

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>REFERENCE NUMBER:</b> MS.PHAR.15
<b>EFFECTIVE DATE:</b> 08/01/2011	<b>P&amp;P NAME:</b> Pharmacy Lock-In Program
<b>REVIEWED/REVISED DATE:</b> 2/16, 9/17; 2/5/18; 3/23/18; 10/23/18; 11/16/18; 8/22/19; 9/28/20; 1/11/21; 5/10/21; 9/22/22; 9/6/23; 1/4/24; 7/1/24; 7/1/25	<b>RETIRED DATE:</b>
<b>BUSINESS UNIT:</b> Magnolia Health Plan	<b>PRODUCT TYPE:</b> MSCAN & CHIP
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 02/03/2025	

### SCOPE:

Magnolia Health Plan (Plan) Pharmacy Department, Plan Population Health Management and Clinical Operations (PHCO) Department, Mississippi Division of Medicaid (DOM), and Mississippi Medicaid Single Pharmacy Benefit Administrator (PBA).

### 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 over utilization, misuse, and/or abuse of the pharmacy benefit by Magnolia Health Plan members. Members are identified and confirmed through analysis and audit by the Pharmacy Department and will be restricted to only one specific pharmacy and controlled substance provider (if one is chosen) for a defined period of time.

The Pharmacy Lock-In Program may also be referred to as the Beneficiary Health Management Program (BHMP).

### PROCEDURE:

#### Monthly Audits:

Pharmacy claims are reviewed on a monthly basis to identify potential over utilization and/or misuse of the prescription benefits using the criteria outline below.

Members may be referred to the health plan by the Mississippi Division of Medicaid.

#### Criteria:

The criteria below is utilized to identify and determine members for the pharmacy lock-in program when one (1) of the following criteria is met:

1. The beneficiary has one (1) or more of the following:
  - a) Received services from four (4) or more prescribers and/or four (4) or more pharmacies relative to controlled substances in the past six (6) months, including emergency department visits,
  - b) A history of substance use disorder within the past twelve (12) months,
  - c) A diagnosis of drug abuse or narcotic poisoning within the past twelve (12) months, or
  - d) Utilizes cash payments to purchase controlled substances.
2. When any written prescription is stolen, forged or altered,
3. When the Division of Medicaid has received a proven report of fraud, waste and/or abuse from one (1) or more of the following:
  - a) Prescriber,
  - b) Pharmacy,
  - c) Any medical provider, and/or

d) Law enforcement entity.

**Lock-In Process:**

1. Magnolia Health Plan Pharmacy staff will research cases of potential abuse 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 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. Restriction to one pharmacy will not block the member's access to limited distribution drugs, specialty medications, etc.
  - The Plan 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 Magnolia 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 pharmacy lock-in designation, the Plan Pharmacy department coordinates the changes to DOM and to the PBA to initiate the lock-in.
4. The lock-in will take effect 30 days from the date the member is notified in writing.
5. The member may request a one-time network pharmacy change. Additional pharmacy change requests will be permitted if one of the following are met:
  - a. For a permanent pharmacy change:
    - i. Death, retirement, or closing of the specified provider,
    - ii. Change in geographical location of the beneficiary or provider,
    - iii. Provider discontinues participation in the Medicaid Program,
    - iv. Provider is terminated from participation in the Medicaid Program,
    - v. Member has transportation barriers, or
    - vi. The lock-in pharmacy requests that the member be removed from that pharmacy.
  - b. For a temporary or emergency override:
    - i. Lock in pharmacy is closed,
    - ii. Hospital or Emergency Department discharge with rationale for inability to utilize the lock-in pharmacy,
    - iii. Medication supply barriers (out of stock, back ordered, DEA allocation, etc.),
    - iv. All other requests will be reviewed by the pharmacy department on a case-by-case basis,
    - v. Emergency supplies are limited to a seventy-two (72) hour supply of medication.

6. The restrictions do not apply to emergency services furnished to the member. For pharmacy, a seventy-two (72)-hour emergency supply of medication at pharmacies other than the designated lock-in pharmacy shall be permitted to

assure the provision of the necessary medication required in an interim/urgent basis when the assigned pharmacy does not immediately have the medication.

7. Case management (PHCO) and education reinforcement of appropriate medication/pharmacy use shall be provided by the Plan 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. Following this twelve (12) month period, utilization review for this member is conducted at six (6) month intervals to determine the member’s continued need for the program.
9. 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.
10. Prescriptions, within the limits of the Preferred Drug List, 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.
11. Each member is given the opportunity to dispute the Lock-In determination by submitting an appeal to Magnolia Health Plan Appeals and Grievance Department.
12. If the Member is compliant in the program for a period of four consecutive quarters, the Member will be removed from the lock-in program and is free to access any network pharmacy or provider.
13. Exclusions:
  - Members with a diagnosis on file for Cancer, Sickle Cell Disease, and/or Burns within the previous 12 months.
  - Members in hospice or receiving palliative care.
14. The Magnolia Health Plan will submit a monthly report providing information on the Pharmacy Lock-In Program to the MS Division of Medicaid.

<b>REFERENCES:</b>
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<b>ATTACHMENTS:</b> <b>Member Lock in Notice</b> <b>Pharmacy Designation Notification</b>
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<b>REGULATORY REPORTING REQUIREMENTS:</b>
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**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Criteria Additions	Added #12 Exclusions.	02/2016
Criteria Modifications	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.	08/2016
DOM approved		02/05/2018
Annual Review		03/23/2018
Criteria Modifications	Removed procedure for lock in criteria and replaced with new criteria listed in policy. Created new points system to determine lock-in criteria. Changed section 7 for CM enrollment criteria of greater than 2 ER visits in 3 months.	10/23/2018
Criteria Modifications	Removed criteria for lock-in of “greater than 200 MME per day.”	11/16/2018

	Changed lock-in criteria for ER visits to “members with at least 3 ER within the past 180 days that resulted in the prescribing of pain medications.” Increased points associated with ER visits from 2 to 3 points. Added additional headers under procedure for clarification.	
Annual Review	Added reporting criteria for DOM.	08/22/2019
Annual Review		09/28/2020
Lock-In Criteria Modifications	Criteria expansion to review the number of pharmacies, providers, and medications filled in the last 90 days. Criteria expansion to include additional medications to be reviewed, additional diagnosis for review, and medication cash payments.	05/10/2021
Lock-In Pharmacy Change Request	Added criteria for member lock-in pharmacy request changes.	
Updated Exclusions	Added hospice, palliative care, and burns to exclusions and lookback timeframe.	
Removed duplicate information		
Annual Review		09/22/22
Annual Review		09/06/23
Clarification for Emergency Supply timeframe	Updated the timeframe allowed for emergency supply of medication to 72 hours as requested during the 2023 annual EQR audit to comply with the MSCAN contract language.	01/04/24
Lock-In Criteria Modification, effective 7/1/24	Criteria updated to comply with MS Administrative Code Title 23: Medicaid Part 305 Program Integrity to align with DOM for SPBA migration on 7/1/24. Updated Medical Management to PHCO.	07/01/24
Annual Review	Added CHIP LOB, effective 7/1/25.	07/01/25

### **POLICY AND PROCEDURE APPROVAL**

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