



Thomas O. Forslund, Director

Governor Matthew H. Mead

## Wyoming Medicaid Pharmacy Lock-In Program Referral Form

In February 2003, the Division of Healthcare Financing, Pharmacy Services implemented the Wyoming Medicaid Pharmacy Lock-In Program. Any Wyoming Medicaid recipient who receives controlled substance prescriptions from two (2) or more prescribers and utilizes two (2) or more pharmacies within a designated time period are candidates for the program. Medical histories are reviewed to ensure that recipients with certain diagnoses, including cancer, are excluded from lock-in. For the first offense the recipient is locked in for one (1) year, second offense is for two (2) years, and the third offense is for six (6) years. If the recipient does not meet lock-in criteria, the case is referred to the appropriate program as needed. For questions or concerns please call the Pharmacy Case Manager at 307-777-8773.

If you feel a recipient should be considered for the Pharmacy Lock-In Program, please complete the form below and return it to:

Wyoming Medicaid Pharmacy Lock-In Program
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
OR
FAX to: 307-777-6964

Recipient Name:
Recipient Medicaid ID Number:
Recipient Date of Birth:
Referring Contact/Agency:
Phone Number:
Reason for Referral: