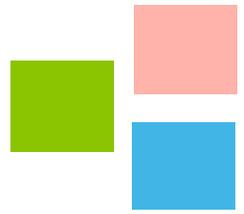




Driscoll Health Plan

News and Updates



Date:

Feb-25

2025

Attention: Authorization Requirement Updates

Effective 04/01/2025, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- Q5133, tocilizumab-bavi (tofidence), treatment of adult members with moderately to severely active rheumatoid arthritis.
- J2246, micafungin, Treatment of Candidemia, Acute Disseminated Candidiasis, Candida.

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

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