



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 05/01/2023, DHP will not require prior authorization for the following procedure codes:

Pharmacy Services

- C9147, tremelimumabactl, treatment of adults with non-small cell lung cancer (NSCLC)
- J0208, sodium thiosulfate, treatment of cyanide poisoning, pityriasis versicolor, and to decrease side effects from cisplatin
- J0612 and J0613, calcium gluconate, treatment to manage hypocalcemia, cardiac arrest, and cardiotoxicity due to hyperkalemia or hypermagnesemia
- J9196, gemcitabine hydrochloride, an antineoplastic for treatment of certain types of lung cancer, bladder cancer, breast cancer, and cancer of the pancreas
- J9294, J9296, and J9297, pemetrexed, chemotherapy medication
- J9314, pemetrexed (teva), chemotherapy medication

General Surgery Services

- 49591-49596 and 49613-49618, hernia repairs in members 6 years of age and older

Effective 05/01/2023, DHP will require prior authorization for the following procedure codes:

Pharmacy Services

- C9146, mirvetuximab soravtansine-gynx, treatment folate receptor-alpha positive ovarian cancer, fallopian tube cancer, or primary peritoneal cancer in members 18 years of age and older
- C9148, Teclistamabcqyv, treatment of relapsed or refractory multiple myeloma in members 18 years of age and older
- J1449, eflapegrastimxnst, treatment to decrease the incidence of infection, as manifested by febrile neutropenia, in members 18 years of age and older with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs
- J1747, spesolimabsbzo, treatment for generalized pustular psoriasis in members 18 years of age and older with diagnosis code L40.1
- Q5128, ranibizumab-eqrn, biosimilar, treatment of Neovascular (Wet) Age-Related Macular Degeneration (AMD), Macular Edema Following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR), and Myopic Choroidal Neovascularization (mCNV)

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