



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 07/01/2023, DHP will not require prior authorization for the following procedure codes:

Pharmacy Services:

- J0597 – Berinert, C-1 esterase inhibitor (human), used to treat acute attacks of hereditary angioedema (HAE) in members 5 years of age and older with diagnosis D84.1
- J1290 – Kalbitor (brand)/Ecallantide (generic), used to treat sudden, acute attack of hereditary angioedema (HAE) in members 12 years of age and older with diagnosis D84.1
- J1744, Firazyr (brand)/Icatibant (generic), used to treat sudden attacks of hereditary angioedema (HAE) in members 18 years of age and older with diagnosis D84.1

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