



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

The U.S. Food and Drug Administration (FDA) announced a final decision to withdraw the approval of hydroxyprogesterone caproate (Makena). Effective June 1, 2023 for dates of service on or after April 6, 2023, hydroxyprogesterone caproate (Makena), procedure code J1726, will no longer be a benefit of Texas Medicaid.

Effective 06/01/2023, DHP will require prior authorization for the following procedure code:

Pharmacy Services

- J1726, Makena

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