

## Medical Prior Authorization List

Effective January 1, 2020

**For Members:** The services, items and drugs listed below require a prior authorization in order to be covered. In-network providers must obtain authorization 48 hours to rendering service for the services listed below. Members utilizing out-of-network providers are responsible for obtaining any required prior authorization. HMO members have limited Out of Network benefits and require prior authorization unless the service is urgent/emergent.

**For Providers:** Prior authorization requests may be made by faxing the Prior Authorization Fax form to 1-816-313-3060. Prior Authorization Forms may be obtained online at [www.FirstMedicare.com](http://www.FirstMedicare.com) under Provider/Forms. For additional information call Customer Service at 1-844-201-4957.

### Inpatient Services

- Inpatient Admissions
- Acute Inpatient Rehabilitation
- Skilled Nursing Facility, Transitional and Sub-Acute Care
- Transplants-Human Organ, Bone Marrow and Stem Cell
- Mental Health, Substance Abuse, Partial

### DME/Prosthetics/Orthotics

- Apnea Monitor
- Bone Stimulator
- CPAP/BIPAP Machines
- CPM Machines
- Customized Equipment
- Hospital Beds and Equipment
- Hoyer Lifts/Seat Lifts
- Electric Wheelchair/Scooter or POV
- DME items > \$1000.00 line item cost
- DME rentals

### Ambulance Services

- Ambulance Services (Non-Emergency)

### Laboratory

- Genetic Testing

### Services Requiring Determination of Benefit Coverage

- Potentially Cosmetic (See list, below, not all inclusive),
- Experimental or Investigational Procedures
- Genetic Testing
- Sclerotherapy and Endovenous Laser Ablation
- Select drugs administered by a provider in an office, home or outpatient setting (see list below)

**POTENTIALLY COSMETIC PROCEDURES LIST- NOT ALL INCLUSIVE**

- Blepharoplasty- 15820, 15823, 67916, 67923, 67924
- Blepharoplasty/ptosis repair-67900- 67911
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants-19300, 19316, 19318, 19324 -19325, 19328, 19330, 19340. 19342,19350, 19355, 19370-19371, 19380, 19396, 19499
- Botox Injection- J0585- J0588
- Cervicoplasty-15819
- Chemical Exfoliation- 17360
- Chemical Peel-15788, 15789, 15792-15793
- Chin Reconstruction - 21120 - 21123
- Collagen Injections- 11950 – 11954
- Cryotherapy – 17340
- Dermabrasion-15780 - 15783
- Ear Piercing - 69090
- Electrolysis- 17380
- Excision of excessive skin and or subcutaneous tissue-15830 - 15839,
- Face Reconstruction - 21141 - 21160,
- Forehead Reduction - 21137- 21139
- Hair Transplant-15775, 15776
- Lipectomy, liposuction or any excess fat removal procedure - 15877-15879, 15819-15829
- Lower Jaw Augmentation/Reconstruction 21141- 21143
- Rhinoplasty-30400, 30410, 30420, 30430, 30435, 30450
- Rhytidectomy-15824- 15829
- Sweat Gland Lesion- 11450-11451, 11462-11463, 11470-11471
- Sclerotherapy and Endovenous Laser Ablation 36468-36471
- Tattooing - 11921-11922
- Tissue Expander- 11970-11971

**DRUGS ADMINISTERED IN AN OFFICE, HOME, OR OUTPATIENT SETTING**

BRAND NAME	GENERIC NAME	J or Q CODE	Other Code/MISC
Actemra	Tocilizumab	J3262	
Aldurazyme	Laronidase	J1931	
Alimta	Pemetrexed	J9305	
Aliqopa	Copanlisib	J9057	
Azedra	Iodine 1-131 iobeguane, therapeutic, 1 mCi		C9408
Bavencio	Avelumab	J9023	
Benlysta	Belimumab	J0490	
Besponsa	Inotuzumab ozogamicin	J9229	
Bivigam	Immune globulin	J1556	
Blincyto	Blinatumomab	J9039	
Botox	OnabotulinumtoxinA	J0585	
Brineura	Cerliponase alfa	J0567	
Carimune	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified	J1566	
Cerezyme	Imiglucerase	J1786	
Crysvita	Burosumab-TWZA (SQ)	J0584	
Cuvitru	Immune globulin	J1555	
Cyramza	Ramucirumab	J9308	
Elaprase	Idursulfase	J1743	
Entyvio	Vedolizumab	J3380	
Erbitux	Cetuximab	J9055	
EyLea	Aflibercept	J0178	
Exondys	Eteplirsen	J1428	
Fabryzyme	Agalsidase beta	J0180	
Fasenra	Benralizumab	J0517	
Fibryga	Human fibrinogen concentrate	J7177	
Flebogamma	Immune globulin, intravenous, non-lyophilized (e.g., liquid)	J1572	
Fulphila	Pegfilgrastim-jmdb, biosimilar	Q5108	
GamaSTAN, Baygam	Gamma globulin, intramuscular, 1 cc	J1460	
GamaSTAN, Baygam	Gamma globulin, intramuscular, over 10 cc	J1560	
Gamifant	Emapalumab-lzsg	J9210	J3590/J3490
Gammagard	Immune globulin, non-lyophilized, (e.g., liquid)	J1569	

BRAND NAME	GENERIC NAME	J or Q CODE	Other Code/MISC
Gammaplex	Immune globulin, intravenous, non-lyophilized (e.g., liquid)	J1557	
Gamunex-C/Gammaked	Immune globulin, non-lyophilized (e.g., liquid)	J1561	
Glassia	Glassia	J0257	
Granix	Tbo-filgrastim, 1 mcg	J1447	
Herceptin	Trastuzumab	J9355	
Hizentra	Immune globulin	J1559	
Hyqvia	Immune globulin/hyaluronidase	J1575	
Ilaris	Canakinumab	J0638	
Ilumya	Tildrakizumab	J3245	
Imfinzi	Durvalumab	J9173	
Inflectra	Infliximab-dyyb, biosimilar	Q5103	
Infugem	Gemcitabine	J9199	J3590/J3490
Kadcyla	Ado-trastuzumab emtansine	J9354	
Kaunma	Sebelipase alfa	J2840	
Keytruda	Pembrolizumab	J9271	
Kymriah	Tisagenlecleucel	Q2040	J9999/J3590/J3490
Lartruvo	Olaratumab	J9285	
Lemtrada	Alemtuzumab	J0202	
Leukine	Sargramostim (GM-CSF)	J2820	
Libtayo	Cemiplimab-rwlc	J9119	J3590/J3490
Lumizyme	Alglucosidase alfa	J0221	
Luxturna	Voretigene neparvovec-Rzyl	J3398	
Mepsevii	Vestronidase alfa	J3397	
Mylotarg	Gemtuzumab	J9203	
Naglazyme	Galsulfase	J1458	
Neulasta, Neulasta Onpro	Pegfilgrastim	J2505	
Neupogen	Filgrastim (G-CSF), excludes biosimilars	J1442	
Nivestym	Filgrastim-aafi, biosimilar	Q5110	
Nplate	Romiplostim	J2796	
Nucala	Mepolizumab	J2182	
Nulojix	Belatacept	J0485	
Ocrevus	Ocrelizumab	J2350	
Octagam	Immune globulin, intravenous, non-lyophilized (e.g., liquid)	J1568	
Ogivri	Trastuzumab-dkst, biosimilar	Q5114	J3490/J3590
Onpattro	Patisiran	J0222	C9036

BRAND NAME	GENERIC NAME	J or Q CODE	Other Code/MISC
Opdivo	Nivolumab	J9299	
Orbactiv	Oritavancin	J2407	
Orencia	Abatacept	J0129	
Palynziq	Pegvaliase-pqpz	NA	J3590/J3490
Perjeta	Pertuzumab	J9306	
Photrexa	Riboflavin 5'-phosphate, ophthalmic solution	J2787	
Poteligeo	Mogamulizumab-kpkc	J9204	C9038
Privigen	Immune globulin, intravenous, non-lyophilized (e.g., liquid)	J1459	
Prolastin	Alpha 1 proteinase inhibitor	J0256	
Radicava	Edaravone	J1301	
Reclast *	Zoledronic Acid	J3489	*No Prior Auth Required for Bone Metastasis diagnosis
Remicade	Infliximab, not biosimilar	J1745	
Remodulin	Treprostinil	J3285	
Remodulin/Tyvaso	Treprostinil, non-comp unit	J7686	
Renflexis	Infliximab-abda, biosimilar	Q5104	
Revcovi	Elapegedemase-lvlr	NA	J3590/J3490
Rituxan*	Rituximab	J9312	* No prior auth required for oncology diagnoses
Rituxan Hycela	Rituximab and hyaluronidase	J9311	
Simponi Aria	Golimumab	J1602	
Simulect	Basiliximab	J0480	
Soliris	Eculizumab	J1300	
Spinraza	Nusinersen	J2326	
Stelara IV	Ustekinumab	J3358	
Stelara subq	Ustekinumab	J3357	
Sublocade	Buprenorphine extended-release >100 mg	Q9992	
Sublocade	Buprenorphine extended-release < 100mg	Q9991	
Supprelin LA	Histrelin	J9226	
Synagis	Palivizumab 50mg or 100mg	90378	J3490/J3590
Taltz	Ixekizumab	NA	J3490/j3590
Tecentriq	Atezolizumab	J9022	

BRAND NAME	GENERIC NAME	J or Q CODE	Other Code/MISC
Tegsedi	Inotersen	NA	J3590/J3490
Triptodur	Triptorelin, extended-release	J3316	
Trogarzo	Ibalizumab-uiyk	J1746	
Tysabri	Natalizumab	J2323	
Udenyca	Pegfilgrastim-cbqv	Q5111	J3590/J3490
Ultomiris	Ravulizumab-cwvz	J1303	J3490/J3590
Vabomere	Meropenem, vaborbactam	J2186	
Vectibix	Panitumumab	J9303	
Vivaglobulin	Immune globulin	J1562	
Xgeva*/Prolia	Denosumab	J0897	* No Prior auth required for bone metastasis diagnoses
Xolair	Omalizumab	J2357	
Yervoy	Ipilimumab	J9228	
Yescarta	Axicabtagene ciloleucel	Q2041	J9999/J3590/J3490
Zarxio	Filgrastim (G-CSF), biosimilar	Q5101	
Zemdri	Plazomicin, 5 mg	NA	C9039
Zemdri	Plazomicin	NA	J3590/J3490
Zinplava	Bezlotoxumab	J0565	
Various	Immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified	J1599	
Any Brand	Miscellaneous Drug codes	J3490, J3590	

**Note: All drug codes on this list should be Pre-Authorized regardless of the brand name.**

Coverage decisions are based on plan benefits and appropriateness of care.

This list is updated periodically.

For the most current list, contact Customer Services at

**1-844-201-4957** or visit [www.FirstMedicare.com](http://www.FirstMedicare.com).