



Medicare Advantage Medical Utilization Review Policy

<b>Policy:</b>	<b>Botulinum Toxins – Daxxify Utilization Management Medical Policy</b> <ul style="list-style-type: none"> <li>Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)</li> </ul>
<b>Date:</b>	10/31/2024
<b>Applicable Lines of Business:</b>	Medicare Advantage – Medical
<b>Applicable States/Territories:</b>	NGS, J6: Wisconsin, Minnesota, Illinois NGS, JK: New York, Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont

OVERVIEW

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

- Cervical dystonia in adults.

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. All approvals are provided for 1 year in duration. 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 conditions.

This policy incorporates Medicare coverage guidance as set forth in National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), as well as in companion policy articles and other guidance applicable to the relevant service areas. These documents are cited in the References section of this policy. In some cases, this guidance includes specific lists of HCPCS and ICD-10 codes to help inform the coverage determination process. The Articles that include specific lists for billing and coding purposes will be included in the Reference section of this policy. However, to the extent that this policy cites such lists of HCPCS and ICD-10 codes, they should be used for reference purposes only. The presence of a specific HCPCS or ICD-10 code in a chart or companion article to an LCD is not by itself sufficient to approve coverage. Similarly, the absence of such a code does not necessarily mean that the applicable condition or diagnosis is excluded from coverage.

Note: Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles.

RECOMMENDED AUTHORIZATION CRITERIA

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

## FDA-Approved Indication

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### 1. Cervical Dystonia.

**Criteria.** Approve for 1 year if the patient is  $\geq 18$  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.

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## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Daxxify is not recommended in the following situations:

- Cosmetic Uses.** 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. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.
- Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

- Daxxify® injection [prescribing information]. Newark, CA: Revance; January 2024.
- Centers for Medicare and Medicaid Services, National Government Services, Inc, Local Coverage Determination: Botulinum Toxins (LCD L33646) (Original effective date 10/1/2015; revision effective date 05/01/2021). Accessed on October 31, 2024.
- Centers for Medicare and Medicaid Services, National Government Services, Inc, Local Coverage Article: Billing and Coding: Botulinum Toxins (A52848) (Original effective date 10/1/2015; revision effective date 7/1/2024). Accessed on October 31, 2024.

## HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New policy developed, Daxxify was added to LCA A52848	07/23/2024
Policy revision	The maximum dosing limitation was lowered from 300 to 250 units.	10/31/2024