

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	DOCUMENT NAME: Pharmacy Lock-In Program
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 12/13	REVIEWED/REVISED: 6/16, 7/16, 3/17, 4/17, 12/17
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: NH.PHAR.14

SCOPE:

New Hampshire Healthy Families (NHHF) Medical Management and Pharmacy Departments.

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.

POLICY:

To monitor and control suspected abuse of the pharmacy benefit by NHHF's members, as identified and confirmed through analysis and audit by the Pharmacy Department, by restricting the members to only one specific pharmacy.

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. If one of the below are met the member will then be considered for the Lock-In program.

1. Member shows a consistent pattern of use of excessive quantities of prescribed controlled substances (schedule II, III, or IV), defined as meeting two or more of the below criteria over a rolling three-month period:
 - A) The Member filled or re-filled eleven (11) or more prescriptions,
 - B) The Member filled or re-filled prescriptions written by four (4) or more different prescribers,
 - C) The member filled or re-filled prescriptions at four (4) for more different pharmacies.
2. Prescriptions written on a stolen, forged or altered prescription blank issued by a licensed prescriber;
3. Prescribed medications do not correlate with the Member's medical condition, as identified by his/her PCP, or ICD-9 code from encounter data;
4. Member has diagnosis of narcotic poisoning or drug abuse on file;
5. Referrals from the New Hampshire Department of Health and Human Services (DHHS) or other providers reporting suspected abuse.

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Once audits have been performed, and members identified are confirmed to have met the above criteria, the following process shall occur:

1. NHHF's 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 staff presents the details of the case to the Pharmacy and Medical Directors. A decision is then made to determine if member lock-in to a pharmacy is warranted. While in lock-in status, the member will be restricted to one pharmacy to obtain their Medicaid prescriptions; other pharmacies will not be paid if they fill Medicaid prescriptions for the member.
3. If the case is designated inappropriate use, the member will be assigned to a pharmacy for filling of prescriptions and will be restricted to use this pharmacy exclusively. Pharmacy Services sends a letter summarizing the decision to the member. If the member wishes to appeal the decision to be placed in lock-in or to designate an alternate pharmacy, they may submit that request to the NHHF's 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. The request must be sent to the following address:

Address: NH Healthy Families
Appeals & Grievance Coordinator
2 Executive Park Drive
Bedford, NH 03110

4. Upon designation of the pharmacy for lock-in, NHHF's Director of Pharmacy coordinates the changes to the contracted Pharmacy Benefits Management Company to initiate the lock-in.
5. The member will be permitted to change pharmacies only if a change of address places the member at a great distance from the designated pharmacy or if the lock-in pharmacy requests that the member be removed from that pharmacy.

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6. Case management and education reinforcement of appropriate medication/pharmacy use shall be provided by NHHF's to "lock-in" members.
7. 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 continue to meet the requirements for lock in beyond the first year will be placed into the lock-in program for another year.
8. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal to NHHF's Appeals and Grievance Department.
9. Provision shall be made for the member to obtain at least a 72-hour emergency supply of medication at pharmacies other than the designated lock-in pharmacy to obtain 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).
10. NHHF's Compliance Officer will provide program reports to the appropriate State agency of all members participating in the lock-in program in the time frame established by DHHS. The report will be formatted according to DHHS requirements. This report will include the grand total of individuals admitted and released from the program during the designated quarter.

REFERENCES:

ATTACHMENTS: Lock-In Letter and Lock-In Release Letter

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DEFINITIONS:

REVISION LOG

REVISION	DATE
No Changes	4/15
No Changes	6/16
Changed “more than two controlled substances per month” to “more than three controlled substances per month”	7/16
Annual Review, No Changes	03/17
Policy Revised to change criteria and procedures throughout.	04/17
Annual Review, No Changes	12/17

POLICY AND PROCEDURE APPROVAL

Director of Pharmacy:

Medical Director: