Driscoll Health Plan
News and Updates

Date:

Aug-17

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 09/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Service

- J2361- Depemokimab-ulaa (Exdensur) add-on maintenance treatment for severe asthma that is characterized by an eosinophilic phenotype, members 12 years of age or older.
- J3358- Ustekinumab,treatment of specific immune-mediated inflammatory diseases, including Crohn's disease, ulcerative colitis, psoriatic arthritis, and plaque psoriasis, members 6 years old and older with diagnosis: K50.00, K50.011-K50.014, K50.018, K50.019, K50.10, K50.111-K50.114, K50.118, K50.119, K50.80, K50.811-K50.814, K50.818, K50.819, K50.90, K50.911-K50.914, K50.918, K50.919, K51.00, K51.011-K51.014, K51.018, K51.019, K51.20, K51.211-K51.214, K51.218, K51.219, K51.30, K51.311-K51.314, K51.318, K51.319, K51.80, K51.811-K51.814, K51.818, K51.819, K51.90, K51.911-K51.914, K51.918, K51.919, L40.0-L40.4, L40.8, L40.9, L40.50-L40.54, L40.59

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