

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 1 of 6	<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, 8/17
<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.

- Prescribed medications do not correlate with the Member's medical condition, as identified by his/her PCP, or ICD-9 code from encounter data;
- Member has filled prescriptions at more than two pharmacies per month or more than five pharmacies per year
- Member receives more than five therapeutic agents per month;
- Member receives more than two Controlled Substances per month;
- Member receives duplicative therapy from different prescribers;
- Member receives prescriptions for controlled substances from more than two prescribers per month;
- Member has been seen in Hospital Emergency Room more than two times per year;
- Member has diagnosis of narcotic poisoning or drug abuse on file;
- Number of prescriptions for controlled substances exceeds 10% of total number of prescriptions;
- Prescriptions written on a stolen, forged or altered prescription blank issued by a licensed prescriber;

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 2 of 6	<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, 8/17
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

- Referrals from providers reporting suspected abuse

Following measure weights will be used in determining members for lock in:

<b>Criteria</b>	<b>Points</b>
Been previously placed Into pharmacy lock-in program?	1
Received controlled substance prescriptions from at least 3 prescribers per month OR duplicate controlled substance Rxs from different prescribers?	2
Received at least 3 controlled substance prescriptions per month for at least 2 months?	3
Received prescriptions from at least 3 pharmacies per month or 6 pharmacies per year?	2
Received services from 2-3 Emergency Room (ER) visits within past year?	1
Received services from 4-6 ER visits within past year?	2
Received services from 7 or more ER visits within past year?	3
Has at least 3 ER visits for pain within past year?	3
Has diagnosis of narcotic poisoning or drug abuse on file?	5

0-2 points – No Lock-In

3-5 points – Pharmacist will evaluate member for Lock-In

≥5 points – Lock-In

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.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 3 of 6	<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, 8/17
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

2. When a case of inappropriate use is documented, the Pharmacy staff presents the details of the case to the Pharmacy and/or Medical Directors. A decision is then made to determine if member lock-in to a pharmacy and provider 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.

If the case is designated inappropriate use, the member will be assigned to a new pharmacy to which the filling of prescriptions will be restricted. If necessary, the member will also be restricted to one provider for controlled substances prescribing. 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.

3. Upon designation of the pharmacy and prescribing provider for lock-in, local pharmacy department coordinates the changes to the contracted Pharmacy Benefits Management Company to initiate the lock-in.
4. The lock-in will take place 6 weeks from the date on the letter to the member.
5. 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

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 4 of 6	<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, 8/17
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

providers for controlled substances if deemed medically necessary or if the provider refuses to see the patient.

6. 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 for vacation supplies).
7. 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
8. 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 for another year and will also be locked into one prescriber for all control substance prescriptions for the next year
9. Prescriptions, within the limits of the Formulary, from all participating prescribers shall be honored and may not be required to be written by the PCP only, unless the member has been restricted to one prescriber for controlled substances.
10. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal to Marketplace Health Plan Appeals and Grievance Department.
11. Provision shall be made for the member to obtain emergency supply of medication at pharmacies other than the designated lock-in pharmacy

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 5 of 6	<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, 8/17
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

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 provided once every 6 months for a total of 2 (two) overrides during the lock-in period.

12. 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.
13. Exclusions:
  - Members with malignant neoplasms and Sickle Cell Disease will be excluded from Pharmacy Lock-In Program.

<b>REFERENCES:</b>
--------------------

<b>ATTACHMENTS:</b>
---------------------

<b>DEFINITIONS:</b>
---------------------

### **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

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Health Plan Pharmacy Department	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> 6 of 6	<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, 8/17
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.18

Removed reference to US Script as this policy allows plans to utilize lock in without involvement of Envolve Pharmacy Solutions	08/17
---	-------

## POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

EPS Director, Pharmacy: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

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