Description of the Narcotic and Benzodiazepine Management Lock-In Program

4.4.2017

N.C. Medicaid implemented a beneficiary management lock-in program to control beneficiary overutilization of Medicaid benefits effective October 11, 2010. Beneficiaries identified for the lock-in program are restricted to a single prescriber and pharmacy in order to obtain opioid analgesics, benzodiazepines, and certain anxiolytics covered through the Medicaid Outpatient Pharmacy Program. Health Choice beneficiaries are not candidates for the lock-in program.

Who is Selected and Why?

Lock-in participants are those with a history of filling more than 6 new prescriptions of refills in 2 consecutive months for either opioids or benzodiazepines, receive prescriptions for opioids and benzodiazepines from more than 3 providers in 2 consecutive months, or are referred by a provider who feels the patient should be enrolled in the program.

Beneficiaries who meet the criteria are notified by letter from DMA. In this letter, beneficiaries are asked to choose a prescriber and a pharmacy (all three then receive a confirmation letter). If no patient choice is made, DMA uses algorithmic guidelines to determine an assigned provider and/or pharmacy. The beneficiary must obtain all prescriptions for these medications from their lock-in prescriber and lock-in pharmacy in order for the claim to pay.

The lock-in program went live on October 11, 2010, with a plan for 200 additional patients to be enrolled monthly, and a lock-in period of one year. Effective in 2017, the lock-in program expanded to include all beneficiaries who qualify to be locked in, and the lock-in period increased to two years.

Important Facts Regarding the Lock-In Program:

- **Prescriber’s NPI is required on the pharmacy claim;** submitting the prescriber’s DEA results in claim being denied
- Claims submitted by a prescriber or filled at a pharmacy other than the one listed on the lock-in file will be denied; patient cash payment may be utilized to bypass the lock-in system
- Beneficiaries may not change their lock-in prescriber or pharmacy without authorization from DMA. For situations in which 2 providers are being utilized (e.g. psychiatrist prescribes benzodiazepine and pain management provider prescribes narcotic), DMA may be requested to allow for up to 2 providers for a single patient. The patient may make this request of DMA or the pharmacist may contact DMA. If the pharmacist makes the request of DMA, a brief claims review may be useful to substantiate the request. Patients may make one call to change their lock-in status per lock-in period, then subsequent contacts for provider changes must be in writing. At this time, in addition to the patient calling on their own behalf, a provider or their...
designee (office staff, nurse) may contact/call DMA to request to change a patient’s provider lock-in status. DMA will validate the authenticity of the caller and make the provider change.

- The lock-in period is currently two years. At the end of the initial lock-in period, a beneficiary who continues to meet the criteria is locked in for another two years. Once released from the lock-in program, prescription claims continue to be monitored. If a beneficiary meets the criteria again after being released from the program, they will be re-identified for the lock-in program. The beneficiary cannot change their lock-in prescriber or pharmacy without authorization from DMA.

- **Emergency Measures**
  - N.C. Medicaid will reimburse an enrolled pharmacy for a 4 day supply of a prescription dispensed to a beneficiary locked into a different pharmacy and prescriber in response to an emergent situation. A “3” in the level of service field should be utilized to indicate that the transaction is an emergency fill.
  - The beneficiary will be responsible for the appropriate copayment; paid quantities for more than a 4 day supply are subject to recoupment.
  - Only one emergency occurrence will be reimbursed per lock-in period.
  - Records of dispensing of emergency supply meds are subject to review by DMA Program Integrity.

- **Other Issues**
  - The definition of medications included in the lock-in calculation includes “certain anxiolytics”. This category includes the benzodiazepine anxiolytics and meprobamate/Miltown which has a GC3 of H2F. As meprobamate is not a benzodiazepine, but is an anxiolytic, this language was crafted to cover this issue. The anxiolytics buspirone and hydroxyzine are not lock-in medications.
  - Medicare Part D beneficiaries are affected by this program for the number of benzodiazepine prescriptions and the number of prescribers for benzodiazepines.
  - What is to occur when a patient is discharged from their lock-in provider and is having trouble identifying another provider? This is handled on a case by case basis. What DMA is NOT doing is taking beneficiaries out of the program—although that is often the patient request. The patient is reminded to get the list from the local DSS and call for a provider. DMA has also made contact with the network pharmacists asking for their help by forwarding the beneficiary’s phone number and information. Additionally, the beneficiary can use their emergency override.

Additional Assistance:
• For additional information, you may contact
  o Krista Kness RPh at the North Carolina DMA at Krista.kness@dhhs.nc.gov or phone 919-855-4303
  o Jerry McKee Pharm.D., M.S., BCPP at jmckee@n3cn.org or phone 919-745-2387

• Or refer to the North Carolina DMA website at: http://www.ncdhhs.gov/dma/pharmacy