

Summary: Navigating Insurance

The 2023 Florida Expert Panel offers these tips to optimize accessibility and/or reimbursement for a proposed plan of medication treatment. These tips represent the expert opinion of the diverse stakeholders of the Panel, although not “evidence based” in the traditional sense of the term as used elsewhere in these guidelines.

Tips for Ensuring Successful Medications Approval:

1. Make sure the medicine you prescribe has an FDA indication for the condition and age group you are treating.
2. Consider generic formulations wherever possible.
3. For behavioral health conditions: Specify the severity of illness. Note if the patient was just released from a hospital, if patient was suicidal or homicidal, disabled, had violent behavior, demonstrated self-injurious behavior, or was under court-ordered treatment.
4. For LAI antipsychotics: A history of repeated non-adherence to oral medications, multiple admissions, and no side effects from a trial of the oral equivalent of the LAI antipsychotic are key to approval.
5. If quantity limits are an issue, note if you are prescribing the effective dose needed for symptom management or are cross-tapering medications.
6. Provide a list of past medications tried and failed and specific reasons why those medication trials failed.
7. Document non-medication interventions being used in addition to prescribed medications.
8. Familiarize yourself with the Preferred Drug List of the health plans you work with. Consider medications that do not require a prior authorization for the conditions you most commonly see in your practice.
9. For children: Provide parental informed consent as well as the child’s diagnosis, severity of illness, metabolic profile/labs, BMI, treatment plan and goals, and baseline AIMS.
10. For Tardive Dyskinesia, include the Abnormal Involuntary Movement Scale (AIMS) test scores. A score of 3 or 4 on any AIMS subscale is a criteria for approval by some plans.
11. You can always ask for a doctor to doctor review.
12. You always have the right to appeal if you feel the managed care company does not have all the information.