

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

West Virginia Medicaid Lock-In Criteria

The West Virginia Medicaid Pharmacy Program requires that members with prescription drug utilization meeting the criteria listed, obtain their prescriptions for controlled substances from one pharmacy. On a monthly basis, the Retrospective Drug Utilization Review (DUR) Committee reviews member profiles that have been selected because of therapeutic criteria exceptions, including potential overutilization of controlled substances. Members who meet the criteria listed below **may be restricted or “locked-in” to one pharmacy for twelve (12) months at the discretion of the reviewer**. At the end of the twelve (12) month period, the Retrospective DUR Committee reviews the member’s prescription profile to determine if the lock-in should be continued for another twelve (12) month period. The goal of the lock-in program is to provide enhanced coordination of care for members who may be at risk for adverse effects due to the potential overutilization of controlled substances and for management of Suboxone therapy.

Members who are locked in for management of Suboxone utilization and discontinue Suboxone therapy will continue to be locked in until their scheduled annual lock-in review. Members should call 1-855-849-8936 to request a change to their lock-in pharmacy. The Members’ *Suboxone doctor* may submit a request to the RetroDUR Committee, asking for an early review to release a member from Lock-in, once Suboxone therapy has been discontinued, providing no other criteria listed below is applicable.

The Retrospective DUR Committee is a sub-committee of the West Virginia Drug Utilization Review (DUR) Board. Criteria for Lock-in are reviewed and approved by the DUR Board and Retrospective DUR Committee.

CRITERIA:

1. Suboxone: Therapy in the past 30 days – **AUTOMATIC LOCK-IN**
2. High Average Daily Dose: ≥ 120 morphine milligram equivalents per day over the past 90 days
3. Overutilization: Filling of ≥ 7 claims for all controlled substances in the past 60 days
4. Doctor Shopping: ≥ 3 prescribers OR ≥ 3 pharmacies writing/filling claims for any controlled substance in the past 60 days
5. Use with a History of Dependence: Any use of a controlled substance in the past 60 days with at least 2 occurrences of a medical claim for Substance Abuse or Dependence in the past 720 days
6. Use with a History of Poisoning/Overdose: Any use of a controlled substance in the past 60 days with at least 1 occurrence of a medical claim for controlled substance overdose in the past 720 days
7. “Frequent Flyer”: ≥ 3 Emergency department visits in the last 60 days

Patients with cancer are excluded