



DATE: June 2nd, 2026  
 TO: All Sendero Health Plans Network Providers  
 RE: Updated Preauthorization Policies Effective 08/01/2026

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. 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 08/01/2026**. 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 8/1/2026, Sendero has updated the step therapy clinical criteria for some drugs when billed medically to reflect newly available products and updated clinical practice. These clinical criteria include step therapy requirements through one drug in a list of either biosimilars or therapeutically similar medications. The full criteria will be posted to the Sendero website for reference. Refer to the criteria for a complete list of drugs, or see below a list of affected HCPCS codes:

Drug Category/Class	Preferred (Step Therapy <b>NOT</b> required for these drugs)	Non-Preferred (Step Therapy required)
Short-Acting Growth Colony Stimulating Factors (G-CSFs)	<i>Filkri (filgrastim-laha)</i> J1447: Granix (tbo-filgrastim) Q5110: Nivestym (filgrastim-aafi) Q5148: Nypozi (filgrastim-txid) Q5125: Releuko (filgrastim-ayow) Q5101: Zarxio (filgrastim-sndz)	J1442: Neupogen (filgrastim)
Long-Acting Growth Colony Stimulating Factors (G-CSFs)	Q5108: <i>Fulphila (pegfilgrastim-jmdb)</i> Q5120: Ziextenzo (pegfilgrastim-bmez)	<i>Armlupeg (pegfilgrastim-unne)</i> Q5130: Fylnetra (pegfilgrastim-pbbk) J2506: <i>Neulasta (pegfilgrastim)</i> Q5122: Nyvepria (pegfilgrastim-apgf) Q5127: Stimufend (pegfilgrastim-fpgk) Q5111: Udenyca (pegfilgrastim-cbqv)
Hyaluronic Acid Knee Injections	<i>All drugs in this category now equally preferred</i>	N/A
Eylea and Biosimilars	<i>Ahzantive (aflibercept-mrbb)</i> <i>Enzeevu (aflibercept-abzv)</i> <i>Eydenzelt (aflibercept-boay)</i> <i>Opuviz (aflibercept-yszy)</i> Q5147: Pavblu (aflibercept-ayyh) Q5155: Yesafili (aflibercept-jbvf)	J0177: <i>Eylea (aflibercept)</i> J0178: <i>Eylea HD (aflibercept)</i>
Lucentis and Biosimilars	J2778: Lucentis (ranibizumab) Q5124: <i>Byooviz (ranibizumab-nuna)</i>	Q5128: Cimerli (ranibizumab-eqrn)

\*Newly added and/or moved drugs appear in the table in italics.

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Drug Category/Class	Preferred (Step Therapy <u>NOT</u> required for these drugs)	Non-Preferred (Step Therapy required)
Prolia and Biosimilars	<i>Q5162: Bıldıyos (denosumab-nxxp)</i> <i>Boncrea (denosumab-mobz)</i> <i>Q5161: Bosaya (denosumab-kyqq)</i> Q5158: Conexence (denosumab-bnht) <i>Enoby (denosumab-qbde)</i> Q5136: Jubbonti (denosumab-bbdz) Q5159: Ospomyv (denosumab-dssb) Q5157: Stoboclo (denosumab-bmwo)	J0897: Prolia (denosumab)
Xgeva and Biosimilars	<i>Q5161: Aukelso (denosumab-kyqq)</i> <i>Q5162: Bilprevda (denosumab-nxxp)</i> Q5158: Bomynta (denosumab-bnht) Q5157: Osenvelt (denosumab-bmwo) <i>Oziltus (denosumab-mobz)</i> Q5136: Wyost (denosumab-bbdz) Q5159: Xbryk (denosumab-dssb) <i>Xtrenbo (denosumab-qbde)</i>	J0897: Xgeva (denosumab)

\*Newly added and/or moved drugs appear in the table in italics.

Healthcare Services that are **Removed** from the Preauthorization Requirement effective 08/01/2026

**Anesthesia codes 64400 – 64495 no longer require preauthorization with the diagnosis ranging from S00.00XA through T88.9XXS.**

Hospice Services			
0650	G0300	G9479	Q5005
0651	G0337	G9524	Q5006
0652	G9473	G9525	Q5007
99377	G9474	G9526	Q5008
99378	G9475	Q5001	Q5009
G0156	G9476	Q5002	Q5010
G0162	G9477	Q5003	S0271
G0182	G9478	Q5004	S9126
G0299			
Hearing Aids			
69728	V5250	V5268	V5289
69729	V5251	V5269	V5290
69730	V5252	V5270	V5298
V5030	V5253	V5271	L7510
V5040	V5254	V5272	L8615
V5050	V5255	V5273	L8616
V5060	V5256	V5274	L8617
V5070	V5257	V5281	L8618
V5080	V5258	V5282	L8619
V5100	V5259	V5283	L8621
V5120	V5260	V5284	L8622
V5130	V5261	V5285	L8623
V5247	V5262	V5286	L8624
V5248	V5263	V5287	L8692
V5249	V5267	V5288	L8693

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Dental Services					
D0210	D7272	D7740	D7871	D7947	
D0220	D7296	D7750	D7872	D7948	
D0230	D7297	D7760	D7873	D7949	
D0240	D7530	D7770	D7874	D7950	
D0250	D7540	D7771	D7875	D7951	
D0260	D7610	D7780	D7876	D7952	
D0270	D7620	D7810	D7877	D7955	
D0272	D7630	D7820	D7899	D7991	
D0273	D7640	D7830	D7910	D7995	
D0274	D7650	D7840	D7911	D7996	
D0277	D7660	D7852	D7912	D9210	
D5911	D7670	D7854	D7940	D9211	
D5912	D7671	D7856	D7941	D9212	
D5914	D7680	D7858	D7943	D9215	
D5916	D7710	D7860	D7944	21440	
D6050	D7720	D7865	D7945	21445	
D7270	D7730	D7870	D7946		
Drugs administered in an Office, Home, or Outpatient Setting > \$500			Genetic Testing	Orthotics and Prosthetics	
J0887	J7321	81420		L8616	L8623
J7318	J0890			L8617	L8624
J7326	J0892			L8618	L8627
J7324	J0899			L8621	L8628
J0882	J0901			L8622	L8629
C9257	Q0139				

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Healthcare Services that are **Added** to the Preauthorization Requirement effective 08/01/2026.

Orthognathic and TMJ Procedures	Orthotics or Prosthetics devices purchase price >\$500 per line item			High Tech Imaging	Drugs administered in an office, home, or outpatient setting exceeding \$500	
0522U 0640U	0721T 0722T 0723T 0724T 0615U	1026T 1030T 1031T 1032T 1033T	1046T 1047T 1048T 1049T 1050T	A4318 A9294 L2221 Q4418 Q4419	C9818 J1553 J3404 J9003 J9183	
<b>Cell and Gene Therapies and Services</b>	0629U 0630U 0634U 0638U	1034T 1035T 1037T 1038T	1051T 1052T 1053T 0644U	Q4421 Q4422 Q4423 Q4424	J9277 J9278 J9601 Q5125	
C9309	0639U 0643U 0646U	1039T 1040T 1041T	0651U G0680 G0681	Q4425 Q4426 Q4427	Q5161 Q5162	
<b>Investigational / Experimental</b>	0647U 0882T 0883T A5510 21081	1043T 1044T 1045T A5514	G0682 G0683 G0684 L8015	Q4428 Q4429 Q4435 Q4436 Q4437 Q4438 Q4439 Q4440	<b>DME &gt; \$500 per item</b> L8040 L8041 A4479 L5992	
0060U 55705 55706						
<b>Genetic and Molecular Testing</b>						
20690	81520	0027U	0129U	0209U	0530U	0653U
20692	81521	0036U	0138U	0213U	0599U	0654U
20693	81522	0047U	0153U	0216U	0614U	0655U
20696	81529	0049U	0158U	0217U	0628U	0656U
20697	0011U	0070U	0159U	0306U	0631U	0657U
69710	0015M	0072U	0160U	0307U	0632U	0658U
69714	0017M	0073U	0161U	0337U	0633U	0659U
81175	0018U	0074U	0169U	0338U	0641U	C1743
81277	0022U	0075U	0171U	0340U	0642U	C8010
81351	0023U	0076U	0203U	0523U	0645U	
81518	0026U	0111U	0205U	0525U	0648U	

**Additional Notes:**

- The *Preauthorization List and Guidance* document pertains to health care services requiring both notification to Sendero and those requiring preauthorization. This document is also found at [www.senderohealth.com/providers](http://www.senderohealth.com/providers) on the preauthorization tab.
- 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, as well as the criteria used to determine medical necessity or benefit coverage at <https://senderohealth.com/preauthorizationsearch/> and linked from the Preauthorization tab at [www.senderohealth.com](http://www.senderohealth.com).