

# ForwardHealth

## Diagnosis Restricted Drugs

The table below includes a list of drugs that are diagnosis-restricted for pharmacy compound and non-compound claims. This table specifies if the diagnosis must be indicated on the claim, prior authorization (PA) request, or both. See the link below for physician-administered diagnosis restrictions.

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 Prior Authorization/Drug Attachment (PA/DGA), F- 11049 (10/13), 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 Prior Authorization Request Form (PA/RF), F- 11018 (05/13), 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).

For additional information about diagnosis-restricted drug policy, providers may refer to the ForwardHealth Online Handbook Topic #4403, 15537, and 15937:

<https://www.forwardhealth.wi.gov/wiportal/subsystem/kw/display.aspx>

Physician Administered diagnosis restrictions can be found at:

[https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/medicaid/physician/data\\_tables/index.htm.spage](https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/medicaid/physician/data_tables/index.htm.spage)

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Alzheimer's Agents

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#### Products

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NAMENDA XR (memantine hcl)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description                                      |
|--------|--|
| F0150  | Vascular dementia without behavioral disturbance |
| F0151  | Vascular denentia with behavioral disturbance    |
| G300   | Alzheimer's disease with early onset             |
| G301   | Alzheimer's disease with late onset              |
| G308   | Other alzheimer's disease                        |
| G309   | Alzheimer's disease, unspecified                 |

### Antibiotics, Inhaled

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#### Products

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ARIKAYCE (amikacin liposomal)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description  |
|--------|--|
| A310   | Pulmonary mycobacterial infection                              |
| A312   | Disseminated mycobacterium avium-intracellulare complex (DMAC) |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Anticonvulsants

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#### Products

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DIACOMIT (stiripentol)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|        |  |
|--------|--|
| G40833 | Dravet Syndrome, Intractable, with status Epilepticus    |
| G40834 | Dravet Syndrome, Intractable, without status Epilepticus |

#### Products

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EPIDIOLEX (cannabidiol)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|        |  |
|--------|--|
| G40811 | Lennox-Gastaut syndrome, not intractable, with status epilepticus    |
| G40812 | Lennox-Gastaut syndrome, not intractable, without status epilepticus |
| G40813 | Lennox-Gastaut syndrome, intractable, with status epilepticus        |
| G40814 | Lennox-Gastaut syndrome, intractable, without status epilepticus     |
| G40833 | Dravet Syndrome, Intractable, with status Epilepticus                |
| G40834 | Dravet Syndrome, Intractable, without status Epilepticus             |
| Q851   | Tuberous Sclerosis   |

#### Products

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BANZEL (rufinamide)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|        |  |
|--------|--|
| G40811 | Lennox-Gastaut syndrome, not intractable, with status epilepticus    |
| G40812 | Lennox-Gastaut syndrome, not intractable, without status epilepticus |
| G40813 | Lennox-Gastaut syndrome, intractable, with status epilepticus        |
| G40814 | Lennox-Gastaut syndrome, intractable, without status epilepticus     |

#### Products

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FINTEPLA (fenfluramine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|        |  |
|--------|--|
| G40833 | Dravet Syndrome, Intractable, with status Epilepticus    |
| G40834 | Dravet Syndrome, Intractable, without status Epilepticus |

#### Products

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SYMPAZAN (clobazam)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|        |   |
|--------|---|
| G40811 | Lennox-Gastaut syndrome, not intractable, with status epilepticus |
|--------|---|

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Anticonvulsants

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|        |  |
|--------|--|
| G40812 | Lennox-Gastaut syndrome, not intractable, without status epilepticus |
| G40813 | Lennox-Gastaut syndrome, intractable, with status epilepticus        |
| G40814 | Lennox-Gastaut syndrome, intractable, without status epilepticus     |

### Antineoplastic and Premalignant Lesion Agent, Topical

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#### Products

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diclofenac sodium 3% gel (Example brand: SOLARAZE)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|      |                   |
|------|-------------------|
| L570 | Actinic Keratosis |
|------|-------------------|

### Antiviral Agents

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#### Products

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LIVTENCITY (maribavir)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|      |                                      |
|------|--------------------------------------|
| B250 | Cytomegaloviral disease pneumonitis  |
| B251 | Cytomegaloviral disease hepatitis    |
| B252 | Cytomegaloviral disease pancreatitis |
| B258 | Other cytomegaloviral diseases       |
| B259 | Cytomegaloviral disease, Unspecified |

### Central Nervous System Agents, Miscellaneous

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#### Products

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RILUTEK (riluzole)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|       |                               |
|-------|-------------------------------|
| G1221 | Amyotrophic lateral sclerosis |
|-------|-------------------------------|

#### Products

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NUEDEXTA (dextromethorphan hbr/quinidine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

**ICD-10 Description**

|      |                     |
|------|---------------------|
| F482 | Pseudobulbar affect |
|------|---------------------|

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Cystic Fibrosis

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#### Products

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BRONCHITOL (mannitol)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |  |
|-------|--|
| E840  | Cystic Fibrosis with Pulmonary Manifestations        |
| E8411 | Meconium Ileus in Cystic Fibrosis                    |
| E8419 | Cystic Fibrosis with Other Intestinal Manifestations |
| E848  | Cystic Fibrosis with Other Manifestations            |
| E849  | Cystic Fibrosis, Unspecified                         |

### Gamma Aminobutyric Acid Class

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#### Products

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HORIZANT (gabapentin enacarbil)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |   |
|-------|---|
| B0221 | Postherpetic geniculate ganglionitis          |
| B0222 | Postherpetic trigeminal neuralgia             |
| B0223 | Postherpetic polyneuropathy                   |
| B0224 | Postherpetic myelitis                         |
| B0229 | Other postherpetic nervous system involvement |
| G2581 | Restless legs syndrome                        |

#### Products

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GRALISE (gabapentin)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |   |
|-------|---|
| B0221 | Postherpetic geniculate ganglionitis          |
| B0222 | Postherpetic trigeminal neuralgia             |
| B0223 | Postherpetic polyneuropathy                   |
| B0224 | Postherpetic myelitis                         |
| B0229 | Other postherpetic nervous system involvement |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Gonadotropin-Releasing Hormone Receptor Antagonist

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#### Products

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ORLISSA (elagolix sodium)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|      |   |
|------|---|
| N800 | Endometriosis of uterus                         |
| N801 | Endometriosis of ovary                          |
| N802 | Endometriosis of fallopian tube                 |
| N803 | Endometriosis of pelvic peritoneum              |
| N804 | Endometriosis of rectpvagomal septum and vagina |
| N805 | Endometriosis of intestine                      |
| N806 | Endometriosis of cutaneous scar                 |
| N808 | Other Endometriosis                             |
| N809 | Endometriosis, unspecified                      |

### Lipodystrophy

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#### Products

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MYALEPT (metreleptin)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|      |   |
|------|---|
| E881 | Lipodystrophy, not elsewhere classified |
|------|---|

#### Products

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EGRIFTA SV (tesamorelin)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

Both diagnosis codes required or see below

#### ICD-10 Description

|      |  |
|------|--|
| B20  | Human immunodeficiency virus [HIV] Disease |
| E881 | Lipodystrophy, not elsewhere classified    |

Or an alternative combination of codes

#### ICD-10 Description

|       |  |
|-------|--|
| B9735 | Human immunodeficiency virus, Type 2 [HIV 2] as the cause of diseases classified elsewhere |
| E881  | Lipodystrophy, not elsewhere classified  |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Lipodoses

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#### Products

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CERDELGA (eliglustat tartrate)

ZAVESCA (miglustat)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |                 |
|-------|-----------------|
| E7522 | Gaucher disease |
|-------|-----------------|

### Lysosomal Storage Disorder

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#### Products

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GALAFOLD (migalastat)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |                           |
|-------|---------------------------|
| E7521 | Fabry (-Anderson) Disease |
|-------|---------------------------|

### Movement Disorders

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#### Products

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AUSTEDO (deutetrabenazine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |                                  |
|-------|----------------------------------|
| G10   | Huntington's Disease             |
| G2401 | Drug Induced Subacute Dyskinesia |
| G2402 | Other induced Acute Dystonia     |
| G2409 | Other Drug Induced Dystonia      |

#### Products

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INGREZZA (valbenazine)

INGREZZA INITIATION PACK (valbenazine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|       |                                  |
|-------|----------------------------------|
| G2401 | Drug Induced Subacute Dyskinesia |
| G2402 | Drug Induced Acute Dystonia      |
| G2409 | Other Drug Induced Dystonia      |

#### Products

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XENAZINE (tetrabenazine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|     |                      |
|-----|----------------------|
| G10 | HUNTINGTON'S DISEASE |
|-----|----------------------|

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Multiple Sclerosis Agents, Other

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#### Products

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AMPYRA (dalfampridin)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description |
|--------|-------------|
|--------|-------------|

|     |                    |
|-----|--------------------|
| G35 | Multiple sclerosis |
|-----|--------------------|

### Neuropathic Pain

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#### Products

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LYRICA CR (pregabalin)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description |
|--------|-------------|
|--------|-------------|

|       |  |
|-------|--|
| B0221 | POSTHERPETIC GENICULATE GANGLIONITIS                                   |
| B0222 | POSTHERPETIC TRIGEMINAL NEURALGIA                                      |
| B0223 | POSTHERPETIC POLYNEUROPATHY  |
| B0224 | POSTHERPETIC MYELITIS  |
| B0229 | OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT                          |
| E1040 | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED         |
| E1041 | TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY                  |
| E1042 | TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY                  |
| E1043 | TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY      |
| E1044 | TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY                      |
| E1049 | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E1140 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED         |
| E1141 | TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY                  |
| E1142 | TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY                  |
| E1143 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY      |
| E1144 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY                      |
| E1149 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |

### Ophthalmics, Presbyopia

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#### Products

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VUITY (pilocarpine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description |
|--------|-------------|
|--------|-------------|

|      |            |
|------|------------|
| H524 | Presbyopia |
|------|------------|



# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Opioid Dependency - Buprenorphine

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#### Products

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buprenorphine hcl (Example brand: SUBUTEX)  
SUBLOCADE (buprenorphine)  
ZUBSOLV (buprenorphine hcl/naloxone)

buprenorphine-naloxone (Example brand: SUBOXONE)  
SUBOXONE (buprenorphine hcl/naloxone)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|        |  |
|--------|--|
| F1120  | Opioid dependence, uncomplicated   |
| F1120  | Opioid dependence, uncomplicated   |
| F1121  | Opioid dependence, in remission  |
| F1124  | Opioid dependence with opioid-induced mood disorder                          |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions      |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified        |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction                     |
| F11282 | Opioid dependence with opioid-induced sleep disorder                         |
| F11288 | Opioid dependence with other opioid-induced disorder                         |
| F1129  | Opioid dependence with unspecified opioid-induced disorder                   |

### Opioid Dependency Agents - Methadone

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#### Products

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DISKETTS 40 MG TABLET DISPR (methadone hcl)  
METHADOSE 10 MG/ML ORAL CONC (methadone hcl)

METHADONE INTENSOL 10 MG/ML (methadone hcl)  
METHADOSE 40 MG TABLET DISPR (methadone hcl)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|        |  |
|--------|--|
| F1120  | Opioid dependence, uncomplicated   |
| F1121  | Opioid dependence, in remission  |
| F1124  | Opioid dependence with opioid-induced mood disorder                          |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions      |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified        |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction                     |
| F11282 | Opioid dependence with opioid-induced sleep disorder                         |
| F11288 | Opioid dependence with other opioid-induced disorder                         |
| F1129  | Opioid dependence with unspecified opioid-induced disorder                   |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Opioid Dependency and Alcohol Abuse/Dependency Agents

#### Products

naltrexone hcl (Example brand: REVIA)

VIVITROL (naltrexone microspheres)

Diagnosis Code Must Be Submitted on:    Claim     Prior Authorization Request

| ICD-10 | Description  |
|--------|--|
| F1010  | Alcohol abuse, uncomplicated   |
| F1011  | Alcohol abuse, uncomplicated   |
| F1014  | Alcohol abuse with alcohol-induced mood disorder                                     |
| F10150 | Alcohol abuse with alcohol-induced psychotic disorder with delusions                 |
| F10151 | Alcohol abuse with alcohol-induced psychotic disorder with hallucinations            |
| F10159 | Alcohol abuse with alcohol-induced psychotic disorder, unspecified                   |
| F10180 | Alcohol abuse with alcohol-induced anxiety disorder                                  |
| F10181 | Alcohol abuse with alcohol-induced sexual dysfunction                                |
| F10182 | Alcohol abuse with alcohol-induced sleep disorder                                    |
| F10188 | Alcohol abuse with other alcohol-induced disorder                                    |
| F1019  | Alcohol abuse with unspecified alcohol-induced disorder                              |
| F1020  | Alcohol dependence, uncomplicated  |
| F1021  | Alcohol dependence, in remission   |
| F1024  | Alcohol dependence with alcohol-induced mood disorder                                |
| F10250 | Alcohol dependence with alcohol-induced psychotic disorder with delusions            |
| F10251 | Alcohol dependence with alcohol-induced psychotic disorder with hallucinations       |
| F10259 | Alcohol dependence with alcohol-induced psychotic disorder, unspecified              |
| F1026  | Alcohol dependence with alcohol-induced persisting amnesic disorder                  |
| F1027  | Alcohol dependence with alcohol-induced persisting dementia                          |
| F10280 | Alcohol dependence with alcohol-induced anxiety disorder                             |
| F10281 | Alcohol dependence with alcohol-induced sexual dysfunction                           |
| F10282 | Alcohol dependence with alcohol-induced sleep disorder                               |
| F10288 | Alcohol dependence with other alcohol-induced disorder                               |
| F1029  | Alcohol dependence with unspecified alcohol-induced disorder                         |
| F1094  | Alcohol use, unspecified with alcohol-induced mood disorder                          |
| F10950 | Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions      |
| F10951 | Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations |
| F10959 | Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified        |
| F1096  | Alcohol use, unspecified with alcohol-induced persisting amnesic disorder            |
| F1097  | Alcohol use, unspecified with alcohol-induced persisting dementia                    |
| F10980 | Alcohol use, unspecified with alcohol-induced anxiety disorder                       |
| F10981 | Alcohol use, unspecified with alcohol-induced sexual dysfunction                     |
| F10982 | Alcohol use, unspecified with alcohol-induced sleep disorder                         |
| F10988 | Alcohol use, unspecified with other alcohol-induced disorder                         |
| F1099  | Alcohol use, unspecified with unspecified alcohol-induced disorder                   |
| F1120  | Opioid dependence, uncomplicated   |
| F1121  | Opioid dependence, in remission  |
| F1124  | Opioid dependence with opioid-induced mood disorder                                  |
| F11250 | Opioid dependence with opioid-induced psychotic disorder with delusions              |
| F11251 | Opioid dependence with opioid-induced psychotic disorder with hallucinations         |
| F11259 | Opioid dependence with opioid-induced psychotic disorder, unspecified                |
| F11281 | Opioid dependence with opioid-induced sexual dysfunction                             |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Opioid Dependency and Alcohol Abuse/Dependency Agents

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|        |  |
|--------|--|
| F11282 | Opioid dependence with opioid-induced sleep disorder       |
| F11288 | Opioid dependence with other opioid-induced disorder       |
| F1129  | Opioid dependence with unspecified opioid-induced disorder |

### Peptic Ulcer

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#### Products

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DARTISLA ODT (glycopyrrolate)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description   |
|--------|---|
| K270   | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE                               |
| K271   | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION                              |
| K272   | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION          |
| K273   | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION             |
| K274   | CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE              |
| K275   | CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION             |
| K276   | CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PER |
| K277   | CHRONIC PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION           |
| K279   | PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE |

### Progestational Agent

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#### Products

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CRINONE 8% GEL (progesterone)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description   |
|--------|---|
| O09211 | Supervision of pregnancy with history of pre-term labor, first trimester                          |
| O09212 | Supervision of pregnancy with history of pre-term labor, second trimester                         |
| O09213 | Supervision of pregnancy with history of pre-term labor, third trimester                          |
| O09219 | Supervision of pregnancy with history of pre-term labor, unspecified trimester                    |
| O09291 | Supervision of pregnancy with other poor reproductive or obstetric history, first trimester       |
| O09292 | Supervision of pregnancy with other poor reproductive or obstetric history, second trimester      |
| O09293 | Supervision of pregnancy with other poor reproductive or obstetric history, third trimester       |
| O09299 | Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester |
| O26872 | Cervical shortening, second trimester   |
| O26873 | Cervical shortening, third trimester  |
| O26879 | Cervical shortening, unspecified trimester  |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Pulmonary Anti-Hypertensive Agents

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#### Products

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ADCIRCA (tadalafil)  
REVATIO (sildenafil citrate)

ALYQ (tadalafil)

Diagnosis Code Must Be Submitted on:    Claim     Prior Authorization Request

#### ICD-10    Description

|       |   |
|-------|---|
| I270  | Primary pulmonary hypertension                          |
| I2720 | Pulmonary hypertension, unspecified                     |
| I2721 | Secondary pulmonary arterial hypertension               |
| I2722 | Pulmonary hypertension due to left heart disease        |
| I2723 | Pulmonary hypertension Due to Lung Diseases and hypoxia |
| I2724 | Chronic thromboembolic pulmonary hypertension           |
| I2729 | Other secondary pulmonary hypertension                  |
| I2783 | Eisenmenger's syndrome                                  |

### Pulmonary Fibrosis Agents

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#### Products

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ESBRIET (pirfenidone)

Diagnosis Code Must Be Submitted on:    Claim     Prior Authorization Request

#### ICD-10    Description

|        |                               |
|--------|-------------------------------|
| J84112 | Idiopathic pulmonary fibrosis |
|--------|-------------------------------|

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Smoking Cessation

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#### Products

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bupropion hcl sr 150 mg tablet (Example brand: ZYBAN)

nicotine gum (Example brand: NICORETTE)

nicotine lozenge (Example brand: NICOTINE)

nicotine patch (Example brand: NICOTINE)

NICOTROL NS (nicotine)

CHANTIX (varenicline tartrate)

nicotine lozenge (Example brand: NICORETTE)

nicotine patch (Example brand: CVS NICOTINE)

NICOTROL (nicotine)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|        |   |
|--------|---|
| F17200 | Nicotine dependence, unspecified, uncomplicated   |
| F17201 | Nicotine dependence, unspecified, in remission  |
| F17203 | Nicotine dependence unspecified, with withdrawal  |
| F17208 | Nicotine dependence, unspecified, with other nicotine-induced disorders                 |
| F17209 | Nicotine dependence, unspecified, with unspecified nicotine-induced disorders           |
| F17210 | Nicotine dependence, cigarettes, uncomplicated  |
| F17211 | Nicotine dependence, cigarettes, in remission   |
| F17213 | Nicotine dependence, cigarettes, with withdrawal  |
| F17218 | Nicotine dependence, cigarettes, with other nicotine-induced disorders                  |
| F17219 | Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders            |
| F17220 | Nicotine dependence, chewing tobacco, uncomplicated                                     |
| F17221 | Nicotine dependence, chewing tobacco, in remission                                      |
| F17223 | Nicotine dependence, chewing tobacco, with withdrawal                                   |
| F17228 | Nicotine dependence, chewing tobacco, with other nicotine-induced disorders             |
| F17229 | Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders       |
| F17290 | Nicotine dependence, other tobacco product, uncomplicated                               |
| F17291 | Nicotine dependence, other tobacco product, in remission                                |
| F17293 | Nicotine dependence, other tobacco product, with withdrawal                             |
| F17298 | Nicotine dependence, other tobacco product, with other nicotine-induced disorders       |
| F17299 | Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders |
| Z720   | Tobacco use   |

### Stimulants, Desoxyn

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#### Products

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DESOXYN (methamphetamine hcl)

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

#### ICD-10 Description

|      |  |
|------|--|
| F900 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902 | Attention-deficit hyperactivity disorder, combined type                  |
| F908 | Attention-deficit hyperactivity disorder, other type                     |
| F909 | Attention-deficit hyperactivity disorder, unspecified type               |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Stimulants, Excluding Desoxyn and Vyvanse

#### Products

|   |  |
|---|--|
| ADDERALL (dextroamphetamine/amphetamine)            | ADDERALL XR (dextroamphetamine/amphetamine)          |
| ADHANSIA XR (methylphenidate)                       | ADZENYS ER (amphetamine)                             |
| ADZENYS XR-ODT (amphetamine)                        | APTENSIO XR (methylphenidate hcl)                    |
| AZSTARYS (serdexmethylphenidate/dexmethylphenidate) | CONCERTA (methylphenidate hcl)                       |
| COTEMPLA XR-ODT (methylphenidate)                   | DAYTRANA (methylphenidate hcl)                       |
| DEXEDRINE (dextroamphetamine sulfate)               | DYANAVEL XR (amphetamine)                            |
| EVEKEO (amphetamine)                                | FOCALIN (dexmethylphenidate hcl)                     |
| FOCALIN XR (dexmethylphenidate hcl)                 | JORNAY PM (methylphenidate er)                       |
| METHYLIN (methylphenidate hcl)                      | methylphenidate er (Example brand: METADATE ER)      |
| methylphenidate er (Example brand: METHYLIN)        | methylphenidate hcl (Example brand: METHYLIN CHEW    |
| methylphenidate hcl cd (Example brand: METADATE CD) | methylphenidate hcl er (cd) (Example brand: METADATE |
| methylphenidate la (Example brand: RITALIN LA)      | MYDAYIS (dextroamphetamine/amphetamine)              |
| PROCENTRA (dextroamphetamine sulfate)               | QUILLIVANT XR (methylphenidate hcl)                  |
| RELEXXII ER 72 MG TABLET (methylphenidate hcl)      | RITALIN (methylphenidate hcl)                        |
| RITALIN LA (methylphenidate hcl)                    | ZENZEDI (dextroamphetamine sulfate)                  |

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description  |
|--------|--|
| F900   | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901   | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902   | Attention-deficit hyperactivity disorder, combined type                  |
| F908   | Attention-deficit hyperactivity disorder, other type                     |
| F909   | Attention-deficit hyperactivity disorder, unspecified type               |
| G47411 | Narcolepsy with cataplexy  |
| G47419 | Narcolepsy without cataplexy   |

### Stimulants, Vyvanse

#### Products

|                                       |  |
|---------------------------------------|--|
| VYVANSE (lisdexamfetamine dimesylate) | VYVANSE CHEWABLE (lisdexamfetamine dimesylate) |
|---------------------------------------|--|

Diagnosis Code Must Be Submitted on: Claim  Prior Authorization Request

| ICD-10 | Description  |
|--------|--|
| F5081  | Binge Eating Disorder  |
| F900   | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F901   | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F902   | Attention-deficit hyperactivity disorder, combined type                  |
| F908   | Attention-deficit hyperactivity disorder, other type                     |
| F909   | Attention-deficit hyperactivity disorder, unspecified type               |
| G47411 | Narcolepsy with cataplexy  |
| G47419 | Narcolepsy without cataplexy   |

# ForwardHealth

## Diagnosis Restricted Drugs

Effective: 4/1/2022

### Vitamins, Renal

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#### Products

|  |   |
|--|---|
| DIALYVITE (folic acid combination)                 | DIALYVITE 3000 (folic acid combination) |
| DIALYVITE 800 WITH IRON (fe fumarate combinations) | FERROCITE PLUS (iron combinations)      |
| FOLBEE PLUS (folic acid combination)               | FOLBEE PLUS CZ (folic acid combination) |
| HEMATINIC PLUS (iron combinations)                 | NEPHRO-VITE RX (vitamin b complex)      |
| RENAL CAPS (vitamin b complex)                     | RENA-VITE RX (vitamin b complex)        |
| TRIPHROCAPS (vitamin b complex)                    | VIRT-CAPS (vitamin b complex)           |
| VP-VITE RX (vitamin b complex)                     | WESCAPS (vitamin b complex)             |

Diagnosis Code Must Be Submitted on:    Claim     Prior Authorization Request

#### ICD-10    Description

|       |  |
|-------|--|
| N181  | Chronic kidney disease, Stage 1                                      |
| N182  | Chronic kidney disease, Stage 2 (mild)                               |
| N1830 | Chronic kidney disease, stage 3 unspecified                          |
| N1831 | Chronic kidney disease, stage 3A                                     |
| N1832 | Chronic kidney disease, stage 3B                                     |
| N184  | Chronic kidney disease, Stage 4 (severe)                             |
| N185  | Chronic kidney disease, Stage 5                                      |
| N186  | End stage renal disease  |
| N189  | Chronic kidney disease, unspecified                                  |
| N250  | Renal osteodystrophy   |
| N251  | Nephrogenic diabetes insipidus                                       |
| N2581 | Secondary hyperparathyroidism of renal origin                        |
| N2589 | Other disorders resulting from impaired renal tubular function       |
| N259  | Disorder resulting from impaired renal tubular function, unspecified |