

POLICY NAME

Xiaflex (collagenase clostridium histolyticum)

POLICY #

2251P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Xiaflex for the treatment of moderate to severe cellulite in adult females is not covered by Health Alliance. This indication is considered cosmetic in nature and not deemed medically necessary.

Coverage criteria for use in Dupuytren's contracture with a palpable cord

- ☐ **1.1** Documented contracture (muscle tightening) of a joint within the knuckles that is greater than or equal to 30 degrees
- ☐ **1.2** Prescribed by an orthopedic or hand surgeon

Coverage criteria for use in Peyronie's Disease

- ☐ **2.1** Documented presence of a palpable plaque and penile curvature greater than or equal to 30 degrees before start of therapy
- ☐ **2.2** Prescribed by a urologist (urinary tract doctor)