



Prior Authorization Fax Forms

This communication is to inform Sendero Health Plans providers that effective June 15, 2021, a specific Prior Authorization Fax Form will be required, as a supplement to Sendero’s general Prior Authorization request form, when requesting prior authorization as a medical benefit for the following specialty medications:

Actemra	Entyvio	Kevzara	Simponi	Tremfya
Cimzia	Humira	Orencia	Skyrizi	Tysabri
Cosentyx	Ilumya	Rituximab	Stelara	
Enbrel	Infliximab	Siliq	Taltz	

Sendero Health Plans has developed these forms and associated policies in consultation with local specialty physicians with appropriate clinical expertise. Further, policies herein are in accordance with the latest medical literature and best practice standards of care. The forms are intended to facilitate the process of requesting prior authorization of the relevant medications so that patients may receive necessary drugs as quickly as possible.

These forms are located at <https://www.senderohealth.com/providers> under “Provider Educational Materials”. Prior Authorization Request forms may be submitted to Sendero via fax at 512-901-9724 or via the provider portal, accessible at <https://idealcare.mediview.net>.

For any questions, please contact our Customer Services Department at 1-844-800-4693.