



DATE: November 2<sup>nd</sup>, 2024  
 TO: All Sendero Health Plans Network Providers  
 RE: Updated Preauthorization Policies Effective 1/1/2025

Dear Sendero Physicians and Providers,

Sendero is sensitive to balancing the administrative burdens of preauthorization with the managed care responsibility to promote clinically appropriate, cost-effective services for our members. To this end, we perform an ongoing review of the criteria of services requiring preauthorization.

**Healthcare Services With Updated Preauthorization Policies**

Please note that effective 1/1/2025, Sendero has updated the prior authorization clinical criteria for some drugs when billed medically to reflect updated clinical practice and guidelines. These clinical criteria now include step therapy requirements through either biosimilars or therapeutically similar medications for the below medications **only when used for cancer/chemotherapy indications**.

The full criteria are available upon request. Refer to the criteria for a complete list of drugs, or see below a list of affected HCPCS codes. All codes below require preauthorization for all conditions.

J9035 J9172 J9259 J9264 J9304\* J9311 J9312 J9324 J9355  
 J9356 J9999 Q5112 Q5113 Q5114 Q5123 Q5126 Q5129

Drug Category/Class	Preferred (Step Therapy <b>NOT</b> required for these drugs)	Non-Preferred (Step Therapy required)
Paclitaxel	Taxol (paclitaxel) Taxotere (docetaxel)	Abraxane (paclitaxel protein-bound) Paclitaxel protein-bound Docivyx (docetaxel)
Trastuzumab	Trazimera (trastuzumab-qyyp) Kanjinti (trastuzumab-anns)	Herceptin (trastuzumab) Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) Hercessi (trastuzumab-strf) Ontruzant (trastuzumab-dttb) Herzuma (trastuzumab-pkrb) Ogivri (trastuzumab-dkst)
Rituximab	Truxima (rituximab-abbs) Ruxience (rituximab-pvvr)	Rituxan (rituximab) Rituxan Hycela (rituximab and hyaluronidase) Riabni (rituximab-arrx)
Pemetrexed	Alimta (pemetrexed) Generic pemetrexed	Pemfexy (pemetrexed)* Pemrydi RTU (pemetrexed)
Bevacizumab	Mvasi (bevacizumab-awwb) Zirabev (bevacizumab-bvzr)	Avastin (bevacizumab) Avzivi (bevacizumab-tjnj) Alymsys (bevacizumab-maly) Vegzelma (bevacizumab-adcd)

\*New addition to preauthorization list effective 1/1/2025

**Additional Notes:**

- These changes are in addition to the preauthorization list changes separately communicated on September 26, 2024.
- The *Quick Reference Guide* contains two sections, one for health care services requiring notification to Sendero and one for health care services requiring preauthorization.
- All covered services must be medically necessary, whether they require preauthorization. As such, they may be subject to periodic retrospective reviews for medical necessity.
- Sendero publishes an interactive healthcare service code lookup tool containing the specific healthcare service codes requiring preauthorization at <https://senderohealth.com/preauthorizationsearch/> and linked from the Preauthorizations tab at [www.senderohealth.com](http://www.senderohealth.com).