



Date:

July-18

2024

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 09/01/2024, DHP will not require prior authorization for the following procedure codes:

Rural health clinic or federally qualified health center (RHC or FQHC)

- G0511, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration, per calendar month.

Pharmacy Services:

- J0687, cefazolin antibiotic.
- J1597, glycopyrrolate (glyrx-pf) and J1598, glycopyrrolate (Fresenius kabi), for reduction of airway or gastric secretions and blockade of cardiac inhibitory reflexes during induction of anesthesia and intubation.
- J2373, phenylephrine hydrochloride (immphentiv), to treat hypotension that may occur during surgery, members 18 years and older.
- J2470, pantoprazole sodium, used for heartburn, acid reflux and GERD.
- J2471, antoprazole (hikma), used for heartburn, acid reflux and GERD.
- J3263, toripalimab-tpzi, to treat Nasopharyngeal carcinoma, member 18 years of age and older.
- J3393, betibeglogene autotemcel, gene therapy used to treat anemia in patients with beta thalassemia who need regular blood transfusions, members 4 years of age and older.
- J8611, for Methotrexate (jylamvo) and J8612 Methotrexate (xatmep), used to treat certain types of cancer or to control severe psoriasis or rheumatoid arthritis members 18 years of age and older.

Effective 09/01/2024, DHP will require prior authorization for the following procedure codes:

Pharmacy Services:

- Non-covered procedure code M0224, pemivibart, for intravenous infusion, includes infusion and post-administration monitoring for the pre-exposure SARs-COV-2 prophylaxis only, members 12 years of age and older weighing at least 40 kg
- Non-covered procedure code Q0224, pemivibart, for injection, for the pre-exposure SARs-COV-2 prophylaxis only, members 12 years of age and older weighing at least 40 kg
- J0872 Daptomycin, antibiotic
- J1748 Infliximab-dyyb to treat ulcerative colitis or crohns disease
- J2183 meropenem, Antibiotic
- J7355 Travoprost, intracameral implant to treat elevated intraocular pressure.
- Q5132 Adalimumab-afzb biosimilar to Humira, to treat inflammatory conditions.

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