



## Date:

July-18

2025

# **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 09/01/2025, DHP <u>will</u> require prior authorization for the following procedure codes:

### Clinician Administered Drugs

- Q9996, Ustekinumab-ttwe, Pyzchiva, used to treat moderate to severe plaque psoriasis and active psoriatic arthritis.
- Q9997, Ustekinumab-ttwe, Pyzchiva, to treat moderate to severe plaque psoriasis and active psoriatic arthritis.
- Q9998, Ustekinumab-aekn, Selarsdi, used to treat autoimmune conditions.
- Q9999, Ustekinumab-aauz, Otulfi, used to treat autoimmune conditions.
- Q5099, ustekinumab-stba, Steqeyma, to treat moderate to severe plaque psoriasis, psoriatic arthritis, Crohn's disease, and ulcerative colitis
- Q5100, ustekinumab-kfce, Yesintek, to treat moderate to severe plaque psoriasis
- J3357, ustekinumab, Stelera, to treat moderate to severe plaque psoriasis, psoriatic arthritis, Crohn's disease, and ulcerative colitis.
- J7356, foscarbidopa, foslevodopa, to treat motor fluctuations in adults with advanced Parkinson's disease.

#### **Durable Medical Equipment**

• L6700, upper extremity prosthetic additions.

\* To access the DHP provider portal , visit <u>driscollhealthplan.com</u>