



## Recipient Restriction (Lock-In) Program Referral

To submit this form please:

Send secure email to: [CountyCarereferrals@cookcountyhhs.org](mailto:CountyCarereferrals@cookcountyhhs.org) (subject line "Lock-In Program")

Referral Date	
Member name	
Member DOB	
Member RIN	
Requestors Name	
Requestors Contact Number	
Requestors Contact Email	
Requestor Relationship to Member	
Internal use only:	
CME	
Waivers	
Member PCP	
Member Specialist	
Member Eligibility Date	

REASON FOR REFERRAL
<p>Check all that apply</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Criteria 1: Prescriptions written on stolen, forged or altered prescription pad</li><li><input type="checkbox"/> Criteria 2: Prescribed medications do not correlate with the Member's medical condition, as identified by his/her Primary Care Provider (PCP), or medical claims</li><li><input type="checkbox"/> Criteria 3: Member tends to have prescriptions filled at multiple pharmacies, and/or pharmacies out of the Member or Provider's local area</li><li><input type="checkbox"/> Criteria 4: Member receives three or more Controlled Substances per thirty days prescribed by two (2) or more physicians, or were dispensed at two (2) or more pharmacies</li><li><input type="checkbox"/> Criteria 5: One or more episodes of over-utilization, which involve the Member receiving prescriptions in excess of what the prescriber intended</li><li><input type="checkbox"/> Criteria 6: Identified by Illinois HFS as a lock-in participant per the Recipient Restriction Program</li><li><input type="checkbox"/> Criteria 7: Member receives three (3) or more Schedule II opioid scripts prescribed by three (3) or more different prescribers in a period of three (3) consecutive calendar months</li><li><input type="checkbox"/> Criteria 8: Member demonstrates high utilization of the ER (emergency room) equaling seven (7) or more visits in a period of three (3) consecutive calendar months</li><li><input type="checkbox"/> Other (please explain)</li></ul> <p>Description of Reason for Referral:</p>