

POLICY AND PROCEDURE

POLICY NAME: Pharmacy Lock-In Program	POLICY ID: LA.PHAR.OP.14
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: -Pharmacy
EFFECTIVE DATE: 11/12	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 01/14, 02/14, 10/14, 02/15, 10/15, 10/16, 10/17, 10/18, 04/19, 01/20, 11/21, 06/22, 05/23	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

POLICY STATEMENT:

Louisiana Healthcare Connections follows the Policy & Procedures as outlined in this Policy and Procedure.

PURPOSE:

Per the Louisiana Department of Health (LDH) contract requirement, ~~sections 2.14.12.2~~ sections 2.14.12.2 8-9, the purpose of the Pharmacy Lock-In Program (PLP) is to detect and prevent ~~abuse-misuse~~ of the pharmacy benefit, as defined by ~~specific-state guided~~ criteria. The Lock-in Program works, by restricting members to one specific pharmacy and/or a limited number of prescribers based on the inappropriate use of the pharmacy benefit for a defined period of time to support overall member safety. Members with high medication utilization and using multiple pharmacies and/or physicians may experience uncoordinated care, incur serious drug interactions, incur increased hospitalizations or emergency room visits, and have a greater potential for medication misuse. The Lock-In program serves as an educational and monitoring parameter in instructing recipients in the most efficient method of using Medicaid services to ensure maximized health benefits. LHCC also uses the lock-in program to coordinate other care such as behavioral health support via case management referrals.

SCOPE:

Louisiana Healthcare Connections Pharmacy Department, Member Services, Medical Management, and Centene Pharmacy Services.

DEFINITIONS: (Acronyms section)

LDH – Louisiana Department of Health
~~PLP – Pharmacy Lock-In Program~~
LHCC – Louisiana Healthcare Connections
PBM – Pharmacy Benefit Manager
PCP – Primary Care Provider
TDD - Telecommunications Device for the Deaf
TTY – Teletypewriters
DOM- Department of Medicaid

POLICY:

When ~~Louisiana Healthcare Connections (LHCC)~~ has determined that a member is inappropriately using his or her pharmacy benefits, the member ~~is will be~~ restricted to the use of a single or limited number of pharmacies and/or prescribers. The recommendation to lock-in a member may ~~be coordinated with some from~~ a provider, ~~LDH the state Medicaid and/or LHCC Care Management and/or Disease Management staff agency, or Centene Health Plan.~~ LHCC utilizes LDH required member notification templates and ~~follows all LDH lock-in guidelines defined in the MCO contract. ance-[GJ]~~ [TTN2]

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.~~
~~Prescriptions obtained by fraudulent actions.~~
~~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 three Controlled Substances per month.~~

~~Member receives duplicative therapy from different prescribers.~~
~~Member receives prescriptions 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.~~
~~Referrals from the Louisiana Department of Health. Other LHCC departments or other providers reporting suspected abuse~~

~~Once reviews have been performed, and members are identified as meeting lock-in criteria, the following process shall occur:~~

- ~~1. LHCC Pharmacy staff will research cases 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 Clinical Pharmacist. A decision is then made to determine if member lock-in to a pharmacy and/or a provider is warranted. While in lock-in status, the member will be restricted to one pharmacy to obtain their Medicaid prescriptions and a specialty pharmacy if needed; other pharmacies will not be paid if they fill Medicaid 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. If the case is designated inappropriate use, LHCC Pharmacy Department sends a letter to the member indicating the lock-in decision and gives the member the choice of pharmacies and/or physicians to choose from. If the member wishes to appeal the decision to be placed in lock-in, they may submit that request to the LHCC Grievance and Appeals Department. The initial appeal request must be made within 60 days of the effective date on the initial lock-in letter. The appeal request may be made orally and/or in writing. The oral appeal request can be made by calling the Plan at 1-866-595-8133. The written request must be sent to the following address:~~

~~_____ Address: _____ Louisiana Healthcare Connections
_____ Appeals and Grievance Coordinator
_____ P.O. Box 84180
_____ Baton Rouge, LA, 70884~~

- ~~4. Once a member is identified for the lock-in program, Pharmacy Services will flag the member's profile in the Pharmacy Benefits Management System with an effective date of 60 days from the date of the initial lock-in letter. This 60 day date will be the initial date of lock-in.~~
- ~~5. Once the member chooses the pharmacy and/or prescribing provider for lock-in, Pharmacy staff initiates the changes in the Pharmacy Benefits Management System. A second letter is mailed 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) to confirm member's choice of pharmacy and/or prescribing provider.~~
- ~~6. When medically necessary, a member will have the ability to choose a specialty pharmacy if the chosen Lock-In pharmacy cannot supply the specialty medication needed. The member must notify the Plan of the specialty pharmacy chosen and the specialty pharmacy will be added to the member's profile in the Pharmacy Benefits Management System.~~
- ~~7. The member can be permitted to change pharmacies for the following reasons:~~
 - ~~• If there is a change of address which places the member at a great distance from the designated pharmacy that has been recorded,~~

- If the lock-in pharmacy requests that the member be removed from that pharmacy or
- If other medically necessary reasons exist.
- The member will be permitted to change prescribing providers for controlled substances if it's deemed medically necessary, the PCP or prescriber(s) office moves, or if the provider refuses to see the patient.

8. The pharmacy staff will refer the member to LHCC case management (Behavioral Health and/or Medical). Case management and education reinforcement of appropriate medication/pharmacy use shall be provided by LHCC to "lock-in" members.

10. 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.

12. Prescriptions, within the limits of the LHCC PDL, 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.

14. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal request to Louisiana Healthcare Connections Grievance and Appeals Department. The member has 60 days from the date of the initial lock-in letter to file an appeal.

16. Provision shall be made for the member to obtain a 72-hour 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).

18. 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 LHCC Pharmacy Department that the lock-in is being removed and the Member is free to access any LHCC network pharmacy or provider.

20. LHCC shall submit monthly reports within fifteen (15) days after the last day of the month on the pharmacy lock-in program activities as defined by LHCC. LHCC shall provide other reports as requested by LDH.

22. 6.3.8 State Emergencies-

—6.3.8.1.6 Lock-in restrictions: This may include, but is not limited to, removing pharmacy lock-in restrictions or both pharmacy and prescriber lock-in restrictions including on a case-by-case basis.

26.1. LHCC reviews referrals made from the Louisiana Department of Health as communicated by a DOM lock-in file provided to the health plan.

LDH utilizes the following parameters for recommending to MCOs that a member be locked-in for drugs:

- 8 or more drugs of abuse prescriptions with date of service in the last 270 days (9 months) of the report run date AND
- LDH requires one or more of these 2 provider parameters:
 - 3 or more pharmacy providers dispensing prescriptions for drugs of abuse with date of service in the last 270 days (9 months) of the report run date
 - 3 or more prescribers prescribing prescriptions for drugs of abuse with date of service in the last 270 days (9 months) of the report run date

LDH also checks for drugs of abuse prescriptions using codes: H20, H21, H2E, H2F, H2X, H30, H3A, H3M, H3N, H3R, H3U, H3W, H3X, H3Z, H4A, H6H

LDH's fiscal intermediary -then communicates the recommendations of members meeting these parameters on files shared with all MCOs including LHCC.[GJ3][TTN4]

27-2. LHCC market pharmacy staff works closely with plan analytics to review member claims and to triage members who have the most egregious drug seeking behaviors using the state provided lock-in file.

~~LHCC Pharmacists reviews for members taking Suboxone® or buprenorphine to ensure they are removed from the lock-in process. [JS5]~~ LHCC Pharmacists also triages the state lock-in file to those remaining members who have the highest volume of drugs of abuse, the most pharmacy overlap and poly-prescribing providers and work through as many lock-in reviews feasible to other work tasks and deliverables. Lock-in volumes are also coordinated with case management, call center, appeals teams, etc.

3. The Clinical Pharmacist performs a review of the member's lock-in and use the claims information provided. The pharmacist moves forward with the lock-in using above guidance. -The pharmacist will also lock-in to a single prescriber and up to three specialty prescribers if the member met the LDH criteria point of multiple prescribing providers listed in step 1.

4. While in lock-in status, the member is restricted to one pharmacy to obtain their Medicaid prescriptions and a specialty pharmacy if needed; other pharmacies will not receive a paid claim if they fill Medicaid prescriptions for the member[GJ6][TTN7]. Please note, members who met the polyprescriber parameter will have a similar restriction as noted in step 3.-

- In the event of an "emergency", an override may be placed to allow a member to obtain a prescription outside of their lock-in provider(s).

5. LHCC Pharmacy Department sends a letter to the member to inform the member of the Lock-In and gives the member the choice of pharmacies and/or physicians to choose from. At least two attempts shall be made by the market pharmacy team to contact the member by phone between days 31-45 after notification was sent to offer a choice in pharmacy. If the member fails to call LHCC back, the plan proceeds with a suitable pharmacy in the member's immediate area and preferably one offering suitable pharmacy hours to support the member's needs.

6. If the member wishes to appeal the decision to be placed in lock-in, they may submit that request to the LHCC Grievance and Appeals Department. The initial appeal request must be made within 60 days of the effective date on the initial lock-in letter. The appeal request may be made orally and/or in writing. The oral appeal request can be made by calling the Plan at 1-866-595-8133. The written request must be sent to the following address:

Address: Louisiana Healthcare Connections
Appeals and Grievance Coordinator
P.O. Box 84180
Baton Rouge, LA, 70884

7. Once the member chooses the pharmacy and/or prescribing provider for lock-in, Pharmacy staff will enter the lock-in start date and selected pharmacy in the Pharmacy Benefits Manager (PBM) System and a second letter is mailed to the member to confirm their choice of pharmacy or provider. The state date will be 60<X> days from the start of the member letter notification.

8. When medically necessary, a member has the ability to choose a specialty pharmacy in addition to the retail pharmacy if the chosen Lock-In pharmacy cannot supply the specialty medication needed. The member must notify the Plan of the specialty pharmacy chosen and the specialty pharmacy will be added to the member's profile in the Pharmacy Benefits Management (PBM) System.

28.9. The member may be permitted to change pharmacies for the following reasons:

- If there is a change of address which places the member unable to reach the designated pharmacy such as the distance is over 10 miles by vehicle or the pharmacy is not in walking distance or the member has mobility issues to reach the pharmacy where walking or driving is not an option, etc.,
- If the lock-in pharmacy requests that the member be removed from that pharmacy.
- There are stock issues -with the drug in the lock-in location ~~routinely~~ necessitating the need to move to a new pharmacy that can provide the drug more routinely.
- The member requires a pharmacy that offers delivery.
- The member will be permitted to change prescribing providers for controlled substances if it's deemed medically necessary, the PCP or prescriber(s) office moves, or if the provider refuses to see the patient, etc.

10. The pharmacy staff refers all lock-ins on a minimum monthly basis to the LHCC Behavioral Health case management team for behavioral health support services.

11. Pursuant to state requirement, all "lock-in" members are reviewed every two years for consideration of lock-in continuation. This review will again include a cross check to the LDH lock-in recommendation file. ~~and if the member is still listed on the file will necessitate a review following the same process as steps outlined above.~~ review for Suboxone® or buprenorphine, etc. for removal, ec. If the Member is compliant in the program for a period of eight consecutive quarters, the Member, will be notified by LHCC Pharmacy Department that the lock-in is being removed and the Member is free to access any LHCC network pharmacy or provider.

~~Prescriptions, within the limits of the LHCC PDL, 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.~~

12. The plan permits the member to obtain a 72 hour 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).

13. LHCC shall follow any updated guidance and execute any reporting requirements ~~provide Pharmacy/Provider Lock-in reports as requested by LDH.~~

14. ~~Pursuant to 6.3.8 State Emergencies~~ LHCC respects any LDH requirement to remove pharmacy lock-in restrictions at the pharmacy level and/or prescriber lock-in level including on a case-by-case basis.

REFERENCES:

Louisiana Healthcare Connections Louisiana Department of Health Approved (Model) Contract 2023
Louisiana Medicaid Managed Care Organization (MCO) Manual ~~43.263~~.2023
[LDH Marketing and Member Education Companion Guide 7.1.2022](#)

ATTACHMENTS:

~~In TruCare – RX Only Lockin Denial Template Member LHCC~~
~~In TruCare – RX Only Lockin Approval Template Member LHCC~~
~~In TruCare – Pharmacy Only Lock-In Notification 19 LI RX Only Member LA~~
~~In TruCare – PCP and RX Lock-In Notification 19 LI Member LA~~
~~3. PCP and RX Lock-In Notification Assignment Member LA~~
~~3. RX Only Lock-In Notification Assignment Member LA~~
~~4. PCP Only Lock-in Notification Approval Template Member LA~~
~~4. PCP Only Lock-in Provider Denial Template Member LA~~

[5. PCP and RX Lock-In Removal Member LA](#)
[5. RX Only Lock-In Removal Member LA](#)

ROLES & RESPONSIBILITIES: [N/A](#)

REGULATORY REPORTING REQUIREMENTS:
HB 434, Act 319 applies to material changes for this policy

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Ad Hoc	Modified Process in its entirety to better explain process. Changed criteria to be consistent with other Centene health plans.	01/07/14
Ad Hoc	Modified the number of controlled substances per month to three to match TruCare.	02/2014
Ad Hoc	Clarification to procedures due to DHH direction	10/2014
Ad Hoc	Revisions made per RFP requirements	02/2015
Ad Hoc	Changed language to ICD-10, added language for Specialty Pharmacy, clarified time to file an appeal, changed monthly report time frame to 15 days after last day of the month, Removed criteria of prescribing of drugs by more than one prescriber.	10/2015
Annual	Removed DHH language and added Louisiana Department of Health (LDH). On number 8, included language for Behavioral Health and/or Medical referrals to Case Management. On number 11, made typo correction. On number 14, clarified language and made typo corrections. In the procedures, added the word "members" to clarify. Included a copy of the template for the "Initial Lock-In Letter" and a copy of the "Lock-In Release Letter" "-."	10/2016
Annual	Changed US Script to Envolve Pharmacy Solutions	10/2017
Annual	Updated Contract section in References Changed Product Type from All to Medicaid	10/2018
Annual	Updated language under Purpose, Policy, and Procedure	04/2019
Annual	Annual Review, no changes	01/2020
Annual	Changed the word specialist to prescriber in section C.4. to say, "or the PCP or prescriber office moves." Removed "choice of three" "-." Changed 70 days to 60 days in 2 spots. And corrected attachments to include all current Lock-In letters. Formatting corrections.	11/2021
Annual	Updated Envolve Pharmacy Solutions to Centene Pharmacy Services. Added 6.3.8 State Declared Emergencies- 6.3.8.1.6 Lock-In restrictions not limited to, removing pharmacy lock-in restrictions or both pharmacy and prescriber lock-in restrictions including on a case-by-case basis. Updated Appeals and Grievance address to new P.O. Box address.	06/2022
Annual	Updated to new P&P template.	05/2023

	<p><u>Changed from LA.PHAR.14 to LA.PHAR.OP.14</u> Updated the Procedure and Process sections to be streamlined with contract language and Centene corporate policy. Updated the reference section to include current contract materials and updated 4/26/23 MCO manual. Updated: Update work process to align to LDH lock-in file, update to remove Suboxone® and buprenorphine, update to Member receives initial notification via letter and 2nd and 3rd notification via phone follow-up. Updated clinician review to every two years Updated Pharmacy and Provider parameters Updated Document Name Numerous formatting changes, language clean up and simplified wording changes made throughout. Added language for override allowance in emergency situations.</p>	
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POLICY AND PROCEDURE APPROVAL

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

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