



Driscoll Health Plan

News and Updates



Date:

Oct-19
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

Subject: Authorization Requirement Updates

Effective 11/01/2026 DHP **will** require prior authorization for the following procedure codes:

Durable Medical Equipment

- E0788- drug combination ambulatory infusion pump, non-insulin, with administrative equipment, worn by the patient, restricted to diagnoses: G20.A, G20.A2, G20.B, G20.B2, and G20.C.

Pharmacy

- C9311- Wainua (eplontersen), treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis for members 18 years and older, restricted to diagnosis: E85.1.
- C9313- Pivekimab sunirine-pvzyto treat blastic plasmacytoid dendritic cell neoplasm (BPDCN) in members 18 years and older, restricted to diagnosis: C86.4.
- J0871- Daptomycin (Endo), an antibiotic to treat complicated bacterial infections of the heart, skin, or blood.
- J1757 - Tividenofusp alfa-eknm (Avlayah), to treat neurologic manifestations of Hunter syndrome for members 18 years of age and older, restricted to diagnosis: E76.1.
- J1818- Pegzilarginase-nbln (Loargys), to treat hyperargininemia in members who are 2 years of age or older with arginase 1 deficiency (ARG1-D) in conjunction with dietary protein restriction, restricted to diagnosis: E72.21.
- J1946- Furosemide (Lasix ONYU), to treat fluid retention for members 18 years of age or older, restricted to diagnosis: I50.1, I50.20, I50.22, I50.23, I50.30, I50.32, I50.33, I50.40, I50.42, I50.43, I50.810, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9.
- J3268- Delafloxacin, to treat acute bacterial skin and skin structure infections for members 18 years of age and older.
- Q5172- Filgrastim-laha (Filkri), a recombinant human granulocyte colony stimulating factor that stimulates the bone marrow to produce neutrophils.
- Q5168- ranibizumab-leyk (Nufymco) (biosimilar to Lucentis), to treat various retinal diseases by inhibiting VEG for members 18 years of age or older.
- Q5169- pegfilgrastim unne (armlupeg), a subcutaneous oncology colony stimulating factor used to stimulate white blood cell production.

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Subject: Authorization Requirement Updates (Page 2 of 2)

Pharmacy (Continued)

- J7524- Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7526- Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7529 – Mycophenolate mofetil- used to prevent organ rejection in people who have received a liver, kidney, or heart transplant.
- J7530- Mycophenolate mofetil (Myhibbin)- used to prevent organ rejection in kidney, heart, or liver transplant patients.
- J7531- Prednisolone sodium phosphate- reduce inflammation, suppress an overactive immune system, or replace natural cortisol.
- J9186- Etoposide (Avyxa)- chemotherapy to treat testicular cancer refractory and small cell lung cancer for members 18 years of age and older.
- J9191 – Fluorouracil (Avyxa)- chemotherapy to treat colorectal, breast, gastric, and pancreatic cancer.
- J9192- Fluorouracil- chemotherapy used to treat colorectal, breast, gastric, and pancreatic cancer for members 18 years of age or older.
- J9362- Trabectedin- chemotherapy to treat liposarcoma, metastatic or unresectable, and leiomyosarcoma metastasis for members 18 years old age and older.
- Q5161- denosumab-kyqq (Aukelso/Bosaya)- treats osteoporosis and certain cancer-related bone conditions for members 12 years of age or older.

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