

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 1 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

### SCOPE:

Health Insurance Marketplace (Ambetter) Health Plans,

### PURPOSE:

The purpose of the Pharmacy Lock-In Program is to detect and prevent abuse of the pharmacy benefit, as defined by specific criteria, by restricting members to one specific pharmacy and controlled substance provider (if one is chosen) for a defined period of time.

### POLICY:

To monitor and control suspected abuse of the pharmacy benefit by Ambetter members, as identified and confirmed through analysis and audit by the Pharmacy Department, by restricting the members to only one specific pharmacy and controlled substance provider (if one is chosen) for a defined period of time.

### PROCEDURE:

Pharmacy claims will be audited on a monthly basis using selected criteria from the list below to identify potential misuse of the prescription benefit.

- Member has filled controlled substance prescriptions at three or more pharmacies
  - (For the purposes of this section chain pharmacies do not count as one pharmacy but as individual pharmacies).
- Member receives prescriptions for controlled substances from more than three prescribers per month;
  - (For purposes of this section physicians located in the same office with same physical address do not count as multiple providers)
- Member receives duplicate narcotic prescriptions written by two or more prescribers
- Member has been seen in Hospital Emergency Room more than four times per year for either emergent or non-emergent care;
- Member has diagnosis of narcotic poisoning, alcohol/drug abuse, suicidal attempt or ideation or drug abuse on file;
- Number of prescriptions for controlled substances exceeds 10% of total number of prescriptions;

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 2 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

- Referrals from providers reporting suspected abuse
- MED is above 80 or member had a denied PA based on HIM.PA.139 Narcotic Analgesics

Following measure weights will be used in determining members for lock in, based on the last 6 months of pharmacy claims, and 12 months of medical history:

Criteria	Points
Been previously placed into pharmacy lock-in program?	1
Received controlled substance prescriptions from at least 3 prescribers per month OR duplicate controlled substance prescriptions from different prescribers?	2
MED is above 80 or member had a denied PA based on HIM.PA.139 Narcotic Analgesics	3
Received controlled substance prescriptions from at least 3 pharmacies per month	4
Received non-emergent services from 4-6 ER visits within past year?	2
Received non-emergent services from 7 or more ER visits within past year?	3
Number of prescriptions for controlled substances exceeds 10% of total number of prescriptions	2
Referral from provider reporting suspected abuse	2
Member has diagnosis of narcotic poisoning or drug abuse on file?	9

Points	Action
0-2	Does not meet criteria or release from Lock-In program
3-4	Send to watch list
5-8	Proceed to CM and consider for inclusion in the Lock-In Program on the next review. May consider sending to CM and lock-in at the same time if prescription history strongly suggests concern.
9 or more	Bypass CM and automatically place in Lock-In Program

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 3 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
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Once audits have been performed, and members identified and confirmed to have abused the pharmacy benefit, the following process shall occur:

1. Ambetter Health Plan Pharmacy staff will research cases of potential abuse to validate if inappropriate use of the pharmacy benefit has occurred or is occurring.
2. When a case of inappropriate use is documented, the Pharmacy coordinator determines if member lock-in to a pharmacy and provider (if one is chosen) is warranted. While in lock-in status, the member will be restricted to one pharmacy to obtain their prescriptions; other pharmacies will not be paid if they fill prescriptions for the member. If the member is also locked into one provider, only controlled substances prescribed by the designated provider will be reimbursed.
3. Pharmacy Services sends a letter summarizing the decision to the member, with a copy sent to the designated pharmacy, the primary care provider (PCP), and the designated lock-in provider (if one is chosen). If the member wishes to appeal the decision to be placed in lock-in or to designate an alternate pharmacy or prescribing provider, they may submit that request to the Marketplace Health Plan Appeals and Grievances Department. The initial request may be made orally, but must be followed within 30 days of the effective date on the lock-in letter by a written request for administrative review.
4. Upon designation of the pharmacy and prescribing provider for lock-in (if one is chosen), the Pharmacy coordinator initiates the lock-in.
5. The lock-in will take place 7-10 days from the date on the letter to the member.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 4 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

6. The member will be permitted to change pharmacies only if a change of address occurs, which places the member at a great distance from the designated pharmacy has been recorded in the Marketplace web portal or if the lock-in pharmacy requests that the member be removed from that pharmacy. The member will be permitted to change prescribing providers (if one is chosen) for controlled substances if deemed medically necessary or if the provider refuses to see the patient.
7. The member will be permitted to change pharmacies only for valid reasons (e.g., the member moves out of the area where the pharmacy is located or selected pharmacy closes or in special cases for vacation supplies if member is away from regular pharmacy for in-country vacations. If a member requests another pharmacy change, less than 6 months from the initial change, proof of change of residence is required (driver's license, utility bill, etc.).
8. Case management and education reinforcement of appropriate medication/pharmacy use shall be provided by Marketplace Health Plan to "lock-in" members.
  - Members who have more than two Hospital Emergency Room visits, resulting in the prescribing of pain medication, in a three month time period will be locked into one prescriber for controlled substances. (Prescriber lock-in is plan optional)
9. All "lock-in" members will be reviewed periodically (at least every year from the original lock-in effective date) for program adherence and prescription utilization.
  - Members who still utilize multiple prescribers for duplicative controlled substances during the initial lock-in year will be placed into the lock-in program indefinitely and will also be locked into one prescriber (if one is chosen) for all control substance prescriptions for the next year
10. Prescriptions, within the limits of the Formulary, from all participating prescribers shall be honored and may not be required to be written by

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 5 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
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the PCP only, unless the member has been restricted to one prescriber for controlled substances.

11. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal to Marketplace Health Plan Appeals and Grievance Department.
12. Provision shall be made for the member to obtain emergency supply of medication at pharmacies other than the designated lock-in pharmacy to assure the provision of necessary medication required in an emergency (e.g. when the designated pharmacy is closed, the member cannot readily access the pharmacy, or the pharmacy does not have the required medication in inventory). Such overrides will be specific for the member's situation; customizable per the pharmacy coordinators discretion.
13. If the Member is compliant in the program for a period of four consecutive quarters, the Member, pharmacy, and prescribing provider will be notified by the Marketplace Health Plan Pharmacy Department that the lock-in is being removed and the Member is free to access any Ambetter network pharmacy or provider.
14. Exclusions:
  - Special consideration may be given to members with malignant neoplasms or Sickle Cell Disease depending on circumstances

<b>REFERENCES:</b>
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<b>ATTACHMENTS:</b>
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<b>DEFINITIONS:</b>
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## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 6 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

### **REVISION LOG**

<b>REVISION</b>	<b>DATE</b>
Added criteria for lock in. Added #12 Exclusions.	02/16
Changed lock in point from >5 to ≥5 under Criteria section. Added new section 4. Edited section 11. to remove 72 hour emergency override and replace it with one time exceptions up to two times during lock in period.	08/16
Changed procedure section to require fills at three or more pharmacies over the last 30 consecutive days. Removed section requiring more than two controlled substance per month and more than five therapeutic agents per month. Changed the number of prescribers writing prescription from two to three. Added requirement that member received duplicate narcotic prescriptions. Changed section on Hospital Emergency Room. Added section that would qualify member for the lock-in if member had prescriptions greater than 80 morphine equivalents per day or if the PA for narcotics was based on HIM.PA.149. Revised lock in point system. Changed scope from Envolve Pharmacy Solutions to Health Plans.	11/17
Under Procedure removed: Prescribed medications do not correlate with Member's medical condition, as identified by his/her PCP or ICD-10 code from encounter data as this section is very broad and doesn't appear to be specific to narcotics. Changed section requiring fills at three or more pharmacies to omit requirement that the fills have to have taken place "over last 30 consecutive days within the previous 12 months" as it is not very clear. Section now only requires three or more pharmacies. Clarified that prescribers located in the same office at the same	02/18

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 7 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
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<p>physical address do not count as multiple providers. Changed ER visit requirement from seven to four to account for Lock-In criteria presented in the table. Added alcohol/drug abuse to section of narcotic poisoning/suicidal attempt. Removed section on “Prescriptions written on a stolen, forged or altered prescription blank” as there would be no way to prove or confirm occurrence of such event. Removed “Drugs of high abuse potential such as Holy Trinity or Houston Cocktail, opioids or benzos in combination” since we have no reliable way of obtaining information on abuse of “street” drugs and combination of benzodiazepines and opioids is addressed in HIM.PA.149. Removed sections that member is eligible for Lock-In if member is either undergoing group counseling for substance abuse or is under supervision of pain management specialist as this would indicate attempt at stopping addiction or close follow up. Under Criteria revised sections to correspond to Procedure. Added clarifications that members can be sent to CM or sent to CM and Locked-in for members in 5-8 points bracket. Changed section #5 to reflect the Lock-in timeframe of 7-10 post identification. This was changed from 10 days. Revised section #7 to allow for vacation exception only in special cases. Under Exclusion criteria changed section to state that special considerations will be given to people that have either malignant neoplasm or Sickle Cell Disease. The section no longer offer automatic exclusion for those conditions.</p>	
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<b>DEPARTMENT:</b> Health Insurance Marketplace (Ambetter) Health Plan	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 8 of 8	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 05/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/15	<b>REVIEWED/REVISED:</b> 02/16, 08/16, 11/17, 02/18
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Pharmacy & Therapeutics Committee:	Approval on file
USS UM Director, Pharmacy:	Approval on file
Sr. V.P., Chief Medical Officer:	Approval on file

*NOTE: The electronic approval is retained in Compliance 360.*