

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).

March 1, 2014

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Analgesics, Narcotics</u> <u>Agonist-Antagonist.</u> (Requires PA) (Non-Covered Service for codes not listed)	Buprenorphine Buprenorphine/Naloxone	Subutex Suboxone Zubsolv	30400 --> 30403	Opioid Type Dependence
<u>Anticoagulants</u> <u>Anticonvulsants</u>	Apixaban Clobazam	Eliquis Onfi	42731 34510 34511	Atrial Fibrillation 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

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Antifungals, Oral</u>	Itraconazole	Onmel	1101	Dermatophytosis of nail (Onychomycosis) (Non-Covered Service for code not listed)
	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> (Non-Covered Service for code not listed)	Misoprostol	Cytotec	E9356	NSAID induced gastric/duodenal ulcer
			53100 --> 53101	Acute gastric ulcer with hemorrhage with/without obstruction
			53110 --> 53111	Acute gastric ulcer with perforation with/without obstruction
			53120 --> 53121	Acute gastric ulcer with hemorrhage and perforation with/without obstruction
			53130 --> 53131	Acute gastric ulcer without hemorrhage or perforation with/without obstruction
			53140 --> 53141	Chronic or unspecified gastric ulcer with hemorrhage with/without obstruction
			53150 --> 53151	Chronic or unspecified gastric ulcer with perforation with/without obstruction
			53160 --> 53161	Chronic or unspecified gastric ulcer with hemorrhage and perforation with/without obstruction
			53170 --> 53171	Chronic gastric ulcer without hemorrhage or perforation with/without obstruction
			53190 --> 53191	Gastric ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction
			53200 --> 53201	Acute duodenal ulcer with hemorrhage with/without obstruction
			53210 --> 53211	Acute duodenal ulcer with perforation with/without obstruction
			53220 --> 53221	Acute duodenal ulcer with hemorrhage and perforation with/without obstruction
			53230 --> 53231	Acute duodenal ulcer without hemorrhage or perforation with/without obstruction
			53240 --> 53241	Chronic or unspecified duodenal ulcer with hemorrhage with/without obstruction
			53250 --> 53251	Chronic or unspecified duodenal ulcer with perforation with/without obstruction
			53260 --> 53261	Chronic or unspecified duodenal ulcer with hemorrhage and perforation with/without obstruction
53270 --> 53271	Chronic duodenal ulcer without hemorrhage or perforation with/without obstruction			
53290 --> 53291	Duodenal ulcer unspecified as acute or chronic without hemorrhage or perforation with/without obstruction			
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease
<u>Central Nervous System Agents, Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Dextromethorphan/quinidine	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		
<u>Endocrine Agents/Enzymes</u>	Miglustat	Zavesca	2727	Gaucher's Disease		
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis		
<u>Gamma Aminobutyric Acid Class</u> (Non-Covered Service for codes not listed)	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)		
			05319	Herpes Zoster with Other Nervous System Complications		
	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications		
<u>Hypoglycemics, GLP 1</u> (Requires PA) (Non-Covered Service for codes not listed)	Exenatide	Bydureon Byetta	25000	Diabetes uncomplicated Type II		
			25002	Diabetes uncomplicated Type II uncontrolled		
<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		
<u>Lipdystrophy</u> (Non-Covered Service for diagnosis code not listed)	Tesamorelin	Egrifta	042	HIV Disease		
			2726	Lipodystrophy		
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]		
			2726	Lipodystrophy		
<u>Multiple Sclerosis Agents, Other</u>	Dalfampridine	Ampyra	340	Multiple sclerosis		
	Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.					
<u>Oncology Agents, Oral</u>	Cabozantinib	Cometriq	193	Malignant Neoplasm of thyroid		
			Pomalidomide	Pomalyst	20300	Multiple Myeloma without mention of having achieved remission
					20302	Multiple Myeloma in relapse
<u>Progestin Agent</u> (Requires PA) (Non-Covered Service for code not listed)	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)		
<u>Pulmonary Anti-Hypertensive Agents</u>	Sildenafil	Revatio	4160	Primary pulmonary hypertension		
	Tadalafil	Adcirca	4168	Chronic pulmonary heart disease other		
<u>Smoking Cessation</u>	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			
	Lisdexamfetamine	Procentra			
	Methamphetamine	Vyvanse			
		Desoxyn			
	Methylphenidate	Quillivant XR			
		Concerta ER			
		Daytrana			
		Metadate CD			
Metadate ER					
Methylin					
Methylin ER					
Ritalin					
Stimulants and Related Agents (cont)	Ritalin LA				
	Ritalin SR				
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood	
	Sodium oxybate*	Xyrem*	34700 34701	Narcolepsy without Cataplexy Narcolepsy with cataplexy	
*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.					
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					