

# 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.

February 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	Subutex	30400 --> 30403	Opioid Type Dependence
	Buprenorphine/Naloxone Suboxone			
<u>Anticoagulants</u>  <b>(Non-Covered Service for codes not listed)</b>	apixaban	Eliqui	42731	Atrial Fibrillation
	dabigatran etexilate	Pradaxa		
<u>Anticonvulsants</u>	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy
<u>Antiemetics</u>	Ondansetron solution	Zofran	V441	Gastrostomy
		<b>For members 0-3 years old</b>		<b>Or</b>
			78701 V5811	<b>Both</b>
	Ondansetron solution	Zofran	V441	Gastrostomy
	<b>For members 4 years old and up</b>			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
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	Aspergillosis			
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	Misoprostol	Cytotec	E9356	NSAID induced gastric/duodenal ulcer
<b>(Non-Covered Service for code not listed)</b>			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 A	Botox	3336	Idiopathic torsion dystonia
			3337	Symptomatic torsion dystonia
			33384	Blepharospasm
			33383	Spasmodic Torticollis
			33384	Focal hand dystonia (Organic writer's cramp)
			340	Multiple sclerosis
			34211	Spastic hemiplegia, affecting dominant site
			34212	Spastic hemiplegia, affecting nondominant site
			3430 --> 3439	Infantile cerebral palsy
			3440 --> 34404	Quadriplegia and quadripareisis
			34409	Quadriplegia and quadripareisis
			3441	Paraplegia
			3518	Facial spasm
			378 --> 37887	Strabismus and other disorders of binocular eye movement
			70521	Primary focal hyperhidrosis
	72885	Spasm of muscle		
7810	Hemifacial spasm			
Type B	Myobloc	33383	Spasmodic Torticollis	

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/quinid	Nuedexta	340 33520	Multiple sclerosis Amyotrophic lateral sclerosis (ALS)
<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>	Alglucerase	Ceredase	2727	Gaucher's Disease
	Imiglucerase	Cedezyme		
	Miglustat	Zavesca		
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u>	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
<b>(Non-Covered Service for codes not listed)</b>	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		
<u>Hypoglycemic Symlin</u> <b>(Requires PA regardless of Dx)</b>	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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description			
<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			
	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			
	Interferon Alfa N3	Alferon N	07811	Condylomata acuminatum			
			2881	Chronic granulomatous disease			
				75652	Osteopetrosis		
				Interferon Gamma 1B	Actimmune	2881	Chronic granulomatous disease
						75652	Osteopetrosis
<u>Lipodystrophy</u> <b>(Non-Covered Service for diagnosis code not listed)</b>	Tesamorelin	Egrifta	042	HIV Disease			
			2726	Lipodystrophy			
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]			
<u>Multiple Sclerosis Agents</u>	Dalfampridine	Ampyra	2726	Lipodystrophy			
			340	Multiple sclerosis			
			Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.				
<u>NSAIDS</u>	Lansoprazole/naproxen	Prevacid Naprapac	E9356	NSAID induced gastric/duodenal ulcer			
			04186	H. Pylori infection			
			2515	Zollinger-Ellison syndrome			
			53019	Erosive esophagitis			
			5302 --> 53021	Ulcer of Esophagus			
			53081	Gastroesophageal reflux			
			53085	Barrett's Esophagus			
			531 --> 53191	Gastric Ulcer			
			532 --> 53291	Duodenal Ulcer			
			533 --> 53391	Peptic Ulcer			
			5368	Gastric hypersecretory conditions			
<u>Progestin Agent</u> <b>(Requires PA) (Non-Covered Service for code not listed)</b>	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description	
<u>Pulmonary Anti-Hypertensive Agents</u>	Ambrisentan	Letairis	4160	Primary pulmonary hypertension	
	Bosentan	Tracleer	4168	Chronic pulmonary heart disease other	
	Iloprost	Ventavis			
	Sildenafil	Revatio			
	Tadalafil	Adcirca			
Treprostinil	Tyvaso				
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibi	Aralast Glassia Prolast Zemaire	2734	AAT, Alpha-1-antitrypsin deficiency	
<u>Smoking Cessation</u>	Bupropion	Zyban	3051	Tobacco use disorder	
	Nicotine	Nicoderm	30510	Tobacco abuse-Unspecified	
		Nicorette	30511	Tobacco abuse-Continuous	
		Nicotrol	30512	Tobacco abuse-Episodic	
	Varenicline Tartrate	Chantix			
<u>Stimulants and Related Agents</u>	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			
	Dextroamphetamine	Dexedrine Spansule			
		Dextroamphetamine			
		Procentra			
	Lisdexamfetamine	Vyvanse			
	Methamphetamine	Desoxyn			
	Methylphenicate	Concerta ER			
		Daytrana			
		Metadate CD			
		Metadate ER			
		Methylin			
		Methylin ER			
		Ritalin			
		Ritalin LA			
	Ritalin SR				
Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood		
Clonidine	Kapvay	29900 - 29901	Autistic disorder		
Guanefacine	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				

Continued on next page

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
	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> <b>(Non-Covered Service for codes not listed)</b>	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