

# 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.