

**Effective Aug. 15, 2021**

**Prior Authorization Required for Myobloc and Xeomin**

Failure to obtain authorization will result in a claim denial. The prior authorization process will apply to **all Highmark Health Options members**.

Medical necessity criteria for both medications are outlined in specific medication policies. Review prior authorization policies online at [hho.fyi/med-info](http://hho.fyi/med-info).

**Procedure Codes Requiring Authorization**

<b>DRUG NAME</b>	<b>CODE DESCRIPTION</b>	<b>HCPCS</b>
rimabotulinumtoxinB (Myobloc)	injection, rimabotulinumtoxinB, 100 units	J0587
incobotulinumtoxinA (Xeomin)	injection, incobotulinumtoxinA, 1 unit	J0588

Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on:

- Characteristics of the local delivery system.
- Established clinical criteria.
- Individual member needs.

Authorization does not guarantee payment of claims. Any medication listed above will be reimbursed by us only if it is:

- Medically necessary.
- A covered service.
- Provided to an eligible member.

Contact Pharmacy Services at 1-844-325-6251 with any prior authorization or submission process questions.