



Driscoll Health Plan

News and Updates



Date:

Mar-20

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

Attention: Authorization Requirement Updates

Correction: A previous fax blast, dated 02/13/2026 indicated codes under pharmacy service were no authorization required, however, these codes are not a covered benefit. See Changes below.

Effective 04/01/2026 DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- J1073 - testosterone pellet, implant, used to increase testosterone levels
- J9282 - Mitomycin, intravesical instillation (Zusduri), antitumor antibiotic that affects DNA synthesis in cancer cells.

Effective 04/01/2026 DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services-**Not a Covered Benefit:**

- J7330 - Autologous cultured chondrocytes, implant used for treatment of knee cartilage defect.
- **J1736 - meloxicam (Delova), NSAID to treat moderate to severe pain in adults.**
- **J1737 - meloxicam (Azurity), NSAID to treat moderate to severe pain in adults.**
- **J7299 - Miudella, intrauterine copper contraceptive.**
- **J7528 - Mycophenolate mofetil, antimetabolite immunosuppressant indicated for the prophylaxis of organ rejection, in adult and pediatric (3 months of age and older) recipients of allogeneic kidney, heart or liver transplants, in combination with other immunosuppressants.**
- J3389 - prademagene zamikeracel (Zevaskyn), gene therapy used to treat skin wounds in people with a certain type of dystrophic epidermolysis bullosa.

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