# SPECIALTY GUIDELINE MANAGEMENT

# **DAXXIFY (daxibotulinumtoxinA-lanm)**

#### **POLICY**

### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### A. FDA-Approved Indication

1. The treatment of cervical dystonia in adult patients.

All other indications are considered experimental/investigational and not medically necessary.

### **II. PRESCRIBER SPECIALTIES**

The medication must be prescribed by, or in consultation with one of the following:

A. Cervical dystonia: neurologist, orthopedist or physiatrist

### **III. EXCLUSIONS**

Coverage will not be provided for cosmetic use.

## IV. CRITERIA FOR INITIAL APPROVAL

#### A. Cervical dystonia

Authorization of 12 months may be granted for the treatment of adults with cervical dystonia (e.g., torticollis) when both of the following are met:

- 1. Member is 18 years of age or older
- 2. There is abnormal placement of the head with limited range of motion in the neck

## V. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria and be experiencing benefit from therapy.

## VI. REFERENCES

1. Daxxify [package insert]. Newark, CA: Revance Therapeutics, Inc; August 2023.

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