

UnitedHealthcare Outpatient Injectable Cancer Therapy Prior Authorization Requirement Code List

Refer to the [October Network Bulletin](#) for further information.

Effective Date: January 1, 2021

Applicable Codes

Prior authorization will be required for:

- Chemotherapy and biologic therapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy and biologic therapy injectable drugs that have a Q code
- Chemotherapy and biologic therapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous healthcare Common Procedure Coding System (HCPCS) code

CDT Code	Description
J1442	Filgrastim (Neupogen®)
J1447	Tbo-filgrastim (Granix®)
J2505	Pegfilgrastim (Neulasta®)
J2820	Sargamostim (Leukine®)
Q5101	Filgrastim, bio similar (Zarxio®)
Q5108	Pegfilgrastim-jmdb (Fulphila™)
Q5110	Filgrastim-aafi (Nivestym™)
Q5111	Pegfilgrastim-cbqv, biosimilar, (Udenyca™)
Q5120	Pegfilgrastim-bmez (Ziextenzo®)
	Colony-stimulating factors that have not yet received an assigned code and will be billed under a temporary or miscellaneous HCPCS code
J0897	Bone Modifying Agent: Denosumab (Brand names Xgeva® and Prolia®)

CDT® is a registered trademark of the American Dental Association

Prior authorization will be required for the following therapeutic radiopharmaceuticals: Lutetium Lu 177 (Lutathera®) and Radium RA-223 dichloride (Xofigo®). All therapeutic radiopharmaceuticals that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code. Therapeutic radiopharmaceuticals billed under the following HCPCS codes require prior authorization:

HCPCS Code	Description
A9590	Iodine I-131, iobenguane, 1 mCi
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
A9606	Radium RA-223 dichloride, therapeutic, per microcurie
A9699	Radiopharmaceutical, therapeutic, not otherwise classified