



Driscoll Health Plan

News and Updates



Date:

Feb-25

2025

Attention: Authorization Requirement Updates

Effective 04/01/2025, DHP **will not** require prior authorization for the following procedure codes within the benefit limit for in-network providers only:

Pharmacy Services

- J1434, fosaprepitant (focinvez), is a treatment to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy).

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