DATE: November 1, 2026
TO: All Sendero Health Plans Network Providers
RE: New and Updated Preauthorization Policies Effective 1/1/2027

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 list of services requiring preauthorization. Our aim is to limit this list to services that have a significant benefit to pre-review from a member risk, clinical appropriateness, and/or cost perspective.

Below is a summary of the changes to the Sendero preauthorization list, **effective 1/1/2027. The full list of preauthorized healthcare service codes is found at** https://senderohealth.com/preauthorizationsearch/.

Healthcare Services With Updated Preauthorization Policies

Please note that effective 1/1/2027, Sendero has updated the prior authorization clinical criteria for some drugs when billed medically to reflect updated clinical practice and guidelines. The full criteria are available to providers and members upon request. Refer to the criteria for a complete list of drugs, or see below a list of affected HCPCS codes:

Brand Name *(Biosimilars)*	**Generic Name**	**Example HCPCS Codes**
Actemra *Avtozma* *Tofidence* *Tyenne*	tocilizumab *tocilizumab-anoh* *tocilizumab-bavi* *tocilizumab-aazg*	J3262, Q0249 *Q5156* *Q5133* *Q5135*
Bimzelx	bimekizumab-bkzx	J3490
Cimzia	certolizumab	J0717, J0718
Cosentyx	secukinumab	J3590
Humira *Abrilada* *Amjevita* *Cyltezo* *Hadlima* *Hulio* *Hyrimoz* *Idacio* *Simlandi* *Yuflyma* *Yusimry*	adalimumab *adalimumab-afzb* *adalimumab-atto* *adalimumab-adbm* *adalimumab-bwwd* *adalimumab-fkjp* *adalimumab-adaz* *adalimumab-aacf* *adalimumab-ryvk* *adalimumab-aaty* *adalimumab-aqvh*	J0139 *Q5145* *(not yet assigned)* *Q5143* *(not yet assigned)* *Q5140* *(not yet assigned)* *Q5144* *Q5142* *Q5141* *(not yet assigned)*
Kevzara	sarilumab	J3490
Orencia	abatacept	J0129
Simponi ARIA *Immgolis Intri*	golimumab *golimumab-sldi*	J1602 *Q5175*
Skyrizi	risankizumab-rzaa	J2327
Tremfya	guselkumab	J1628
Tysabri *Tyruko*	natalizumab *natalizumab-sztn*	J2323 *Q5134*

Brand Name	**Generic Name**	**Example HCPCS Codes**
PEDMARK	sodium thiosulfate	J0208

Additional Notes:

- 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.