

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.* Please refer to the Wisconsin Medicaid and BadgerCare Plus 2007-64

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 (10/08), 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 (10/08), and submits the forms and supporting documentation to Forward Health.

BadgerCare Plus Core Plan

The above PA policy is only allowed for the therapeutic drug class Bronchodilators, Anticholinergics*

December 1, 2012

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	Subutex	30400 --> 30403	Opioid Type Dependence
	Buprenorphine/Naloxone	Suboxone		
<u>Anticoagulants</u> (Non-Covered Service for codes not listed)	dabigatran etexilate	Pradaxa	42731	Atrial Fibrillation
	rivaroxaban	Xarelto 15 & 20mg		
<u>Anticonvulsants</u>	Clobazam	Onfi	34510 34511	Generalized convulsive epilepsy without intractable epilepsy Generalized convulsive epilepsy with intractable epilepsy

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>Antiemetics</u>	Ondansetron solution For members 0-3 years old	Zofran	V441 Or	Gastrostomy
			78701 V5811 Both	Nausea and Vomiting Encounter for antineoplastic chemotherapy
	Ondansetron solution For members 4 years old and up	Zofran	V441	Gastrostomy
<u>Antifungals, Oral</u>	Itraconazole	Sporanox	1120	Candidiasis of mouth (Thrush)
			11284	Candidial esophagitis
			1150 --> 1159	Histoplasmosis infection
			1160 --> 1162	Blastomycotic infection
			1172	Chromoblastomycosis
			1173	Aspergillois
			28804	Neutropenia due to infection
	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>	Misoprostol	Cytotec	E9356	NSAID induced gastric/duodenal ulcer
<u>Antiviral Agents</u>	Cidofovir	Vistide	0785	Cytomegaloviral disease
<u>Bronchodilators, Anticholinergic</u> *(CORE Only -See above for Core Policy)	Tiotropium Bromide	Spiriva	4910 --> 4911	Chronic bronchitis
			49120 --> 4919	Obstructive Chronic Bronchitis
			4920 --> 4928	Emphysema
			49320 --> 49322	Chronic obstructive asthma
			496	Chronic airway obstruction, not elsewhere classified
<u>Botulinum Toxins</u>	Type A	Botox	3336	Idiopathic torsion dystonia
			3337	Symptomatic torsion dystonia
			33381	Blepharospasm
			33383	Spasmodic Torticollis
			33384	Focal hand dystonia (Organic writer's cramp)
			340	Multiple sclerosis
			34211	Spastic hemiplegia, affecting dominant site
			34212	Spastic hemiplegia, affecting nondominant site
			3430 --> 3439	Infantile cerebral palsy
			3440 --> 34404	Quadriplegia and quadriplegia
			34409	Quadriplegia and quadriplegia
			3441	Paraplegia
			3518	Facial spasm
			378 --> 37887	Strabismus and other disorders of binocular eye movement
			70521	Primary focal hyperhidrosis
72885	Spasm of muscle			
7810	Hemifacial spasm			
	Type B	Myobloc	33383	Spasmodic Torticollis
<u>Central Nervous System Agents, Miscellaneous</u>	Riluzole	Rilutek	33520	Amyotrophic lateral sclerosis (ALS)
	Tetrabenazine	Xenazine	3334	Huntington's Chorea
	Dextromethrophan/quinid Nuedexta		340	Multiple sclerosis
			33520	Amyotrophic lateral sclerosis (ALS)

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
Diabetic Supplies (PA is not required for these diagnosis codes)	Blood glucose calibrator solutions and chips		25000 --> 25003	Diabetes mellitus without mention of complication
	Blood glucose meters		64800	Diabetes in pregnancy unspecified
	Blood glucose test strips		64803	Antepartum diabetes mellitus
	Insulin syringes		64804	Postpartum diabetes Mellitus
	Lancets		64880	Abnormal glucose tolerance in pregnancy unspecified
	Lancet devices		64883	Abnormal glucose tolerance of mother antepartum
(PA is required for these diagnosis codes)	Blood glucose calibrator solutions and chips		24900	Secondary diabetes mellitus without complications [not stated]
	Blood glucose meters		24901	Secondary diabetes without complications [uncontrolled]
	Blood glucose test strips		2508	Diabetic Hypoglycemia
	Lancets		2511	Hyperinsulinemic hypoglycemia
	Lancet devices		2777	Dysmetabolic syndrome X
			79021	Impaired fasting glucose
			79022	Abnormal glucose tolerance test
		79029	Pre-diabetes NOS	
<u>Endocrine Agents/Enzymes</u>	Alglucerase	Ceredase	2727	Gaucher's Disease
	Imiglucerase	Cedezyme		
	Miglustat	Zavesca		
	Idursulfase	Elaprase	2775	Mucopolysaccharidosis
<u>Gamma Aminobutyric Acid Class</u>	Gabapentin	Horizant (only)	33394	Restless Legs Syndrom (RLS)
(Non-Covered Service for codes not listed)			05319	Herpes Zoster with Other Nervous System Complications
	Gabapentin	Gralise (only)	05319	Herpes Zoster with Other Nervous System Complications
<u>Hepatitis C Agents</u> (Non-Covered Service for codes not listed)	Interferon Alfacon-1	Infergen	07054	Chronic hepatitis w/o hepatic coma
	Peginterferon Alfa-2A	Pegasys		
	Peginterferon Alfa-2B	Peg-Intron		
	Ribavirin	Copegus Rebetol Ribapak Ribasphere		
(Non-Covered Service for codes not listed) (Requires PA)	Telaprevir	Incivek		
	Boceprevit	Victrelis	07054	Chronic hepatitis w/o hepatic coma
<u>Hypoglycemics, GLP 1</u> (Requires PA) (Non-Covered Service for codes not listed)	Exenatide		25000	Diabetes uncomplicated Type II
		Bydureon Byetta	25002	Diabetes uncomplicated Type II uncontrolled
	Liraglutide	Victoza		

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<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>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> (Non-Covered for diagnosis code not listed)	Tesamorelin	Egrifta	042	HIV Disease
			2726	Lipodystrophy
			or	
			07953	Human Immunodeficiency Virus Type 2 [HIV-2]
			2726	Lipodystrophy
<u>Multiple Sclerosis Agents</u>	Dalfampridine*	Ampyra*	340	Multiple sclerosis
	Fingolimod*	Gilenya*		
	Teriflunomide*	Aubagio*		
	*Clinical PA required. Submit the PA/RF and PA/DGA with supporting clinical documentation.			
	Glatiramer acetate	Copaxone		
	Interferon Beta 1A	Avonex		
	Interferon Beta 1A, Alun Rebir			
Interferon Beta 1B	Betaseron			

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
<u>NSAIDS</u>	Lansoprazole/naproxen	Prevacid Naprapac	E9356 04186 2515 53019 5302 --> 53021 53081 53085 531 --> 53191 532 --> 53291 533 --> 53391 5368	NSAID induced gastric/duodenal ulcer H. Pylori infection Zollinger-Ellison syndrome Erosive esophagitis Ulcer of Esophagus Gastroesophageal reflux Barrett's Esophagus Gastric Ulcer Duodenal Ulcer Peptic Ulcer Gastric hypersecretory conditions
<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>	Ambrisentan Bosentan Iloprost Sildenafil Tadalafil Treprostinil	Letairis Tracleer Ventavis Revatio Adcirca Tyvaso	4160 4168	Primary pulmonary hypertension Chronic pulmonary heart disease other
<u>Respiratory Enzymes</u>	Alpha-1-Proteinase Inhibi	Aralast Glassia Prolast Zemaire	2734	AAT, Alpha-1-antitrypsin deficiency
<u>Smoking Cessation</u>	Bupropion Nicotine Varenicline Tartrate	Zyban Nicoderm Nicorette Nicotrol Chantix	3051 30510 30511 30512	Tobacco use disorder Tobacco abuse-Unspecified Tobacco abuse-Continuous Tobacco abuse-Episodic
<u>Stimulants and Related Agents</u>	Clonidine Amphetamines Amphetamines salts Dextroamphetamines Atomoxetine Dextroamphetamine Guanfacine	Kapvay Adderall Adderall XR Dexedrine Dextrostat Strattera Procentra Intuniv	31400 31401 3141 3142 3148 3149 314 3140 31400 31401 347 34700 34701 3471 34710 34711 314 3140 31400 31401	Attention Deficit Disorder without hyperactivity Attention Deficit Disorder with hyperactivity Hyperkinesis with Develmental Delay Hyperkinetic Conduct Disorder Other Hyperkinetic Syndrome Hyperkinetic Syndrome Unspecified Hyperkinetic syndrome of childhood Attention Deficit Disorder Attention Deficit Disorder w/o mention of hyperactivity Attention Deficit Disorder with hyperactivity Cataplexy and Narcolepsy Narcolepsy without Cataplexy Narcolepsy with Cataplexy Narcolepsy in conditions classified elsewhere Narcolepsy in conditions classified elsewhere, without cataplexy Narcolepsy in conditions classified elsewhere, with cataplexy Hyperkinetic syndrome of childhood Attention Deficit Disorder Attention Deficit Disorder without mention of hyperactivity Attention Deficit Disorder with hyperactivity (ADHD)
<u>Cont. next page</u>				

Therapeutic Class	Generic Name	Brand Name	Diagnosis Ranges	Description
	Dexmethylphenidate	Focalin, XR	314	Hyperkinetic syndrome of childhood
	Lisdexamfetamine	Vyvanse	3140	Attention Deficit Disorder
	Methamphetamine	Desoxyn	31400	Attention Deficit Disorder without mention of hyperactivity
	Methylphenidate (for Concerta, Methylin or Metadate see below)	Daytrana	31401	Attention Deficit Disorder with hyperactivity (ADHD)
	Ritalin LA			
	Pemoline	Cylert		
	Methylphenidate	Concerta ER	3102	Posttraumatic brain syndrome, nonpsychotic
		Methylin, ER	314	Hyperkinetic syndrome of childhood
		Metadate, CD, ER	3140	Attention Deficit Disorder
			31400	Attention Deficit Disorder without mention of hyperactivity
			31401	Attention Deficit Disorder with hyperactivity (ADHD)
			347	Cataplexy and Narcolepsy
			34700	Narcolepsy without Cataplexy
			34701	Narcolepsy with Cataplexy
			3471	Narcolepsy in conditions classified elsewhere
			34710	Narcolepsy in conditions classified elsewhere, without cataplexy
			34711	Narcolepsy in conditions classified elsewhere, with cataplexy
	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
<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> (Non-Covered Service for codes not listed)	Prenatal		V22 --> V222 V23 --> V239	Normal pregnancy 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		