

# 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 allowed diagnoses for a drug, the pharmacy provider is required to submit a paper prior authorization (PA) request to Forward Health. The prescriber is required to complete the Prior Authorization/Drug Attachment (PA/DGA), F 11049, and attach peer-reviewed medical literature to support the proven efficacy of the requested use of the drug. The prescriber should send the PA/DGA and supporting documentation to the pharmacy where the member intends to fill the prescription. The pharmacy provider then completes the Prior Authorization/Request Form (PA/RF), F 11018, and submits the forms and supporting documentation to Forward Health.

Form version dates removed from paragraph above.

No diagnosis restriction changes from previous month.

August 1, 2013

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 Buprenorphine/Naloxone	Subutex Suboxone	30400 --> 30403	Opioid Type Dependence
<u>Anticoagulants</u>	Apixaban	Eliquis	42731	Atrial Fibrillation
<u>Antidiarrheal</u>	Crofelemer	Fulyzaq	042 07953	HIV Disease Human Immunodeficiency Virus Type 2 [HIV-2]
<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 <b>Or</b>	Gastrostomy
	<b>For members 0-3 years old</b>		78701 V5811 <b>Both</b>	Nausea and Vomiting Encounter for antineoplastic chemotherapy
	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>
	Itraconazole	Sporanox	1120 11284 1150 --> 1159 1160 --> 1162 1172 1173	Candidiasis of mouth (Thrush) Candidial esophagitis Histoplasmosis infection Blastomycotic infection Chromoblastomycosis Aspergillosis
	Terbinafine	Lamisil Granules	1100	Dermatophytosis of scalp and beard
<u>Antiparkinson's Agents</u>	Pramipexole Ropinirole	Mirapex ER Requip XL	3320 3321	Paralysis Agitans-Parkinsonism or Parkinson's disease Secondary Parkinsonism
<u>Anti-Ulcer Agents</u> <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)
	Tetrabenazine	Xenazine		Requires diagnosis to be submitted on claim.
	Dextromethrophan/quinidir Nuedexta		340 33520	Multiple sclerosis Amyotrophic lateral sclerosis (ALS)

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>COPD Agents</u>	Roflumilast	Daliresp	4910 4911 49120 49121 49122 4918 4919 496	Simple chronic bronchitis Mucopurulent chronic bronchitis Obstructive chronic bronchitis without exacerbation Obstructive chronic bronchitis with (acute) exacerbation Obstructive chronic bronchitis with acute bronchitis Other chronic bronchitis Unspecified chronic bronchitis Chronic airway obstruction not elsewhere classified
<u>Diabetic Supplies</u> <b>(PA is not required for these diagnosis codes)</b>	Blood glucose calibrator solutions and chips Blood glucose meters Blood glucose test strips Insulin syringes Lancets Lancet devices		25000 --> 25003 64800 64803 64804 64880 64883	Diabetes mellitus without mention of complication Diabetes in pregnancy unspecified Antepartum diabetes mellitus Postpartum diabetes Mellitus Abnormal glucose tolerance in pregnancy unspecified Abnormal glucose tolerance of mother antepartum
<b>(PA is required for these diagnosis codes)</b>	Blood glucose calibrator solutions and chips Blood glucose meters Blood glucose test strips Lancets Lancet devices		24900 24901 2508 2511 2777 79021 79022 79029	Secondary diabetes mellitus without complications [not stated] Secondary diabetes without complications [uncontrolled] Diabetic Hypoglycemia Hyperinsulinemic hypoglycemia Dysmetabolic syndrome X Impaired fasting glucose Abnormal glucose tolerance test Pre-diabetes NOS
<u>Endocrine Agents/Enzymes</u>	Miglustat	Zavesca	2727	Gaucher's Disease
	Idursulfase	Elaprased	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u>	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
<b>(Non-Covered Service for codes not listed)</b>	Gabapentin	Gralise (only)	05319 05319	Herpes Zoster with Other Nervous System Complications Herpes Zoster with Other Nervous System Complications
<u>Hypoglycemics, GLP 1</u> <b>(Requires PA )</b> <b>(Non-Covered Service for codes not listed)</b>	Exenatide	Bydureon Byetta	25000 25002	Diabetes uncomplicated Type II Diabetes uncomplicated Type II uncontrolled
<u>Hypoglycemic Symlin</u> <b>(Requires PA regardless of Dx)</b>	Pramlintide	Symlin	25000 25001 25002 25003	Diabetes uncomplicated Type II Diabetes Uncomplicated Type I Diabetes uncomplicated Type II uncontrolled Diabetes uncomplicated Type I uncontrolled

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description		
<u>Immunologic Agents, Immunosuppressives</u>	Muromonab CD3	Orthoclone OKT-3	9968	Organ transplant rejection		
<u>Immunologic Agents, Interferons</u>	Interferon Alfa 2A	Roferon-A	07054	Chronic hepatitis C w/o hepatic coma		
			1729	Malignant melanoma		
			1760 --> 1769	Kaposi's sarcoma		
			2024	Hairy cell leukemia		
			2028	Non-Hodgkin's lymphoma		
			2030	Multiple myeloma		
			2051	Chronic myelocytic leukemia		
			2337	Bladder carcinoma		
			2339	Renal cell carcinoma		
	Interferon Alfa 2B	Intron A	07054	Chronic hepatitis C w/o hepatic coma		
			07811	Condylomata acuminatum		
			1729	Malignant Melanoma		
			1760 --> 1769	Kaposi's sarcoma		
			2024	Hairy cell leukemia		
			2028	Non-Hodgkin's lymphoma		
			2030	Multiple myeloma		
			2337	Bladder carcinoma		
			2339	Renal cell carcinoma		
	Interferon Alfa N3	Alferon N	07811	Condylomata acuminatum		
	Interferon Gamma 1B	Actimmune	2881	Chronic granulomatous disease		
			75652	Osteopetrosis		
<u>Lipodystrophy</u> <b>(Non-Covered Service for diagnosis code not listed)</b>	Tesamorelin	Egrifra	042	HIV Disease		
			2726	Lipodystrophy		
			or			
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]		
			2726	Lipodystrophy		
<u>Multiple Sclerosis Agents, Other</u>	Dalfampridine	Ampyra	340	Multiple sclerosis		
<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> <b>(Requires PA) (Non-Covered Service for code not listed)</b>	Progesterone, micronized gel	Crinone	6260	Absence of menstruation (amenorrhea)		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Pulmonary Anti-Hypertensive Agents</u>	Ambrisentan	Letairis	4160	Primary pulmonary hypertension
	Bosentan	Tracleer	4168	Chronic pulmonary heart disease other
	Iloprost	Ventavis		
	Sildenafil	Revatio		
	Tadalafil	Adcirca		
Treprostinil	Tyvaso			
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibitor	Aralast Glassia Prolast Zemaire	2734	AAT, Alpha-1-antitrypsin deficiency
<u>Smoking Cessation</u>	Bupropion	Zyban	3051	Tobacco use disorder
	Nicotine	Nicoderm	30510	Tobacco abuse-Unspecified
		Nicorette	30511	Tobacco abuse-Continuous
		Nicotrol	30512	Tobacco abuse-Episodic
Varenicline Tartrate	Chantix			
<u>Stimulants and Related Agents</u>	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		
	Methylphenidate	Concerta ER		
		Daytrana		
		Metadate CD		
		Metadate ER		
		Methylin		
Methylin ER				
Ritalin				
Ritalin LA				
Ritalin SR				
Stimulants and Related Agents (cont)	Atomoxetine	Strattera	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description	
	Clonidine Guanefacine	Kapvay Intuniv ER	29900 - 29901	Autistic disorder	
			29910 - 29911	Childhood disintegrative disorder	
			29980 - 29981	Other specified pervasive developmental disorders	
			29990 - 29991	Unspecified pervasive developmental disorders	
			31200 - 31203	Undersocialized conduct disorder aggressive type	
			31210 - 31213	Undersocialized conduct disorder unaggressive type	
			31220 - 21223	Socialized conduct disorder	
			31230 - 31239	Disorders of impulse control not elsewhere classified	
			3124	Mixed disturbance of conduct and emotions	
			31281 - 3129	Other specified disturbances of conduct not elsewhere classified	
	31381	Oppositional defiant disorder			
	31400 - 3149	Hyperkinetic syndrome/Attention deficit disorder of childhood			
	Sodium oxybate* *Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.	Xyrem*	34700	Narcolepsy without Cataplexy	
			34701	Narcolepsy with cataplexy	
<u>Topical, Anti-Infectives</u>	Retapamulin	Altabax	684	Impetigo	
<u>Topical Immunomodulators</u> (Requires PA regardless of Dx)	Pimecrolimus	Elidel	6910	Diaper or napkin rash	
	Tacrolimus	Protopic	6918	Other, atopic dermatitis and related conditions	
<u>Vitamins</u> <b>(Non-Covered Service for codes not listed)</b>	Prenatal		V22 --> V222	Normal pregnancy	
			V23 --> V239	High risk pregnancy	
			V241	Lactating	
	Renal Care	Dialyvite Diatx Diatx FE Folbee Nephro-Vite Nephro-Vite +FE Renax Renax 5.5 Renax 5.6 Renax 5.7 Renax 5.8		28521	Anemia in end-stage renal disease
				585 --> 5859	Chronic Kidney Disease
				588 --> 588	Disorders resulting from impaired renal function
				5889 --> 5889	Unspecified disorder resulting from impaired renal function