



Driscoll Health Plan

News and Updates



Date:

May-15

2026

Attention: Authorization Requirement Updates

Effective 06/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Services

- Q5156- tocilizumab-anoh (avtozma), treatment of rheumatoid arthritis, giant cell arteritis, cytokine release syndrome in members 2 years old and older.

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