

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2020

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

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)

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: 7/1/2020

Antiviral Agents

Products

cidofovir (Example brand: VISTIDE)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
B258	Other cytomegaloviral diseases

Central Nervous System Agents, Miscellaneous

Products

RILUTEK (riluzole)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
G1221	Amyotrophic lateral sclerosis

Products

NUDEXTA (dextromethorphan hbr/quinidine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
F482	Pseudobulbar affect

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2020

Gamma Aminobutyric Acid Class

Products

HORIZANT (gabapentin enacarbil)

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

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
B0221	Postherpetic geniculate ganglionitis
B0222	Postherpetic trigeminal neuralgia
B0223	Postherpetic polyneuropathy
B0224	Postherpetic myelitis
B0229	Other postherpetic nervous system involvement

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

Gonadotropin-Releasing Hormone Receptor Antagonist

Products

ORILISSA (elagolix sodium)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10	Description
N800	Endometriosis of uterus
N801	Endometriosis of ovary
N802	Endometriosis of fallopian tube
N803	Endometriosis of pelvic peritoneum
N804	Endometriosis of rectpvagomal septum and vagina
N805	Endometriosis of intestine
N806	Endometriosis of cutaneous scar
N808	Other Endometriosis
N809	Endometriosis, unspecified

ICD-10	Description
N800	Endometriosis of uterus
N801	Endometriosis of ovary
N802	Endometriosis of fallopian tube
N803	Endometriosis of pelvic peritoneum
N804	Endometriosis of rectpvagomal septum and vagina
N805	Endometriosis of intestine
N806	Endometriosis of cutaneous scar
N808	Other Endometriosis
N809	Endometriosis, unspecified

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2020

Lipodystrophy

Products

MYALEPT (metreleptin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

E881	Lipodystrophy, not elsewhere classified
------	---

Products

EGRIFTA (tesamorelin)

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

Lysosomal Storage Disorder

Products

GALAFOLD (migalastat)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2020

Multiple Sclerosis Agents, Other

Products

AMPYRA (dalfampridin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

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

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

Neuropathic Pain

Products

LYRICA CR (pregabalin)

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
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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 7/1/2020

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: 7/1/2020

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)

ALYQ (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: 7/1/2020

Pulmonary Fibrosis Agents

Products

ESBRIET (pirfenidone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

J84112	Idiopathic pulmonary fibrosis
--------	-------------------------------

Smoking Cessation

Products

CHANTIX (varenicline tartrate)	NICORELIEF (nicotine)
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)
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: 7/1/2020

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)
ADHANSIA XR (methylphenidate) ADZENYS ER (amphetamine)
ADZENYS XR-ODT (amphetamine) APTENSIO XR (methylphenidate hcl)
CONCERTA (methylphenidate hcl) COTEMPLA XR-ODT (methylphenidate)
DAYTRANA (methylphenidate hcl) DEXEDRINE (dextroamphetamine sulfate)
DYANAVEL XR (amphetamine) EVEKEO (amphetamine)
FOCALIN (dexmethylphenidate hcl) FOCALIN XR (dexmethylphenidate hcl)
JORNAY PM (methylphenidate er) METADATE ER (methylphenidate hcl)
METHYLIN (methylphenidate hcl) methylphenidate er (Example brand: METHYLIN)
methylphenidate hcl (Example brand: METHYLIN CHEW) methylphenidate hcl cd (Example brand: METADATE CC)
methylphenidate hcl er (cd) (Example brand: METADATE CD) methylphenidate la (Example brand: RITALIN LA)
MYDAYIS (dextroamphetamine/amphetamine) PROCENTRA (dextroamphetamine sulfate)
QUILLIVANT XR (methylphenidate hcl) RELEXII ER 72 MG TABLET (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: 7/1/2020

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

Vitamins, Renal

Products

DIALYVITE (folic acid combination)

DIALYVITE 800 WITH IRON (fe fumarate combinations)

FOLBEE PLUS (folic acid combination)

HEMATINIC PLUS (iron combinations)

NEPHRO-VITE RX (vitamin b complex)

RENA-VITE RX (vitamin b complex)

TRIPHROCAPS (vitamin b complex)

VP-VITE RX (vitamin b complex)

DIALYVITE 3000 (folic acid combination)

FERROCITE PLUS (iron combinations)

FOLBEE PLUS CZ (folic acid combination)

HEMOCYTE PLUS (fe fumarate combinations)

RENAL CAPS (vitamin b complex)

RENO CAPS (vitamin b complex)

VIRT-CAPS (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