POLICY AND PROCEDURE

DEPARTMENT:	DOCUMENT NAME:
Pharmacy Operations	CCH Pharmacy Lock-In Program
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED:
PRODUCT TYPE:	REFERENCE NUMBER:
Medicaid	

SCOPE: Carolina Complete Health Medical Management and Pharmacy Operations Departments

PURPOSE: The purpose of the Pharmacy Lock-In Program is to detect and prevent abuse of the pharmacy benefit and ensure member safety while maintaining compliance with the North Carolina Department of Health and Human Services (DHHS) contract. As defined by specific criteria, certain members will be restricted to utilizing specific prescribing provider(s) and pharmacy for a defined period. In addition, the program assists members with controlled substance abuse to obtain behavioral health and substance use disorder care coordination.

POLICY: It is the policy of Carolina Complete Health (CCH) to monitor and minimize suspected abuse of pharmacy benefits by members and to alleviate the excessive use of controlled substances. CCH's Lock-In Program criteria will comply with the Lock-In Program criteria as defined in N.C. Gen. Stat. § 108A-68.2.152 . The Pharmacy team works to coordinate care of our members who have controlled substance concerns with the provider(s), utilize the pharmacy benefit manager (PBM) system to lock in a member, and use care coordination /behavioral health team to provide support for the Member. The pharmacy team will also report to the Special Investigation unit (SIU) for any concerns of fraud, waste, and abuse.

Members will be identified for the Pharmacy Lock-In Program based on the following criteria:

- A. CCH will accept and enroll all members identified as Lock-in from the Fee For Service Medicaid program or from another Prepaid Health Plan (PHP) for the remaining duration of their lock-in period, which is up to a period of two years from the point of Lock-in determination.
- B. CCH will audit pharmacy claims data on a monthly basis using the following criteria:
 - a. Member who has at least one of the following:
 - i. Benzodiazepines/certain anxiolytics: greater than six (6) claims in two (2) consecutive months
 - b. Opioids greater than six (6) claims in two (2) consecutive months
 - i. Members receiving prescriptions for opioids and benzodiazepines/certain anxiolytics from greater than three (3) prescribers in two (2) consecutive months
- C. Members will be exempt from Lock-in with a diagnosis of terminal cancers within the last 12 months
- D. CCH will not apply the Lock-In program to NC Health Choice Members or to Medicaid Members under age 18 unless directed to do so by DHHS.
- E. Referral from a Provider and/or Pharmacy to CCH may lead to CCH to review the member's utilization profile for the criteria listed above.

POLICY AND PROCEDURE

DEPARTMENT:	DOCUMENT NAME:	
Pharmacy Operations	CCH Pharmacy Lock-In Program	
PAGE: 2 of 3	REPLACES DOCUMENT:	
APPROVED DATE:	RETIRED:	
EFFECTIVE DATE:	REVIEWED/REVISED:	
PRODUCT TYPE:	REFERENCE NUMBER:	
Medicaid		

Members that meet the Lock-in qualification criteria:

- B. Members shall be notified that they will be included in the Lock-in program for a period of two (2) years.
- C. Members shall have the opportunity to appeals the lock-in decision and shall not be locked in during the pendency of the appeal unless they do not appeal within the appropriate timeline.
- D. CCH will notify prescribers and pharmacy providers of their assignment to a member in the Lock-in program prior to the Lock-in date
- E. CCH shall Lock-in the Member to one (1) prescriber and one (1) pharmacy for controlled substances categorized as opioids and benzodiazepines and/or certain anxiolytics in the pharmacy benefit claims system.
 - a. If Member receives care for conditions managed by different providers, they may be allowed to have a Lock-in applied for up to two (2) prescribers and up to two (2) pharmacies to continue receiving care.
 - b. CCH will recommend and assign a provider and pharmacy as the Lock-in providers when notifying the Member of the Lock-in
 - i. CCH may allow a Member to request a change to prescriber and pharmacy upon request made to CCH by requesting a change prior to the consultation with a provider or prescription billing to a pharmacy provider.
 - ii. CCH will verify with each provider regarding the member request to change Lock-in providers to confirm that the change is medically appropriate for the member's care
- F. Emergency supplies for Member management in Lock-in Program
 - a. CCH shall allow for a four (4) day supply of a prescription dispensed to a member Locked into a different pharmacy and prescriber in response to an emergency situation
 - b. Members may be responsible if any copayment applies
 - c. Pharmacy will be paid for the drug ingredient costs only for the emergency supply
 - d. Only one emergency supply fill is allowed during each year of the two (2) year period of Lock-in
- G. CCH shall provide care coordination for Members in the Lock-In program in conjunction with the Member's primary care provider or care providers.

POLICY AND PROCEDURE

DEPARTMENT:	DOCUMENT NAME:	
Pharmacy Operations	CCH Pharmacy Lock-In Program	
PAGE: 3 of 3	REPLACES DOCUMENT:	
APPROVED DATE:	RETIRED:	
EFFECTIVE DATE:	REVIEWED/REVISED:	
PRODUCT TYPE:	REFERENCE NUMBER:	
Medicaid		

CCH shall support the following reporting to the state and other PHPs as specified in the State Medicaid Program.

- A. CCH shall report Lock-in program outcomes including, but not limited to, reduced emergency room visits and reduced opioid misuse in a format to be requested by DHHS.
- B. CCH shall accept and enroll all Members previously enrolled in the Lock-In program from Fee For Service or another PHP Lock-in program as received on Lock-In detail file from DHHS for the remaining of the Lock-in Period.
- C. CCH shall report member Lock-in details in a specified format by DHHS to NC Tracks at least once per week to inform the State and other PHPs who may be providing future services to the member of the Lock-in details including, but not limited to the Lock-in start date, Lock-in end date, provider NPI numbers, member ID numbers. CCHS will comply with providing full Lock-in member files or change in member status on Lock-in files as directed by DHHS.

REFERENCES:
N.C. Gen. Stat. § 108A-68.2.152,
NC Administrative Code 10A NCAC 22F.0704 and 10A NCAC 22F0104,
425 CFR 431.54
NC Medicaid State Plan
ATTACHMENTS:
DEFINITIONS:

REVISION LOG

REVISION	DATE	1,

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in our P&P management software, is considered equivalent to a physical signature.