



This list of services requiring PRIOR authorization applies to UnitedHealthcare's Medicare Advantage Plans contracted with MDX Hawaii. This list applies to CONTRACTED and NON-CONTRACTED health care providers.

Code	Description	Authorization Requirement
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Prior Authorization Required
A9590	Iodine i-131, iobenguane, 1 millicurie	Prior Authorization Required
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Prior Authorization Required
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Prior Authorization Required
A9615*	Injection, pegulicianine, 1 mg	Prior Authorization Required
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Prior Authorization Required
C9307*	Inj linvoseltamab-gcpt 1 mg	Prior Authorization Required
C9308*	Inj, carboplatin (avyxa)	Prior Authorization Required
C9399	Unclassified drugs or biologicals	Prior Authorization Required
J0129	Injection, abatacept, 10 mg	Prior Authorization Required
J0174	Injection, lecanemab-irmb, 1 mg	Prior Authorization Required
J0175	Injection, donanemab-azbt, 2 mg	Prior Authorization Required
J0177	Injection, aflibercept hd, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J0178	Injection, aflibercept, 1 mg	Prior Authorization Required
J0179	Injection, brolocizumab-dbl, 1 mg	Prior Authorization Required
J0185	Injection, aprepitant, 1 mg	Prior Authorization Required
J0202	Injection Alemtuzumab 1 mg	Prior Authorization Required
J0222	Injection, patisiran, 0.1 mg	Prior Authorization Required
J0223	Injection, givosiran, 0.5 mg	Prior Authorization Required
J0224	Injection, lumasiran, 0.5 mg	Prior Authorization Required
J0225	Injection, vutrisiran, 1 mg	Prior Authorization Required
J0491	Injection, anifrolumab-fnia, 1 mg	Prior Authorization Required
J0584	Injection, burosumab-twza 1 mg	Prior Authorization Required
J0585	Injection, onabotulinumtoxina, 1 unit	Prior Authorization Required
J0586	Injection, abobotulinumtoxina, 5 units	Prior Authorization Required
J0587	Injection, rimabotulinumtoxina, 100 units	Prior Authorization Required

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J0588	Injection, incobotulinumtoxin a, 1 unit	Prior Authorization Required
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Prior Authorization Required
J0640	Injection, leucovorin calcium, per 50 mg	Prior Authorization Required
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Prior Authorization Required
J0642	Injection, levoleucovorin (khapsory), 0.5 mg	Prior Authorization Required
J0791	Injection, crizanlizumab-tmca, 5 mg	Prior Authorization Required
J0885	Inj Epoetin Alfa Non-Esrd 1000 Unit	Prior Authorization Required
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Prior Authorization Required
J0893	Inj, Decitabine (Sun Pharma), 1mg	Prior Authorization Required
J0894	Injection Decitabine 1 mg	Prior Authorization Required
J0896	Injection, luspatercept-aamt, 0.25 mg	Prior Authorization Required
J0897	Injection, denosumab, 1 mg	Prior Authorization Required
J1299	Injection, eculizumab, 2 mg	Prior Authorization Required
J1301	Injection, edaravone, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J1302	Injection, sutimlimab-jome, 10 mg	Prior Authorization Required
J1303	Injection, ravulizumab-cwvz, 10 mg	Prior Authorization Required
J1304	Injection, tofersen, 1 mg	Prior Authorization Required
J1305	Injection, evinacumab-dgnb, 5mg	Prior Authorization Required
J1306	Injection, inclisiran, 1 mg	Prior Authorization Required
J1307	Injection, crovalimab-akkz, 10 mg	Prior Authorization Required
J1323	Injection, elranatamab-bcmm, 1 mg	Prior Authorization Required
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Prior Authorization Required
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes	Prior Authorization Required
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Prior Authorization Required
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Prior Authorization Required
J1437	Injection, ferric derisomaltose, 10 mg	Prior Authorization Required
J1439	Injection, ferric carboxymaltose, 1 mg	Prior Authorization Required
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Prior Authorization Required

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Code	Description	Authorization Requirement
J1447	Injection, tbo-filgrastim, 1 microgram	Prior Authorization Required
J1448	Injection, trilaciclib, 1mg	Prior Authorization Required
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Prior Authorization Required
J9256*	Injection, nipocalimab-aahu, 3mg	Prior Authorization Required
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Prior Authorization Required
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1551	Injection, immune globulin (cutaquig), 100 mg	Prior Authorization Required
J1552	Injection, immune globulin (alyglo), 500 mg	Prior Authorization Required
J1554	Injection, immune globulin (asceniv), 500 mg	Prior Authorization Required
J1555	Injection, immune globulin (cuvitru), 100 mg	Prior Authorization Required
J1556	Injection, immune globulin (bivigam), 500 mg	Prior Authorization Required
J1557	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1558	Injection, immune globulin (xembify), 100 mg	Prior Authorization Required
J1559	Injection, immune globulin (hizentra), 100 mg	Prior Authorization Required

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J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Prior Authorization Required
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Prior Authorization Required
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Prior Authorization Required
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Prior Authorization Required
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Prior Authorization Required
J1627	Injection, granisetron, extended-release, 0.1 mg	Prior Authorization Required
J1628	Inj., Guselkumab, 1 mg	Prior Authorization Required
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Prior Authorization Required
J1747	Injection, spesolimab-sbzo, 1 mg	Prior Authorization Required
J1823	Injection, inebilizumab-cdon, 1 mg	Prior Authorization Required
J1930	Injection Lanreotide 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J1932	Inj, Lanreotide, (Cipla) 1mg	Prior Authorization Required
J1950	Inj Leuprolide Acetate Per 3.75 mg	Prior Authorization Required
J1951	Inj Fensolvi 0.25 mg	Prior Authorization Required
J1952	Leuprolide Injectable, Camcevi, 1 mg	Prior Authorization Required
J1954	Injection, Leuprolide Acetate For Depot Suspension (Cipla), 7.5 mg	Prior Authorization Required
J2182	Injection, mepolizumab, 1 mg	Prior Authorization Required
J2182	Injection, Mepolizumab, 1 mg	Prior Authorization Required
J2267	Injection, mirikizumab-mrkz, 1 mg	Prior Authorization Required
J2326	Injection, nusinersen, 0.1 mg	Prior Authorization Required
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Prior Authorization Required
J2329	Injection, ublituximab-xiiy, 1mg	Prior Authorization Required
J2350	Injection, ocrelizumab, 1 mg	Prior Authorization Required
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Prior Authorization Required
J2353	Inj Octreotide Depot Form Im 1mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J2354	Inj Octreotide No-Dpot Subq/Iv 25Mcg	Prior Authorization Required
J2356	Injection, tezepelumab-ekko, 1 mg	Prior Authorization Required
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Prior Authorization Required
J2507	Injection, pegloticase, 1 mg	Prior Authorization Required
J2777	Injection, faricimab-svoa, 0.1 mg	Prior Authorization Required
J2778	Injection, ranibizumab, 0.1 mg	Prior Authorization Required
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Prior Authorization Required
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Prior Authorization Required
J2782	Injection, avacincaptad pegol, 0.1 mg	Prior Authorization Required
J2786	Injection, reslizumab, 1 mg	Prior Authorization Required
J2786	Injection, Reslizumab, 1 mg	Prior Authorization Required
J2820	Injection, sargramostim (gm-csf), 50 mcg	Prior Authorization Required
J2998	Injection, plasminogen, human-tvmh, 1 mg	Prior Authorization Required
J2998	Injection, plasminogen, human-tvmh, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J3032	Injection, eptinezumab-jjmr, 1 mg	Prior Authorization Required
J3111	Injection, romosozumab-aqqg, 1 mg	Prior Authorization Required
J3241	Injection, teprotumumab-trbw, 10 mg	Prior Authorization Required
J3247	Injection, secukinumab, intravenous, 1 mg	Prior Authorization Required
J3262	Injection Tocilizumab 1 mg	Prior Authorization Required
J3262	Injection, tocilizumab, 1 mg	Prior Authorization Required
J3262*	Injection, tocilizumab, 1 mg	Prior Authorization Required
J3315	Inj Triptorelin Pamoate 3.75 mg	Prior Authorization Required
J3316	Inj., Triptorelin Xr 3.75 mg	Prior Authorization Required
J3380	Injection, vedolizumab, intravenous, 1 mg	Prior Authorization Required
J3387*	Injection, elivaldogene autotemcel, per treatment	Prior Authorization Required
J3391	Injection, atidarsagene autotemcel, per treatment	Prior Authorization Required
J3392	Injection, exagamglogene autotemcel, per treatment	Prior Authorization Required
J3392	Injection, exagamglogene autotemcel, per treatment	Prior Authorization Required

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Code	Description	Authorization Requirement
J3393	Injection, betibeglogene autotemcel, per treatment	Prior Authorization Required
J3393	Injection, betibeglogene autotemcel, per treatment	Prior Authorization Required
J3394	Injection, lovetibeglogene autotemcel, per treatment	Prior Authorization Required
J3394	Injection, lovetibeglogene autotemcel, per treatment	Prior Authorization Required
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Prior Authorization Required
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes	Prior Authorization Required
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml	Prior Authorization Required
J3490	Unclassified drugs	Prior Authorization Required
J3590	Unclassified biologics	Prior Authorization Required
J7171	Injection, adamts13, recombinant-krhn, 10 iu	Prior Authorization Required
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Prior Authorization Required
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Prior Authorization Required
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Prior Authorization Required
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Prior Authorization Required

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J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Prior Authorization Required
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Prior Authorization Required
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Prior Authorization Required
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Prior Authorization Required
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Prior Authorization Required
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Prior Authorization Required
J8522	Capecitabine, oral, 50 mg	Prior Authorization Required
J8565	Gefitinib, oral, 250 mg	Prior Authorization Required
J8700	Temozolomide, oral, 5 mg	Prior Authorization Required
J9011	Injection, datopotamab deruxtecán-dlnk, 1 mg	Prior Authorization Required
J9017	Injection, arsenic trioxide, 1 mg	Prior Authorization Required
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Prior Authorization Required
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Prior Authorization Required
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J9022	Injection, atezolizumab, 10 mg	Prior Authorization Required
J9023	Injection, avelumab, 10 mg	Prior Authorization Required
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Prior Authorization Required
J9025	Injection, azacitidine, 1 mg	Prior Authorization Required
J9027	Injection, clofarabine, 1 mg	Prior Authorization Required
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Prior Authorization Required
J9032	Injection, belinostat, 10 mg	Prior Authorization Required
J9033	Injection, bendamustine hcl (treanda), 1 mg	Prior Authorization Required
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Prior Authorization Required
J9035	Injection, bevacizumab, 10 mg (Oncology)	Prior Authorization Required
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Prior Authorization Required
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Prior Authorization Required
J9038	Injection, axatilimab-csfr, 0.1 mg	Prior Authorization Required
J9039	Injection, blinatumomab, 1 microgram	Prior Authorization Required

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Code	Description	Authorization Requirement
J9041	Injection, bortezomib, 0.1 mg	Prior Authorization Required
J9042	Injection, brentuximab vedotin, 1 mg	Prior Authorization Required
J9043	Injection, cabazitaxel, 1 mg	Prior Authorization Required
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Prior Authorization Required
J9047	Injection, carfilzomib, 1 mg	Prior Authorization Required
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Prior Authorization Required
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Prior Authorization Required
J9050	Injection, carmustine, 100 mg	Prior Authorization Required
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Prior Authorization Required
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	Prior Authorization Required
J9054	Injection, bortezomib (boruzu), 0.1 mg	Prior Authorization Required
J9055	Injection, cetuximab, 10 mg	Prior Authorization Required
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Prior Authorization Required
J9057	Injection, copanlisib, 1 mg	Prior Authorization Required

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J9061	Injection, amivantamab-vmjw, 2 mg	Prior Authorization Required
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Prior Authorization Required
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Prior Authorization Required
J9072	Injection, cyclophosphamide (dr. reddy's), 5 mg	Prior Authorization Required
J9073	Injection, cyclophosphamide (ingenus), 5 mg	Prior Authorization Required
J9074	Injection, cyclophosphamide (sandoz), 5 mg	Prior Authorization Required
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	Prior Authorization Required
J9098	Injection, cytarabine liposome, 10 mg	Prior Authorization Required
J9118	Injection, calaspargase pegol-mknl, 10 units	Prior Authorization Required
J9119	Injection, cemiplimab-rwlc, 1 mg	Prior Authorization Required
J9130	Dacarbazine, 100 mg	Prior Authorization Required
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Prior Authorization Required
J9145	Injection, daratumumab, 10 mg	Prior Authorization Required
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Prior Authorization Required

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J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Prior Authorization Required
J9155	Injection, degarelix, 1 mg	Prior Authorization Required
J9160	Injection, denileukin diftitox, 300 micrograms	Prior Authorization Required
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Prior Authorization Required
J9171	Injection, docetaxel, 1 mg	Prior Authorization Required
J9172	Injection, docetaxel (docivyx), 1 mg	Prior Authorization Required
J9173	Injection, durvalumab, 10 mg	Prior Authorization Required
J9174	Injection, docetaxel (beizray), 1 mg	Prior Authorization Required
J9176	Injection, elotuzumab, 1 mg	Prior Authorization Required
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Prior Authorization Required
J9178	Injection, epirubicin hcl, 2 mg	Prior Authorization Required
J9179	Injection, eribulin mesylate, 0.1 mg	Prior Authorization Required
J9196	Injection, fosaprepitant (focinvez), 1 mg	Prior Authorization Required
J9198	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Prior Authorization Required

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J9200	Injection, floxuridine, 500 mg	Prior Authorization Required
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Prior Authorization Required
J9202	Goserelin acetate implant, per 3.6 mg	Prior Authorization Required
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Prior Authorization Required
J9204	Injection, mogamulizumab-kpkc, 1 mg	Prior Authorization Required
J9205	Injection, irinotecan liposome, 1 mg	Prior Authorization Required
J9207	Injection, ixabepilone, 1 mg	Prior Authorization Required
J9210	Injection, emapalumab-lzsg, 1 mg	Prior Authorization Required
J9211	Injection, idarubicin hydrochloride, 5 mg	Prior Authorization Required
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Prior Authorization Required
J9218	Leuprolide acetate, per 1 mg	Prior Authorization Required
J9219	Leuprolide acetate implant, 65 mg	Prior Authorization Required
J9223	Injection, lurbinectedin, 0.1 mg	Prior Authorization Required
J9225	Histrelin implant (vantas), 50 mg	Prior Authorization Required

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J9226	Histrelin implant (supprelin la), 50 mg	Prior Authorization Required
J9227	Injection, isatuximab-irfc, 10 mg	Prior Authorization Required
J9228	Injection, ipilimumab, 1 mg	Prior Authorization Required
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Prior Authorization Required
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Prior Authorization Required
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Prior Authorization Required
J9246	Injection, melphalan (evomela), 1 mg	Prior Authorization Required
J9247	Injection, melphalan flufenamide, 1mg	Prior Authorization Required
J9248	Injection, melphalan (hepzato), 1 mg	Prior Authorization Required
J9249	Injection, melphalan (apotex), 1 mg	Prior Authorization Required
J9255	Injection, methotrexate (accord), not therapeutically equivalent to j9260, 50 mg	Prior Authorization Required
J9261	Injection, nelarabine, 50 mg	Prior Authorization Required
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Prior Authorization Required
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Prior Authorization Required

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J9266	Injection, pegaspargase, per single dose vial	Prior Authorization Required
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Prior Authorization Required
J9271	Injection, pembrolizumab, 1 mg	Prior Authorization Required
J9272	Injection, dostarlimab-gxly, 10 mg	Prior Authorization Required
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Prior Authorization Required
J9274	Injection, tebentafusp-tebn, 1 microgram	Prior Authorization Required
J9275	Injection, eliotts' b solution, 1 ml	Prior Authorization Required
J9276	Injection, elotuzumab, 1 mg	Prior Authorization Required
J9280	Injection, mitomycin, 5 mg	Prior Authorization Required
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Prior Authorization Required
J9285	Injection, olaratumab, 10 mg	Prior Authorization Required
J9286	Injection, glofitamab-gxbm, 2.5 mg	Prior Authorization Required
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Prior Authorization Required
J9292	Injection, pemetrexed dipotassium, 10 mg	Prior Authorization Required

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J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Prior Authorization Required
J9295	Injection, necitumumab, 1 mg	Prior Authorization Required
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Prior Authorization Required
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Prior Authorization Required
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Prior Authorization Required
J9299	Injection, nivolumab, 1 mg	Prior Authorization Required
J9301	Injection, obinutuzumab, 10 mg	Prior Authorization Required
J9304	Injection, pemetrexed (pemfexy), 10 mg	Prior Authorization Required
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Prior Authorization Required
J9306	Injection, pertuzumab, 1 mg	Prior Authorization Required
J9307	Injection, pralatrexate, 1 mg	Prior Authorization Required
J9308	Injection, ramucirumab, 5 mg	Prior Authorization Required
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Prior Authorization Required
J9311	Injection, rituximab 10 mg and hyaluronidase	Prior Authorization Required

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Code	Description	Authorization Requirement
J9312	Injection, rituximab, 10 mg	Prior Authorization Required
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Prior Authorization Required
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg	Prior Authorization Required
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Prior Authorization Required
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Prior Authorization Required
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Prior Authorization Required
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Prior Authorization Required
J9321	Injection, epcoritamab-bysp, 0.16 mg	Prior Authorization Required
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Prior Authorization Required
J9323	Injection, pemetrexed ditromethamine, 10 mg	Prior Authorization Required
J9324	Injection, talimogene laherparepvec, per 1 million plaque forming units	Prior Authorization Required
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Prior Authorization Required
J9326*	Injection, telisotuzumab vedotin-tllv, 1 mg	Prior Authorization Required
J9328	Injection, temozolomide, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J9329	Injection, tislelizumab-jsgr, 1mg	Prior Authorization Required
J9330	Injection, temsirolimus, 1 mg	Prior Authorization Required
J9332	Injection, efgartigimod alfa-fcab, 2mg	Prior Authorization Required
J9333	Injection, rozanolixizumab-noli, 1 mg	Prior Authorization Required
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Prior Authorization Required
J9340	Injection, thiotepa, 15 mg	Prior Authorization Required
J9345	Injection, retifanlimab-dlwr, 1 mg	Prior Authorization Required
J9347	Injection, tremelimumab-actl, 1 mg	Prior Authorization Required
J9348	Injection, naxitamab-gqgk, 1 mg	Prior Authorization Required
J9349	Injection, tafasitamab-cxix, 2 mg	Prior Authorization Required
J9350	Injection, mosunetuzumab-axgb, 1 mg	Prior Authorization Required
J9352	Injection, trabectedin, 0.1 mg	Prior Authorization Required
J9353	Injection, margetuximab-cmkb, 5 mg	Prior Authorization Required
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Prior Authorization Required
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Prior Authorization Required
J9357	Injection, valrubicin, intravesical, 200 mg	Prior Authorization Required
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Prior Authorization Required
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Prior Authorization Required
J9380	Injection, teclistamab-cqyv, 0.5 mg	Prior Authorization Required
J9381	Injection, teplizumab-mzww, 5 mcg	Prior Authorization Required
J9382	Injection, zenocutuzumab-zbco, 1 mg	Prior Authorization Required
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Prior Authorization Required
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Prior Authorization Required
J9395	Injection, fulvestrant, 25 mg (elevidys)	Prior Authorization Required
J9400	Injection, ziv-aflibercept, 1 mg	Prior Authorization Required
J9600	Injection, porfimer sodium, 75 mg	Prior Authorization Required
J9999	Not otherwise classified, antineoplastic drugs	Prior Authorization Required

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Code	Description	Authorization Requirement
Q2026	Injection, radiesse, 0.1 ml	Prior Authorization Required
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Prior Authorization Required
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Prior Authorization Required
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Prior Authorization Required
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Prior Authorization Required
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Prior Authorization Required
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required

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Code	Description	Authorization Requirement
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Prior Authorization Required
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Prior Authorization Required
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Prior Authorization Required
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Prior Authorization Required
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Prior Authorization Required
Q5111	Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	Prior Authorization Required
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	Prior Authorization Required
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Prior Authorization Required
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Prior Authorization Required
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Prior Authorization Required
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Prior Authorization Required
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Prior Authorization Required
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Prior Authorization Required
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Prior Authorization Required
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Prior Authorization Required
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Prior Authorization Required
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Prior Authorization Required
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Prior Authorization Required
Q5126	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg	Prior Authorization Required
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Prior Authorization Required
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Prior Authorization Required
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Prior Authorization Required
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Prior Authorization Required
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	Prior Authorization Required
Q5133*	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Prior Authorization Required
Q5135*	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Prior Authorization Required
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Prior Authorization Required
Q5138*	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Prior Authorization Required
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Prior Authorization Required
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Prior Authorization Required
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Prior Authorization Required
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Prior Authorization Required
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Prior Authorization Required
Q5156*	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Prior Authorization Required
Q5157*	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Prior Authorization Required
Q5158*	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Prior Authorization Required
Q9997*	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Prior Authorization Required

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Code	Description	Authorization Requirement
Q9998*	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	Prior Authorization Required
Q9999*	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Prior Authorization Required