

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> Pharmacy Lock-In Program
<b>PAGE:</b> Page 1 of 4	<b>REPLACES DOCUMENT:</b> IL.PHAR.07.11
<b>APPROVED DATE:</b> 7/11	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 7/11	<b>REVIEWED/REVISED:</b> 12/13; 12/14; 1/16; 9/2016; 12/2017
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> IL.PHAR.01

### SCOPE:

IlliniCare Medical Management, Pharmacy Department and US Script.

### 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 up to two specific pharmacies for a defined period of time.

### POLICY:

To monitor and control suspected abuse of the pharmacy benefit by IlliniCare members, as identified and confirmed through analysis and audit by the Pharmacy Department, by restricting the members to up to two specific pharmacies for a defined period of time.

### PROCEDURE:

I. Members are identified and enrolled into the pharmacy lock-in program by:

1. Illinois HFS Recipient Restriction Program (RRP)

The Illinois Department of Healthcare and Family Services (Department) identifies participants who misuse medical services. When the Department determines that a participant has received pharmacy services in excess of need or in such a manner as to constitute an abuse and/or quality of care issue of the program, the Department restricts the participant to a Primary Care Pharmacy.

- The IlliniCare RRP report is sent to the plan by the Department on a monthly basis. This report contains participants that were identified by the Department as restricted to a particular pharmacy.
  - Upon designation of the pharmacy for lock-in, IlliniCare's Director of Pharmacy coordinates the changes with US Script. The member is locked-in to the appropriate pharmacy for 1 year, and the lock-in is documented in TruCare.
2. Analysis and Audit. When analysis and audit reveals one (1) or more of the following:

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- Prescriptions written on stolen, forged or altered prescription blank;
  - Prescribed medications do not correlate with the Member's medical condition, as identified by his/her Primary Care Provider (PCP), or ICD-9/ICD-10 code from encounter data; or
  - Member tends to have prescriptions filled at multiple pharmacies, and/or pharmacies out of the Member or Provider's local area; or
  - Member receives three or more Controlled Substances per thirty days prescribed by two (2) or more physicians, or were dispensed at two (2) or more pharmacies; or
  - One or more episodes of over-utilization, which involve the Member receiving prescriptions in excess of what the prescriber intended.
- II. Pharmacy claims will be audited on a regular basis to identify potential misuse of the prescription benefit. Once audits have been performed, the following processes shall occur:
- IlliniCare's Director of Pharmacy will research cases of potential abuse to validate that inappropriate use of the pharmacy benefit has occurred or is occurring.
  - When a case of inappropriate use is documented, the Director of Pharmacy presents the details of the case to the Medical Director. A decision is then made to determine if member lock-in to a pharmacy is warranted.
  - If the case is determined as an inappropriate use of medications, the Director of Pharmacy selects a pharmacy to which the lock-in will be restricted. The IlliniCare pharmacy department sends a letter summarizing the decision to the member, with a copy sent to the Primary Care Physician (PCP) and designated pharmacy. Members will have up to 30 days, from the date of the notice, to select a different pharmacy. A

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second lock-in pharmacy may be added when the primary pharmacy is not able to dispense medication (ex: specialty pharmacy or infusion pharmacy).

- Upon designation of the pharmacy for lock-in, IlliniCare’s Director of Pharmacy coordinates the changes to US Script to initiate the lock-in. The lock-in is documented in TruCare.
- The member will be permitted to change pharmacies only for good cause (e.g., the member moves out of the area where the pharmacy is located, or the selected pharmacy closes or the pharmacy has been suspended or terminated from practice within the State of Illinois or by the federal government).
- All “lock-in” members will be reviewed periodically during the year for continued legitimacy. If it is determined, during the periodic review, that a member is continuing to obtain excessive and/or inappropriate prescriptions, the IlliniCare Medical Director and Director of Pharmacy may determine to require a prior authorization for each prescription for those specific medications being over utilized.
- The Member will be locked in for one (1) year. At the end of the lock in period the Member and PCP will be notified by the IlliniCare Pharmacy Department that the lock-in is being removed and the Member is free to access any IlliniCare network pharmacy.
- Each member is given the opportunity to appeal the Lock-In determination within 60 days of the lock-in notice letter. Appeals may be requested in writing, or by calling member services.
- Provision shall be made for the member to obtain a three (3) day 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).

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- IlliniCare shall maintain quarterly reports of all Members participating in the lock-in program. This report will include the grand total of individuals admitted and released from the program during the designated quarter.
- IlliniCare has a systematic method to identify, investigate and take corrective action against any provider/member suspected of submitting health care claims that indicate waste, abuse, or fraud has occurred. The Centene Special Investigative Unit (SIU) will assist with investigations, conduct systematic testing, review regulatory requirements, track investigations and work with various state agencies/departments as necessary. IlliniCare employees must report potential billing irregularities to their supervisors, SIU, or IlliniCare VP of Compliance immediately after identification.

### REFERENCES:

State Contract sections 13.23 and 9

### DEFINITIONS:

## POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

P&T Committee:	Approval on file
VP of Medical Management:	Approval on file
Medical Director:	Approval on file
Pharmacy Director:	Approval on file