



Driscoll Health Plan

News and Updates



Date:

Dec-15
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 02/01/2026, DHP **will not** require prior authorization for the following procedure codes within the benefit limit:

Pharmacy Services

- J9118, calaspargase pegol-mknl (Asparlas), treatment of acute lymphoblastic leukemia (ALL), diagnosis codes C91.00, C91.01, C91.02, in members birth through 21 years of age.
- J9021, asparaginase (Rylaze), treatment of acute lymphoblastic leukemia (ALL), diagnosis codes C91.00, C91.01, C91.02.
- J9266, pegaspargase (Oncaspar), treatment of acute lymphoblastic leukemia (ALL), diagnosis codes C91.00, C91.01, C91.02.
- J0257, Alpha-1 proteinase inhibitor (Glassia), treatment for severe hereditary emphysema, in members 18 years and older.
- J1595, Glatiramer acetate (Copaxone or Glatopa), treatment of relapsed forms of multiple sclerosis, in members 18 years and older.
- J7501, azathioprine, prevention of organ rejection after a kidney transplant and treatment of rheumatoid arthritis.

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