

Obtaining an LAI for Your Patient

Desk Guide for Obtaining Coverage

Long-acting injectable antipsychotic medications (LAIs) are a valuable approach to enhancing medication adherence in patients with schizophrenia. This desk guide is designed to help providers obtain LAI coverage for their patients.

Factors Affecting Coverage

When determining LAI coverage for your patient, the following factors will have implications for coverage:

Payer Type	Benefit Category	Site of Service
What type of insurance does the patient have — Medicare, Medicaid, dual eligible, or private insurance?	Is the medication covered under the patient's pharmacy benefit, medical benefit or both?	What is your site of service? Physician office, outpatient, inpatient, partial?

Approaches to Verification

Providers can either determine coverage through contacting the payer independently or utilizing pharmaceutical free initiation programs to have pharmaceutical companies support your organization through various processes.

Option 1: Steps If You Are Doing Verification Yourself

When calling a payer to verify, 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?
- If the patient also has insurance benefits from another payer, will they need to be coordinated?
- Is prior authorization required?
- Are there costs for which the patient is responsible (deductibles, copays, coinsurance)?

Quick Tip to Screen Coverage for Those with Managed Medicaid

Use **New York State Medicaid Managed Care Pharmacy Benefit Information Center** to determine which LAI(s) are available to patient → Visit: <http://mmcdruginformation.nysdoh.suny.edu> → Click on **Drug Look Up Search** → Choose **Mental Health Quicklist** → Select **Injectable Antipsychotics**, select **All Plans** and click on **Begin Look Up** → Click on **C** to find out if covered drug has: limited strengths on formulary; required step therapy; quantity limits; or prior authorization requirements. Prior authorization forms can also be accessed through this website.

Option 2: Pharmaceutical Patient Assistance Programs Can Help with the Process

Pharmaceutical Free Initiation Programs can support with: verifying and summarizing patient health plan eligibility, obtaining prior authorizations, researching alternative coverage options, care transitions and/or navigator support, etc.

ALKERMES *aripiprazole lauroxil (Abilify Aristada)* — **Alkermes Care Support** | www.AristadaCareSupport.com | 1-866-274-7823 | M-F 8am-8pm ET

JANSSEN *paliperidone palimate (Invega Sustenna)* — www.JanssenConnect.com | 1-877-524-3579 | M-F 7am-7pm CT | **Patient Assistance:** www.JJPAFor.org or 1-800-652-6227

LILLY *olanzapine pamoate (Zyprexa Relprevv)* — **Lilly Cares Program** | www.LillyCares.com/AboutLillyCares.aspx | 1-800-545-6962 | **Patient Assistance Program:** www.LillyCares.com/Resources.aspx

OTSUKA *aripiprazole monohydrate (Abilify Maintena)* — **Otsuka Assure Program** | www.Assure.com/hcp/AbilifyMaintena | 1-855-242-7787 | M-F 8am-8pm ET | **Find local center to provide injection:** www.AssurePathways.com | **Nurse Navigator Program:** 1-855-27-NURSE (6-8773) | **Abilify Assistance Program:** www.AbilifyAssistanceProgram.com or 1-855-727-6274

