



Prior Authorization for Outpatient Injectable Chemotherapy and Colony-Stimulating Factors

Effective Feb. 1, 2017, UnitedHealthcare Community Plan in New York required prior authorization for injectable chemotherapy – including intravenous, intravesical and intrathecal – when it is administered in an outpatient setting for a cancer diagnosis for Medicaid Managed Care (MMC), Child Health Plus (CHPlus), Health and Recovery Plan (HARP) otherwise known as Wellness4Me, and Essential Plan members. UnitedHealthcare Dual Complete® (Medicare Advantage plan), UnitedHealthcare Dual Advantage (Medicaid Advantage) and Managed Long Term Care (UnitedHealthcare Personal Assist) members are excluded from this requirement. The goal of a prior authorization requirement is to improve the quality of care while reducing service denials for UnitedHealthcare Community Plan members undergoing cancer treatment.

Starting Oct. 1, 2017, colony-stimulating factors (CSF) administered to patients with a cancer diagnosis in the outpatient setting will also require prior authorization. This requirement is applicable to all members that currently require prior authorization for outpatient injectable chemotherapy.¹

To help ensure our member benefit plans are medically appropriate, we regularly evaluate our medical policies, clinical programs and health benefits based on the latest scientific evidence and specialty society guidance. Prior authorization is another measure to improve care experiences, outcomes and the total cost of care for UnitedHealthcare Community Plan members.

UnitedHealthcare uses National Comprehensive Cancer Network (NCCN) guidelines to review prior authorization requests and claims for chemotherapy drugs administered in an outpatient setting. NCCN provides independent recommendations for evidence-based cancer treatment. More information is available at nccn.org.

How to Request Prior Authorization

To submit an online request for prior authorization for injectable chemotherapy, go to **UHCprovider.com**.

- Sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com. Sign in to Link using your Optum ID and select the Prior Authorization and Notification app.
- If you don't have an Optum ID, click the New User button in the top right corner of UHCprovider.com.

Please complete all prior authorizations online. If you have questions or need assistance with your online request, please call 866-889-8054, 7 a.m. to 7 p.m., Monday through Friday.

Additional program information is available on UHCprovider.com > Menu > Prior Authorization and Notification > Oncology > Injectable Chemotherapy Program, then click [Chemotherapy Prior Authorization Information](#).

How Prior Authorization Supports Care Providers and their Staff

- All eligible NCCN-recommended chemotherapy regimens are displayed during the prior authorization process;

- The submission process allows physicians to submit clinical information for members who have medical contraindications to an NCCN-recommended regimen.
- **To expedite the review process, please submit relevant clinical details when requesting prior authorization.** You can submit clinical information (i.e., a brief description of why a certain chemotherapy agent cannot be given) and will be able to upload relevant documentation for your request during the submission process.
- Our data shows a reduction in claims being denied after treatment was rendered with the prior authorization in place; and
- Reviews are performed by medical oncologists.

Authorizations that follow NCCN regimens will be approved at the time of the request. Care providers will receive a response to requests for pediatric chemotherapy regimens, rare cancers, or chemotherapy regimens that are not NCCN-recommended within three to five days if the necessary supporting documentation is provided at the time of the prior authorization request.

Injectable Chemotherapy Drugs that Require Prior Authorization

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
- All outpatient injectable chemotherapy drugs started February 1, 2017, or later

Colony-Stimulating Factors that Require Prior Authorization as of Oct. 1, 2017:

- J1442 filgrastim (Neupogen)
- J1447 tbo-filgrastim (Granix)
- J2505 pegfilgrastim (Neulasta)
- J2820 sargramostim (Leukine)
- Q5101 filgrastim, bio similar (Zarxio)

If you add a new injectable chemotherapy drug or colony stimulating factor to a regimen, a new prior authorization request is required.

Prior Authorization Is NOT required for the following:

- Radio-therapeutic agents (i.e., Zevalin and Xofigo)
- Oral chemotherapy drugs, which are covered under a member's pharmacy benefit plan
- Use of the chemotherapy drugs for a non-cancer diagnosis

If a member of UnitedHealthcare Community Plan in New York received injectable chemotherapy drugs in an outpatient setting from Nov. 1, 2016 through Jan.31, 2017, a prior authorization request is only needed if a new chemotherapy drug is administered to the member. We authorized the chemotherapy regimen the member was receiving prior to Feb. 1, 2017, which is effective until Jan. 31, 2018.

If you have questions, please email UnitedOncology@uhc.com. Thank you.

Footnote

1. If a member receives a colony-stimulating factor in an outpatient setting for a cancer diagnosis between July 1, 2017 and Sept. 30, 2017, you do not need to submit a prior authorization until a new chemotherapy drug or colony-stimulating factor will be administered to the member. We'll authorize the colony-stimulating factor that the member was receiving during the July through September 2017 timeframe, and the authorization will be effective until the end of the chemotherapy regimen approval date.