Reading the Coverage Panel

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STEP 1 OF PRESCRIBING

What the plan allows, before you commit.

The Coverage panel appears as soon as you select a medication. This is the cheapest moment to change what you are prescribing.

On the left

- **Coverages** - the plan that answered, and when eligibility last ran
- **Prescription Information** - the medication you selected and its formulary status
- **Coverage** - limits the plan applies, such as quantity limits and their date ranges
- **Copay** - what the plan generally charges. The patient's actual cost comes later, on the CoverMyMeds screen

On the right

- **Payer Alternatives** - medications this patient's plan suggests instead, in the order the plan returned them
- **Therapeutic Alternatives** - clinically similar medications from our drug database, not from the plan (similar display to Payer Alternatives)
- **Copay** - appears on an alternative only when the plan returned cost detail for it. No button means the plan did not send one

Each alternative shows its own formulary status, so you can see which ones the plan prefers.



Formulary status, in plain terms

The status comes from the patient's plan and tells you how the plan treats this drug - preferred, on formulary, non-formulary, or not reimbursable. A non-formulary or non-reimbursable drug can still be prescribed; the patient may simply pay more.

Checking again

Coverage runs automatically when you select a medication through Search or Favorites. For a prescription you copied, refilled, or pulled from history, use **Get Coverage Details** to request it for that prescription.

Nothing here stops you prescribing. Whatever the panel shows, or does not show, your send, queue, batch and print controls work exactly as they always have.