

# ForwardHealth Pharmacy Data Table

## Diagnosis Restrictions

**Note:** Prescribers are required to indicate the diagnosis code or description on prescriptions for diagnosis-restricted drugs. If a diagnosis code is not indicated on the prescription, pharmacy providers should contact the prescriber to obtain the diagnosis code or description. *It is not acceptable for pharmacy providers to obtain the diagnosis code or description from the member.*

All diagnosis codes indicated on claims (and PA requests when applicable).

### Preferred Diagnosis-Restricted Drugs

Pharmacy providers should submit the most specific ICD-9-CM diagnosis code on claims for preferred drugs.

### Non-preferred Diagnosis-Restricted Drugs

Prescribers should indicate the most specific ICD-9-CM diagnosis code for non-preferred drugs on the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request.

### Diagnosis Outside the Allowed Diagnoses

BadgerCare Plus Standard Plan, Medicaid, and Senior Care

If the prescriber writes a prescription with a diagnosis outside the ForwardHealth-allowed diagnoses for a drug, the prescriber is required to submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the drug. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not utilized are required. Medical records should be provided as necessary to support the PA request. This information should be documented on the PA/DGA in Section V (Clinical Information for Diagnosis-Restricted Drug Requests).

When completing the PA/DGA, prescribers should provide the diagnosis code and description, complete Section V, and use Section VIII (Additional Information), if needed. Prescribers are reminded to **provide a handwritten signature** and date on the form before submitting it to the pharmacy provider where the prescription will be filled. The pharmacy provider is required to complete a PA/RF before submitting the forms and supporting documentation to ForwardHealth. Prescribers should not submit PA forms to ForwardHealth.

As a reminder, prescribers and pharmacy providers are required to retain a completed copy of the PA form(s).

February 1, 2014

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 Zubsolv		
<u>Anticoagulants</u>	Apixaban	Eliquis	42731	Atrial Fibrillation
<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
<u>Antifungals, Oral</u>	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) <b>(Non-Covered Service for code not listed)</b>
	Terbinafine	Lamisil Granules	1100	Dermatophytosis of scalp and beard
<u>Antiparkinson's Agents</u>	Pramipexole	Mirapex ER	3320	Paralysis Agitans-Parkinsonism or Parkinson's disease
	Ropinirole	Requip XL	3321	Secondary Parkinsonism
<u>Anti-Ulcer Agents</u> <b>(Non-Covered Service for code not listed)</b>	Misoprostol	Cytotec	E9356 53100 --> 53101 53110 --> 53111 53120 --> 53121 53130 --> 53131 53140 --> 53141 53150 --> 53151 53160 --> 53161  53170 --> 53171 53190 --> 53191  53200 --> 53201 53210 --> 53211 53220 --> 53221 53230 --> 53231 53240 --> 53241 53250 --> 53251 53260 --> 53261  53270 --> 53271 53290 --> 53291	NSAID induced gastric/duodenal ulcer Acute gastric ulcer with hemorrhage with/without obstruction Acute gastric ulcer with perforation with/without obstruction Acute gastric ulcer with hemorrhage and perforation with/without obstruction Acute gastric ulcer without hemorrhage or perforation with/without obstruction Chronic or unspecified gastric ulcer with hemorrhage with/without obstruction Chronic or unspecified gastric ulcer with perforation with/without obstruction Chronic or unspecified gastric ulcer with hemorrhage and perforation with/without obstruction Chronic gastric ulcer without hemorrhage or perforation with/without obstruction Gastric ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction Acute duodenal ulcer with hemorrhage with/without obstruction Acute duodenal ulcer with perforation with/without obstruction Acute duodenal ulcer with hemorrhage and perforation with/without obstruction Acute duodenal ulcer without hemorrhage or perforation with/without obstruction Chronic or unspecified duodenal ulcer with hemorrhage with/without obstruction Chronic or unspecified duodenal ulcer with perforation with/without obstruction Chronic or unspecified duodenal ulcer with hemorrhage and perforation with/without obstruction Chronic duodenal ulcer without hemorrhage or perforation with/without obstruction Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease
<u>Central Nervous System Agents, Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	<del>Tetrabenazine</del>	<del>Xenazine</del>		<b>Requires diagnosis to be submitted on claim.</b>
	Dextromethrophan/quinidir Nuedexta		31081	Pseudobulbar affect
<u>COPD Agents</u>	Roflumilast	Daliresp	4910	Simple chronic bronchitis
			4911	Mucopurulent chronic bronchitis
			49120	Obstructive chronic bronchitis without exacerbation
			49121	Obstructive chronic bronchitis with (acute) exacerbation
			49122	Obstructive chronic bronchitis with acute bronchitis
			4918	Other chronic bronchitis
			4919	Unspecified chronic bronchitis
496	Chronic airway obstruction not elsewhere classified			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Endocrine	Miglustat	Zavesca	2727	Gaucher's Disease
Agents/Enzymes	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
Gamma Aminobutyric Acid Class	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
<b>(Non-Covered Service for codes not listed)</b>	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
			05319	Herpes Zoster with Other Nervous System Complications
Hypoglycemics, GLP 1 (Requires PA ) (Non-Covered Service for codes not listed)	Exenatide	Bydureon Byetta	25000 25002	Diabetes uncomplicated Type II Diabetes uncomplicated Type II uncontrolled
Hypoglycemic Symlin (Requires PA regardless of Dx)	Liraglutide	Victoza		
	Pramlintide	Symlin	25000 25001	Diabetes uncomplicated Type II Diabetes Uncomplicated Type I
			25002 25003	Diabetes uncomplicated Type II uncontrolled Diabetes uncomplicated Type I uncontrolled
Immunologic Agents, Immunosuppressives	Muromonab CD3	Orthoclone OKT-3	9968	Organ transplant rejection
Lipodystrophy (Non-Covered Service for diagnosis code not listed)	Tesamorelin	Egrifta	042 2726	HIV Disease Lipodystrophy
	<b>Two diagnosis codes are required on claim-Member must have diagnosis of HIV Disease or HIV-2 Disease plus Lipodystrophy</b>		<b>or</b>	
			07953 2726	Human Immunodeficiency Virus Type 2 [HIV-2] Lipodystrophy
Multiple Sclerosis Agents, Other	Dalfampridine	Ampyra	340	Multiple sclerosis
	Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.			
Oncology Agents, Oral	Cabozantinib	Cometriq	193	Malignant Neoplasm of thyroid
	Pomalidomide	Pomalyst	20300 20302	Multiple Myeloma without mention of having achieved remission Multiple Myeloma in relapse
Progestin Agent (Requires PA) (Non-Covered Service for code not listed)	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)
Pulmonary Anti-Hypertensive Agents	Sildenafil	Revatio	4160	Primary pulmonary hypertension
	Tadalafil	Adcirca	4168	Chronic pulmonary heart disease other
Smoking Cessation	Bupropion	Zyban	3051	Tobacco use disorder
	Nicotine	Nicoderm Nicorette Nicotrol		
	Varenicline Tartrate	Chantix		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description	
Stimulants and Related Agents	Amphetamine Salts	Adderall	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood	
		Adderall XR	34700	Narcolepsy without cataplexy	
	Dexmethylphenidate	Focalin	34701	Narcolepsy with cataplexy	
		Focalin XR	34710	Narcolepsy in conditions classified elsewhere without cataplexy	
	Dextroamphetamine	Dexedrine Spansule	34711	Narcolepsy in conditions classified elsewhere with cataplexy	
		Dextroamphetamine			
		Procentra			
	Lisdexamfetamine	Vyvanse			
	Methamphetamine	Desoxyn			
		Quillivant XR			
	Methylphenidate	Concerta ER			
		Daytrana			
		Metadate CD			
Metadate ER					
Methylin					
Methylin ER					
Ritalin					
Ritalin LA					
Stimulants and Related Agents (cont)	Ritalin SR				
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood	
	Sodium oxybate*	Xyrem*	34700	Narcolepsy without Cataplexy	
	*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.		34701	Narcolepsy with cataplexy	
Topical, Anti-Infectives	Retapamulin	Altabax	684	Impetigo	
Vitamins (Non-Covered Service for codes not listed)	Prenatal		V22 --> V222	Normal pregnancy	
			V23 --> V239	High risk pregnancy	
			V241	Lactating	
	Renal Care	Dialyvite	28521		Anemia in end-stage renal disease
		Diatx	585 --> 5859		Chronic Kidney Disease
		Diatx FE	588 --> 588		Disorders resulting from impaired renal function
		Folbee	5889 --> 5889		Unspecified disorder resulting from impaired renal function
		Nephro-Vite			
		Nephro-Vite +FE			
		Renax			
Renax 5.5					
Renax 5.6					
Renax 5.7					
Renax 5.8					