

Specialty Guideline Management

Daxxify

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Daxxify	daxibotulinumtoxinA-lanm

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.

FDA-approved Indications

- The treatment of cervical dystonia in adult patients.

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

Prescriber Specialties

The medication must be prescribed by, or in consultation with a provider specialized in treating the member's condition.

Exclusions

Coverage will not be provided for cosmetic use.

Reference number(s)
6132-A

Coverage Criteria

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:

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

Continuation of Therapy

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

References

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