

POLICY NAME	Xiaflex (collagenase clostridium histolyticum)	POLICY #	2251P
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Criteria

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

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

Coverage criteria for use in Peyronie's Disease

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

Exclusion Criteria – Any of the following prevents coverage

- ☐ 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.