

**July 2006**

**Provider Bulletin Number 669c**

## **Pharmacy Providers**

### **Diagnosis Code Requirement and Limitations on Pregabalin**

Effective with dates of service on and after August 10, 2006, claims for pregabalin (Lyrica®) will be denied if a dosage of 600 mg per day is exceeded or a total of 18,600 mg in a 31-day time period is exceeded. The 600 mg per day limitation can be overridden by obtaining prior authorization, if criteria has been met.

Beginning with dates of service on and after November 7, 2006, pregabalin (Lyrica) will be denied if the following units (capsules) per day are exceeded:

- 300 mg capsules: 2 units (capsules) per day
- 225 mg capsules: 2 units (capsules) per day
- 200 mg capsules: 3 units (capsules) per day
- 150 mg capsules: 3 units (capsules) per day
- 100 mg capsules: 3 units (capsules) per day
- 75 mg capsules: 3 units (capsules) per day
- 50 mg capsules: 3 units (capsules) per day
- 25 mg capsules: 3 units (capsules) per day

**Note:** Prior authorization will not override the unit (capsule) limit per day.

As published in December 2005, all pregabalin claims require a diagnosis code be submitted. Pregabalin is only covered for ages 18 and older.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Pharmacy Provider Manual*, page 8-14.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

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EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Division of Health Policy and Finance.

**Partial Fills of C-II Drugs:**

Kansas Medicaid will reimburse for partial fills of prescriptions for C-II drugs in accordance with Kansas Pharmacy Regulations (Article 20, Controlled Substances, 68-20-19), for beneficiaries in long-term care facilities, or with a medical diagnosis documenting terminal illness, when the claims contain the applicable diagnosis code. To indicate a diagnosis of terminal illness, the ICD-9 diagnosis code V667 must be entered on the pharmacy claim.

**Note:** KMAP does not cover partial fills of prescriptions for C-II drugs when used in circumstances other than those mentioned above.

**Pregabalin (Lyrica®)**

An ICD-9-CM diagnosis code is required on all pregabalin claims. The pharmacy will need to contact the prescribing provider if no diagnosis is noted on the prescription. Pregabalin is only covered for the following conditions or diagnoses listed below:

1. Neuropathic pain: for a diagnosis indicating neuropathic pain, submit diagnosis code 3569
2. Epilepsy: for a diagnosis of epilepsy, submit the most appropriate one of the following diagnosis codes (**KMAP will accept 34500 for epilepsy diagnoses within the range of 34500 to 34591**):
  - a. 34500 – generalized nonconvulsive epilepsy without mention of intractable epilepsy
  - b. 34501 – generalized nonconvulsive epilepsy with intractable epilepsy
  - c. 34510 – generalized convulsive epilepsy without mention of intractable epilepsy
  - d. 34511 – generalized convulsive epilepsy with intractable epilepsy
  - e. 3452 – generalized convulsive epilepsy, petit mal status
  - f. 3453 – generalized convulsive epilepsy, grand mal status
  - g. 34540 – partial epilepsy, with impairment of consciousness without mention of intractable epilepsy
  - h. 34541 – partial epilepsy, with impairment of consciousness with intractable epilepsy
  - i. 34550 – partial epilepsy, without mention of impairment of consciousness without mention of intractable epilepsy
  - j. 34551 – partial epilepsy, without mention of impairment of consciousness with intractable epilepsy
  - k. 34560 – infantile spasms without mention of intractable epilepsy
  - l. 34570 – epilepsy partialis continua without mention of intractable epilepsy
  - m. 34571 – epilepsy partialis continua with intractable epilepsy
  - n. 34580 – other forms of epilepsy without mention of intractable epilepsy
  - o. 34581 – other forms of epilepsy with intractable epilepsy
  - p. 34590 – epilepsy, unspecified without mention of intractable epilepsy
  - q. 34591 – epilepsy, unspecified with intractable epilepsy
  - r. 78039 – other convulsions
  - s. 9070 – epilepsy due to late effects of intracranial injury.

In addition to the diagnosis requirement, pregabalin (Lyrica®) is only covered for ages 18 and older. There is also a quantity limit of no more than three units (capsules) per day, not to exceed 600 mg per day or 18,600 mg in a 31-day period. PA will not override the units per day these limitations.