

Reference number
6132-A

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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