VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Botulinum Toxins – Daxxify Utilization Management Medical Policy
- Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)

REVIEW DATE: 09/17/2025

OVERVIEW

Daxxify (daxibotulinumtoxinA-lanm), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the treatment of **cervical dystonia** in adults.[1]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Daxxify. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the dosing interval is provided in months, 1 month is equal to 30 days.

Medical benefit coverage is not recommended for cosmetic use.

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.

   Dosing. Approve up to a maximum dose of 250 units, administered not more frequently than once every 3 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Daxxify is not recommended in the following situations:

1. **Cosmetic Use**. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.
   Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platsymal 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.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	08/30/2023
Annual Revision	The maximum dosing limitation was lowered from 300 to 250 units.	09/25/2024
Annual Revision	No criteria changes	09/17/2025