



Driscoll Health Plan

News and Updates



Date:

July-11
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 08/01/2025, DHP **will** require prior authorization for the following procedure codes:

Durable Medical Equipment

- E0683: non-pneumatic and non-sequential, peristaltic wave compression pump.
- L1653: prefabricated, adult sized, hip orthosis with bilateral thigh cuffs and an adjustable abductor spreader bar.

Pharmacy Services

- J3391: atidarsagene autotemcel (Lemelyd) a gene therapy used to treat Metachromatic Leukodystrophy (MLD) in children.
- Q2058: Obecabtagene autoleucel (Aucatyzt), T cell immunotherapy for relapse/refractory B-cell acute lymphoblastic leukemia.
- J9038: axatilimab-csfr (Nikimvo) a colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.
- C9175: treosulfan (Grafapex) used with fludarabine for stem cell transplantation in acute myeloid leukemia or myelodysplastic syndrome.

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