

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/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: 5/1/2016

Antibiotics, Topical

Products

ALTABAX

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Antiemetic Solution

Products

ONDANSETRON HCL

ZOFRAN

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Antifungals, Oral Granules

Products

LAMISIL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

ICD-10	Description
B350	Tinea barbae and tinea capitis

Antifungals, Oral Tablet

Products

ONMEL

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

ICD-10	Description
B351	Tinea unguium

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Antiparkinson's Agents

Products

MIRAPEX ER

PRAMIPEXOLE ER

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

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

B258	Other cytomegaloviral diseases
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Central Nervous System Agents, Misc

Products

RILUTEK

RILUZOLE

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

G1221	Amyotrophic lateral sclerosis
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Products

NUEDEXTA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

F482	Pseudobulbar affect
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COPD Agents

Products

DALIRESP

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: 5/1/2016

Gamma Aminobutyric Acid Class

Products

HORIZANT

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

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Hypoglycemic

Products

SYMLINPEN 120

SYMLINPEN 60

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
E1010	Type 1 diabetes mellitus with ketoacidosis without coma
E1011	Type 1 diabetes mellitus with ketoacidosis with coma
E1021	Type 1 diabetes mellitus with diabetic nephropathy
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease
E1029	Type 1 diabetes mellitus with other diabetic kidney complication
E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E1036	Type 1 diabetes mellitus with diabetic cataract
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E1044	Type 1 diabetes mellitus with diabetic amyotrophy
E1049	Type 1 diabetes mellitus with other diabetic neurological complication
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1059	Type 1 diabetes mellitus with other circulatory complications
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10618	Type 1 diabetes mellitus with other diabetic arthropathy
E10620	Type 1 diabetes mellitus with diabetic dermatitis
E10621	Type 1 diabetes mellitus with foot ulcer
E10622	Type 1 diabetes mellitus with other skin ulcer
E10628	Type 1 diabetes mellitus with other skin complications
E10630	Type 1 diabetes mellitus with periodontal disease
E10638	Type 1 diabetes mellitus with other oral complications
E10641	Type 1 diabetes mellitus with hypoglycemia with coma
E10649	Type 1 diabetes mellitus with hypoglycemia without coma
E1065	Type 1 diabetes mellitus with hyperglycemia
E1069	Type 1 diabetes mellitus with other specified complication
E108	Type 1 diabetes mellitus with unspecified complications
E109	Type 1 diabetes mellitus without complications
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma

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Effective: 5/1/2016

Hypoglycemic

E1121	Type 2 diabetes mellitus with diabetic nephropathy
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease
E1129	Type 2 diabetes mellitus with other diabetic kidney complication
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E1136	Type 2 diabetes mellitus with diabetic cataract
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E1144	Type 2 diabetes mellitus with diabetic amyotrophy
E1149	Type 2 diabetes mellitus with other diabetic neurological complication
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1159	Type 2 diabetes mellitus with other circulatory complications
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11618	Type 2 diabetes mellitus with other diabetic arthropathy
E11620	Type 2 diabetes mellitus with diabetic dermatitis
E11621	Type 2 diabetes mellitus with foot ulcer
E11622	Type 2 diabetes mellitus with other skin ulcer
E11628	Type 2 diabetes mellitus with other skin complications
E11630	Type 2 diabetes mellitus with periodontal disease
E11638	Type 2 diabetes mellitus with other oral complications
E11641	Type 2 diabetes mellitus with hypoglycemia with coma
E11649	Type 2 diabetes mellitus with hypoglycemia without coma
E1169	Type 2 diabetes mellitus with other specified complication
E118	Type 2 diabetes mellitus with unspecified complications
E119	Type 2 diabetes mellitus without complications

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Lipodystrophy

Products

MYALEPT

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E881	Lipodystrophy, not elsewhere classified
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Products

EGRIFTA

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

ZAVESCA

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E7522	Gaucher disease
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Lipotropics, Other

Products

JUXTAPID

KYNAMRO

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E780	Pure hypercholesterolemia
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Narcotic Antagonists

Products

NALTREXONE HCL

VIVITROL

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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Diagnosis Restricted Drugs

Effective: 5/1/2016

Narcotic Antagonists

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

Opioid Dependency Agents

Products

BUNAVAIL BUPRENORPHINE HCL BUPRENORPHINE-NALOXONE
SUBOXONE ZUBSOLV

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

Pulmonary Anti-Hypertensive Agents

Products

ADCIRCA REVATIO SILDENAFIL

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 OFEV

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

J84112	Idiopathic pulmonary fibrosis
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ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2016

Smoking Cessation

Products

BUPROBAN	BUPROPION HCL SR	CHANTIX
NICODERM CQ	NICORELIEF	NICORETTE
NICOTINE GUM	NICOTINE LOZENGE	NICOTINE PATCH
NICOTROL	NICOTROL NS	ZYBAN

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: 5/1/2016

Stimulants and Related, Excluding Strattera and Vyvanse

Products

ADDERALL	ADDERALL XR	ADZENYS XR-ODT
APTENSIO XR	CONCERTA	DAYTRANA
DESOXYN	DEXEDRINE	DEXMETHYLPHENIDATE HCL
DEXMETHYLPHENIDATE HCL ER	DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE ER
DEXTROAMPHETAMINE-AMPHET ER	DEXTROAMPHETAMINE-AMPHETAMINE	DYANAVEL XR
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	ZENZEDI	

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

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: 5/1/2016

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 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

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

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