

PRIOR AUTHORIZATION POLICY

POLICY: Botulinum Toxin – Daxxify Prior Authorization Policy

- Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)

REVIEW DATE: 09/25/2024

OVERVIEW

Daxxify (daxibotulinumtoxinA-lanm), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following use:¹

- **Cervical dystonia** in adults.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Daxxify. All approvals are provided for the duration noted below.

Prior Authorization and prescription benefit are not recommended for cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Daxxify is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Cervical Dystonia.** Approve for 1 year if the patient is ≥ 18 years of age.

Note: Cervical dystonia is also known as spasmodic torticollis.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Daxxify is not recommended in the following situations:

1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, or rejuvenation of the periorbital region.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Daxxify® injection [prescribing information]. Newark, CA: Revance; January 2024.

09/25/2024

© 2024. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

