

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 1 of 7

SCOPE:

Peach State Health Plan (Peach State) Medical Management and Pharmacy Departments, Compliance.

PURPOSE:

Peach State Health Plan has a comprehensive Pharmacy Lock-In Program as part of the Program Integrity Program. The Pharmacy Lock-In Program detects and prevents abuse of the pharmacy benefit, as defined by specific criteria, by restricting members to one specific pharmacy and controlled substance prescriber (if one is chosen) for a defined period of time.

POLICY:

To monitor and control suspected abuse of the pharmacy benefit by Peach State members, as identified and confirmed through analysis and monitoring by the Pharmacy Department, by restricting the members to only one specific pharmacy and controlled substance prescriber (if one is chosen) for a defined period of time. Member can be locked into a prescriber only if member meets or will meet for pharmacy lock-in. Exceptions may be made on a case by case basis.

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 written on a stolen, forged or altered prescription blank issued by a licensed prescriber;
- Prescribed medications do not correlate with the Member's medical condition, as identified by his/her PCP, or ICD-10 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 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 Georgia Department of Community Health (DCH) or other prescribers reporting suspected abuse

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 2 of 7

Once audits have been performed, and members identified and confirmed to have abused the pharmacy benefit, the following process shall occur:

Peach State's Pharmacy staff will research cases of potential abuse to validate if inappropriate use of the pharmacy benefit has occurred or is occurring.

1. 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 prescriber is warranted. While in lock-in status, the member will be restricted to one pharmacy and/or prescriber to obtain their Medicaid prescriptions; other pharmacies will not be paid if they fill Medicaid prescriptions for the member. If the member is also locked into a prescriber, only controlled substances prescribed by the designated prescriber will be reimbursed.
2. 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 prescriber for controlled substances prescribing. Pharmacy Services sends a letter summarizing the decision to the member, with a copy sent to the designated pharmacy and control substance prescriber or other prescribers (i.e., primary care provider). If the member wishes to appeal the decision to be placed in lock-in or to designate an alternate pharmacy or prescribing prescriber, they may submit that request to the Peach State 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: Peach State Health Plan
Appeals and Grievance Coordinator
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

3. Upon designation of the pharmacy and prescriber for lock-in, Peach State's Director of Pharmacy coordinates the changes to the contracted Pharmacy Benefits Management Company to initiate the lock-in.

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 3 of 7

4. The member will be permitted to change pharmacies for good cause, after discussion with the prescriber(s) and the pharmacist. Valid reasons include if a change of address which places the member at a great distance from the designated pharmacy has been recorded in the Georgia Health Partnership web portal, if the lock-in pharmacy requests that the member be removed from that pharmacy, or if the pharmacy does not provide the prescribed drug. The member will be permitted to change prescribers for controlled substances if deemed medically necessary or if the prescriber refuses to see the patient. Change in prescriber may only occur if a new prescriber has been identified to continue prescribing for member's controlled substance(s)
5. If at any time the pharmacy is out of stock of a member's medication, specifically a controlled substance, the member must have their physician work with the pharmacy to prescribe an alternative medication that the pharmacy does have in stock.
6. A member will not be allowed to transfer to another pharmacy, PCP, or CMO while enrolled in their existing CMO's pharmacy lock-in program.
7. Case management and education reinforcement of appropriate medication/pharmacy use shall be provided by Peach State to "lock-in" members.
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, or any other behavior noted under the procedures section of this document during the initial lock-in year will be placed into the lock-in program for another year.
9. Prescriptions, within the limits of the Plan 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.
10. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal to Peach State Appeals and Grievance Department.
11. 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 or prescriber 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).

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 4 of 7

12. If the Member is compliant in the program for a period of four consecutive quarters, the member will be notified by the Peach State Pharmacy Department that the lock-in is being removed and the Member is free to access any Peach State network pharmacy or prescriber.

Peach State's Compliance Officer will provide program reports to the appropriate State agency of all members participating in the lock-in program on a monthly basis to DCH. The report will be formatted according to DCH requirements. This report will include the grand total of individuals admitted and released from the program during the designated quarter. In addition, Peach State will submit a quarterly Fraud Waste and Abuse report which includes information on the Pharmacy lock-in program if required by DCH. This report shall also include information on the prohibition of affiliations with individuals debarred and suspended also described in Section 33.20 of the Contract.

REFERENCES:

Georgia Families Contract Sections: 4.13.2.2; 4.13.2.2.1; 4.13.2.2.2; 4.13.2.2.3; 4.13.2.2.4; 4.13.2.2.5
GA.MBRS.11 – Member Grievance and Administrative Review
GA.PRVR.02 – Provider Complaints & Administrative Review
GA.MEDM.14b – Proposed Actions, Administrative Reviews and Clinical Grievances

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

DEFINITIONS:

REVISION LOG

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 5 of 7

REVISION:	DATE:
Added Information for Member appeal and Grievance to Policy and Pharmacy Lockin Letter – Address to send to Grievance for Appeal. Change update for Review Period from six months to 1 year to comply with policy.	03/03/2008
Annual Review Replaced PSHP with Peach State in document.	07/2008
Added #6 to comply with the new state contract language. Updated #13 to reflect program reports will be provided to appropriate State Agency when requested instead of on a quarterly basis.	09/2008
Removed “Pharmacy Services contacts the member to explain the decision to restrict the use of the pharmacy benefit to a designated pharmacy” from item “3” under PROCEDURE.	09/2008
Added the following statement to item “3”: “The letter explains the reason for lock-in and gives details of the service expectations for the lock-in pharmacy.”	11/2008
Updated language to include the lock-in of members to specific prescribers during their lock-in tenure.	08/2010
Revisions completed at this time were made to address clerical errors and represent actual work processes in place at both the Plan level and at US Script.	08/2010
Updated “Member receives more than three Controlled Substances per month” to “...more than two...” under PROCEDURE	08/2011
Updated PROCEDURE #1 by removing “Director of Pharmacy” and replacing with “Pharmacy Staff”	08/2011
Updated PROCEDURE #2 “When a case of inappropriate use is documented, the Pharmacy Director...” replaced “Director” with “staff”.	08/2011
Updated PROCEDURE #2 “...presents the details of the case to the Medical Director.” In sentence above, added “Pharmacy and” before “Medical Director”.	08/2011
Updated attachments to only include Lock-In Letter and Lock-In Release Letter.	08/2011

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 6 of 7

Annual Review. No changes made.	08/2012
Annual Review. No changes made.	08/2013
Annual Review. No changes made	08/2014
Updated "Member receives more than two Controlled Substances per month" to "...more than three..." under PROCEDURE	08/2015
Updated PROCEDURE #2 "...presents the details of the case to the Pharmacy and Medical Director." In sentence above, added "/or " before Medical Director	08/2015
Updated PROCEDURE #3 "...the primary care provider (PCP) and the designated lock-in provider (if one is chosen). In sentence above, added "/or other prescribers" after primary care provider.	08/2015
Removed "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" from item "8".	08/2015
Removed "and will also be locked into one prescriber for all control substance prescriptions for the next year" from item "9".	08/2015
Annual review. No changes made.	08/2016
Georgia Families Contract Sections: 4.13.2.2; 4.13.2.2.1; 4.13.2.2.2; 4.13.2.2.3; 4.13.2.2.4; 4.13.2.2.5	9/2016
Annual review. No changes made	8/2017
Annual review. No changes made	4/2018
Changed current Georgia policy templates to corporate standard templates for standard operating policy/procedures criteria to meet corporate compliance. Changes/revisions included; new formatting, font size, use of standard policy language for each section of policy, and rearranged order of certain steps in criteria and sections.	2/2019

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: GA.PHAR.06
EFFECTIVE DATE: 4/1/06	POLICY NAME: Pharmacy Lock-In Program
REVIEWED/REVISED DATE: 8/2016, 9/2016, 8/2017, 4/2018, 2/2019, 4/2019, 10/2019, 4/2020	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 7 of 7

Annual Review. Updated criteria to include revised prescriber lock-in criteria. Changed terms “provider” to “prescriber”. Updated notification section to allow other types of prescribers for notification.	4/2019
Change to Controlled Substance Prescriber can only take place if another prescriber has been identified. Added contract sections to the Reference section.	10/2019
Reformatting and removal of contract sections. Updated lock-in release section to only required notification to the member.	04/2020

POLICY AND PROCEDURE APPROVAL

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