



# Driscoll Health Plan

## News and Updates



### Date:

**Sept-17**  
**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](https://driscollhealthplan.com/providers)

To verify authorization requirements via the Authorization Requirement Portal, visit [driscollhealthplan.com/priorauthcheck](https://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 11/01/2025, DHP will not require prior authorization for the following procedure codes:

#### Clinician Administered Drugs

- 90396, Varicella-zoster immune globulin, prevention and treatment of chickenpox.
- A9589, hexaminolevulinate hydrochloride, a radio diagnostic agent for detection of bladder CA that is used in cystoscopies.
- C9047, caplacizumab-yhdp, to treat acquired thrombotic thrombocytopenic purpura (aTTP) in adults, in combination with plasma exchange and immunosuppressive therapy.
- J0202, alemtuzumab, to treat both B-cell chronic lymphocytic leukemia (B-CLL) and relapsing forms of multiple sclerosis (MS).
- J0630, calcitonin salmon, used to inhibit bone resorption in the treatment of hypercalcemia, osteoporosis, and Paget's disease.
- J1212, dimethyl sulfoxide, treatment of interstitial cystitis.
- J7511, Lymphocyte immune globulin, antithymocyte globulin, prevention and treatment of acute rejection following organ transplantation.
- S0145, pegylated interferon alfa-2a, used to treat myeloproliferative disorders.

\* To access the DHP provider portal , visit [driscollhealthplan.com](https://driscollhealthplan.com)