



# Driscoll Health Plan

## News and Updates



### Date:

**Feb-13**  
**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](https://driscollhealthplan.com/providers)

To verify authorization requirements via the Authorization Requirement Portal, visit [driscollhealthplan.com/priorauthcheck](https://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 Services

- J1073 - testosterone pellet, implant, used to increase testosterone levels
- J3389 - prademagene zamikeracel (Zevaskyn), gene therapy used to treat skin wounds in people with a certain type of dystrophic epidermolysis bullosa.
- J9282 - Mitomycin, intravesical instillation (Zusduri), antitumor antibiotic that affects DNA synthesis in cancer cells.

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

#### Pharmacy Services

- J7330 - Autologous cultured chondrocytes, implant used for treatment of knee cartilage defect.

\* To access the DHP provider portal , visit [driscollhealthplan.com](https://driscollhealthplan.com)