

daxibotulinumtoxina-1anm (Daxxify)

Commercial Medical Benefit Drug Policy

Place of Service

Office Administration

Drug Details

USP Category: DERMATOLOGICAL AGENTS

Mechanism of Action: Acetylcholine release inhibitor and neuromuscular blocking agent

HCPCS:

J0589:Injection, daxibotulinumtoxina-1anm, 1 unit

How Supplied:

50 Units or 100 Units sterile lyophilized powder in a single-dose vial

Condition(s) listed in policy (see coverage criteria for details)

- Cervical Dystonia (Spasmodic Torticollis)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Cervical Dystonia (Spasmodic Torticollis)

Meets medical necessity if all the following are met:

1. Clonic or tonic involuntary contractions of multiple neck muscles exists
2. Sustained head torsion and/or tilt with limited range of motion in the neck is present

Covered Doses:

250 units given intramuscularly as a divided dose among affected muscles

Coverage Period:

Initial: One treatment every 12 weeks for 4 treatments

Reauthorization: Indefinite (if patient had clinical benefit)

ICD-10:

G24.3

References

daxibotulinumtoxina-1anm (Daxxify)

1. AHFS. Available by subscription at <http://www.lexi.com>
2. Daxxify (daxibotulinumtoxinA) [prescribing information]. Newark, CA: Revance Therapeutics Inc; November 2023.
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Review History

Date of Last Annual Review: 4Q2024

Changes from previous policy version:

- No clinical changes following annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity

Reviewed by P&T Committee