: This is enough to treat four dosing cycles, each consisting of two 0.58 mg injections given 1 to 3 days apart.  
Note: For a patient who has already received one or more injections of Xiaflex, approve the duration requested up to the amount needed to complete one course of therapy (e.g., a patient who has received 3 injections may be approved for 5 additional injections to complete one course of therapy).
- B)** Cycles are separated by at least 6 weeks from the previous Xiaflex cycle.

## Conditions Not Covered

**Xiaflex for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

- 1. Cosmetic Use.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.  
Note: An example of cosmetic use includes cellulite treatment.
- 2. Retreatment for Peyronie’s Disease.** For Peyronie’s disease, the safety of more than one treatment course (8 injections) is not known.<sup>1</sup>

## Coding Information

**Note:** 1) This list of codes may not be all-inclusive.  
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT®* Codes	Description
20527	Injection, enzyme (e.g., collagenase), palmar fascial cord (i.e., Dupuytren's contracture)

HCPCS Codes	Description
J0775	Injection, collagenase clostridium histolyticum, 0.01 mg

**\*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.**

## References

- Xiaflex® intralesional injection [prescribing information]. Malvern, PA: Endo Pharmaceuticals; August 2022.
- Brazzelli M, Cruickshank M, Tassie E, et al. Collagenase clostridium histolyticum for the treatment of Dupuytren’s contracture: systematic review and economic evaluation. Southampton (UK): NIHR Journals Library; 2015 Oct. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK326596/>. Accessed on August 21, 2025.
- Nehra A, Alterowitz R, Culkin D, et al. Peyronie’s disease: AUA guideline. *J Urol.* 2015;194(3):745-753.

## Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	<p><b>Policy Title:</b> <b>Updated from</b> “Collagenase Clostridium Histolyticum” <b>to</b> “Xiaflex”</p> <p><b>Dupuytren’s Contracture:</b> <b>Updated</b> authorization <b>from</b> “up to a maximum of three injections per cord” <b>to</b> “approve Xiaflex for 3 months if...”</p>	12/1/2025

	<p><b>Updated criterion from</b> "Treatment of symptomatic Dupuytren's contracture with presence of a palpable cord" <b>to</b> "Patient has at least one palpable cord in the affected hand."</p> <p><b>Updated criterion from</b> "Treatment of symptomatic Dupuytren's contracture with functional impairment as manifested by a metacarpophalangeal (MCP) joint or proximal interphalangeal (PIP) joint contracture of 20 degrees or greater at baseline (prior to initial injection of Xiaflex)" <b>to</b> "Patient has a contracture of a metacarpophalangeal or proximal interphalangeal joint that is associated with the palpable cord AND at baseline (prior to initial injection of Xiaflex), the contracture measures at least of 20 degrees."</p> <p><b>Updated criterion from</b> "As part of the current treatment course, the individual will NOT be treated with more than a total of three injections (maximum) per affected cord" <b>to</b> "As part of the current treatment course, the patient will be treated with up to three injections (maximum) per affected cord."</p> <p><b>Peyronie's Disease:</b>  <b>Updated authorization from</b> "up to a maximum of 4 treatment cycles (or 8 injections) per Peyronie's plaque" to "approve Xiaflex for 6 months..."  <b>Updated criterion from</b> "Presence of a palpable plaque" <b>to</b> "Patient has at least one palpable plaque in the penis."  <b>Updated criterion from</b> "Will NOT be treated with more than a total of 8 injections (maximum) per Peyronie's plaque" <b>to</b> "Patient has not previously been treated with a complete course (8 injections) for Peyronie's disease."  <b>Dosing: Added</b> "Note: For a patient who has already received one or more injections of Xiaflex, approve the duration requested up to the amount needed to complete one course of therapy (e.g., a patient who has received 3 injections may be approved for 5 additional injections to complete one course of therapy)."</p> <p><b>Conditions Not Covered</b>  <b>Cosmetic Use:</b>  <b>Updated</b> to add "Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit."  <b>Removed</b> "cellulite of buttocks" as an example of cosmetic use and <b>added</b> "Note: An example of cosmetic use includes cellulite treatment."</p>	
--	---	--

The policy effective date is in force until updated or retired.

---

“Cigna Companies” refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2025 The Cigna Group.