

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.

Reference number(s)
6354-A

Coverage Criteria

Cervical Dystonia

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

Dosage and Administration

The lowest effective dose and longest dosing interval that produces the desired clinical effect should be used.

References

1. Botulinum Toxins LCD (L33274) Version R11. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 16, 2024.
2. Billing and Coding: Botulinum Toxins (A57715) Version R10. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 16, 2024.
3. Daxxify [package insert]. Newark, CA: Revance Therapeutics, Inc.; November 2023.