Turn Off the Coverage Panel or the Benefit Check Screen

Last Modified on 11/04/2026 8:11 pm EST

FOR ADMINISTRATORS

You can turn each piece off independently, but one of them takes more with it than you might expect.

Some practices want coverage information on the prescription pad but not a screen before sending. Some want the reverse. This article covers what each one does when you switch it off, and what you lose along with it. The settings themselves are in Prescription Coverage and Benefit Checks: Company Settings.

Turning off the Coverage panel

What changes

Prescribers no longer see coverage or tier information as they choose a medication. The panel is simply not there.

What does not change

Everything else. The benefit check still runs on send if it is on, and still returns price, coverage, and prior authorization. Prior authorization requests are unaffected. This is the safest of the three to turn off, because nothing else depends on it.

Turning off the benefit check screen

This also stops prior authorization. A prior authorization request can only be started once the plan has said one is required, and the benefit check is what asks. With the benefit check off, no requests are created, whatever your prior authorization settings say. Nothing will appear in the CoverMyMeds Prescription ePA list.

What changes

No screen appears when a prescription is sent, printed, or queued. Prescribers get no cost estimate, no alternatives, and no prior authorization requests. Staff handle authorizations the way they did before, outside the system.

What does not change

Prescriptions send exactly as they do now. The Coverage panel on the prescription pad still works if it is on, since it draws on published formulary lists rather than on the benefit check.

Turning off prior authorization only

If the concern is the volume of requests rather than the feature itself, turning the whole thing off is usually the wrong lever. Prescribers keep the cost estimate and still see when a medication needs an authorization. They simply get no

help submitting it.

Before switching it off, look at the two settings that shape the volume instead: automatic sending can be turned off so prescribers choose case by case, and a minimum prescription cost stops requests being raised on inexpensive medications. Both are in CoverMyMeds Settings for Customized Workflows, and either is usually a better answer than losing the feature.

Turning it off for one person

The user setting is a default, not a restriction. Unchecking it for a prescriber means the Benefit Check box on their prescriptions starts unchecked, and they can still check it whenever they want one. For most practices that is the right outcome: the prescriber who does not want it is not interrupted, and the option is still there.

There is no way to make the feature unavailable to one user while leaving it on for everyone else. If you need it genuinely off, that is the company setting, and it applies to the whole practice.

Before you turn something off permanently

These features were built to meet prescribing requirements taking effect in 2027. Turning one off for a short period while you work through a problem is straightforward. Leaving it off is a decision worth confirming with whoever handles regulatory matters for your practice.

If you are turning something off because it is not behaving as expected, it is worth checking When Coverage or Pricing Isn't Available first. Several of the most common complaints are caused by a missing pharmacy or out of date eligibility rather than by the feature itself.

Nothing is lost by turning it off. These settings can be switched back on at any time, and they take effect on the next prescription. No history is removed, and requests already in progress carry on.