Driscoll Health Plan
News and Updates

Date:

Oct-23

2025

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 12/01/2025, DHP **will not** require prior authorization for the following procedure codes:

Pharmacy Services

- Q5146- Trastuzumab-strf (Hercessi)- to treat certain types of HER2-positive cancers.
- Q5136- Denosumab-bbdz (Jubbonti)- treatment of osteoporosis.
- C9306- Telisotuzumab vedotin-tllv (Emrelis)- non-squamous non-small cell lung cancer that has spread to areas near the lung or metastasize in patients whose tumors have high c-Met protein overexpression in members 18 years of age and older.
- J0163- Epinephrine (Endo)
- J0164- Epinephrine(Baxter)- for members 18 years of age and older.
- J0166- epinephrine (bpi)
- J0167- Epinephrine (Hospira)
- J0169- Epinephrine (adrenalin)
- J0458- Aztreonam/Avibactam (Embla Veo)- treatment of intraabdominal infections in members 18 years of age and older.
- J0525- Cefotetan- antibiotic.
- J0582- Bivalirudin (endo)- direct thrombin inhibitor.
- J0738- Lenacapavir- treatment of HIV pre-exposure prophylaxis in members 16 years of age and older.
- J0752- Lenacapavir- treatment of HIV pre-exposure prophylaxis in members 16 years of age and older.
- J0759- Clevidipine- treatment of Hypertensive emergencies.
- J0901- Vadadustat- treats anemia of chronic kidney disease in members 18 years of age and older with diagnosis D63.1 and N18.6.
- J1370- Esomeprazole- proton pump inhibitor.
- J1807- Ethacrynate- diuretic for fluid retention.
- J1834- Isoniazid- treats Tuberculosis.
- J2151- Mannitol- diuretic.
- J2291- Nafcillin (Baxter)- antibiotic.
- J3290- Tranexamic acid- antifibrinolytic.
- J7173- Concizumab-mtci (Alhemo)- treats hemophilia A & B in members 12 years of age and older.
- J7174- Fitusiran (Qftilia)- treats hemophilia A & B in members 12 years of age and older.
- J7601- Ensifentrine (Ohtuvayre)- treats COPD exacerbations in members 18 years of age and older.
- J9341- Thiotepa (Tepylute)- treats breast and ovary cancer.

Durable Medical Equipment

- A4288- Replacement part valve for breast pump, limited to a max of 2 replacements within 12 months from the purchase date of the breast pump, claim must be submitted with modifier U8 within 12 months of the purchase date of the breast pump.
- A4335- wipes used as incontinence supplies, limited to 2 boxes per month, in members 4 years of age and older.

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