Policy:	**Botulinum Toxin – Daxxify Utilization Management Medical Policy** • Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)
Date:	06/23/2026
Applicable Lines of Business:	Medicare Advantage – Medical
Applicable States/Territories:	Noridian JE: California, American Samoa, Guam, Hawaii, Northern Mariana Islands, Nevada Noridian JF: Alaska, Idaho, Oregon, Washington, Arizona, Montana, North Dakota, South Dakota, Utah, Wyoming
Applicable NCDs, LCDs, and/or LCAs	L35172, A57186, L35170, A57185

SUMMARY OF EVIDENCE

Daxxify (daxibotulinumtoxinA-lanm), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the treatment of **cervical dystonia** in adults.[1]

ANALYSIS OF EVIDENCE

The information provided in the summary of evidence is supported by labeled indications, CMS-approved compendia, published clinical literature, clinical practice guidelines, and/or applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs). Refer to the Sources of Information section of this policy for additional information.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Daxxify. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. All approvals are provided for 1 year in duration. In cases where the dosing interval is provided in months, 1 month is equal to 30 days. Medical benefit coverage is not recommended for cosmetic conditions.

This policy incorporates Medicare coverage guidance as set forth in National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), as well as in companion policy articles and other guidance applicable to the relevant service areas. These documents are cited in the Sources of Information section of this policy. In some cases, this guidance includes specific lists of HCPCS and ICD-10 codes to help inform the coverage determination process. The Articles that include specific lists for billing and coding purposes will be included in the Sources of Information section of this policy. However, to the extent that this policy cites such lists of HCPCS and ICD-10 codes, they should be used for reference purposes only. The presence of a specific HCPCS or ICD-10 code in a chart or companion article to an LCD is not by itself sufficient to approve coverage. Similarly, the absence of such a code does not necessarily mean that the applicable condition or diagnosis is excluded from coverage.

Note: Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or

Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles.

Indications with a ^ below are referenced in both the corresponding Standard Medical Utilization Management Internal Policy AND applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and/or Local Coverage Articles (LCAs). Coverage criteria for these indications may be internally developed and/or referenced in applicable NCDs, LCDs, and/or LCAs. For these indications, internally developed coverage criteria is denoted throughout the policy in the following manner: 1) IC-L (internal criteria supported by the labeled indication), 2) IC-COMP (internal criteria supported by CMS-approved compendia), 3) IC-ISGP (internal criteria intended to interpret or supplement general provisions outlined in applicable NCDs, LCDs, and/or LCAs), or 4) IC-EC (internal criteria intended to expand coverage beyond the coverage outlined in applicable NCDs, LCDs, and/or LCAs). For these indications, coverage criteria that is NOT denoted with one of the above indicators is referenced in applicable NCDs, LCDs, and/or LCAs. Additional information supporting the rationale for determination of internal coverage criteria can be found via the Sources of Information section.

Indications with a @ below are referenced in the corresponding Standard Medical Utilization Management Internal Policy, but are NOT directly referenced in applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and/or Local Coverage Articles (LCAs). Coverage criteria for these indications is internally developed. These indications and their respective coverage criteria represent expanded coverage beyond the coverage outlined in applicable NCDs, LCDs, and/or LCAs.

Indications with a # below are supported and referenced in applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and/or Local Coverage Articles (LCAs), but are NOT directly referenced in the corresponding Standard Medical Utilization Management Internal Policy. Coverage criteria for these indications is referenced in applicable NCDs, LCDs, and/or LCAs.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Daxxify is recommended in those who meet the following criteria:

FDA-Approved Indication

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1. **Cervical Dystonia**. ^

   Criteria. Approve for 1 year if the patient is ≥ 18 years of age. IC-L
   Note: Cervical dystonia is also known as spasmodic torticollis.

   Dosing. Approve up to a maximum dose of 250 units, administered not more frequently than once every 3 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Daxxify is not recommended in the following situations:

1. **Cosmetic Uses**. Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platsymal bands, or

rejuvenation of the periorbital region. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

SOURCES OF INFORMATION

1. Daxxify® injection [prescribing information]. Newark, CA: Revance; January 2024.
2. Centers for Medicare and Medicaid Services, Noridian Healthcare Solutions, LLC. Local Coverage Determination: Botulinum Toxin Types A and B (L35172) (Original effective date 10/1/2015; revision effective date 2/22/2026). Accessed on June 23, 2026.
3. Centers for Medicare and Medicaid Services, Noridian Healthcare Solutions, LLC. Local Coverage Article: Billing and Coding: Botulinum Toxin Types A and B (A57186) (Original effective date 10/1/2019; revision effective date 4/9/26). Accessed on June 23, 2026.
4. Centers for Medicare and Medicaid Services, Noridian Healthcare Solutions, LLC. Local Coverage Determination: Botulinum Toxin Types A and B Policy (L35170) (Original effective date 10/1/2015; revision effective date 2/22/26). Accessed on June 23, 2026.
5. Centers for Medicare and Medicaid Services, Noridian Healthcare Solutions, LLC. Local Coverage Article: Billing and Coding: Botulinum Toxin Types A and B Policy (A57185) (Original effective date 10/1/2019; revision effective date 4/9/26). Accessed on June 23, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New policy developed, Daxxify was added to LCA A57185 and A57186	05/22/2024
Policy revision	The maximum dosing limitation was lowered from 300 to 250 units.	10/31/2024
Policy revision	No criteria changes. Formatting and notation updates.	06/18/2025
Policy review	No criteria changes, based on commercial policy review	10/01/2025
Policy review	No criteria changes, review of LCD/LCA surveillance	10/23/2025
Policy review	No criteria changes, CMS surveillance review	02/04/2026, effective 02/22/2026
Policy review	No criteria changes, CMS surveillance review	04/02/2026
Policy review	No criteria changes, CMS surveillance review	06/23/2026