



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Daxxify (daxibotulinumtoxinA-lanm) Page: 1 of 1

Effective Date: 12/17/2025 Last Review Date: 11/19/2025

Applies to:  Illinois  New Jersey  Maryland  Florida Kids  
 Pennsylvania Kids  Virginia  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:

#### Prescriber Specialty:

The medication must be prescribed by, or in consultation with a provider specialized in treating the member's condition.

#### Exclusions:

Coverage will not be provided for cosmetic use.

#### Criteria for Initial Approval:

##### Cervical Dystonia

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

1. Member is 18 years of age or older
2. There is abnormal placement of the head with limited range of motion in the neck

#### Continuation of Therapy

##### Cervical 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; November 2023.