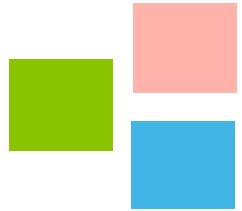




Driscoll Health Plan

News and Updates



Date:

Jan-26
2026

Contact Information

For questions or additional assistance, contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit driscollhealthplan.com/providers

To verify authorization requirements via the Authorization Requirement Portal, visit driscollhealthplan.com/priorauthcheck

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

Attention: Authorization Requirement Updates

Effective 04/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Service

- J9361 - efbemalenograstim alfa-vuxw (Ryzneuta), granulocyte colony stimulating factor to reduce the incidence of infection in chemotherapy-induced neutropenia in members 18 years and older.
- J0717 - certolizumab pegol, treatment of Psoriatic arthritis, ankylosing spondylitis, Crohn's disease, rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, non-radiographic axial spondylarthritis, and plaque psoriasis in members 2 years and older.

Therapy Services - Not a covered benefit

- G0515 - development of cognitive skills to improve attention, memory, and problem solving

Durable Medical Equipment

- E0640 - patient lift system, includes all components and accessories, typically a motorized ceiling or wall-mounted track system for transferring members with severe mobility issues.

* To access the DHP provider portal , visit driscollhealthplan.com