



# Driscoll Health Plan

## News and Updates



### Date:

**Apr-11**  
**2024**

### 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 5/1/2024, DHP will require prior authorization for the following codes:

#### Pharmacy Services:

- C9167 apadamtase alfa, Enzyme replacement therapy, restricted to diagnosis code D69.42 (Congenital and hereditary thrombocytopenia purpura).
- J1203 cipaglucosidase alfa-atga, Enzyme replacement therapy, restricted to diagnosis code E74.02 (Pompe disease).

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