



**Date:**



## Contact Information

For questions or additional assistance, please contact:

**Provider Relations**  
**956-632-8308**

To enter authorization requests and upload clinical via the Provider Portal, visit

<https://driscollhealthplan.com/providers>

To verify authorization requirements via the Authorization Requirement Portal, visit

<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 Update

Effective 5/1/2023, DHP will not require prior authorization for the following procedure codes:

### Pharmacy Services

- Q0163, Diphenhydramine, anti-emetic, IV anti-emetic treatment
- J1720, Hydrocortisone Sodium Succinate, treatment of blood diseases, certain cancers, arthritis, severe allergies, breathing problems, eye diseases, intestinal disorders, and skin diseases
- J2250, Midazolam Hydrochloride, treatment prior to medical procedures and surgery to cause drowsiness, relieve anxiety, and prevent any memory of the event
- J1642, Heparin Sodium, (heparin lock flush)
- J0735, Clonidine Hydrochloride, treatment of high blood pressure
- J2597, Desmopressin Acetate, treatment of diabetes insipidus
- G0315, Immunization counseling by a physician or other qualified health care professional for covid-19 immunizations, for member ages under 21, 5-15 mins time

Effective 5/1/2023, DHP will require prior authorization for the following procedure codes:

### Pharmacy Services

- J1745, Infliximab, tumor necrosis factor-alpha inhibitor for treatment of cancer, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, severe or disabling plaque psoriasis, and moderate-to-severely active Crohn's disease and ulcerative colitis
- J1569, Gammagard, treatment of Primary Immunodeficiency and Multifocal Motor Neuropathy
- J3262, Tocilizumab, immunosuppressive treatment of moderate to severe rheumatoid arthritis (RA), giant cell arteritis, and polyarticular and systemic juvenile idiopathic arthritis
- Q5104, Renflexis, monoclonal antibody for treatment of a range of autoimmune diseases including ulcerative colitis, Crohn's disease, and cancer
- Q5103, Infliximab-Dyyb, Inflectra, monoclonal antibody for treatment of a range of autoimmune diseases including ulcerative colitis, Crohn's disease, and cancer
- J1300, Eculizumab, treatment of paroxysmal nocturnal hemoglobinuria
- J9312, Rituximab, monoclonal antibody for treatment of certain autoimmune diseases and cancers
- J1602, Golimumab, for treatment of a range of autoimmune diseases including ulcerative colitis, Crohn's disease, and cancer
- J1459, Privilgen, treatment of Primary Immunodeficiency, raise platelet counts in members with ITP
- J0218, Xenpozyme Enzyme Replacement Therapy, treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD)

Effective 6/1/2023, DHP will require prior authorization for the following procedure codes:

### Plastic Surgery Services

- 15827, 15831, 15877-15879, 17360, 17380, 19324, 21144, 21239, 21248-21250, 21254, 21741, 36468, 36469, 64870, 67907, 69090, C1789, C9800, G0429, L8600, Q2027, Q2028, S2066, S2067, S2202

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