



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

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 11/01/2025, DHP will require prior authorization for the following procedure codes:

Clinician Administered Drugs

- J1447, tbo-filgrastim, a granulocyte colony-stimulating factor used to help with chemotherapy-induced neutropenia.
- J1438, etanercept, treatment of RA, psoriatic arthritis, JIA, plaque psoriasis.
- J2787, Riboflavin 5'-phosphate, used to treat progressive keratoconus and corneal ectasia.

Effective 10/01/2025, DHP will require prior authorization for the following non-covered benefits:

Clinician Administered Drugs

- J0600, edetate calcium, treatment of lead poisoning.
- J0691, Lefamulin, treatment of community-acquired bacterial pneumonia.
- J9214, interferon alfa-2b, to treat various cancers and viral infections.
- J9225, histrelin implant (Vantas), to treat advanced prostate cancer in adults by reducing testosterone.
- Q2017, teniposide, to treat acute lymphoblastic leukemia (ALL)

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