

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

January 1, 2014

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Analgesics, Narcotics</u> <u>Agonist-Antagonist.</u> <b>(Requires PA)</b>  <b>(Non-Covered Service for codes not listed)</b>	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone Zubsolv	30400 --> 30403	Opioid Type Dependence
<u>Anticoagulants</u>	Apixaban	Eliquis	42731	Atrial Fibrillation
<u>Antidiarrheal</u>	Crofelemer	Fulyzaq	042 07963	HIV Disease Human Immunodeficiency Virus Type 2 [HIV-2]
<u>Anticonvulsants</u>	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Antiemetics	Ondansetron solution	Zofran	V441	Gastrostomy
			<b>Or</b>	
		<b>For members 0-3 years old</b>	78701 V5811	<b>Both</b>
	Ondansetron solution	Zofran	V441	Gastrostomy
	<b>For members 4 years old and up</b>			
Antifungals, Oral	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) <b>(Non-Covered Service for code not listed)</b>
	Itraconazole	Sporanox	1120 11284 1150 → 1159 1160 → 1162 1172 1173 28804	Candidiasis of mouth (Thrush) Candidial esophagitis Histoplasmosis infection Blastomycotic infection Chromoblastomycosis Aspergillois Neutropenia due to infection
	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 <b>(Non-Covered Service for code not listed)</b>	Misoprostol	Cytotec	E9356 53100 --> 53101 53110 --> 53111 53120 --> 53121 53130 --> 53131 53140 --> 53141 53150 --> 53151 53160 --> 53161  53170 --> 53171 53190 --> 53191  53200 --> 53201 53210 --> 53211 53220 --> 53221 53230 --> 53231 53240 --> 53241 53250 --> 53251 53260 --> 53261  53270 --> 53271 53290 --> 53291	NSAID induced gastric/duodenal ulcer Acute gastric ulcer with hemorrhage with/without obstruction Acute gastric ulcer with perforation with/without obstruction Acute gastric ulcer with hemorrhage and perforation with/without obstruction Acute gastric ulcer without hemorrhage or perforation with/withou obstruction Chronic or unspecified gastric ulcer with hemorrhage with/without obstruction Chronic or unspecified gastric ulcer with perforation with/without obstruction Chronic or unspecified gastric ulcer with hemorrhage and perforation with/without obstruction Chronic gastric ulcer without hemorrhage or perforation with/without obstruction Gastric ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction Acute duodenal ulcer with hemorrhage with/without obstruction Acute duodenal ulcer with perforation with/without obstruction Acute duodenal ulcer with hemorrhage and perforation with/without obstruction Acute duodenal ulcer without hemorrhage or perforation with/without obstruction Chronic or unspecified duodenal ulcer with hemorrhage with/without obstruction Chronic or unspecified duodenal ulcer with perforation with/withou obstruction Chronic or unspecified duodenal ulcer with hemorrhage and perforation with/withou obstruction Chronic duodenal ulcer without hemorrhage or perforation with/without obstruction Duodenal ulcer unspecified as acute or chronic without hemorrhage or perofration with/without obstruction

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Antiviral Agents	Cidofovir	Vistide	0785	Cytomegaloviral disease
Central Nervous System Agents, Miscellaneous	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Tetrabenazine	Xenazine		Requires diagnosis to be submitted on claim.
	Dextromethrophan/quinidir 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			
Diabetic Supplies <b>(PA is not required for these diagnosis codes)</b>	Blood glucose calibrator solutions and chips		25000 --> 25003	Diabetes mellitus without mention of complication
	Blood glucose meters		64800	Diabetes in pregnancy unspecified
	Blood glucose test strips		64803	Antepartum diabetes mellitus
	Insulin syringes		64804	Postpartum diabetes Mellitus
	Lancets		64880	Abnormal glucose tolerance in pregnancy unspecified
	Lancet devices		64883	Abnormal glucose tolerance of mother antepartum
<b>(PA is required for these diagnosis codes)</b>	Blood glucose calibrator solutions and chips		24900	Secondary diabetes mellitus without complications [not stated]
	Blood glucose meters		24901	Secondary diabetes without complications [uncontrolled]
	Blood glucose test strips		2508	Diabetic Hypoglycemia
	Lancets		2511	Hyperinsulinemic hypoglycemia
	Lancet devices		2777	Dysmetabolic syndrome X
			79021	Impaired fasting glucose
			79022	Abnormal glucose tolerance test
		79029	Pre-diabetes NOS	
Endocrine Agents/Enzymes	Miglustat	Zavesca	2727	Gaucher's Disease
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
Gamma Aminobutyric Acid Class  <b>(Non-Covered Service for codes not listed)</b>	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
			05319	Herpes Zoster with Other Nervous System Complications
	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
Hypoglycemics, GLP 1 <b>(Requires PA ) (Non-Covered Service for codes not listed)</b>	Exenatide	Bydureon	25000	Diabetes uncomplicated Type II
		Byetta	25002	Diabetes uncomplicated Type II uncontrolled
	Liraglutide	Victoza		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Hypoglycemic Symlin</u> (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
<u>Immunologic Agents, Immunosuppressives</u>	Muromonab CD3	Orthoclone OKT-3	9968	Organ transplant rejection
<u>Immunologic Agents, Interferons</u>	Interferon Alfa 2A	Roferon-A	07054	Chronic hepatitis C w/o hepatic coma
			1729	Malignant melanoma
			1760 → 1769	Kaposi's sarcoma
			2024	Hairy cell leukemia
			2028	Non-Hodgkin's lymphoma
			2030	Multiple myeloma
			2054	Chronic myelocytic leukemia
			2337	Bladder carcinoma
			2339	Renal cell carcinoma
			Interferon Alfa 2B	Intron A
07811	Condylomata acuminatum			
1729	Malignant Melanoma			
1760 → 1769	Kaposi's sarcoma			
2024	Hairy cell leukemia			
2028	Non-Hodgkin's lymphoma			
2030	Multiple myeloma			
2337	Bladder carcinoma			
2339	Renal cell carcinoma			
Interferon Alfa N3	Alferon N	07811	Condylomata acuminatum	
Interferon Gamma 1B	Actimmune	2884	Chronic granulomatous disease	
		75652	Osteopetrosis	
<u>Lipodystrophy</u> (Non-Covered Service for diagnosis code not listed)	Tesamorelin	Egriftra	042	HIV Disease
			2726	Lipodystrophy
			or	
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]
			2726	Lipodystrophy
<u>Multiple Sclerosis Agents, Other</u>	Dalfampridine	Ampyra	340	Multiple sclerosis
	Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Oncology Agents, Oral	Cabozantinib	Cometriq	193	Malignant Neoplasm of thyroid
	Pomalidomide	Pomalyst	20300 20302	Multiple Myeloma without mention of having achieved remission Multiple Myeloma in relapse
Progestin Agent  <b>(Requires PA) (Non-Covered Service for code not listed)</b>	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)
Pulmonary Anti-Hypertensive Agents	Sildenafil Tadalafil	Revatio Adcirca	4160 4168	Primary pulmonary hypertension Chronic pulmonary heart disease other
Respiratory Enzymes	Alpha-1-Proteinase Inhibitor	Aralast Glassia Prolast Zemaira	2734	AAT, Alpha-1-antitrypsin deficiency
Smoking Cessation	Bupropion Nicotine  Varenicline Tartrate	Zyban Nicoderm Nicorette Nicotrol Chantix	3051	Tobacco use disorder
Stimulants and Related Agents	Amphetamine Salts  Dexmethylphenidate  Dextroamphetamine  Lisdexamfetamine Methamphetamine  Methylphenidate	Adderall Adderall XR Focalin Focalin XR Dexedrine Spansule Dextroamphetamine Procentra Vyvanse Desoxyn Quillivant XR Concerta ER Daytrana Metadate CD Metadate ER Methylin Methylin ER Ritalin Ritalin LA Ritalin SR	31400 - 3149 34700 34701 34710 34711	Hyperkinetic syndrome/Attention deficit disorder of childhood Narcolepsy without cataplexy Narcolepsy with cataplexy Narcolepsy in conditions classified elsewhere without cataplexy Narcolepsy in conditions classified elsewhere with cataplexy
Stimulants and Related Agents (cont)				

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood
	Clonidine	Kapvay	29900 - 29904	Autistic disorder
	Guanefacine	Intuniv-ER	29910 - 29914	Childhood disintegrative disorder
			29980 - 29984	Other specified pervasive developmental disorders
			29990 - 29994	Unspecified pervasive developmental disorders
			31200 - 31203	Undersocialized conduct disorder-aggressive type
			31210 - 31213	Undersocialized conduct disorder-unaggressive type
			31220 - 21223	Socialized conduct disorder
			31230 - 31239	Disorders of impulse control not elsewhere classified
			3124	Mixed disturbance of conduct and emotions
			31281 - 3129	Other specified disturbances of conduct not elsewhere classified
			31381	Oppositional defiant disorder
31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood			
Sodium oxybate*	Xyrem*		34700	Narcolepsy without Cataplexy
			34701	Narcolepsy with cataplexy
*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.				
Topical, Anti-Infectives	Retapamulin	Altanax	684	Impetigo
<del>Topical Immunomodulators (Requires PA regardless of Dx)</del>	Pimecrolimus	Elidel	6910	Diaper or napkin rash
	Tacrolimus	Protopic	6918	Other, atopic dermatitis and related conditions
Vitamins (Non-Covered Service for codes not listed)	Prenatal		V22 --> V222	Normal pregnancy
			V23 --> V239	High risk pregnancy
V241			Lactating	
Renal Care			28521	Anemia in end-stage renal disease
			585 --> 5859	Chronic Kidney Disease
			588 --> 588	Disorders resulting from impaired renal function
			5889 --> 5889	Unspecified disorder resulting from impaired renal function
			Dialyvite	
			Diatx	
			Diatx FE	
			Folbee	
			Nephro-Vite	
			Nephro-Vite +FE	
Renax				
Renax 5.5				
Renax 5.6				
Renax 5.7				
Renax 5.8				