



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Daxxify (daxibotulinumtoxinA-lanm)	Page:	1 of 2
Effective Date:	1/6/2025	Last Review Date:	11/2024
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Michigan	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids <input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Daxxify under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

The treatment of cervical dystonia in adult patients.

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

Applicable Drug List:

Daxxify

Policy/Guideline:

Prescriber Specialty:

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.

Criteria for Initial Approval:

Cervical Dystonia

Authorization may be granted for the treatment of adult patients with cervical dystonia (e.g., torticollis) when both of the following criteria 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

Continuation of Therapy

Cervical Dystonia

All members, including new members, requesting authorization for continuation of therapy must meet ALL initial authorization criteria AND be experiencing benefit from therapy.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits



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References:

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