

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/cms/public/physician/administered-drug-resources>

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Alzheimer's Agents

Products

memantine hcl e (Example brand: NAMENDA XR) memantine hcl er (Example brand: NAMENDA XR) 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, Inhaled

Products

ARIKAYCE (amikacin liposomal)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
A310	Pulmonary mycobacterial infection
A312	Disseminated mycobacterium avium-intracellulare complex (DMAC)

Anticonvulsants

Products

DIACOMIT (stiripentol)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
G40833	Dravet Syndrome, Intractable, with status Epilepticus
G40834	Dravet Syndrome, Intractable, without status Epilepticus

Products

EPIDIOLEX (cannabidiol)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

G40811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40814	Lennox-Gastaut syndrome, intractable, without status epilepticus

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

G40833	Dravet Syndrome, Intractable, with status Epilepticus
G40834	Dravet Syndrome, Intractable, without status Epilepticus

ICD-10 Description

G40811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40833	Dravet Syndrome, Intractable, with status Epilepticus
G40834	Dravet Syndrome, Intractable, without status Epilepticus
Q851	Tuberous Sclerosis

Products

BANZEL (rufinamide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

G40811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40814	Lennox-Gastaut syndrome, intractable, without status epilepticus

Products

FINTEPLA (fenfluramine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Anticonvulsants

Products

SYMPAZAN (clobazam)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
G40811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40814	Lennox-Gastaut syndrome, intractable, without status epilepticus

Products

ZTALMY (ganaxolone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
G4042	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder

Antidepressants, Other

Products

ZURZUVAE (zuranolone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
F530	Postpartum depression

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

Antiviral Agents

Products

LIVTENCITY (maribavir)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
--------	-------------

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

B250	Cytomegaloviral disease pneumonitis
B251	Cytomegaloviral disease hepatitis
B252	Cytomegaloviral disease pancreatitis
B258	Other cytomegaloviral diseases
B259	Cytomegaloviral disease, Unspecified

Central Nervous System Agents, Miscellaneous

Products

RELYVRIO (phenylbutyrate)

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
------	---------------------

Cystic Fibrosis

Products

BRONCHITOL (mannitol)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E840	Cystic Fibrosis with Pulmonary Manifestations
E8411	Meconium Ileus in Cystic Fibrosis
E8419	Cystic Fibrosis with Other Intestinal Manifestations
E848	Cystic Fibrosis with Other Manifestations
E849	Cystic Fibrosis, Unspecified

Epidermolysis Bullosa

Products

FILSUYEZ (birch bark extract)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

ICD-10 Description

ICD-10	Description
Q810	Epidermolysis Bullosa Simplex
Q811	Epidermolysis Bullosa Letalis
Q812	Epidermolysis Bullosa Dystrophica
Q818	Other Epidermolysis Bullosa
Q819	Epidermolysis Bullosa, unspecified

Friedreich's Ataxia

Products

SKYCLARYS (omaveloxolone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

ICD-10	Description
G1111	Friedreich Ataxia

Gamma Aminobutyric Acid Class

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

Glucocorticoids, Oral

Products

EOHILIA (budesonide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

Hypoglycemics, GLP1

ICD-10	Description
K200	Eosinophilic Esophagitis

Products

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

BYDUREON BCISE (exenatide microspheres)

BYETTA (exenatide)

MOUNJARO (tirzepatide)

OZEMPIC (semaglutide)

RYBELSUS (semaglutide)

TRULICITY (dulaglutide)

VICTOZA 2-PAK (liraglutide)

VICTOZA 3-PAK (liraglutide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma
E1110	Type 2 diabetes mellitus with ketoacidosis without coma
E1111	Type 2 diabetes mellitus with ketoacidosis with coma
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
E113211	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, rt eye
E113212	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, lt eye
E113213	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, bilat
E113219	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, unsp eye
E113291	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, rt eye
E113292	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, lt eye
E113293	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, bilat
E113299	Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, unsp eye
E113311	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, rt eye
E113312	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, lt eye
E113313	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, bilat
E113319	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, unsp eye
E113391	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, rt eye
E113392	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, lt eye
E113393	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, bilat
E113399	Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, unsp eye
E113411	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, rt eye
E113412	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, lt eye
E113413	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, bilat
E113419	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, unsp eye
E113491	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, rt eye
E113492	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, lt eye
E113493	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, bilat
E113499	Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, unsp eye

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

E113511	Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, right eye
E113512	Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, left eye
E113513	Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, bilateral
E113519	Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, unspecified eye
E113521	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, rt eye
E113522	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, lt eye

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Hypoglycemics, GLP1

E113523	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, bilat
E113529	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, unsp eye
E113531	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, rt eye
E113532	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, lt eye
E113533	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, bilat
E113539	Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, unsp eye
E113541	Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, rt eye
E113542	Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, lt eye
E113543	Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, bilat
E113549	Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, unsp
E113551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E113552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E113553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E113559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E113591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E113592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E113593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E113599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1136	Type 2 diabetes mellitus with diabetic cataract
E1137X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1137X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1137X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1137X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

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
E1165	Type 2 diabetes mellitus with hyperglycemia
E1169	Type 2 diabetes mellitus with other specified complication
E118	Type 2 diabetes mellitus with unspecified complications
E119	Type 2 diabetes mellitus without complications

Lipodystrophy

Products

MYALEPT (metreleptin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
E881	Lipodystrophy, not elsewhere classified

Products

EGRIFTA SV (tesamorelin)

Claim Prior Authorization Request

Diagnosis Code Must Be Submitted on:

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

E7521	Fabry (-Anderson) Disease
-------	---------------------------

CERDELGA (eliglustat tartrate)

YARGESA (miglustat)

ZAVESCA (miglustat)

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Lysosomal Storage Disorder

Products

GALAFOLD (migalastat)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

Movement Disorders

Products

AUSTEDO (deutetrabenazine)

AUSTEDO XR (deutetrabenazine)

AUSTEDO XR TITRATION KT(WK1-4) (deutetrabenazine)

INGREZZA (valbenazine)

INGREZZA INITIATION PACK (valbenazine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

G10	Huntington's Disease
G2401	Drug Induced Subacute Dyskinesia
G2402	Other induced Acute Dystonia
G2409	Other Drug Induced Dystonia

Products

XENAZINE (tetrabenazine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

G10	HUNTINGTON'S DISEASE
-----	----------------------

Multiple Sclerosis Agents, Other

Products

AMPYRA (dalfampridin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

G35	Multiple sclerosis
-----	--------------------

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Myasthenia Gravis

Products

ZILBRYSQ (zilucoplan)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

ICD-10	Description
G7000	Myasthenia Gravis without (Acute) Exacerbation
G7001	Myasthenia Gravis with (Acute) Exacerbation

Neuropathic Pain

Products

LYRICA CR (pregabalin)

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
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
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

Ophthalmics, Presbyopia

Products

VUITY (pilocarpine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

ICD-10 Description

H524	Presbyopia
------	------------

Opioid Dependency - Buprenorphine

Products

BRIXADI (buprenorphine) buprenorphine 2 (Example brand: SUBUTEX)
 buprenorphine 8 (Example brand: SUBUTEX) buprenorphine hcl (Example brand: SUBUTEX) buprenorphine-naloxone
 (Example brand: SUBOXONE) SUBLOCADE (buprenorphine) 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
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

Opioid Dependency Agents - Methadone

Products

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Opioid Dependency and Alcohol Abuse/Dependency Agents

Products

naltrexone 50 m (Example brand: REVIA)
VIVITROL (naltrexone microspheres)

naltrexone hcl (Example brand: REVIA)

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

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

Opioid Dependency and Alcohol Abuse/Dependency Agents

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

Paroxysmal Nocturnal Hemoglobinuria

Products

EMPAVELI (pegcetacoplan)
VOYDEYA (danicopan)

FABHALTA (iptacopan)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

D595	Paroxysmal Nocturnal Hemoglobinuria
------	-------------------------------------

Peptic Ulcer

Products

DARTISLA (glycopyrrolate)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E7402	Pompe disease
K270	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE
K271	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

K272	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION
K273	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K274	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE
K275	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION
K276	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PER
K277	CHRONIC PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K279	PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE

Pompe Disease

Products

OPFOLDA (miglustat)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

Primary Hyperoxaluria

Products

RIVFLOZA (nedosiran)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E7253	Primary Hyperoxaluria
-------	-----------------------

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

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

Proteinuria Reduction

Products

TARPEYO (budesonide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
--------	-------------

N028	RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES
------	---

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

Pulmonary Anti-Hypertensive Agents

Products

ADCIRCA (tadalafil)

ALYQ (tadalafil)

LIQREV (sildenafil citrate)

REVATIO (sildenafil citrate)

TADLIQ (tadalafil)

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: 5/1/2024

Smoking Cessation

Products

bupropion hcl sr 150 mg tablet (Example brand: ZYBAN) CHANTIX (varenicline tartrate) nicotine gum (Example brand: NICORETTE) nicotine lozenge (Example brand: NICORETTE) nicotine lozenge (Example brand: NICOTINE) nicotine patch (Example brand: CVS NICOTINE) nicotine patch (Example brand: NICOTINE) NICOTROL (nicotine) NICOTROL NS (nicotine) varenicline 0.5 (Example brand: CHANTIX) varenicline tartrate (Example brand: CHANTIX)

Diagnosis Code Must Be Submitted on:

Claim

Prior Authorization Request

F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, combined type

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

ICD-10 Description

F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type
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

Stimulants, Desoxy

Products

methamphetamine hcl (Example brand: DESOXYN)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

Stimulants, Excluding Desoxyn and Vyvanse

Products

ADDERALL (dextroamphetamine/amphetamine)
 ADHANSIA XR (methylphenidate)
 APTENSIO XR (methylphenidate hcl)

ADDERALL XR (dextroamphetamine/amphetamine)
 ADZENYS XR-ODT (amphetamine)
 AZSTARYS (serdexmethylphenidate/dexmethylphenidate)

ForwardHealth

Diagnosis Restricted Drugs

Effective: 5/1/2024

CONCERTA (methylphenidate hcl) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate hcl) DEXEDRINE

(dextroamphetamine sulfate)
 dextroamphetamine sulfate er (Example brand: DEXEDRINE) DYANAVEL XR (amphetamine)
 EVEKEO (amphetamine) FOCALIN (dexmethylphenidate hcl)
 FOCALIN XR (dexmethylphenidate hcl) JORNAY PM (methylphenidate er)
 METHYLIN (methylphenidate hcl) methylphenidate er (Example brand: METADATE ER) methylphenidate er (Example brand: METHYLIN) methylphenidate hcl (Example brand: METHYLIN CHEW) methylphenidate hcl cd (Example brand: METADATE CD) methylphenidate hcl er (cd) (Example brand: METADATE) methylphenidate la (Example brand: RITALIN LA) MYDAYIS (dextroamphetamine/amphetamine)
 PROCENTRA (dextroamphetamine sulfate) QUILLICHEW ER (methylphenidate hcl)
 QUILLIVANT XR (methylphenidate hcl) RELEXXII (methylphenidate hcl)
 RELEXXII (methylphenidate) 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

Stimulants, Vyvanse

Products

VYVANSE (lisdexamfetamine dimesylate)

VYVANSE CHEWABLE (lisdexamfetamine dimesylate)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
F5081	Binge Eating Disorder
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: 5/1/2024

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)
TRIPHROCAPS (vitamin b complex) VIRT-CAPS (vitamin b complex) VP-VITE RX (vitamin b complex) WESCAPS
(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)
N1830	Chronic kidney disease, stage 3 unspecified
N1831	Chronic kidney disease, stage 3A
N1832	Chronic kidney disease, stage 3B
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