

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmacy Lock-In Program
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 07/01/2021	REVIEWED/REVISED: 10/26/2020
PRODUCT TYPE: Medicaid	REFERENCE NUMBER:

SCOPE: Carolina Complete Health Medical Management and Pharmacy Operations
Departments

PURPOSE: 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.

POLICY: 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 contract. 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.

Members will be identified for the Pharmacy Lock-In Program based on the following criteria:

- A. CCH will accept and enroll all members identified as Lock-in from the Fee For Service Medicaid program or from another Prepaid Health Plan (PHP) for the remaining duration of their lock-in period, which is a period of 2 years from the point of Lock-in determination.
- B. CCH will audit pharmacy claims data on a monthly basis using the following criteria:
 - Member who has at least one of the following:
 - Benzodiazepines/certain anxiolytics: Six (6) or more claims in two (2) consecutive months
 - Opioids six (6) or more claims in two (2) consecutive months
 - Members receiving prescriptions for opioids and/or benzodiazepines/certain anxiolytics from three (3) or more prescribers in two (2) consecutive months
- C. Members will be exempt from Lock-in with a diagnosis of terminal, advanced, or rapidly progressing cancers within the last 12 months.
- D. 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)
- E. 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.

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Members that meet the Lock-in qualification criteria:

- A. Members shall be notified that they will be included in the Lock-in program for a period of two (2) years.
- B. 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.
- C. CCH will notify prescribers and pharmacy providers of their assignment to a member in the Lock-in program prior to the Lock-in date.
- D. 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/certain anxiolytics in the pharmacy benefit claims system.
 - a. 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.
 - b. CCH will recommend and assign a provider and pharmacy as the Lock-in providers when notifying the Member of the Lock-in.
 - i. CCH may allow a Member to request a change to the prescriber and pharmacy upon request made to CCH.
- E. Emergency supplies for Member management in Lock-in Program
 - a. 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.
 - b. Members may be responsible if any copayment applies.
 - c. Pharmacy will be paid for the drug ingredient costs only for the emergency supply.
 - d. Only one emergency supply fill is allowed during each year of the two (2) year period of Lock-in.
- F. CCH shall provide care coordination for Members in the Lock-In program in conjunction with the Member's primary care provider or care providers.

CCH shall support the following reporting to the state and other PHPs as specified in the State Medicaid Program.

- A. 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.

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- B. 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:
DEFINITIONS:

REVISION LOG

REVISION	DATE

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in our P&P management software, is considered equivalent to a physical signature.