

Denosumab prior authorization requirement for a cancer diagnosis

Frequently asked questions

Why does UnitedHealthcare require prior authorization for denosumab?

We regularly evaluate our medical policies, clinical programs and health benefits based on the latest scientific evidence and medical specialty society guidance. Prior authorization helps to improve care experiences and lower the total cost of care for our members. We based this denosumab policy on current clinical information around the suggested use of denosumab when it's used for a cancer diagnosis.

Which UnitedHealthcare benefit plans require prior authorization for denosumab?

To see a complete list of benefit plans affected by this policy, visit our [Prior Authorization for Chemotherapy and Related Cancer Therapies](#) page and select **Health plan effective dates**.

Do I need to submit a prior authorization request for denosumab when it is being used to care for a non-cancer diagnosis such as postmenopausal osteoporosis?

Maybe. Please review the prior authorization requirements for the member's plan.

What if I don't submit a prior authorization request for denosumab?

If you don't obtain prior authorization for these services, your claim will be denied for lack of prior authorization and, as per your Participation Agreement, you won't be able to balance bill the member.

How do I submit a prior authorization request for denosumab?

As you do for other requests, you'll use our online chemotherapy prior authorization system to request prior authorization for denosumab. Claims submitted for denosumab without an authorization will be denied.

If UnitedHealthcare is the secondary payer, is prior authorization required for denosumab?

No. In this case, prior authorization isn't required.



Key points

- Denosumab (code J0897), a bone modifying agent, requires prior authorization when administered to patients with a cancer diagnosis, regardless of age
- This requirement applies to the Neighborhood Health Partnership, UnitedHealthcare commercial plans, UnitedHealthcare Oxford Network plans and UnitedHealthcare Community Plans that require prior authorization for injectable chemotherapy

Does receipt of prior authorization for denosumab guarantee my claim will be paid?

No. Unless payment is required by state law, receipt of a prior authorization doesn't guarantee claim payment. Payment for covered services is contingent on the member's eligibility on the date of the service, reimbursement policies and the terms of your Participation Agreement. Some of our commercial plans have specific requirements that may also affect reimbursement.

Will I need to submit additional clinical information during the prior authorization process?

Maybe. Based on the diagnosis, you may be prompted to do so to support your request.

What is the turnaround for getting a prior authorization request approved for denosumab requests?

Requests for prior authorization that meet UnitedHealthcare's denosumab (Prolia® and Xgeva®) commercial medical benefit medication policy criteria are approved at the time of submission. If the request doesn't meet policy criteria, a health care professional will review submitted information before a coverage decision is made. Decisions are typically made within 3 business days. If we need additional clinical information or a physician-to-physician discussion, it may take more time. Authorizations are valid for 365 days.



Questions?

If you have questions, please email unitedoncology@uhc.com.

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