

ForwardHealth

Diagnosis Restricted Drugs

The table below includes a list of drugs that are diagnosis-restricted for pharmacy compound and non-compound claims. This table specifies if the diagnosis must be indicated on the claim, prior authorization (PA) request, or both. See the link below for physician-administered diagnosis restrictions.

If the prescriber writes a prescription with a diagnosis outside the ForwardHealth-allowed diagnoses for a drug, the prescriber is required to submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the drug. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not utilized are required. Medical records should be provided as necessary to support the PA request. This information should be documented on the Prior Authorization/Drug Attachment (PA/DGA), F- 11049 (10/13), in Section V (Clinical Information for Diagnosis-Restricted Drug Requests).

When completing the PA/DGA, prescribers should provide the diagnosis code and description, complete Section V, and use Section VIII (Additional Information), if needed. Prescribers are reminded to provide a handwritten signature and date on the form before submitting it to the pharmacy provider where the prescription will be filled. The pharmacy provider is required to complete a Prior Authorization Request Form (PA/RF), F- 11018 (05/13), before submitting the forms and supporting documentation to ForwardHealth. Prescribers should not submit PA forms to ForwardHealth.

As a reminder, prescribers and pharmacy providers are required to retain a completed copy of the PA form(s).

For additional information about diagnosis-restricted drug policy, providers may refer to the ForwardHealth Online Handbook Topic #4403, 15537, and 15937:

<https://www.forwardhealth.wi.gov/wiportal/subsystem/kw/display.aspx>

Physician Administered diagnosis restrictions can be found at:

https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/medicaid/physician/data_tables/index.htm.spage

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Alzheimer's Agents

Products

NAMENDA (memantine hcl)

NAMENDA XR (memantine hcl)

Diagnosis Code Must Be Submitted on: **Claim** **Prior Authorization Request**

| ICD-10 | Description |
|--------|--|
| F0150 | Vascular dementia without behavioral disturbance |
| F0151 | Vascular denentia with behavioral disturbance |
| G300 | Alzheimer's disease with early onset |
| G301 | Alzheimer's disease with late onset |
| G308 | Other alzheimer's disease |
| G309 | Alzheimer's disease, unspecified |

Antibiotics, Topical

Products

ALTABAX (retapamulin)

Diagnosis Code Must Be Submitted on: **Claim** **Prior Authorization Request**

| ICD-10 | Description |
|--------|-----------------------|
| L0100 | Impetigo, unspecified |
| L0101 | Non-bullous impetigo |
| L0102 | Bockhart's impetigo |
| L0103 | Bullous impetigo |
| L0109 | Other impetigo |

Antiemetic Solution

Products

ZOFRAN (ondansetron hcl)

Diagnosis Code Must Be Submitted on: **Claim** **Prior Authorization Request**

| ICD-10 | Description |
|--------|---|
| Z5111 | Encounter for antineoplastic chemotherapy |
| Z931 | Gastrostomy status |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Antifungals, Oral Granules

Products

LAMISIL (terbinafine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|--------------------------------|
| B350 | Tinea barbae and tinea capitis |
|------|--------------------------------|

Antifungals, Oral Tablet

Products

ONMEL (itraconazole)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|---------------|
| B351 | Tinea unguium |
|------|---------------|

Antineoplastic and Premalignant Lesion Agent, Topical

Products

SOLARAZE 3% GEL (diclofenac sodium)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|-------------------|
| L570 | Actinic Keratosis |
|------|-------------------|

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Antiparkinson's Agents

Products

MIRAPEX ER (pramipexole)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|---|
| G20 | Parkinson's disease |
| G210 | Malignant neuroleptic syndrome |
| G2111 | Neuroleptic induced parkinsonism |
| G2119 | Other drug induced secondary parkinsonism |
| G213 | Postencephalitic parkinsonism |
| G214 | Vascular parkinsonism |
| G218 | Other secondary parkinsonism |
| G219 | Secondary parkinsonism, unspecified |

Products

REQUIP XL (ropinirole er)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|---|
| G20 | Parkinson's disease |
| G2111 | Neuroleptic induced parkinsonism |
| G2119 | Other drug induced secondary parkinsonism |
| G213 | Postencephalitic parkinsonism |
| G214 | Vascular parkinsonism |
| G218 | Other secondary parkinsonism |
| G219 | Secondary parkinsonism, unspecified |

Antiviral Agents

Products

cidofovir (Example brand: VISTIDE)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|--------------------------------|
| B258 | Other cytomegaloviral diseases |
|------|--------------------------------|

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Central Nervous System Agents, Miscellaneous

Products

RILUTEK (riluzole)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|-------------------------------|
| G1221 | Amyotrophic lateral sclerosis |
|-------|-------------------------------|

Products

NUEDEXTA (dextromethorphan hbr/quinidine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|---------------------|
| F482 | Pseudobulbar affect |
|------|---------------------|

COPD Agents

Products

DALIRESP (roflumilast)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|--|
| J440 | Chronic obstructive pulmonary disease with acute lower respiratory infection |
| J441 | Chronic obstructive pulmonary disease with (acute) exacerbation |
| J449 | Chronic obstructive pulmonary disease, unspecified |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Gamma Aminobutyric Acid Class

Products

HORIZANT (gabapentin enacarbil)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|---|
| B0221 | Postherpetic geniculate ganglionitis |
| B0222 | Postherpetic trigeminal neuralgia |
| B0223 | Postherpetic polyneuropathy |
| B0224 | Postherpetic myelitis |
| B0229 | Other postherpetic nervous system involvement |
| G2581 | Restless legs syndrome |

Products

GRALISE (gabapentin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|---|
| B0221 | Postherpetic geniculate ganglionitis |
| B0222 | Postherpetic trigeminal neuralgia |
| B0223 | Postherpetic polyneuropathy |
| B0224 | Postherpetic myelitis |
| B0229 | Other postherpetic nervous system involvement |

Lipodystrophy

Products

MYALEPT (metreleptin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|---|
| E881 | Lipodystrophy, not elsewhere classified |
|------|---|

Products

EGRIFTA (terbinafine hcl)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

Both diagnosis codes required or see below

ICD-10 Description

| | |
|------|--|
| B20 | Human immunodeficiency virus [HIV] Disease |
| E881 | Lipodystrophy, not elsewhere classified |

Or an alternative combination of codes

ICD-10 Description

| | |
|-------|--|
| B9735 | Human immunodeficiency virus, Type 2 [HIV 2] as the cause of diseases classified elsewhere |
| E881 | Lipodystrophy, not elsewhere classified |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Lipodoses

Products

CERDELGA (eliglustat tartrate)

ZAVESCA (miglustat)

Diagnosis Code Must Be Submitted on: **Claim** **Prior Authorization Request**

ICD-10 Description

| | |
|-------|-----------------|
| E7522 | Gaucher disease |
|-------|-----------------|

Opioid Dependency - Buprenorphine

Products

BUNAVAIL (buprenorphine hcl/naloxone)

buprenorphine hcl (Example brand: SUBUTEX)

buprenorphine-naloxone (Example brand: SUBOXONE TAB)

SUBOXONE (buprenorphine hcl/naloxone)

ZUBSOLV (buprenorphine hcl/naloxone)

Diagnosis Code Must Be Submitted on: **Claim** **Prior Authorization Request**

ICD-10 Description

| | |
|--------|--|
| F1120 | Opioid dependence, uncomplicated |
| F1121 | Opioid dependence, in remission |
| F1124 | Opioid dependence with opioid-induced mood disorder |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction |
| F11282 | Opioid dependence with opioid-induced sleep disorder |
| F11288 | Opioid dependence with other opioid-induced disorder |
| F1129 | Opioid dependence with unspecified opioid-induced disorder |

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Effective: 1/1/2017

Opioid Dependency Agents - Methadone

Products

METHADONE INTENSOL 10 MG/ML (methadone hcl)
METHADOSE 40 MG TABLET DISPR (methadone hcl)

METHADOSE 10 MG/ML ORAL CONC (methadone hcl)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|--------|--|
| F1120 | Opioid dependence, uncomplicated |
| F1121 | Opioid dependence, in remission |
| F1124 | Opioid dependence with opioid-induced mood disorder |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction |
| F11282 | Opioid dependence with opioid-induced sleep disorder |
| F11288 | Opioid dependence with other opioid-induced disorder |
| F1129 | Opioid dependence with unspecified opioid-induced disorder |

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Effective: 1/1/2017

Opioid Dependency and Alcohol Abuse/Dependency Agents

Products

naltrexone hcl (Example brand: REVIA)

VIVITROL (naltrexone microspheres)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|--|
| F1010 | Alcohol abuse, uncomplicated |
| F1014 | Alcohol abuse with alcohol-induced mood disorder |
| F10150 | Alcohol abuse with alcohol-induced psychotic disorder with delusions |
| F10151 | Alcohol abuse with alcohol-induced psychotic disorder with hallucinations |
| F10159 | Alcohol abuse with alcohol-induced psychotic disorder, unspecified |
| F10180 | Alcohol abuse with alcohol-induced anxiety disorder |
| F10181 | Alcohol abuse with alcohol-induced sexual dysfunction |
| F10182 | Alcohol abuse with alcohol-induced sleep disorder |
| F10188 | Alcohol abuse with other alcohol-induced disorder |
| F1019 | Alcohol abuse with unspecified alcohol-induced disorder |
| F1020 | Alcohol dependence, uncomplicated |
| F1021 | Alcohol dependence, in remission |
| F1024 | Alcohol dependence with alcohol-induced mood disorder |
| F10250 | Alcohol dependence with alcohol-induced psychotic disorder with delusions |
| F10251 | Alcohol dependence with alcohol-induced psychotic disorder with hallucinations |
| F10259 | Alcohol dependence with alcohol-induced psychotic disorder, unspecified |
| F1026 | Alcohol dependence with alcohol-induced persisting amnesic disorder |
| F1027 | Alcohol dependence with alcohol-induced persisting dementia |
| F10280 | Alcohol dependence with alcohol-induced anxiety disorder |
| F10281 | Alcohol dependence with alcohol-induced sexual dysfunction |
| F10282 | Alcohol dependence with alcohol-induced sleep disorder |
| F10288 | Alcohol dependence with other alcohol-induced disorder |
| F1029 | Alcohol dependence with unspecified alcohol-induced disorder |
| F1094 | Alcohol use, unspecified with alcohol-induced mood disorder |
| F10950 | Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions |
| F10951 | Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations |
| F10959 | Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified |
| F1096 | Alcohol use, unspecified with alcohol-induced persisting amnesic disorder |
| F1097 | Alcohol use, unspecified with alcohol-induced persisting dementia |
| F10980 | Alcohol use, unspecified with alcohol-induced anxiety disorder |
| F10981 | Alcohol use, unspecified with alcohol-induced sexual dysfunction |
| F10982 | Alcohol use, unspecified with alcohol-induced sleep disorder |
| F10988 | Alcohol use, unspecified with other alcohol-induced disorder |
| F1099 | Alcohol use, unspecified with unspecified alcohol-induced disorder |
| F1120 | Opioid dependence, uncomplicated |
| F1121 | Opioid dependence, in remission |
| F1124 | Opioid dependence with opioid-induced mood disorder |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction |
| F11282 | Opioid dependence with opioid-induced sleep disorder |

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Effective: 1/1/2017

Opioid Dependency and Alcohol Abuse/Dependency Agents

| | |
|--------|--|
| F11288 | Opioid dependence with other opioid-induced disorder |
| F1129 | Opioid dependence with unspecified opioid-induced disorder |

Progestational Agent

Products

CRINONE 8% GEL (progesterone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|--------|---|
| O09211 | Supervision of pregnancy with history of pre-term labor, first trimester |
| O09212 | Supervision of pregnancy with history of pre-term labor, second trimester |
| O09213 | Supervision of pregnancy with history of pre-term labor, third trimester |
| O09219 | Supervision of pregnancy with history of pre-term labor, unspecified trimester |
| O09291 | Supervision of pregnancy with other poor reproductive or obstetric history, first trimester |
| O09292 | Supervision of pregnancy with other poor reproductive or obstetric history, second trimester |
| O09293 | Supervision of pregnancy with other poor reproductive or obstetric history, third trimester |
| O09299 | Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester |
| O26872 | Cervical shortening, second trimester |
| O26873 | Cervical shortening, third trimester |
| O26879 | Cervical shortening, unspecified trimester |

Pulmonary Anti-Hypertensive Agents

Products

ADCIRCA (tadalafil)

REVATIO (sildenafil citrate)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|--|
| I270 | Primary pulmonary hypertension |
| I272 | Other secondary pulmonary hypertension |

Pulmonary Fibrosis Agents

Products

ESBRIET (pirfenidone)

OFEV (nintedanib esylate)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|--------|-------------------------------|
| J84112 | Idiopathic pulmonary fibrosis |
|--------|-------------------------------|

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Smoking Cessation

Products

| | |
|--|------------------------------------|
| CHANTIX (varenicline tartrate) | NICODERM CQ (nicotine) |
| NICORELIEF (nicotine) | NICORETTE (nicotine) |
| nicotine patch (Example brand: NICOTINE) | NICOTROL (nicotine) |
| NICOTROL NS (nicotine) | ZYBAN SR 150 MG TABLET (bupropion) |

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|---|
| F17200 | Nicotine dependence, unspecified, uncomplicated |
| F17201 | Nicotine dependence, unspecified, in remission |
| F17203 | Nicotine dependence unspecified, with withdrawal |
| F17208 | Nicotine dependence, unspecified, with other nicotine-induced disorders |
| F17209 | Nicotine dependence, unspecified, with unspecified nicotine-induced disorders |
| F17210 | Nicotine dependence, cigarettes, uncomplicated |
| F17211 | Nicotine dependence, cigarettes, in remission |
| F17213 | Nicotine dependence, cigarettes, with withdrawal |
| F17218 | Nicotine dependence, cigarettes, with other nicotine-induced disorders |
| F17219 | Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders |
| F17220 | Nicotine dependence, chewing tobacco, uncomplicated |
| F17221 | Nicotine dependence, chewing tobacco, in remission |
| F17223 | Nicotine dependence, chewing tobacco, with withdrawal |
| F17228 | Nicotine dependence, chewing tobacco, with other nicotine-induced disorders |
| F17229 | Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders |
| F17290 | Nicotine dependence, other tobacco product, uncomplicated |
| F17291 | Nicotine dependence, other tobacco product, in remission |
| F17293 | Nicotine dependence, other tobacco product, with withdrawal |
| F17298 | Nicotine dependence, other tobacco product, with other nicotine-induced disorders |
| F17299 | Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders |
| Z720 | Tobacco use |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Stimulants and Related, Excluding Strattera and Vyvanse

Products

| | |
|--|--|
| ADDERALL (dextroamphetamine/amphetamine) | ADDERALL XR (dextroamphetamine/amphetamine) |
| ADZENYS XR-ODT (dextroamphetamine/amphetamine) | APTENSIO XR (methamphetamine hcl) |
| CONCERTA (methamphetamine hcl) | DAYTRANA (methylphenidate) |
| DESOXYN (methamphetamine hcl) | DEXEDRINE (dextroamphetamine sulfate) |
| DYANAVEL XR (dextroamphetamine/amphetamine) | EVEKEO (amphetamine) |
| FOCALIN (dexmethylphenidate hcl) | FOCALIN XR (dexmethylphenidate hcl) |
| METADATE CD (methamphetamine hcl) | METADATE ER (methamphetamine hcl) |
| METHYLIN (methamphetamine hcl) | methylphenidate er (Example brand: METADATE) |
| PROCENTRA (dextroamphetamine sulfate) | QUILLIVANT XR (methamphetamine hcl) |
| RITALIN (methamphetamine hcl) | RITALIN LA (methamphetamine hcl) |
| ZENZEDI (dextroamphetamine sulfate) | |

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|--------|--|
| F900 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902 | Attention-deficit hyperactivity disorder, combined type |
| F908 | Attention-deficit hyperactivity disorder, other type |
| F909 | Attention-deficit hyperactivity disorder, unspecified type |
| G47411 | Narcolepsy with cataplexy |
| G47419 | Narcolepsy without cataplexy |

Stimulants and Related, Strattera

Products

STRATTERA (atomoxetine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|------|--|
| F900 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902 | Attention-deficit hyperactivity disorder, combined type |
| F908 | Attention-deficit hyperactivity disorder, other type |
| F909 | Attention-deficit hyperactivity disorder, unspecified type |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 1/1/2017

Stimulants and Related, Vyvanse

PA required for the treatment of Binge Eating Disorder (BED). Use Sec VI of the PA/DGA (Refer to topic #15937)
<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx>

Products

VYVANSE (lisdexamfetamine dimesylate)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|--|
| F900 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902 | Attention-deficit hyperactivity disorder, combined type |
| F908 | Attention-deficit hyperactivity disorder, other type |
| F909 | Attention-deficit hyperactivity disorder, unspecified type |
| G47411 | Narcolepsy with cataplexy |
| G47419 | Narcolepsy without cataplexy |

Vitamins, Renal

Products

| | |
|--|--|
| DIALYVITE (folic acid combination) | DIALYVITE 3000 (folic acid combination) |
| DIALYVITE 800 WITH IRON (fe fumarate combinations) | FERROCITE PLUS (iron combinations) |
| FOLBEE PLUS (folic acid combination) | FOLBEE PLUS CZ (folic acid combination) |
| HEMATINIC PLUS (iron combinations) | HEMOCYTE PLUS (fe fumarate combinations) |
| NEPHROCAPS (vitamin b complex) | NEPHRON FA (fe fumarate combinations) |
| NEPHRO-VITE RX (vitamin b complex) | RENAL CAPS (vitamin b complex) |
| RENA-VITE RX (vitamin b complex) | RENO CAPS (vitamin b complex) |
| TRIPHROCAPS (vitamin b complex) | VIRT-CAPS (vitamin b complex) |
| VOL-CARE RX (vitamin b complex) | VP-VITE RX (vitamin b complex) |

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|--|
| N181 | Chronic kidney disease, Stage 1 |
| N182 | Chronic kidney disease, Stage 2 (mild) |
| N183 | Chronic kidney disease, Stage 3 (moderate) |
| N184 | Chronic kidney disease, Stage 4 (severe) |
| N185 | Chronic kidney disease, Stage 5 |
| N186 | End stage renal disease |
| N189 | Chronic kidney disease, unspecified |
| N250 | Renal osteodystrophy |
| N251 | Nephrogenic diabetes insipidus |
| N2581 | Secondary hyperparathyroidism of renal origin |
| N2589 | Other disorders resulting from impaired renal tubular function |
| N259 | Disorder resulting from impaired renal tubular function, unspecified |