



DATE: May 1, 2025
 TO: All Sendero Health Plans Network Providers
 RE: Updated Preauthorization Policies Effective 7/1/2025

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 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 7/1/2025**. **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 7/1/2025, 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. 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 NOT required for these drugs)	Non-Preferred (Step Therapy required)
Botulinum Toxins	J0588: Xeomin (incobotulinumtoxinA)	J0585: Botox (onabotulinumtoxinA) J0589: Daxxify (daxibotulinumtoxinA-lanm) J0586: Dysport (abobotulinumtoxinA) J0587: Myobloc (incobotulinumtoxinB)
Short-Acting Growth Colony Stimulating Factors (G-CSFs)	J1447: Granix (tbo-filgrastim) Q5110: Nivestym (filgrastim-aafi) Q5125: Releuko (filgrastim-ayow) Q5101: Zarxio (filgrastim-sndz)	J1442: Neupogen (filgrastim)
Long-Acting Growth Colony Stimulating Factors (G-CSFs)	J2506: Neulasta (pegfilgrastim) Q5120: Ziextenzo (pegfilgrastim-bmez)	Q5130: Fylintra (pegfilgrastim-pbbk) Q5108: Fulphila (pegfilgrastim-jmdb) Q5111: Udenyca (pegfilgrastim-cbqv) Q5127: Stimufend (pegfilgrastim-fpgk) Q5122: Nyvepria (pegfilgrastim-ppgf)
Hyaluronic Acid Knee Injections	J7323: Euflexxa J7328: Gelsyn-3 J7321: Hyalgan J7324: Orthovisc J7321: Supartz FX J7333: Visco-3	J7318: Durolane J7326: Gel-One J7320: Genvisc 850 J7322: Hymovis J7327: Monovisc J7331: Synjoynt J7325: Synvisc, Synvisc-One J7332: Trilon J7329: Trivisc
Lucentis and Biosimilars	J2778: Lucentis (ranibizumab)	Q5124: Byooviz (ranibizumab-nuna) Q5128: Cimerli (ranibizumab-eqrn)
Soliris and Biosimilars	Q5151: Epysqli (eculizumab-aagh) Q5139: Bkempv (eculizumab-aeab)	J1299: Soliris (eculizumab)
Prolia and Biosimilars	Conexence (denosumab-bnht) Q5136: Jubbonti (denosumab-bbdz) Ospomyv (denosumab-dssb) Stoboclo (denosumab-bmwo)	J0897: Prolia (denosumab)
Xgeva and Biosimilars	Bomynta (denosumab-bnht) Osenvelt (denosumab-bmwo) Xbryk (denosumab-dssb) Q5136: Wyost (denosumab-bbdz)	J0897: Xgeva (denosumab)



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.