Reference number(s)
6578-A

Jurisdiction Specific Medicare Part B Daxxify

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over- the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Daxxify	daxibotulinumtoxina-lanm

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

Cervical Dystonia

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Exclusions

Coverage will not be provided for cosmetic use.

Coverage Criteria

Cervical Dystonia

Authorization of 12 months may be granted for treatment of adults with cervical dystonia.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

References

1. Daxxify [package insert]. Newark, CA: Revance Therapeutics, Inc; November 2023.
2. Billing and Coding: Botulinum Toxins (A52848) Version R9. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed July 30, 2024.

