

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

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### Alzheimer's Agents

---

#### Products

---

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                 |

### 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                        |

### 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

---

diclofenac sodium 3% gel (Example brand: SOLARAZE)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

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

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### 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: 1/1/2018

### Central Nervous System Agents, Miscellaneous

---

#### Products

---

RILUTEK (riluzole)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

| 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**

| ICD-10 | Description         |
|--------|---------------------|
| F482   | Pseudobulbar affect |

### Gamma Aminobutyric Acid Class

---

#### Products

---

HORIZANT (gabapentin enacarbil)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

| 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**

| ICD-10 | Description                                   |
|--------|---|
| B0221  | Postherpetic geniculate ganglionitis          |
| B0222  | Postherpetic trigeminal neuralgia             |
| B0223  | Postherpetic polyneuropathy                   |
| B0224  | Postherpetic myelitis                         |
| B0229  | Other postherpetic nervous system involvement |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### 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  |

### Lipodoses

---

#### Products

---

CERDELGA (eliglustat tartrate)

ZAVESCA (miglustat)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

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



# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### 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   |
| F1011  | 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                             |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### Opioid Dependency and Alcohol Abuse/Dependency Agents

|        |  |
|--------|--|
| F11282 | Opioid dependence with opioid-induced sleep disorder       |
| 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                          |
| I2720 | Pulmonary hypertension, unspecified                     |
| I2721 | Secondary pulmonary arterial hypertension               |
| I2722 | Pulmonary hypertension due to left heart disease        |
| I2723 | PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA |
| I2724 | Chronic thromboembolic pulmonary hypertension           |
| I2729 | Other secondary pulmonary hypertension                  |
| I2783 | Eisenmenger's syndrome                                  |



# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### 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 |
|--------|-------------------------------|

### 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: 1/1/2018

### Stimulants, Desoxyn

---

#### Products

---

DESOXYN (methamphetamine hcl)

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               |

### Stimulants, Excluding Desoxyn and Vyvanse

---

#### Products

---

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

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 1/1/2018

### Stimulants, 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 800 WITH IRON (fe fumarate combinations)  
FOLBEE PLUS (folic acid combination)  
HEMATINIC PLUS (iron combinations)  
NEPHROCAPS (vitamin b complex)  
NEPHRO-VITE RX (vitamin b complex)  
RENA-VITE RX (vitamin b complex)  
TRIPHROCAPS (vitamin b complex)  
VOL-CARE RX (vitamin b complex)

DIALYVITE 3000 (folic acid combination)  
FERROCITE PLUS (iron combinations)  
FOLBEE PLUS CZ (folic acid combination)  
HEMOCYTE PLUS (fe fumarate combinations)  
NEPHRON FA (fe fumarate combinations)  
RENAL CAPS (vitamin b complex)  
RENO CAPS (vitamin b complex)  
VIRT-CAPS (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 |