

STATE: North Carolina	BUSINESS UNIT(S): Carolina Complete Health
PRODUCT TYPE: Medicaid	POLICY NAME: Pharmacy Lock-In Program
POLICY ID:CC.PHAR.18	REGULATOR MOST RECENT APPROVAL DATE: 07.15.2024

BACKGROUND:

The purpose of the Pharmacy Lock-In Program is to detect and prevent abuse of the pharmacy benefit and ensure member safety while maintaining compliance with the North Carolina Department of Health and Human Services (DHHS) contract. As defined by specific criteria, certain members will be restricted to utilizing specific prescribing provider(s) and pharmacy for a defined period. In addition, the program assists members with controlled substance abuse to obtain behavioral health and substance use disorder care coordination.

DEFINITIONS:

N/A

SECTION ONE:

POLICY/PROCEDURE: It is the policy of Carolina Complete Health (CCH) to monitor and minimize suspected abuse of pharmacy benefits by members and to alleviate the excessive use of controlled substances. CCH's Lock-In Program criteria will comply with the Department Lock-In Program criteria as defined in N.C. Gen. Stat. § 108A-68.2.152. The Pharmacy team works to coordinate care of our members who have controlled substance concerns with the provider(s), utilize the pharmacy benefit manager (PBM) system to lock in a member, and use care coordination /behavioral health team to provide support for the Member. The pharmacy team will also report to the Special Investigation unit (SIU) for any concerns of fraud, waste, and abuse.

1. Program Qualifications:

- a. Members transitioning from a previous Prepaid Health Plan (PHP) or Medicaid Fee For Service program with an existing lock in place will be auto-enrolled into the CCH lock program. Members' locks will continue for the remaining duration of their lock period, up to 2 years from their active original lock start date.
- b. CCH will consider newly identified members for the Pharmacy Lock-In Program based on:
 - i. A monthly audit of pharmacy claims data identifying members meeting lock-in criteria.
 - ii. Lock-in Criteria will be considered met for members who have at least one of the following:
 - a) Filled ten (10) or more claims in two (2) consecutive months for benzodiazepines when not medically necessary.
 - b) Filled ten (10) or more claims in two (2) consecutive months for Opioids when not medically necessary.
 - c) Received prescriptions for opioids and/or benzodiazepines from four (4) or more prescribers in two (2) consecutive months when not medically necessary.
- c. Referral from a Provider and/or Pharmacy to CCH may lead to the health plan to review the member's utilization profile for the criteria listed above.

2. Program Exceptions/Exemptions:

- a. Members will be exempt from Lock-in with certain cancer diagnoses within the last 12 months. Members will be exempt from Lock-in with a diagnosis of sickle cell disease.
- b. CCH will not apply the Lock-In program to NC Health Choice Members or to Medicaid Members under age 18 unless directed to do so by the Division of Health Benefits (DHB)
 - i. A member under the age 18 years is exempt from Lock-in. A correspondence will be sent to providers of qualifying members ages 18 to 21 years. Correspondence will inform providers of:
 - a) Member identified as meeting lock-in criteria
 - b) Medical necessity review option and action required to request medical necessity exemption review
 - c) Requested response time frame
 - ii. Requests/Documentation submitted for medical necessity review will be reviewed and determined by CCH Medical Directors or qualified designees.
 - iii. Members whose providers opt not to submit a medical necessity review request within 10 calendar days of the aforementioned correspondence will proceed to standard lock-in initiation as detailed within this policy.

3. Lock Enrollment and Maintenance:

- a. Members will be enrolled in the lock-in program for a period two (2) years. Members may be reassessed for continued program eligibility and/or re-enrolled in the lock-in program, if they are found to requalify after the initial lock-in is complete.
- b. Members who qualify for the lock-in program will receive a notification of the intent to lock and appeal rights prior to lock-in taking effect
- c. Members shall have the opportunity to appeal the lock-in decision and shall not be locked in during the pendency of the appeal unless they do not appeal within the appropriate timeline.
- d. CCH will notify prescribers and pharmacy providers of their assignment to a member in the Lock-in program prior to the Lock-in date.
- e. CCH shall Lock-in the Member to one (1) prescriber of member’s choice and one (1) pharmacy of member’s choice for controlled substances categorized as opioids and/or benzodiazepines in the pharmacy benefit claims system.
 - i. If member receives care for conditions managed by different providers, they may be allowed to have a Lock-in applied for up to two (2) prescribers to continue receiving care.
 - ii. CCH will recommend and assign a provider and pharmacy as the Lock-in providers when notifying the Member of the Lock-in.
 - a) CCH may allow a Member to request a change to the prescriber and pharmacy upon request made to CCH.
- f. Emergency supplies for Member management in Lock-in Program
 - i. CCH shall allow for a four (4) day supply of a prescription dispensed to a member Locked into a different pharmacy and prescriber in response to an emergency situation.
 - ii. Members may be responsible if any copayment applies.
 - iii. Pharmacy will be paid for the drug ingredient costs only for the emergency supply.
 - iv. Only one emergency supply fill is allowed during each year of the two (2) year period of Lock-in.
- g. CCH shall provide care coordination for Members in the Lock-In program in conjunction with the Member’s advanced medical home, primary care provider or care providers.

4. Reporting

- a. CCH shall support the following reporting to the state and other PHPs as specified in the State Medicaid Program.
 - i. CCH shall report Lock-in program outcomes including, but not limited to, reduced emergency room visits and reduced opioid misuse in a format to be requested by the DHB.
 - ii. CCH shall provide member Lock-in details in a specified format by the DHB to NC Tracks at least once per week to inform the State and other PHPs who may be providing future services to the member of the Lock-in details including, but not limited to the Lock-in start date, Lock-in end date, provider NPI numbers, member ID numbers. CCHS will comply with providing full Lock-in member files or change in member status on Lock-in files as directed by the DHB.

REFERENCES:

N.C. Gen. Stat. § 108A-68.2.152,
 NC Administrative Code 10A NCAC 22F.0704, and 10A NCAC 22F0104,
 425 CFR 431.54
 NC Medicaid State Plan

ATTACHMENTS:

SUPPORT/HELP:

Resources available to support users of the P&P. Phone numbers, training programs, classes, and/or offices available to help with carrying out the procedure/work process.

EXAMPLE:

If you need help with:	Contact:
Questions about	Alethia Holliday, Pharmacy Coordinator
Questions about	Dharmesh Patel, Clinical Pharmacist Care Medication Therapy Management

REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document, Annual Review, or Ad Hoc Review		
<p>Updated formatting and added:</p> <ul style="list-style-type: none"> a. Medicaid members age 18 up to 21 years of age identified as meeting lock-in criteria may have a medical necessity review requested/conducted to determine if a medically necessary exemption from lock-in is warranted on a case by case basis i. A correspondence will be sent to providers of qualifying members ages 18 to 21 years. Correspondence will inform providers of: <ul style="list-style-type: none"> a) Member identified as meeting lock-in criteria b) Medical necessity review option and action required to request medical necessity exemption review c) Requested response time frame ii. Requests/Documentation submitted for medical necessity review will be reviewed and determined by CCH Medical Directors or qualified designees. iii. Members whose providers opt not to submit a medical necessity review request within 10 calendar days of the aforementioned correspondence will proceed to standard lock-in initiation as detailed within this policy. 		<p>1/12/2022 01/12/2023 & 02/08/2023 https://cnet.centene.com/sites/CAPS-NC/UpStor/Policies/Pharmacy/NC.PHAR.22%20Pharmacy%20Lock-In%20Program.docx https://cnet.centene.com/sites/CAPS-NC/UpStor/Policies/Pharmacy/NC.PHAR.22%20Pharmacy%20Lock-In%20Program.docx</p>
Mid-cycle renewal	State Updates	01/20/2025 Updates on GPI counts, Prescriber count and Lock-in criteria in alignment with NCDHB Clinical Policy 9/Lock-in program change. Update to Centene policy number

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

