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
Diagnosis Restricted Drugs

Alzheimer’s Agents

**Products**

NAMENDA XR (memantine hcl)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0150</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F0151</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>G300</td>
<td>Alzheimer's disease with early onset</td>
</tr>
<tr>
<td>G301</td>
<td>Alzheimer's disease with late onset</td>
</tr>
<tr>
<td>G308</td>
<td>Other Alzheimer's disease</td>
</tr>
<tr>
<td>G309</td>
<td>Alzheimer's disease, unspecified</td>
</tr>
</tbody>
</table>

Aminoglycoside, Inhaled

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A310</td>
<td>Pulmonary mycobacterial infection</td>
</tr>
<tr>
<td>A312</td>
<td>Disseminated mycobacterium avium-intracellulare complex (DMAC)</td>
</tr>
</tbody>
</table>

Antifungals, Oral Tablet

**Products**

ONMEL (itraconazole)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B351</td>
<td>Tinea unguium</td>
</tr>
</tbody>
</table>

Antineoplastic and Premalignant Lesion Agent, Topical

**Products**

diclofenac sodium 3% gel (Example brand: SOLARAZE)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L570</td>
<td>Actinic Keratosis</td>
</tr>
</tbody>
</table>
Antiviral Agents

<table>
<thead>
<tr>
<th>Products</th>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>cidofovir (Example brand: VISTIDE)</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>ICD-10 Description</td>
<td>B258</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other cytomegaloviral diseases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Central Nervous System Agents, Miscellaneous

<table>
<thead>
<tr>
<th>Products</th>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA (dextromethorphan hbr/quinidine)</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>ICD-10 Description</td>
<td>G1221</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amyotrophic lateral sclerosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Products</th>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F482</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pseudobulbar affect</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Gamma Aminobutyric Acid Class

**Products**

HORIZANT (gabapentin enacarbil)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0221</td>
<td>Postherpetic geniculate ganglionitis</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>B0222</td>
<td>Postherpetic trigeminal neuralgia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0223</td>
<td>Postherpetic polyneuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0224</td>
<td>Postherpetic myelitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0229</td>
<td>Other postherpetic nervous system involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2581</td>
<td>Restless legs syndrome</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Products**

GRALISE (gabapentin)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>B0221</td>
<td>Postherpetic geniculate ganglionitis</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>B0222</td>
<td>Postherpetic trigeminal neuralgia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0223</td>
<td>Postherpetic polyneuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0224</td>
<td>Postherpetic myelitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B0229</td>
<td>Other postherpetic nervous system involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Gonadotropin-Releasing Hormone Receptor Antagonist

**Products**

ORILISSA (elagolix sodium)

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>N800</td>
<td>Endometriosis of uterus</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N801</td>
<td>Endometriosis of ovary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N802</td>
<td>Endometriosis of fallopian tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N803</td>
<td>Endometriosis of pelvic peritoneum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N804</td>
<td>Endometriosis of rectovagomal septum and vagina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N805</td>
<td>Endometriosis of intestine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N806</td>
<td>Endometriosis of cutaneous scar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N808</td>
<td>Other Endometriosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N809</td>
<td>Endometriosis, unspecified</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Lipodystrophy

<table>
<thead>
<tr>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E881 Lipodystrophy, not elsewhere classified</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Products

EGRIFTA (tesamorelin)

<table>
<thead>
<tr>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both diagnosis codes required or see below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-10 Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B20 Human immunodeficiency virus [HIV] Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E881 Lipodystrophy, not elsewhere classified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or an alternative combination of codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-10 Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B9735 Human immunodeficiency virus, Type 2 [HIV 2] as the cause of diseases classified elsewhere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E881 Lipodystrophy, not elsewhere classified</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Lipodoses

## Products

CERDELGA (eliglustat tartrate) ZAVESCA (miglustat)

<table>
<thead>
<tr>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7522 Gaucher disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Lysosomal Storage Disorder

<table>
<thead>
<tr>
<th>Diagnosis Code Must Be Submitted on:</th>
<th>Claim</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7521 Fabry (-Anderson) Disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Opioid Dependency - Buprenorphine

**Products**

- **BUNAVAIL** (buprenorphine hcl/naloxone)
- Buprenorphine-naloxone (Example brand: SUBOXONE)
- **SUBOXONE** (buprenorphine hcl/naloxone)

**Claim**

Prior Authorization Request Diagnosis Code Must Be Submitted on:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1120</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F1120</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F1121</td>
<td>Opioid dependence, in remission</td>
</tr>
<tr>
<td>F1124</td>
<td>Opioid dependence with opioid-induced mood disorder</td>
</tr>
<tr>
<td>F11250</td>
<td>Opioid dependence with opioid-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F11251</td>
<td>Opioid dependence with opioid-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F11259</td>
<td>Opioid dependence with opioid-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F11281</td>
<td>Opioid dependence with opioid-induced sexual dysfunction</td>
</tr>
<tr>
<td>F11282</td>
<td>Opioid dependence with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11288</td>
<td>Opioid dependence with other opioid-induced disorder</td>
</tr>
<tr>
<td>F1129</td>
<td>Opioid dependence with unspecified opioid-induced disorder</td>
</tr>
</tbody>
</table>

# Opioid Dependency Agents - Methadone

**Products**

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

**Claim**

Prior Authorization Request Diagnosis Code Must Be Submitted on:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1120</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F1121</td>
<td>Opioid dependence, in remission</td>
</tr>
<tr>
<td>F1124</td>
<td>Opioid dependence with opioid-induced mood disorder</td>
</tr>
<tr>
<td>F11250</td>
<td>Opioid dependence with opioid-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F11251</td>
<td>Opioid dependence with opioid-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F11259</td>
<td>Opioid dependence with opioid-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F11281</td>
<td>Opioid dependence with opioid-induced sexual dysfunction</td>
</tr>
<tr>
<td>F11282</td>
<td>Opioid dependence with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11288</td>
<td>Opioid dependence with other opioid-induced disorder</td>
</tr>
<tr>
<td>F1129</td>
<td>Opioid dependence with unspecified opioid-induced disorder</td>
</tr>
</tbody>
</table>
# Diagnosis Restricted Drugs

**Effective:** 7/1/2019

## Opioid Dependency and Alcohol Abuse/Dependency Agents

**Products**

- naltrexone hcl (Example brand: REVIA)
- VIVITROL (naltrexone microspheres)

### Diagnosis Code Must Be Submitted on:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1010</td>
<td>Alcohol abuse, uncomplicated</td>
</tr>
<tr>
<td>F1014</td>
<td>Alcohol abuse with alcohol-induced mood disorder</td>
</tr>
<tr>
<td>F10150</td>
<td>Alcohol abuse with alcohol-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F10151</td>
<td>Alcohol abuse with alcohol-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F10190</td>
<td>Alcohol abuse with unspecified alcohol-induced disorder</td>
</tr>
<tr>
<td>F1020</td>
<td>Alcohol dependence, uncomplicated</td>
</tr>
<tr>
<td>F1024</td>
<td>Alcohol dependence with alcohol-induced mood disorder</td>
</tr>
<tr>
<td>F10250</td>
<td>Alcohol dependence with alcohol-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F10251</td>
<td>Alcohol dependence with alcohol-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F10259</td>
<td>Alcohol dependence with alcohol-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F1026</td>
<td>Alcohol dependence with alcohol-induced persisting amnestic disorder</td>
</tr>
<tr>
<td>F1027</td>
<td>Alcohol dependence with alcohol-induced persisting dementia</td>
</tr>
<tr>
<td>F10280</td>
<td>Alcohol dependence with alcohol-induced anxiety disorder</td>
</tr>
<tr>
<td>F10281</td>
<td>Alcohol dependence with alcohol-induced sexual dysfunction</td>
</tr>
<tr>
<td>F10282</td>
<td>Alcohol dependence with alcohol-induced sleep disorder</td>
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<tr>
<td>F10288</td>
<td>Alcohol dependence with other alcohol-induced disorder</td>
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<tr>
<td>F1029</td>
<td>Alcohol dependence with unspecified alcohol-induced disorder</td>
</tr>
<tr>
<td>F1094</td>
<td>Alcohol use, unspecified with alcohol-induced mood disorder</td>
</tr>
<tr>
<td>F10950</td>
<td>Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F10951</td>
<td>Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F10959</td>
<td>Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F1096</td>
<td>Alcohol use, unspecified with alcohol-induced persisting amnestic disorder</td>
</tr>
<tr>
<td>F1097</td>
<td>Alcohol use, unspecified with alcohol-induced persisting dementia</td>
</tr>
<tr>
<td>F10980</td>
<td>Alcohol use, unspecified with alcohol-induced anxiety disorder</td>
</tr>
<tr>
<td>F10981</td>
<td>Alcohol use, unspecified with alcohol-induced sexual dysfunction</td>
</tr>
<tr>
<td>F10982</td>
<td>Alcohol use, unspecified with alcohol-induced sleep disorder</td>
</tr>
<tr>
<td>F10988</td>
<td>Alcohol use, unspecified with other alcohol-induced disorder</td>
</tr>
<tr>
<td>F1099</td>
<td>Alcohol use, unspecified with unspecified alcohol-induced disorder</td>
</tr>
<tr>
<td>F1120</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F1121</td>
<td>Opioid dependence, in remission</td>
</tr>
<tr>
<td>F1124</td>
<td>Opioid dependence with opioid-induced mood disorder</td>
</tr>
<tr>
<td>F11250</td>
<td>Opioid dependence with opioid-induced psychotic disorder with delusions</td>
</tr>
<tr>
<td>F11251</td>
<td>Opioid dependence with opioid-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F11259</td>
<td>Opioid dependence with opioid-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F11281</td>
<td>Opioid dependence with opioid-induced sexual dysfunction</td>
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</tbody>
</table>
### Opioid Dependency and Alcohol Abuse/Dependency Agents

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F11282</td>
<td>Opioid dependence with opioid-induced sleep disorder</td>
</tr>
<tr>
<td>F11288</td>
<td>Opioid dependence with other opioid-induced disorder</td>
</tr>
<tr>
<td>F1129</td>
<td>Opioid dependence with unspecified opioid-induced disorder</td>
</tr>
</tbody>
</table>

### Pending: Antibiotics, Inhaled  Aminoglycoside, Inhaled

### Diagnosis Code Must Be Submitted on:  Claim  Prior Authorization Request

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A310</td>
<td>Pulmonary mycobacterial infection</td>
</tr>
<tr>
<td>A312</td>
<td>Disseminated mycobacterium avium-intracellulare complex (DMAC)</td>
</tr>
</tbody>
</table>

### Progestational Agent

### Products

**CRINONE 8% GEL (progesterone)**

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O09211</td>
<td>Supervision of pregnancy with history of pre-term labor, first trimester</td>
</tr>
<tr>
<td>O09212</td>
<td>Supervision of pregnancy with history of pre-term labor, second trimester</td>
</tr>
<tr>
<td>O09213</td>
<td>Supervision of pregnancy with history of pre-term labor, third trimester</td>
</tr>
<tr>
<td>O09219</td>
<td>Supervision of pregnancy with history of pre-term labor, unspecified trimester</td>
</tr>
<tr>
<td>O09291</td>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, first trimester</td>
</tr>
<tr>
<td>O09292</td>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, second trimester</td>
</tr>
<tr>
<td>O09293</td>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, third trimester</td>
</tr>
<tr>
<td>O09299</td>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester</td>
</tr>
<tr>
<td>O26872</td>
<td>Cervical shortening, second trimester</td>
</tr>
<tr>
<td>O26873</td>
<td>Cervical shortening, third trimester</td>
</tr>
<tr>
<td>O26879</td>
<td>Cervical shortening, unspecified trimester</td>
</tr>
</tbody>
</table>
Pulmonary Anti-Hypertensive Agents

**Products**

<table>
<thead>
<tr>
<th>ADCIRCA (tadalafil)</th>
<th>ALYQ (tadalafil)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVATIO (sildenafil citrate)</td>
<td></td>
</tr>
</tbody>
</table>

**Claim**

Prior Authorization Request Diagnosis Code Must Be Submitted on:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I270</td>
<td>Primary pulmonary hypertension</td>
</tr>
<tr>
<td>I2720</td>
<td>Pulmonary hypertension, unspecified</td>
</tr>
<tr>
<td>I2721</td>
<td>Secondary pulmonary arterial hypertension</td>
</tr>
<tr>
<td>I2722</td>
<td>Pulmonary hypertension due to left heart disease</td>
</tr>
<tr>
<td>I2723</td>
<td>Pulmonary hypertension Due to Lung Diseases and hypoxia</td>
</tr>
<tr>
<td>I2724</td>
<td>Chronic thromboembolic pulmonary hypertension</td>
</tr>
<tr>
<td>I2729</td>
<td>Other secondary pulmonary hypertension</td>
</tr>
<tr>
<td>I2783</td>
<td>Eisenmenger's syndrome</td>
</tr>
</tbody>
</table>

Pulmonary Fibrosis Agents

**Products**

| ESBRIET (pirfenidone) | OFEV (nintedanib esylate) |

**Claim**

Prior Authorization Request Diagnosis Code Must Be Submitted on:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J84112</td>
<td>Idiopathic pulmonary fibrosis</td>
</tr>
</tbody>
</table>
# ForwardHealth
## Diagnosis Restricted Drugs

### Effective: 7/1/2019

#### Smoking Cessation

##### Products

- CHANTIX (varenicline tartrate)
- NICODERM CQ (nicotine)
- NICORELIEF (nicotine)
- NICORETTE (nicotine)
- NICOTROL (nicotine)
- ZYBAN SR 150 MG TABLET (bupropion)

**Claim**

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<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F17200</td>
<td>Nicotine dependence, unspecified, uncomplicated</td>
</tr>
<tr>
<td>F17201</td>
<td>Nicotine dependence, unspecified, in remission</td>
</tr>
<tr>
<td>F17203</td>
<td>Nicotine dependence unspecified, with withdrawal</td>
</tr>
<tr>
<td>F17208</td>
<td>Nicotine dependence, unspecified, with other nicotine-induced disorders</td>
</tr>
<tr>
<td>F17209</td>
<td>Nicotine dependence, unspecified, with unspecified nicotine-induced disorders</td>
</tr>
<tr>
<td>F17210</td>
<td>Nicotine dependence, cigarettes, uncomplicated</td>
</tr>
<tr>
<td>F17211</td>
<td>Nicotine dependence, cigarettes, in remission</td>
</tr>
<tr>
<td>F17213</td>
<td>Nicotine dependence, cigarettes, with withdrawal</td>
</tr>
<tr>
<td>F17218</td>
<td>Nicotine dependence, cigarettes, with other nicotine-induced disorders</td>
</tr>
<tr>
<td>F17219</td>
<td>Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders</td>
</tr>
<tr>
<td>F17220</td>
<td>Nicotine dependence, chewing tobacco, uncomplicated</td>
</tr>
<tr>
<td>F17221</td>
<td>Nicotine dependence, chewing tobacco, in remission</td>
</tr>
<tr>
<td>F17223</td>
<td>Nicotine dependence, chewing tobacco, with withdrawal</td>
</tr>
<tr>
<td>F17228</td>
<td>Nicotine dependence, chewing tobacco, with other nicotine-induced disorders</td>
</tr>
<tr>
<td>F17229</td>
<td>Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders</td>
</tr>
<tr>
<td>F17290</td>
<td>Nicotine dependence, other tobacco product, uncomplicated</td>
</tr>
<tr>
<td>F17291</td>
<td>Nicotine dependence, other tobacco product, in remission</td>
</tr>
<tr>
<td>F17293</td>
<td>Nicotine dependence, other tobacco product, with withdrawal</td>
</tr>
<tr>
<td>F17298</td>
<td>Nicotine dependence, other tobacco product, with other nicotine-induced disorders</td>
</tr>
<tr>
<td>F17299</td>
<td>Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders</td>
</tr>
<tr>
<td>Z720</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

#### Stimulants, Desoxyn

##### Products

- DESOXYN (methamphetamine hcl)

**Claim**

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<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F900</td>
<td>Attention-deficit hyperactivity disorder, predominantly inattentive type</td>
</tr>
<tr>
<td>F901</td>
<td>Attention-deficit hyperactivity disorder, predominantly hyperactive type</td>
</tr>
<tr>
<td>F902</td>
<td>Attention-deficit hyperactivity disorder, combined type</td>
</tr>
<tr>
<td>F908</td>
<td>Attention-deficit hyperactivity disorder, other type</td>
</tr>
<tr>
<td>F909</td>
<td>Attention-deficit hyperactivity disorder, unspecified type</td>
</tr>
</tbody>
</table>
Stimulants, Excluding Desoxyn and Vyvanse

Products

<table>
<thead>
<tr>
<th>Stimulants, Excluding Desoxyn and Vyvanse</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDERALL (dextroamphetamine/amphetamine)</td>
</tr>
<tr>
<td>APTENSIO XR (methylphenidate hcl)</td>
</tr>
<tr>
<td>DAYTRA (methylphenidate hcl)</td>
</tr>
<tr>
<td>DYANAVEL XR (amphetamine)</td>
</tr>
<tr>
<td>FOCALIN (dexamethylphenidate hcl)</td>
</tr>
<tr>
<td>JORNAY PM (methylphenidate er)</td>
</tr>
<tr>
<td>METADATE ER (methylphenidate hcl)</td>
</tr>
<tr>
<td>methylphenidate (Example brand: METHYLIN)</td>
</tr>
<tr>
<td>methylphenidate hcl (Example brand: METHYLIN CHEW)</td>
</tr>
<tr>
<td>methylphenidate hcl er (cd) (Example brand: METADATE CD)</td>
</tr>
<tr>
<td>MYDAYIS (dextroamphetamine/amphetamine)</td>
</tr>
<tr>
<td>QUILLIVANT XR (methylphenidate hcl)</td>
</tr>
<tr>
<td>RITALIN (methylphenidate hcl)</td>
</tr>
<tr>
<td>ZENZEDI (dextroamphetamine sulfate)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Stimulants, Vyvanse</th>
</tr>
</thead>
<tbody>
<tr>
<td>VYVANSE (lisdexamfetamine dimesylate)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Products</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIALYVITE (folic acid combination)</td>
<td>DIALYVITE 3000 (folic acid combination)</td>
</tr>
<tr>
<td>DIALYVITE 800 WITH IRON (fe fumarate combinations)</td>
<td>FERROCITE PLUS (iron combinations)</td>
</tr>
<tr>
<td>FOLBEE PLUS (folic acid combination)</td>
<td>FOLBEE PLUS CZ (folic acid combination)</td>
</tr>
<tr>
<td>HEMATINIC PLUS (iron combinations)</td>
<td>HEMOCYTE PLUS (fe fumarate combinations)</td>
</tr>
<tr>
<td>NEPHRON FA (fe fumarate combinations)</td>
<td>NEPHRO-VITE RX (vitamin b complex)</td>
</tr>
<tr>
<td>RENAL CAPS (vitamin b complex)</td>
<td>RENA-VITE RX (vitamin b complex)</td>
</tr>
<tr>
<td>RENO CAPS (vitamin b complex)</td>
<td>TRIPHROCAPS (vitamin b complex)</td>
</tr>
<tr>
<td>VIRT-CAPS (vitamin b complex)</td>
<td>VOL-CARE RX (vitamin b complex)</td>
</tr>
<tr>
<td>VP-VITE RX (vitamin b complex)</td>
<td></td>
</tr>
</tbody>
</table>

*Diagnosis Code Must Be Submitted on: [Claim] [Prior Authorization Request]*

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N181</td>
<td>Chronic kidney disease, Stage 1</td>
</tr>
<tr>
<td>N182</td>
<td>Chronic kidney disease, Stage 2 (mild)</td>
</tr>
<tr>
<td>N183</td>
<td>Chronic kidney disease, Stage 3 (moderate)</td>
</tr>
<tr>
<td>N184</td>
<td>Chronic kidney disease, Stage 4 (severe)</td>
</tr>
<tr>
<td>N185</td>
<td>Chronic kidney disease, Stage 5</td>
</tr>
<tr>
<td>N186</td>
<td>End stage renal disease</td>
</tr>
<tr>
<td>N189</td>
<td>Chronic kidney disease, unspecified</td>
</tr>
<tr>
<td>N250</td>
<td>Renal osteodystrophy</td>
</tr>
<tr>
<td>N251</td>
<td>Nephrogenic diabetes insipidus</td>
</tr>
<tr>
<td>N2581</td>
<td>Secondary hyperparathyroidism of renal origin</td>
</tr>
<tr>
<td>N2589</td>
<td>Other disorders resulting from impaired renal tubular function</td>
</tr>
<tr>
<td>N259</td>
<td>Disorder resulting from impaired renal tubular function, unspecified</td>
</tr>
</tbody>
</table>

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