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 pharmcy providers are required to retain a completed copy of the PA form(s).

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Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Analgesics, Narcotics Agonist-Antagonist. **(Requires PA)** **(Non-Covered Service for codes not listed)**	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone Zubsolv	30400 --> 30403	Opioid Type Dependence
Anticonvulsants	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy
Antiemetics	Ondansetron solution **For members 0-3 years old**	Zofran	V441 **Or**	Gastrostomy
			78701 **Both** V5811	Nausea and Vomiting Encounter for antineoplastic chemotherapy
	Ondansetron solution **For members 4 years old and up**	Zofran	V441	Gastrostomy

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Antifungals, Oral	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis)
				(Non-Covered Service for code not listed)
	Terbinafine	Lamisil Granules	1100	Dermatophytosis of scalp and beard
Antiparkinson's Agents	Pramipexole	Mirapex ER	3320	Paralysis Agitans-Parkinsonism or Parkinson's disease
	Ropinirole	Requip XL	3321	Secondary Parkinsonism
Anti-Ulcer Agents **(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 perofration with/without obstruction
Antiviral Agents	Cidofovir	Vistide	0785	Cytomegaloviral disease
Central Nervous System Agents, Miscellaneous	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Dextromethorphan/quinidine	Nuedexta	31081	Pseudobulbar affect
COPD Agents	Roflumilast	Daliresp	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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Endocrine Agents/Enzymes	Eliglustat	Cerdelga	2727	Gaucher's Disease
	Miglustat	Zavesca		
Gamma Aminobutyric Acid Class	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
			05319	Herpes Zoster with Other Nervous System Complications
(Non-Covered Service for codes not listed)	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
~~Hypoglycemics, GLP 1 (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~~		
Hypoglycemic Symlin **(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
Leptin Hormone Analog	Metreleptin	Myalept	2726	Lipodystrophy
Lipdystrophy **(Non-Covered Service for diagnosis code not listed)**	Tesamorelin **Two diagnosis codes are required on claim-Member must have diagnosis of HIV Disease or HIV-2 Disease plus Lipodystrophy**	Egrifta	042 2726	HIV Disease Lipodystrophy
			or	
			07953 2726	Human Immunodeficiency Virus Type 2 [HIV-2] Lipodystrophy
Lipotropics, Other	Lomitapide	Juxtapid	2720	Pure hypercholesterolemia
	Mipomersen	Kynamro		
Multiple Sclerosis Agents, Other	Dalfampridine **Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.**	Ampyra	340	Multiple sclerosis
Narcotic Antagonists	Naltrexone	Revia Vivitrol	30390 - 30393 30400 - 30403 30500 30550 - 30553	Other and unspecified alcohol dependence Opioid type dependence Nondependent alcohol abuse unspecified drinking behavior Nondependent opioid abuse
Progestin Agent **(Requires PA)**	Progesterone, micronized gel	Crinone		
Pulmonary Anti-Hypertensive Agents	Sildenafil	Revatio	4160	Primary pulmonary hypertension
	Tadalafil	Adcirca	4168	Chronic pulmonary heart disease other
Smoking Cessation	Bupropion	Zyban	3051	Tobacco use disorder
	Nicotine	Nicoderm Nicorette Nicotrol		
	Varenicline Tartrate	Chantix		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Stimulants and Related Agents	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		
		Quillivant XR		
	Methylphenidate	Concerta ER		
		Daytrana		
		Metadate CD		
		Metadate ER		
		Methylin		
		Methylin ER		
		Ritalin		
Stimulants and Related Agents (cont)		Ritalin LA		
		Ritalin SR		
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	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
Topical, Anti-Infectives	Retapamulin	Altabax	684	Impetigo
Vitamins (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