



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Daxxify (daxibotulinumtoxinA-lanm)	Page:	1 of 1
Effective Date:	12/26/2023	Last Review Date:	9/29/2023
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:

Criteria for Initial Approval:

A. Cervical Dystonia

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

1. Member is 18 years of age or older
2. The medication is prescribed by, or in consultation with EITHER a neurologist, orthopedist or physiatrist
3. There is abnormal placement of the head with limited range of motion in the neck
4. Coverage is not for cosmetic use.

Criteria for Continuation of Therapy

A. Cervica 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

References:

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