

Title: UM-PT129 Daxxify (daxibotulinumtoxinA-lanm)	Division: Medical Management Department: Pharmacy
Approval Date: 12/16/2025	LOB: Medicaid, SNP, HARP, CHP, QHP, EP, Gold, Goldcare
Effective Date: 12/16/2025	Policy Number: UM-PT129
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I. POLICY DESCRIPTION:

Acetylcholine release inhibitor and neuromuscular blocking agent – Daxxify (daxibotulinumtoxinA-lanm)

II. RESPONSIBLE PARTIES:

Medical Management Administration, Pharmacy Department, Utilization Management, Integrated Care Management, Claims Department

III. DEFINITIONS:

Daxxify (daxibotulinumtoxinA-lanm) is an acetylcholine release inhibitor and neuromuscular-blocking agent. Daxxify works by blocking neuromuscular transmission at the neuromuscular junction through the inhibition of acetylcholine release. This effect is achieved by the cleavage of SNAP-25, a synaptosomal-associated protein that is essential for the docking and fusion of acetylcholine-containing vesicles with the nerve terminal membrane. As a result, acetylcholine cannot be released into the synaptic cleft, leading to muscle paralysis. Recovery of neuromuscular function occurs gradually over time as new SNAP-25 is synthesized and nerve terminals regenerate.

IV. POLICY:

Daxxify (daxibotulinumtoxinA-lanm) will be considered medically necessary once the following coverage criteria is met. Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Chart notes must be submitted to confirm diagnosis and previous treatment(s).

INITIAL REQUEST:

1. Cervical Dystonia

A. Member is \geq 18 years of age;

AND

B. Prescribed by or in consultation with neurologist, pain management specialist, or physical medicine and rehabilitation physician;

AND

C. Member must have diagnosis of moderate to severe cervical dystonia as confirmed by a Baseline Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS) total score \geq 20 comprising of ALL of the following subscales:

a. TWSTRS severity score \geq 15;

AND

b. TWSTRS disability score \geq 3;

AND

c. TWSTRS pain score \geq 1;

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AND

D. Member has involuntary, simultaneous neck and shoulder muscle symptoms (e.g: splenius sternocleidomastoid, levator scapulae, scalene, trapezius, semispinalis capitis) resulting in abnormal postures or movements of the neck, shoulder, or head;

AND

E. Contractions are causing pain and functional impairment;

AND

F. Member is not currently pregnant, planning on becoming pregnant, or nursing;

AND

G. Authorization is for no more than 6 months

V. RENEWAL REQUEST:

1. Cervical Dystonia

A. Initial conditions of coverage have been met;

AND

B. Member has documented improvement in condition as measured by a decrease in the total TWSTRS score;

AND

C. Member has not experienced any adverse events while on Daxiffy (i.e, difficulty swallowing or breathing, cardiovascular events);

AND

D. Authorization is for no more than 12 months

VI. LIMITATIONS/ EXCLUSIONS:

Daxxify (daxibotulinumtoxinA-lanm) will be considered experimental and investigational if prescribed for indications that have not been approved by the FDA and will not be covered under this policy.

All cosmetic indications including temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity are excluded from coverage.

VII. APPLICABLE PROCEDURE CODES:

CPT	Description
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit

VIII. APPLICABLE DIAGNOSIS CODES:

CODE	Description
G24.3	Spasmodic torticollis

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L98.8 Other specified disorders of the skin and subcutaneous tissue

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IX. REFERENCES:

1. Daxxify [package insert]. Newark, CA: Revance Therapeutics, Inc.; November 2023.
2. IPD Analytics. Daxxify (daxibotulinumtoxinA-lanm) New Drug Review
3. Efficacy and Safety of DaxibotulinumtoxinA for Injection in Cervical Dystonia. ClinicalTrials.gov ID: NCT03608397. Available here: <https://clinicaltrials.gov/study/NCT03608397>




Policy and Procedure

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REVISION LOG:

REVISIONS	INITIAL	DATE
Creation date	XZ	12/16/2025

Approved:	Date:	Approved:	Date:
<i>Suzana Patel</i>	2/18/2026		02.18.2026
Suzana Patel, PharmD Senior Director of Pharmacy		Sanjiv Shah, MD Chief Medical Officer	



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Medical Guideline Disclaimer:

Property of MetroPlus HealthPlan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.

MetroPlus HealthPlan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.