

ForwardHealth Pharmacy Data Table

Diagnosis Restrictions

Note: Prescribers are required to indicate the diagnosis code or description on prescriptions for diagnosis-restricted drugs. If a diagnosis code is not indicated on the prescription, pharmacy providers should contact the prescriber to obtain the diagnosis code or description. *It is not acceptable for pharmacy providers to obtain the diagnosis code or description from the member.*

All diagnosis codes indicated on claims (and PA requests when applicable).

Preferred Diagnosis-Restricted Drugs

Pharmacy providers should submit the most specific ICD-9-CM diagnosis code on claims for preferred drugs.

Non-preferred Diagnosis-Restricted Drugs

Prescribers should indicate the most specific ICD-9-CM diagnosis code for non-preferred drugs on the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request.

Diagnosis Outside the Allowed Diagnoses

BadgerCare Plus Standard Plan, Medicaid, and Senior Care

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).

November 1, 2013

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Analgesics, Narcotics</u> <u>Agonist-Antagonist.</u> (Requires PA) (Non-Covered Service for codes not listed)	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone Zubsolv	30400 --> 30403	Opioid Type Dependence
<u>Anticoagulants</u>	Apixaban	Eliquis	42731	Atrial Fibrillation
<u>Antidiarrheal</u>	Crofelemer	Fulyzaq	042 07953	HIV Disease Human Immunodeficiency Virus Type 2 [HIV-2]
<u>Anticonvulsants</u>	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Antiemetics</u>	Ondansetron solution	Zofran	V441	Gastrostomy
			Or	
		For members 0-3 years old	78701 V5811	Both
	Ondansetron solution	Zofran	V441	Gastrostomy
	For members 4 years old and up			
<u>Antifungals, Oral</u>	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) (Non-Covered Service for code not listed)
	Itraconazole	Sporanox	1120	Candidiasis of mouth (Thrush)
			11284	Candidial esophagitis
			1150 --> 1159	Histoplasmosis infection
			1160 --> 1162	Blastomycotic infection
		1172	Chromoblastomycosis	
		1173	Aspergilloisis	
	Terbinafine	Lamisil Granules	1100	Dermatophytosis of scalp and beard
<u>Antiparkinson's Agents</u>	Pramipexole	Mirapex ER	3320	Paralysis Agitans-Parkinsonism or Parkinson's disease
	Ropinirole	Requip XL	3321	Secondary Parkinsonism
<u>Anti-Ulcer Agents</u> (Non-Covered Service for code not listed)	Misoprostol	Cytotec	E9356	NSAID induced gastric/duodenal ulcer
			53100 --> 53101	Acute gastric ulcer with hemorrhage with/without obstruction
			53110 --> 53111	Acute gastric ulcer with perforation with/without obstruction
			53120 --> 53121	Acute gastric ulcer with hemorrhage and perforation with/without obstruction
			53130 --> 53131	Acute gastric ulcer without hemorrhage or perforation with/withou obstruction
			53140 --> 53141	Chronic or unspecified gastric ulcer with hemorrhage with/without obstruction
			53150 --> 53151	Chronic or unspecified gastric ulcer with perforation with/without obstruction
			53160 --> 53161	Chronic or unspecified gastric ulcer with hemorrhage and perforation with/without obstruction
			53170 --> 53171	Chronic gastric ulcer without hemorrhage or perforation with/without obstruction
			53190 --> 53191	Gastric ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction
			53200 --> 53201	Acute duodenal ulcer with hemorrhage with/without obstruction
			53210 --> 53211	Acute duodenal ulcer with perforation with/without obstruction
			53220 --> 53221	Acute duodenal ulcer with hemorrhage and perforation with/without obstruction
			53230 --> 53231	Acute duodenal ulcer without hemorrhage or perforation with/without obstruction
			53240 --> 53241	Chronic or unspecified duodenal ulcer with hemorrhage with/without obstruction
			53250 --> 53251	Chronic or unspecified duodenal ulcer with perforation with/withou obstruction
			53260 --> 53261	Chronic or unspecified duodenal ulcer with hemorrhage and perforation with/withou obstruction
			53270 --> 53271	Chronic duodenal ulcer without hemorrhage or perforation with/without obstruction
			53290 --> 53291	Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease
<u>Central Nervous System Agents, Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Tetrabenazine	Xenazine		Requires diagnosis to be submitted on claim.
	Dextromethrophan/quinidir Nuedexta		31081 340 33520	Pseudobulbar affect Multiple sclerosis Amyotrophic lateral sclerosis (ALS)
<u>COPD Agents</u>	Roflumilast	Daliresp	4910 4911 49120 49121 49122 4918 4919 496	Simple chronic bronchitis Mucopurulent chronic bronchitis Obstructive chronic bronchitis without exacerbation Obstructive chronic bronchitis with (acute) exacerbation Obstructive chronic bronchitis with acute bronchitis Other chronic bronchitis Unspecified chronic bronchitis Chronic airway obstruction not elsewhere classified
<u>Diabetic Supplies</u> (PA is not required for these diagnosis codes)	Blood glucose calibrator solutions and chips Blood glucose meters Blood glucose test strips Insulin syringes Lancets Lancet devices		25000 --> 25003 64800 64803 64804 64880 64883	Diabetes mellitus without mention of complication Diabetes in pregnancy unspecified Antepartum diabetes mellitus Postpartum diabetes Mellitus Abnormal glucose tolerance in pregnancy unspecified Abnormal glucose tolerance of mother antepartum
(PA is required for these diagnosis codes)	Blood glucose calibrator solutions and chips Blood glucose meters Blood glucose test strips Lancets Lancet devices		24900 24901 2508 2511 2777 79021 79022 79029	Secondary diabetes mellitus without complications [not stated] Secondary diabetes without complications [uncontrolled] Diabetic Hypoglycemia Hyperinsulinemic hypoglycemia Dysmetabolic syndrome X Impaired fasting glucose Abnormal glucose tolerance test Pre-diabetes NOS
<u>Endocrine Agents/Enzymes</u>	Miglustat	Zavesca	2727	Gaucher's Disease
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u> (Non-Covered Service for codes not listed)	Gabapentin	Horizant (only)	33394 05319	Restless Legs Syndrom (RLS) Herpes Zoster with Other Nervous System Complications
	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
<u>Hypoglycemics, GLP 1</u> (Requires PA) (Non-Covered Service for codes not listed)	Exenatide	Bydureon Byetta	25000 25002	Diabetes uncomplicated Type II Diabetes uncomplicated Type II uncontrolled
	Liraglutide	Victoza		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Hypoglycemic Symlin</u> (Requires PA regardless of Dx)	Pramlintide	Symlin	25000	Diabetes uncomplicated Type II
			25001	Diabetes Uncomplicated Type I
			25002	Diabetes uncomplicated Type II uncontrolled
			25003	Diabetes uncomplicated Type I uncontrolled
<u>Immunologic Agents, Immunosuppressives</u>	Muromonab CD3	Orthoclone OKT-3	9968	Organ transplant rejection
<u>Immunologic Agents, Interferons</u>	Interferon Alfa 2A	Roferon-A	07054	Chronic hepatitis C w/o hepatic coma
			1729	Malignant melanoma
			1760 --> 1769	Kaposi's sarcoma
			2024	Hairy cell leukemia
			2028	Non-Hodgkin's lymphoma
			2030	Multiple myeloma
			2051	Chronic myelocytic leukemia
	2337	Bladder carcinoma		
	2339	Renal cell carcinoma		
	Interferon Alfa 2B	Intron A	07054	Chronic hepatitis C w/o hepatic coma
07811			Condylomata acuminatum	
1729			Malignant Melanoma	
1760 --> 1769			Kaposi's sarcoma	
2024			Hairy cell leukemia	
2028	Non-Hodgkin's lymphoma			
2030	Multiple myeloma			
2337	Bladder carcinoma			
2339	Renal cell carcinoma			
Interferon Alfa N3	Alferon N	07811	Condylomata acuminatum	
Interferon Gamma 1B	Actimmune	2881	Chronic granulomatous disease	
		75652	Osteopetrosis	
<u>Lipdystrophy</u> (Non-Covered Service for diagnosis code not listed)	Tesamorelin	Egriftra	042	HIV Disease
			2726	Lipodystrophy
			or	
		07953	Human Immunodeficiency Virus Type 2 [HIV-2]	
		2726	Lipodystrophy	
<u>Multiple Sclerosis Agents, Other</u>	Dalfampridine	Ampyra	340	Multiple sclerosis
	Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Oncology Agents, Oral</u>	Cabozantinib	Cometriq	193	Malignant Neoplasm of thyroid
	Pomalidomide	Pomalyst	20300 20302	Multiple Myeloma without mention of having achieved remission Multiple Myeloma in relapse
<u>Progestin Agent</u> (Requires PA) (Non-Covered Service for code not listed)	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)
<u>Pulmonary Anti-Hypertensive Agents</u>	Ambrisentan	Letairis	4160	Primary pulmonary hypertension
	Bosentan	Tracleer	4168	Chronic pulmonary heart disease other
	Iloprost	Ventavis		
	Sildenafil	Revatio		
	Tadalafil	Adcirca		
Treprostinil	Tyvaso			
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibitor	Aralast Glassia Prolast Zemaira	2734	AAT, Alpha-1-antitrypsin deficiency
<u>Smoking Cessation</u>	Bupropion	Zyban	3051	Tobacco use disorder
	Nicotine	Nicoderm	30510	Tobacco abuse-Unspecified
		Nicorette	30511	Tobacco abuse-Continuous
		Nicotrol	30512	Tobacco abuse-Episodic
Varenicline Tartrate	Chantix			
<u>Stimulants and Related Agents</u>	Amphetamine Salts	Adderall	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood
		Adderall XR	34700	Narcolepsy without cataplexy
	Dexmethylphenidate	Focalin	34701	Narcolepsy with cataplexy
		Focalin XR	34710	Narcolepsy in conditions classified elsewhere without cataplexy
	Dextroamphetamine	Dexedrine Spansule	34711	Narcolepsy in conditions classified elsewhere with cataplexy
		Dextroamphetamine		
		Procentra		
	Lisdexamfetamine	Vyvanse		
	Methamphetamine	Desoxyn		
	Methylphenidate	Concerta ER		
		Daytrana		
		Metadate CD		
		Metadate ER		
		Methylin		
		Methylin ER		
Ritalin				
Ritalin LA				
Ritalin SR				
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
	Clonidine Guanefacine	Kapvay Intuniv ER	29900 - 29901 29910 - 29911 29980 - 29981 29990 - 29991 31200 - 31203 31210 - 31213 31220 - 21223 31230 - 31239 3124 31281 - 3129 31381 31400 - 3149	Autistic disorder Childhood disintegrative disorder Other specified pervasive developmental disorders Unspecified pervasive developmental disorders Undersocialized conduct disorder aggressive type Undersocialized conduct disorder unaggressive type Socialized conduct disorder Disorders of impulse control not elsewhere classified Mixed disturbance of conduct and emotions Other specified disturbances of conduct not elsewhere classified Oppositional defiant disorder Hyperkinetic syndrome/Attention deficit disorder of childhood
	Sodium oxybate* *Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.	Xyrem*	34700 34701	Narcolepsy without Cataplexy Narcolepsy with cataplexy
<u>Topical, Anti-Infectives</u>	Retapamulin	Altabax	684	Impetigo
<u>Topical Immunomodulators</u> (Requires PA regardless of Dx)	Pimecrolimus Tacrolimus	Elidel Protopic	6910 6918	Diaper or napkin rash Other, atopic dermatitis and related conditions
<u>Vitamins</u> (Non-Covered Service for codes not listed)	Prenatal		V22 --> V222 V23 --> V239 V241	Normal pregnancy High risk pregnancy Lactating
	Renal Care	Dialyvite Diatx Diatx FE Folbee Nephro-Vite Nephro-Vite +FE Renax Renax 5.5 Renax 5.6 Renax 5.7 Renax 5.8	28521 585 --> 5859 588 --> 588 5889 --> 5889	Anemia in end-stage renal disease Chronic Kidney Disease Disorders resulting from impaired renal function Unspecified disorder resulting from impaired renal function