

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 PA/DGA 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 PA/RF 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/Online%20Handbooks/Display/tabid/152/Default.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: 7/1/2015

Antibiotics, Topical

Products

ALTABAX

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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684	IMPETIGO
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Anticonvulsants

Products

ONFI

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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34510	GENERALIZED CONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY
34511	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY

Antiemetic Solution

Products

ONDANSETRON HCL

ZOFRAN

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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V441	GASTROSTOMY STATUS
V5811	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Antifungals, Oral Granules

Products

LAMISIL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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1100	DERMATOPHYTOSIS OF SCALP AND BEARD
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Antifungals, Oral Tablet

Products

ONMEL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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1101	DERMATOPHYTOSIS OF NAIL
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Antiparkinson's Agents

Products

MIRAPEX ER

PRAMIPEXOLE ER

REQUIP XL

ROPINIROLE HCL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
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3320	PARALYSIS AGITANS
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3321	SECONDARY PARKINSONISM
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Antiviral Agents

Products

CIDOFOVIR VISTIDE

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

0785	CYTOMEGALOVIRAL DISEASE
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Central Nervous System Agents, Misc

Products

RILUTEK RILUZOLE

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

33520	AMYOTROPHIC LATERAL SCLEROSIS
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Products

NUEDEXTA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

31081	PSEUDOBULBAR AFFECT
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

COPD Agents

Products

DALIRESP

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
4910	SIMPLE CHRONIC BRONCHITIS
4911	MUCOPURULENT CHRONIC BRONCHITIS
49120	OBSTRUCTIVE CHRONIC BRONCHITIS WITHOUT EXACERBATION
49121	OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION
49122	OBSTRUCTIVE CHRONIC BRONCHITIS WITH ACUTE BRONCHITIS
4918	OTHER CHRONIC BRONCHITIS
4919	UNSPECIFIED CHRONIC BRONCHITIS
496	CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED

Gamma Aminobutyric Acid Class

Products

HORIZANT

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
05319	HERPES ZOSTER WITH OTHER NERVOUS SYSTEM COMPLICATIONS
33394	RESTLESS LEGS SYNDROME (RLS)

Products

GRALISE

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
05319	HERPES ZOSTER WITH OTHER NERVOUS SYSTEM COMPLICATIONS

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Hypoglycemic

Products

SYMLINPEN 120

SYMLINPEN 60

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT ST
25001	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE I [JUVENILE TYPE] NOT STATED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE II OR UNSPECIFIED TYPE UNCON
25003	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE I [JUVENILE TYPE] UNCONTROLL

Lipdystrophy

Products

MYALEPT

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

2726	LIPODYSTROPHY
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Products

EGRIFTA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

Both diagnosis codes required or see below

ICD-9 Description

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
2726	LIPODYSTROPHY

Or an alternative combination of codes

ICD-9 Description

07953	HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 [HIV-2]
2726	LIPODYSTROPHY

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Lipodoses

Products

CERDELGA

ZAVESCA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

2727	LIPIDOSES
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Lipotropics, Other

Products

JUXTAPID

KYNAMRO

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

2720	PURE HYPERCHOLESTEROLEMIA
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Narcotic Antagonists

Products

NALTREXONE HCL

REVIA

VIVITROL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
30390	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR
30391	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR
30392	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE EPISODIC DRINKING BEHAVIOR
30393	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION
30400	OPIOID TYPE DEPENDENCE UNSPECIFIED USE
30401	OPIOID TYPE DEPENDENCE CONTINUOUS USE
30402	OPIOID TYPE DEPENDENCE EPISODIC USE
30403	OPIOID TYPE DEPENDENCE IN REMISSION
30500	NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR
30501	NONDEPENDENT ALCOHOL ABUSE CONTINUOUS DRINKING BEHAVIOR
30502	NONDEPENDENT ALCOHOL ABUSE EPISODIC DRINKING BEHAVIOR
30503	NONDEPENDENT ALCOHOL ABUSE IN REMISSION
30550	NONDEPENDENT OPIOID ABUSE UNSPECIFIED USE
30551	NONDEPENDENT OPIOID ABUSE CONTINUOUS USE
30552	NONDEPENDENT OPIOID ABUSE EPISODIC USE
30553	NONDEPENDENT OPIOID ABUSE IN REMISSION

Opioid Dependency Agents

Products

BUNAVAIL
SUBOXONE

BUPRENORPHINE HCL
ZUBSOLV

BUPRENORPHINE-NALOXONE

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
30400	OPIOID TYPE DEPENDENCE UNSPECIFIED USE
30401	OPIOID TYPE DEPENDENCE CONTINUOUS USE
30402	OPIOID TYPE DEPENDENCE EPISODIC USE
30403	OPIOID TYPE DEPENDENCE IN REMISSION

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Pulmonary Anti-Hypertensive Agents

Products

ADCIRCA

REVATIO

SILDENAFIL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

ICD-9	Description
4160	PRIMARY PULMONARY HYPERTENSION
4168	OTHER CHRONIC PULMONARY HEART DISEASES

Smoking Cessation

Products

BUPROBAN

BUPROPION HCL SR

CHANTIX

NICODERM CQ

NICORELIEF

NICORETTE

NICOTINE GUM

NICOTINE PATCH

NICOTROL

NICOTROL NS

ZYBAN

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

ICD-9	Description
3051	NONDEPENDENT TOBACCO USE DISORDER

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

Stimulants and Related, Excluding Strattera and Vyvanse

Products

ADDERALL	ADDERALL XR	AMPHETAMINE SALT COMBO
APTENSIO XR	CONCERTA	DAYTRANA
DESOXYN	DEXEDRINE	DEXMETHYLPHENIDATE HCL
DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE ER
DEXTROAMPHETAMINE-AMPHET ER	EVEKEO	FOCALIN
FOCALIN XR	METADATE CD	METADATE ER
METHAMPHETAMINE HCL	METHYLIN	METHYLPHENIDATE ER
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL CD	METHYLPHENIDATE LA
METHYLPHENIDATE SR	PROCENTRA	QUILLIVANT XR
RITALIN	RITALIN LA	RITALIN-SR
ZENZEDI		

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

31400	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY
31401	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY
3141	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY
3142	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD
3148	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD
3149	UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD
34700	NARCOLEPSY WITHOUT CATAPLEXY
34701	NARCOLEPSY WITH CATAPLEXY
34710	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY
34711	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY

Stimulants and Related, Strattera

Products

STRATTERA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9 Description

31400	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY
31401	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY
3141	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY
3142	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD
3148	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD
3149	UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2015

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

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
31400	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY
31401	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY
3141	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY
3142	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD
3148	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD
3149	UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD
34700	NARCOLEPSY WITHOUT CATAPLEXY
34701	NARCOLEPSY WITH CATAPLEXY
34710	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY
34711	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY

Vitamins, Renal

Products

CENTRATEX	DIALYVITE	DIALYVITE 3000
DIALYVITE 800 WITH IRON	FERROCITE PLUS	FOLBEE PLUS
FOLBEE PLUS CZ	HEMOCYTE PLUS	NEPHROCAPS
NEPHRON FA	NEPHRO-VITE RX	RENAL CAPS
RENAX	RENO CAPS	TRIPHROCAPS
VIRT-CAPS	VOL-CARE RX	

Diagnosis Code Must Be Submitted on: Claim Prior Authorization

ICD-9	Description
28521	ANEMIA IN CHRONIC KIDNEY DISEASE
5851	CHRONIC KIDNEY DISEASE STAGE I
5852	CHRONIC KIDNEY DISEASE STAGE II (MILD)
5853	CHRONIC KIDNEY DISEASE STAGE III (MODERATE)
5854	CHRONIC KIDNEY DISEASE STAGE IV (SEVERE)
5855	CHRONIC KIDNEY DISEASE STAGE V
5856	END STAGE RENAL DISEASE
5859	CHRONIC KIDNEY DISEASE UNSPECIFIED
5889	UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION