Pharmacy Lock-In Policy and Guidelines

Managed care plans may adopt a pharmacy lock-in program, without the need for submission and approval by the Agency, utilizing the following parameters or utilizing less restrictive criteria. If the managed care plan proposes to have a pharmacy lock-in program that utilizes more stringent criteria than the following parameters, the managed care plan must submit its policy in writing for approval by the Agency in advance of implementation.

Enrollee Qualifications
Managed care plans may assign an enrollee to the plan’s pharmacy lock-in program if the enrollee has demonstrated one of the following:

- Obtained three or more controlled substance prescriptions from three or more pharmacies written by three or more different prescribers within 180 days.
- Been convicted of fraud through the unauthorized sale or transfer of a pharmaceutical product funded by Medicaid.
- Utilized more than ten different controlled substance prescribers in 90 days.
- Obtained two or more controlled substance prescriptions written by two or more different prescribers who have utilized two or more pharmacies within 180 days AND have a documented diagnosis of narcotic poisoning or drug abuse within the last 365 days.
- Violated a pain management agreement/contract with their prescriber.

In instances when the assigned lock-in pharmacy provider is not able to supply the prescription(s), the plans must take any and all necessary action to ensure that all medically necessary covered services are provided to enrollees with reasonable promptness. (Attachment II, Section VI. A.1.a.)

Exclusions:
The managed care plan shall not assign enrollees meeting any of the following criteria to its pharmacy lock-in program:

- Enrollees diagnosed with sickle cell disease or cancer
- Enrollees residing in institutionalized settings (i.e., nursing facilities)
- Enrollees dually enrolled in Medicare and Medicaid

Notification Requirement:
The managed care plan must notify the enrollee and the enrollee’s pharmacy provider and prescriber prior to implementation of the lock-in period.

The managed care plan must comply with the requirements specified in the contract related to notifications of adverse actions to enrollees.

1 The citation for the CMS Plan contract is Attachment I, Section VI.A.1.a.