**Wyoming Medicaid Pharmacy Lock-In Program**

**Referral Form**

Any Wyoming Medicaid client 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 Pharmacy Lock-In Program. Medical histories are reviewed to ensure that clients with certain diagnoses, including cancer, are excluded from lock-in. For the first offense the client is locked in for one (1) year, second offense is two (2) years, and the third offense is for six (6) years. If the client 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 Medicaid client should be considered for the Pharmacy Lock-In Program, please complete this form and return it to:**

**Wyoming Medicaid Pharmacy Lock-In Program**

**122 West 25th Street, 4 West**

**Herschler Building**

**Cheyenne, WY 82002**

**OR**

**FAX to 307-777-6964**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Medicaid ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Contact/ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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