



Driscoll Health Plan

News and Updates



Date:

June-26
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

Effective 08/01/2026, DHP **will** require prior authorization for the following procedure codes:

Pharmacy Service

- J3397 - vestronidase alfa-vjbc (Mepsevii); is a recombinant human lysosomal beta-glucuronidase used as an enzyme replacement therapy (ERT) for Mucopolysaccharidosis type VII (MPS VII), helping clear toxic cellular buildups.

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