

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.* Please refer to the Wisconsin Medicaid and BadgerCare Plus 2007-64

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 allowed diagnoses for a drug, the pharmacy provider is required to submit a paper prior authorization (PA) request to Forward Health. The prescriber is required to complete the Prior Authorization/Drug Attachment (PA/DGA), F 11049 (10/08), and attach peer-reviewed medical literature to support the proven efficacy of the requested use of the drug. The prescriber should send the PA/DGA and supporting documentation to the pharmacy where the member intends to fill the prescription. The pharmacy provider then completes the Prior Authorization/Request Form (PA/RF), F 11018 (10/08), and submits the forms and supporting documentation to Forward Health.

July 1, 2013

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Analgesics, Narcotics Agonist-Antagonist.</u> (Requires PA) (Non-Covered Service for codes not listed)	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone	30400 --> 30403	Opioid Type Dependence
<u>Anticoagulants</u> (Non-Covered Service for codes not listed)	Apixaban Dabigatran etexilate	Eliquis Pradaxa	42731	Atrial Fibrillation
<u>Antidiarrheal</u>	Crofelemer	Fulyzaq	042 07953	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

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Antiemetics	Ondansetron solution For members 0-3 years old	Zofran	V441 Or	Gastrostomy
			78701 V5811 Both	Nausea and Vomiting Encounter for antineoplastic chemotherapy
	Ondansetron solution For members 4 years old and up	Zofran	V441	Gastrostomy
Antifungals, Oral	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) (Non-Covered Service for code not listed)
	Itraconazole	Sporanox	1120	Candidiasis of mouth (Thrush)
			11284	Candidial esophagitis
			1150 --> 1159	Histoplasmosis infection
1160 --> 1162			Blastomycotic infection	
		1172	Chromoblastomycosis	
		1173	Aspergillois	
	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/without 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/without obstruction
			53260 --> 53261	Chronic or unspecified duodenal ulcer with hemorrhage and perforation with/without 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 perforation with/without obstruction
Antiviral Agents	Cidofovir	Vistide	0785	Cytomegaloviral disease
Botulinum Toxins	Type B	Myobloc	33383	Spasmodic Torticollis Billed by Procedure Code

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Central Nervous System Agents, Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Tetrabenazine	Xenazine		Requires diagnosis to be submitted on claim.
	Dextromethrophan/quinidir	Nuedexta	340 33520	Multiple sclerosis Amyotrophic lateral sclerosis (ALS)
<u>COPD Agents</u>	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			
<u>Diabetic Supplies</u> (PA is not required for these diagnosis codes)	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
(PA is required for these diagnosis codes)	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	
<u>Endocrine Agents/Enzymes</u>	Miglustat	Zavesca	2727	Gaucher's Disease
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u> (Non-Covered Service for codes not listed)	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
<u>Hypoglycemics, GLP 1</u> (Requires PA) (Non-Covered Service for codes not listed)	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
			2051	Chronic myelocytic leukemia
	2337	Bladder carcinoma		
	2339	Renal cell carcinoma		
	Interferon Alfa 2B	Intron A	07054	Chronic hepatitis C w/o hepatic coma
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	2881	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.	
<u>Oncology Agents, Oral</u>	Cabozantinib	Cometriq	193	Malignant Neoplasm of thyroid
	Pomalidomide	Pomalyst	20300 20302	Multiple Myeloma without mention of having achieved remission Multiple Myeloma in relapse

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Progestin Agent</u> (Requires PA) (Non-Covered Service for code not listed)	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)
<u>Pulmonary Anti-Hypertensive Agents</u>	Ambrisentan Bosentan Iloprost Sildenafil Tadalafil Treprostinil	Letairis Tracleer Ventavis Revatio Adcirca Tyvaso	4160 4168	Primary pulmonary hypertension Chronic pulmonary heart disease other
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibitor	Aralast Glassia Prolast Zemair	2734	AAT, Alpha-1-antitrypsin deficiency
<u>Smoking Cessation</u>	Bupropion Nicotine Varenicline Tartrate	Zyban Nicoderm Nicorette Nicotrol Chantix	3051 30510 30511 30512	Tobacco use disorder Tobacco abuse-Unspecified Tobacco abuse-Continuous Tobacco abuse-Episodic
<u>Stimulants and Related Agents</u>	Amphetamine Salts Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate	Adderall Adderall XR Focalin Focalin XR Dexedrine Spansule Dextroamphetamine Procentra Vyvanse Desoxyn 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)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
	Clonidine Guanefacine	Kapvay Intuniv ER	29900 - 29901 29910 - 29911 29980 - 29981 29990 - 29991 31200 - 31203 31210 - 31213 31220 - 21223 31230 - 31239 3124 31281 - 3129 31381 31400 - 3149	Autistic disorder Childhood disintegrative disorder Other specified pervasive developmental disorders Unspecified pervasive developmental disorders Undersocialized conduct disorder aggressive type Undersocialized conduct disorder unaggressive type Socialized conduct disorder Disorders of impulse control not elsewhere classified Mixed disturbance of conduct and emotions Other specified disturbances of conduct not elsewhere classified Oppositional defiant disorder 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
<u>Topical, Anti-Infectives</u>	Retapamulin	Altabax	684	Impetigo
<u>Topical Immunomodulators</u> (Requires PA regardless of Dx)	Pimecrolimus Tacrolimus	Elidel Protopic	6910 6918	Diaper or napkin rash Other, atopic dermatitis and related conditions
<u>Vitamins</u> (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