

PRIOR AUTHORIZATION POLICY

POLICY: Botulinum Toxin – Daxxify Prior Authorization Policy

- Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)

REVIEW DATE: 08/30/2023

OVERVIEW

Daxxify (daxibotulinumtoxinA-lanm), is indicated for the following uses:¹

- **Cervical dystonia** in adults.

The medication labeling, like all other botulinum toxin products, state the potency units of Daxxify are specific to the preparation and test method utilized and not interchangeable with other preparations of other botulinum toxin products [Botox® (onabotulinumtoxinA), Xeomin® (incobotulinumtoxinA), Dysport® (abobotulinumtoxinA), Myobloc® (rimabotulinumtoxinB)]; therefore, units of biological activity of Daxxify cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific test method.¹ Daxxify does not contain any human serum albumin in its formulation. The labeling also indicates a warning for potential serious adverse reactions after administration of Daxxify for unapproved uses.

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 or cervical torticollis.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Daxxify is not recommended in the following situations:

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

08/30/2023

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REFERENCES

1. Daxxify® injection [prescribing information]. Newark, CA: Revance; August 2023.