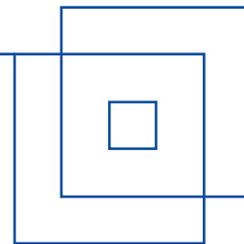


KEY FACTORS FOR DETERMINING COVERAGE FOR LAI RECIPIENTS



Careful planning before prescribing medication can help avoid surprise costs for your patients.

1

In your organization...

Determine who is responsible for verification of coverage.

- Practitioners Support Staff Social Worker

2

Determine coverage: who is the payer?

- Medicare — and/or — Medicaid Private

3

Identify the site of care and determine how the payer classifies the site.

- Physician Office CMHC Outpatient Inpatient Partial

4

Determine the benefit category.

- Medical — and/or — Pharmacy

Use this checklist to map out the steps for determining costs, then continue for more guidance.



Get started by assessing your patient's coverage for LAI psychotics.

- Coverage for LAIs varies and may differ from coverage for oral medications.
- Thoroughly research a patient's health insurance plan or plans and the prescription coverage before an LAI is ordered or prescribed, including any overlapping coverage or gaps in coverage.
- Confirm whether the patient can afford the deductible and copayment/coinsurance.
- If not covered by insurance, explore patient assistance programs.

These questions will help your organization get started with how to work with your patient's particular situation.

When calling a payer to verify...

BENEFITS

Ask:

- Is the LAI covered as a medical or pharmacy benefit or both?
- What is your method for obtaining LAIs: buy and bill, specialty pharmacy, retail pharmacy?
- Does the patient have other insurance benefits that will need to be coordinated?
- Is prior authorization required?
- What is the prior authorization process?
- What is the phone number or fax number for the authorization department?
- Is the LAI not on formulary and if so is there a formulary exception process?
- How long will it take to get authorization?
- What information is required?
- What is the appeals process?

COSTS

Ask:

- What is the patient's deductible?
- Has the deductible been met? If not what amount has been applied to date?
- What is the patient's co-payment or co-insurance for the drug?
- Does the patient have an out-of-pocket maximum?
- Has the out-of-pocket maximum been met? If not, what amount has been applied to date?
- Does the patient have an annual or lifetime benefit maximum?
- Has the benefit maximum been met?
- If not, what benefit amount has been applied to date?
- Does the benefit vary by site of care?

For more detailed guidance on the patient-specific benefit verification process, refer to the webcast:

The Business and Operations of LAI Antipsychotics

located in the Prescriber Toolkit