

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Alzheimer's Agents

Products

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

Products

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: 10/1/2023

Anticonvulsants

Products

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

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

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

FINTEPLA (fenfluramine)

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 |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Anticonvulsants

Products

SYMPAZAN (clobazam)

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

ZTALMY (ganaxolone)

ZTALMY 50 MG/ML (ganaxolone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|--|
| G4042 | Cyclin-Dependent Kinase-Like 5 Deficiency Disorder |

Antineoplastic and Premalignant Lesion Agent, Topical

Products

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

Products

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 |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Central Nervous System Agents, Miscellaneous

Products

RELYVRIO (phenylbutyrate)

RILUTEK (riluzole)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Products

NUEDEXTA (dextromethorphan hbr/quinidine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Cystic Fibrosis

Products

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 |

Friedreich's Ataxia

Products

SKYCLARYS (omaveloxolone)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|-------|-------------------|
| G1111 | Friedreich Ataxia |
|-------|-------------------|

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Gamma Aminobutyric Acid Class

Products

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: 10/1/2023

Hypoglycemics, GLP1

Products

BYDUREON BCISE (exenatide microspheres)
 MOUNJARO (tirzepatide)
 RYBELSUS (semaglutide)
 VICTOZA 2-PAK (liraglutide)

BYETTA (exenatide)
 OZEMPIC (semaglutide)
 TRULICITY (dulaglutide)
 VICTOZA 3-PAK (liraglutide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

| | |
|---------|--|
| E1100 | Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E1101 | Type 2 diabetes mellitus with hyperosmolarity with coma |
| E1110 | Type 2 diabetes mellitus with ketoacidosis without coma |
| E1111 | Type 2 diabetes mellitus with ketoacidosis with coma |
| E1121 | Type 2 diabetes mellitus with diabetic nephropathy |
| E1122 | Type 2 diabetes mellitus with diabetic chronic kidney disease |
| E1129 | Type 2 diabetes mellitus with other diabetic kidney complication |
| E11311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E113211 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, rt eye |
| E113212 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, lt eye |
| E113213 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, bilat |
| E113219 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy with macular edema, unsp eye |
| E113291 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, rt eye |
| E113292 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, lt eye |
| E113293 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, bilat |
| E113299 | Type 2 diabetes mellitus with mild nonprolif diabetic retinopathy w/o macular edema, unsp eye |
| E113311 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, rt eye |
| E113312 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, lt eye |
| E113313 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, bilat |
| E113319 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy with macular edema, unsp eye |
| E113391 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, rt eye |
| E113392 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, lt eye |
| E113393 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, bilat |
| E113399 | Type 2 diabetes mellitus with moderate nonprolif diabetic retinopathy w/o macular edema, unsp eye |
| E113411 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, rt eye |
| E113412 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, lt eye |
| E113413 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, bilat |
| E113419 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy with macular edema, unsp eye |
| E113491 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, rt eye |
| E113492 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, lt eye |
| E113493 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, bilat |
| E113499 | Type 2 diabetes mellitus with severe nonprolif diabetic retinopathy w/o macular edema, unsp eye |
| E113511 | Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, right eye |
| E113512 | Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, left eye |
| E113513 | Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, bilateral |
| E113519 | Type 2 diabetes mellitus with prolif diabetic retinopathy with macular edema, unspecified eye |
| E113521 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, rt eye |
| E113522 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, lt eye |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Hypoglycemics, GLP1

| | |
|---------|--|
| E113523 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, bilat |
| E113529 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch macula, unsp eye |
| E113531 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, rt eye |
| E113532 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, lt eye |
| E113533 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, bilat |
| E113539 | Type 2 diabetes mellitus with prolif diabetic retinopathy w traction retinal dtch not macula, unsp eye |
| E113541 | Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, rt eye |
| E113542 | Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, lt eye |
| E113543 | Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, bilat |
| E113549 | Type 2 diabetes mellitus with prolif diabetic retinopathy w comb traction retinal dtch and rheg retinal dtch, unsp |
| E113551 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E113552 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E113553 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E113559 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E113591 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E113592 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E113593 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E113599 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E1136 | Type 2 diabetes mellitus with diabetic cataract |
| E1137X1 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E1137X2 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E1137X3 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E1137X9 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E1139 | Type 2 diabetes mellitus with other diabetic ophthalmic 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 |
| E1151 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E1152 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E1159 | Type 2 diabetes mellitus with other circulatory complications |
| E11610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E11618 | Type 2 diabetes mellitus with other diabetic arthropathy |
| E11620 | Type 2 diabetes mellitus with diabetic dermatitis |
| E11621 | Type 2 diabetes mellitus with foot ulcer |
| E11622 | Type 2 diabetes mellitus with other skin ulcer |
| E11628 | Type 2 diabetes mellitus with other skin complications |
| E11630 | Type 2 diabetes mellitus with periodontal disease |
| E11638 | Type 2 diabetes mellitus with other oral complications |
| E11641 | Type 2 diabetes mellitus with hypoglycemia with coma |
| E11649 | Type 2 diabetes mellitus with hypoglycemia without coma |
| E1165 | Type 2 diabetes mellitus with hyperglycemia |
| E1169 | Type 2 diabetes mellitus with other specified complication |
| E118 | Type 2 diabetes mellitus with unspecified complications |
| E119 | Type 2 diabetes mellitus without complications |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Lipodystrophy

Products

MYALEPT (metreleptin)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Products

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 |

Lipodoses

Products

CERDELGA (eliglustat tartrate)

ZAVESCA (miglustat)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

Lysosomal Storage Disorder

Products

GALAFOLD (migalastat)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

ICD-10 Description

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

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Movement Disorders

Products

AUSTEDO (deutetrabenazine)

AUSTEDO XR ()

AUSTEDO XR TITRATION KT(WK1-4) ()

INGREZZA (valbenazine)

INGREZZA INITIATION PACK (valbenazine)

Diagnosis Code Must Be Submitted on:

Claim

Prior Authorization Request

ICD-10 Description

| ICD-10 | Description |
|--------|----------------------------------|
| G10 | Huntington's Disease |
| G2401 | Drug Induced Subacute Dyskinesia |
| G2402 | Other induced Acute Dystonia |
| G2409 | Other Drug Induced Dystonia |

Products

XENAZINE (tetrabenazine)

Diagnosis Code Must Be Submitted on:

Claim

Prior Authorization Request

ICD-10 Description

| ICD-10 | Description |
|--------|----------------------|
| G10 | HUNTINGTON'S DISEASE |

Multiple Sclerosis Agents, Other

Products

AMPYRA (dalfampridin)

Diagnosis Code Must Be Submitted on:

Claim

Prior Authorization Request

ICD-10 Description

| ICD-10 | Description |
|--------|--------------------|
| G35 | Multiple sclerosis |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Neuropathic Pain

Products

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

Products

VUITY (pilocarpine)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

| ICD-10 | Description |
|--------|-------------|
| H524 | Presbyopia |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Opioid Dependency - Buprenorphine

Products

| | |
|--|--|
| BRIXADI (buprenorphine) | buprenorphine hcl (Example brand: SUBUTEX) |
| buprenorphine-naloxone (Example brand: SUBOXONE) | SUBLOCADE (buprenorphine) |
| SUBOXONE (buprenorphine hcl/naloxone) | ZUBSOLV (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

Products

| | |
|--|--|
| DISKETTS 40 MG TABLET DISPR (methadone hcl) | METHADONE INTENSOL 10 MG/ML (methadone hcl) |
| METHADOSE 10 MG/ML ORAL CONC (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: 10/1/2023

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: 10/1/2023

Opioid Dependency and Alcohol Abuse/Dependency Agents

| | |
|--------|--|
| 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

Products

DARTISLA (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

Products

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: 10/1/2023

Proteinuria Reduction

Products

TARPEYO (budesonide)

Diagnosis Code Must Be Submitted on: Claim Prior Authorization Request

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

| | |
|------|---|
| N028 | RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES |
|------|---|

Pulmonary Anti-Hypertensive Agents

Products

ADCIRCA (tadalafil)

ALYQ (tadalafil)

LIQREV (sildenafil citrate)

REVATIO (sildenafil citrate)

TADLIQ (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 |

ForwardHealth

Diagnosis Restricted Drugs

Effective: 10/1/2023

Smoking Cessation

Products

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)
varenicline tartrate (Example brand: CHANTIX)

CHANTIX (varenicline tartrate)
nicotine lozenge (Example brand: NICORETTE)
nicotine patch (Example brand: CVS NICOTINE)
NICOTROL (nicotine)
varenicline 0.5 (Example brand: CHANTIX)

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

Products

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: 10/1/2023

Stimulants, Excluding Desoxyn and Vyvanse

Products

| | |
|---|---|
| ADDERALL (dextroamphetamine/amphetamine) | ADDERALL XR (dextroamphetamine/amphetamine) |
| ADHANSIA XR (methylphenidate) | ADZENYS XR-ODT (amphetamine) |
| APTENSIO XR (methylphenidate hcl) | AZSTARYS (serdexmethylphenidate/dexmethylphenidate) |
| CONCERTA (methylphenidate hcl) | COTEMPLA XR-ODT (methylphenidate) |
| DAYTRANA (methylphenidate hcl) | DEXEDRINE (dextroamphetamine sulfate) |
| dextroamphetamine sulfate er (Example brand: DEXEDRINE) | 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 (methylphenidate) | 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: 10/1/2023

Vitamins, Renal

Products

DIALYVITE (folic acid combination)

DIALYVITE 800 WITH IRON (fe fumarate combinations)

FOLBEE PLUS (folic acid combination)

TRIPHROCAPS (vitamin b complex)

VP-VITE RX (vitamin b complex)

DIALYVITE 3000 (folic acid combination)

FERROCITE PLUS (iron combinations)

FOLBEE PLUS CZ (folic acid combination)

VIRT-CAPS (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 |