

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 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)

BadgerCare Plus Core Plan

The above PA policy is only allowed for the therapeutic drug class Bronchodilators, Anticholinergics*

March 1, 2012				
Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Analgesics, Narcotics</u> <u>Agonist-Antagonist.</u> (Requires PA)	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone	30400 --> 30403	Opioid Type Dependence
(Non-Covered Service for codes not listed)				
<u>Anticonvulsants</u>	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy
<u>Antiemetics</u>	Ondansetron solution For members 0-3 years old	Zofran	V441 Or 78701 V5811 Both	Gastrostomy Nausea and Vomiting Encounter for antineoplastic chemotherapy
	Ondansetron solution For members 4 years old and up	Zofran	V441	Gastrostomy
<u>Antifungals, Oral</u>	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	1101 1104	Dermatophytosis of nail (Onychomycosis) Dermatophytosis of foot (Tinea Pedis)
	Terbinafine	Lamisil Granules	1100	Dermatophytosis of scalp and beard
<u>Antiparkinson's Agents</u>	Pramipexole Ropinirole	Mirapex ER Requip XL	3320 3321	Paralysis Agitans-Parkinsonism or Parkinson's disease Secondary Parkinsonism
<u>Anti-Ulcer Agents</u>	Misoprostol	Cytotec	E9356	NSAID induced gastric/duodenal ulcer
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Bronchodilators</u> <u>Anticholinergic</u> *(CORE Only-See above for Core Policy)	Tiotropium Bromide	Spiriva	4910 --> 4911	Chronic bronchitis
			49120 --> 4919	Obstructive Chronic Bronchitis
			4920 --> 4928	Emphysema
			49320 --> 49322	Chronic obstructive asthma
			496	Chronic airway obstruction, not elsewhere classified
<u>Botulinum Toxins</u>	Type A	Botox	3336	Idiopathic torsion dystonia
			3337	Symptomatic torsion dystonia
			33381	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 quadripareis
			34409	Quadriplegia and quadripareis
			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
<u>Central Nervous System Agents</u> , <u>Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Tetrabenazine	Xenazine	3334	Huntington's Chorea
	Dextromethrophan/quinidine	Nuedexta	340	Multiple sclerosis
			33520	Amyotrophic lateral sclerosis (ALS)
<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>	Alglucerase	Ceredase	2727	Gaucher's Disease
	Imiglucerase	Cedezyme		
	Miglustat	Zavesca		
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Erythropoiesis Stimulating Proteins</u>	Darbopoetin alfa in albumin solution	Aranesp	1400 --> 20491 2300 --> 2349 2350 --> 2389 2390 --> 2399 28521 28522 5851 --> 5859	Malignant Neoplasms Carcinoma in Situ Neoplasms of Uncertain Behavior Neoplasms of Unspecified Nature Anemeia of chronic kidney disease Anemia in neoplastic disease Chronic Kidney Disease
	Epoetin	Epogen Procrit	042 07953 1400 --> 20491 2300 --> 2349 2350 --> 2389 2390 --> 2399 28521 28522 28529 5851 --> 5859	Anemia from Acquired Immune Deficiency Syndrome (AIDS) Anemia from Acquired Immune Deficiency Syndrome (AIDS) Non-myeloid malignancies or multiple myeloma Carcinoma in Situ Neoplasms of Uncertain Behavior Neoplasm of Unspecified Nature Anemeia of chronic kidney disease Anemia in neoplastic disease Anemia of other chronic disease Chronic Kidney Disease
<u>Gamma Aminobutyric Acid Class</u>	Gabapentin	Horizant	33394	Restless Legs Syndrom (RLS)
	Gabapentin	Gralise	05319	Herpes Zoster with Other Nervous System Complications
(Non-Covered Service for codes not listed)				
<u>H.Pylori</u>	Bismuth/Metronid/Tetracy Bismuth Sal/Metronid/Tetracy Lansoprazole/Amox/Clarith	Pylera Helidac Prevpac	04186	H. Pylori infection
<u>Hepatitis C Agents</u> (Non-Covered Service for codes not listed)	Boceprevit Interferon Alfacon-1 Peginterferon Alfa-2A Peginterferon Alfa-2B Ribavirin Telaprevir	Victrelis Infergen Pegasys Peg-Intron Copegus Rebetol Ribapak Ribasphere Incivek	07054	Chronic hepatitis w/o hepatic coma
<u>Hypoglycemics, GLP 1</u> (Requires PA regardless of Dx)	Exenatide	Bydureon Byetta	25000 25002	Diabetes uncomplicated Type II Diabetes uncomplicated Type II uncontrolled
	Liraglutide	Victoza		
<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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Immunologic Agents</u> <u>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>Leukotriene Modifiers</u>	Montelukast Core Only	Singulair 10mg Tab	49300 --> 49302	Extrinsic Asthma
			49310 --> 49312	Intrinsic Asthma
			49320 --> 49322	Chronic Obstructive Asthma
			49381 --> 49382	Other Specified Asthma
			49390 --> 49392	Asthma Unspecified
<u>Lipodystrophy</u> (Non-Covered Service for diagnosis code not listed)	Tesamorelin	Egrifta	042	HIV Disease
			2726	Lipodystrophy
			or	
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]
			2726	Lipodystrophy
<u>Multiple Sclerosis Agents</u>	Dalfampridine*		340	Multiple sclerosis
	Fingolimod*	Ampyra*		
		Gilenya*		
	*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.			
	Glatiramer acetate	Copaxone		
	Interferon Beta 1A	Avonex		
	Interferon Beta 1A, Albumin	Rebif		
	Interferon Beta 1B	Betaseron		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>NSAIDS</u>	Lansoprazole/naproxen	Prevacid Naprapac	E9356 04186 2515 53019 5302 --> 53021 53081 53085 531 --> 53191 532 --> 53291 533 --> 53391 5368	NSAID induced gastric/duodenal ulcer H. Pylori infection Zollinger-Ellison syndrome Erosive esophagitis Ulcer of Esophagus Gastroesophageal reflux Barrett's Esophagus Gastric Ulcer Duodenal Ulcer Peptic Ulcer Gastric hypersecretory conditions
<u>Pompe Disease (Non-Covered Service for diagnosis code not listed)</u>	Alglucosidase Alfa	Lumizyme Myozyme	2710	Glycogenosis
<u>Progestin Agent (Requires PA) (Non-Covered Service for code not listed)</u>	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 Addcirca Tyvaso	4160 4168	Primary pulmonary hypertension Chronic pulmonary heart disease other
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibitors	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>	Clonidine Amphetamines Amphetamines salts Dextroamphetamines Atomoxetine Dextroamphetamine Guanfacine	Kapvay Adderall Adderall XR Dexedrine Dextrostat Strattera Procentra Intuniv	31400 31401 3141 3142 3148 3149 314 3140 31400 31401 347 34700 34701 3471 34710 34711 314 3140 31400 31401	Attention Deficit Disorder without hyperactivity Attention Deficit Disorder with hyperactivity Hyperkinesis with Develmental Delay Hyperkinetic Conduct Disorder Other Hyperkinetic Syndrome Hyperkinetic Syndrome Unspecified Hyperkinetic syndrome of childhood Attention Deficit Disorder Attention Deficit Disorder w/o mention of hyperactivity Attention Deficit Disorder with hyperactivity Cataplexy and Narcolepsy Narcolepsy without Cataplexy Narcolepsy with Cataplexy Narcolepsy in conditions classified elsewhere Narcolepsy in conditions classified elsewhere, without cataplexy Narcolepsy in conditions classified elsewhere, with cataplexy Hyperkinetic syndrome of childhood Attention Deficit Disorder Attention Deficit Disorder without mention of hyperactivity Attention Deficit Disorder with hyperactivity (ADHD)

Continued next page

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Stimulants and Related Agents (Cont.)</u>	Dexmethylphenidate	Focalin, XR	314	Hyperkinetic syndrome of childhood
	Lisdexamfetamine	Vyvanse	3140	Attention Deficit Disorder
	Methamphetamine	Desoxyn	31400	Attention Deficit Disorder without mention of hyperactivity
	Methylphenidate (for Concerta, Methylin or Metadate see below)	Daytrana Ritalin LA	31401	Attention Deficit Disorder with hyperactivity (ADHD)
	Pemoline	Cylert		
	Methylphenidate	Concerta ER Methylin, ER Metadate, CD, ER	3102	Posttraumatic brain syndrome, nonpsychotic
			314	Hyperkinetic syndrome of childhood
			3140	Attention Deficit Disorder
			31400	Attention Deficit Disorder without mention of hyperactivity
			31401	Attention Deficit Disorder with hyperactivity (ADHD)
347			Cataplexy and Narcolepsy	
34700			Narcolepsy without Cataplexy	
34701			Narcolepsy with Cataplexy	
3471	Narcolepsy in conditions classified elsewhere			
34710	Narcolepsy in conditions classified elsewhere, without cataplexy			
34711	Narcolepsy in conditions classified elsewhere, with cataplexy			
Sodium oxybate*	Xyrem*	34700	Narcolepsy without Cataplexy	
		34701	Narcolepsy with cataplexy	
<u>Topical, Anti-Infectives</u>	Mupirocin Cream	Bactroban Crm	6800 --> 6829	Infections of skin and subcutaneous tissue
			6850 --> 6869	Infections of skin and subcutaneous tissue
	Mupirocin Ointment	Bactroban Oint Centany	6800 --> 6829	Infections of skin and subcutaneous tissue
			684	Impetigo
			6850 --> 6869	Infections of skin and subcutaneous tissue
Mupirocin nasal	Bactroban Nasal	V090	MRSA	
Retapamulin	Altabax	684	Impetigo	
<u>Topical Immunomodulators (Requires PA regardless of Dx)</u>	Pimecrolimus	Elidel	6910	Diaper or napkin rash
	Tacrolimus	Protopic	6918	Other, atopic dermatitis and related conditions
<u>Vitamins (Non-Covered Service for codes not listed)</u>	Prenatal		V22 --> V222	Normal pregnancy
			V23 --> V239	High risk pregnancy
			V241	Lactating
	Renal Care	Dialyvite	28521	Anemia in end-stage renal disease
		Diatx	5851 --> 5859	Chronic Kidney Disease
		Diatx FE	5880 --> 5889	Disorders resulting from impaired renal function
		Folbee		
Nephro-Vite				
Nephro-Vite +FE				
Renax				
Renax 5.5				
Renax 5.6				
Renax 5.7				
Renax 5.8				