



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Recipient Lock-In Referral Form

The Maryland Medicaid Pharmacy Program locks in fee-for-service* recipients to one pharmacy if there is evidence the recipient has been seeking out multiple providers to prescribe similar controlled substances and/or patronizing multiple pharmacies. The Corrective Managed Care Program regularly screens recipient profiles to identify candidates for lock-in. The program also accepts recommendations from prescribers and pharmacies.

To refer a recipient, please complete and sign the form below. Fax to the Maryland Medicaid Pharmacy Program at 410-333-5398. The Maryland Pharmacy Program will keep referrals confidential, and the identity of the recommending prescribers or pharmacists will not be disclosed to recipients subject to lock-in. For questions or concerns contact the Corrective Managed Care Pharmacist at 410-767-5945.

Recipient Name: _____

Recipient Medicaid ID Number: _____

Recipient Date of Birth: _____

Referring Prescriber/Pharmacist : _____

Phone Number: _____

Reason for Referral

_____ Multiple Pharmacies

_____ Multiple Prescribers

_____ Multiple ER visits

Additional information _____

Signature of Prescriber/Pharmacist: _____ Date: _____

**This form should not be used for recipients who are covered by a managed care organization.*