

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Pharmacy Lock-In Program	<b>POLICY ID:</b> LA.PHAR.OP.14
<b>BUSINESS UNIT:</b> LHCC	<b>FUNCTIONAL AREA:</b> Pharmacy
<b>EFFECTIVE DATE:</b> 11/12	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 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, 06/23, <u>04/24</u>	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 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, the purpose of the Pharmacy Lock-In Program is to detect and prevent misuse of the pharmacy benefit, as defined by 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~~ the Louisiana Medicaid Single Pharmacy Benefits Manager (PBM).

### DEFINITIONS: (Acronyms section)

LDH – Louisiana Department of Health  
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 LHCC has determined that a member is inappropriately using his or her pharmacy benefits, the member is 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 a provider, LDH and/or LHCC Care Management and/or Disease Management staff. LHCC utilizes LDH required member notification templates and follows all LDH lock-in guidelines defined in the MCO contract.

### PROCEDURE:

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:

- 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.

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 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. 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 by the Single PBM 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 Single 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 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 Single Pharmacy Benefits Management (PBM) System.

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 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. 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.
12. The plan, through use of the Single PBM, 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 and the state-mandated Single PBM shall follow any updated guidance and execute any reporting requirements as requested by LDH.
14. 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 4.26.2023](#)  
[LDH Marketing and Member Education Companion Guide 7.1.2022](#)  
[Louisiana Healthcare Connections Louisiana Department of Health Contract](#)  
[Louisiana Medicaid Managed Care Organization \(MCO\) Manual](#)

**ATTACHMENTS:**

**ROLES & RESPONSIBILITIES:** N/A

**REGULATORY REPORTING REQUIREMENTS:**

[HB 434, Act 319](#) [La R.S. 46:460.54](#) applies to material changes for this policy

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
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Ad Hoc Review	Modified Process in its entirety to better explain process. Changed criteria to be consistent with other Centene health plans.	01/07/14
Ad Hoc Review	Modified the number of controlled substances per month to three to match TruCare.	02/24/14
Ad Hoc Review	Clarification to procedures due to DHH direction	10/2014
Ad Hoc Review	Revisions made per RFP requirements	02/2015
Ad Hoc Review	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.	10/26/15
Annual Review	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."	10/24/16
Annual Review	Changed US Script to Envolve Pharmacy Solutions	10/24/17
Annual Review	Updated Contract section in References Changed Product Type from All to Medicaid	10/24/18
Annual Review	Updated language under Purpose, Policy, and Procedure	05/16/19
Annual Review	Annual Review, no changes	01/24/20
Annual Review	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.	11/19/21
Annual Review	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.	06/29/22
Annual Review	Updated to new P&P template. Changed from LA.PHAR.14 to LA.PHAR.OP.14 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 2 <sup>nd</sup> and 3 <sup>rd</sup> 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.	05/09/23

Ad Hoc Review	Added language for override allowance in emergency situations.	06/13/23
<u>Annual Review</u>	<u>Updated policy to reflect involvement of the Single PBM in pharmacy claims processing and granting override permissions. References section updated with hyperlinks to references on LDH website.</u>	<u>04/08/24</u>

**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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