

# 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).

December 1, 2013

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 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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Antiemetics	Ondansetron solution <b>For members 0-3 years old</b>	Zofran	V441 <b>Or</b>	Gastrostomy
			78701 V5811 <b>Both</b>	Nausea and Vomiting Encounter for antineoplastic chemotherapy
	Ondansetron solution <b>For members 4 years old and up</b>	Zofran	V441	Gastrostomy
Antifungals, Oral	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) <b>(Non-Covered Service for code not listed)</b>
	Itraconazole	Sporanox	1120	Candidiasis of mouth (Thrush)
			11284	Candidial esophagitis
			1150 --> 1159	Histoplasmosis infection
1160 --> 1162			Blastomycotic infection	
1172			Chromoblastomycosis	
		1173	Aspergillois	
		28804	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	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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease
<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		31081	Pseudobulbar affect
<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> <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	
<u>Endocrine Agents/Enzymes</u>	Miglustat	Zavesca	2727	Gaucher's Disease
	Idursulfase	Elaprased	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u>  <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
<u>Hypoglycemics, GLP 1</u> <b>(Requires PA )</b> <b>(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
			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.			

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  (Requires PA) (Non-Covered Service for code not listed)	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)	
Pulmonary Anti-Hypertensive Agents	Ambrisentan	Letairis	4160	Primary pulmonary hypertension	
	Bosentan	Tracleer	4168	Chronic pulmonary heart disease other	
	Ilprost	Ventavis			
	Sildenafil	Revatio			
	Tadalafil	Adcirca			
	Treprostinil	Tyvaso			
Respiratory Enzymes	Alpha-1-Proteinase Inhibitor	Aralast Glassia Prolast Zemaira	2734	AAT, Alpha-1-antitrypsin deficiency	
Smoking Cessation	Bupropion	Zyban	3051	Tobacco use disorder	
	Nicotine	Nicoderm	<del>30510</del>	<del>Tobacco abuse-Unspecified</del>	
		Nicorette	<del>30511</del>	<del>Tobacco abuse-Continuous</del>	
		Nicotrol	<del>30512</del>	<del>Tobacco abuse-Episodic</del>	
Varenicline Tartrate	Chantix				
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			
	Methylphenidate	Desoxyn			
		Quillivant XR			
		Concerta ER			
		Daytrana			
		Metadate CD			
		Metadate ER			
		Methylin			
Methylin ER					
Ritalin					
Ritalin LA					
Ritalin SR					
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	Kapvay	29900 - 29901	Autistic disorder	
	Guaneafacine	Intuniv ER	29910 - 29911	Childhood disintegrative disorder	
			29980 - 29981	Other specified pervasive developmental disorders	
			29990 - 29991	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
		*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.		34701	Narcolepsy with cataplexy
<u>Topical, Anti-Infectives</u>	Retapamulin	Altabax	684	Impetigo	
<u>Topical Immunomodulators</u> (Requires PA regardless of Dx)	Pimecrolimus	Elidel	6910	Diaper or napkin rash	
	Tacrolimus	Protopic	6918	Other, atopic dermatitis and related conditions	
<u>Vitamins</u> <b>(Non-Covered Service for codes not listed)</b>	Prenatal		V22 --> V222 V23 --> V239 V241	Normal pregnancy High risk pregnancy Lactating	
	Renal Care	Dialyvite	28521	Anemia in end-stage renal disease	
		Diatx	585 --> 5859	Chronic Kidney Disease	
		Diatx FE	588 --> 588	Disorders resulting from impaired renal function	
		Folbee	5889 --> 5889	Unspecified disorder resulting from impaired renal function	
		Nephro-Vite			
		Nephro-Vite +FE			
		Renax			
		Renax 5.5			
		Renax 5.6			
		Renax 5.7			
		Renax 5.8			