



Pharmacy Lock-In Programs Could Be Harmful to Patient Access to Prescription Drugs

The Government Accountability Office (GAO) recently released a report on pharmacy-related program-integrity efforts in state Medicaid programs. In this study the GAO evaluated the reliability of Medicaid data and identified and analyzed indicators of potential fraudulent or abusive activities related to prescription drugs in the Medicaid program. The study also examined the extent to which federal and state oversight policies, controls, and processes are designed to detect and prevent instances of prescription-drug fraud in Medicaid.

The study found indicators of potential fraud among beneficiaries, prescribers and pharmacies with questionable patterns related to received, prescribed and dispensed drugs to Medicaid beneficiaries, costing the federal government at least \$1.6 million. As a result, the GAO has recommending that CMS require states to report whether their state has lock-in programs for abusers of non-controlled substances. Lock-in programs limit patients to the use of one prescriber and pharmacy.

NACDS shares the goals of working with policymakers to curb the incidence of fraud and abuse. We also believe that any potential programs must ensure legitimate beneficiary access to needed medications is not impeded. Policies to reduce overutilization must also maintain access to prescription medications by the beneficiaries who need them most. A lock-in provision may actually be a barrier to care as supply chain issues exist around these medications which are beyond the pharmacy's control. If a pharmacy is unable to obtain the medication for a lock-in, then it creates a barrier and could result in harm to the patient's health.

While the use of a single pharmacy could decrease incidents of fraud, waste and abuse as well as provide the potential for better care coordination, patients often legitimately see multiple doctors representing different specialties in different locations. In addition, there are instances due to location and /or services offered (e.g. compounded or specialty drugs) that a single pharmacy may not meet all the needs of a specific patient.

Mechanisms must be developed and executed to allow a pharmacy, in consultation with the prescriber, to fill legitimate prescriptions without needlessly delaying treatment for beneficiaries. Being suspected of abusing certain prescription drugs could in some cases prevent legitimate patients from getting needed medications.

NACDS supports policies designed to curb misuse and abuse of prescription medications; at the same time, beneficiary choice should be preserved and strengthened in terms of assignment of pharmacy as a means to ensuring that continuity of care is provided to all Medicaid beneficiaries.