



## Date:

June-13
2025

## **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

To verify authorization requirements via the Authorization Requirement Portal, visit 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 07/01/2025, DHP <u>will not</u> require prior authorization for the following procedure codes:

 J9329, Tislelizumab-jsgr, Trevimbra, approved with chemotherapy for HER2-negative gastric or gastroesophageal junction adenocarcinoma and immunotherapy.

\* To access the DHP provider portal , visit <u>driscollhealthplan.com</u>