Driscoll Health Plan
News and Updates

Date:

July-13

2026

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 08/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Service

- J3405- Itvisma (onasemnogene abeparvovec-brve)- is an adeno-associated virus (AAV) vector-based gene therapy indicated for the treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years and older with confirmed mutation in SMN1 gene.
- J3590- unclassified biologics/drugs
  - Kebilidi (eladocagene exuparvovec-tneq)- is an adeno-associated virus (AAV) vectorbased gene therapy indicated to treat adult and pediatric patients with aromatic Lamino acid decarboxylase (AADC) deficiency, 16 months or older.
  - Rethymic (Allogeneic Processed Thymus Tissueagdc)- is indicated for immune reconstitution in pediatric patients with congenital athymia, 18 years old or younger.
  - Omisirge (omidubicel-onlv)- is a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood indicated for Hematologic malignancies in patients 12 years and older who are planned for umbilical cord blood transplantation (UCBT) following myeloablative conditioning and severe aplastic anemia (SAA) in patients 6 years and older following reduced intensity conditioning.

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