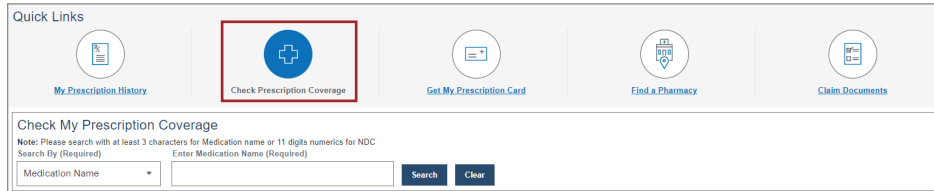# Check Prescription Coverage

In the OWCP FECA Claimant Portal, you can check to see if a specific medication will be covered under the pharmacy benefit program.

In the **Quick Links** section, click on the **Check Prescription Coverage** icon.
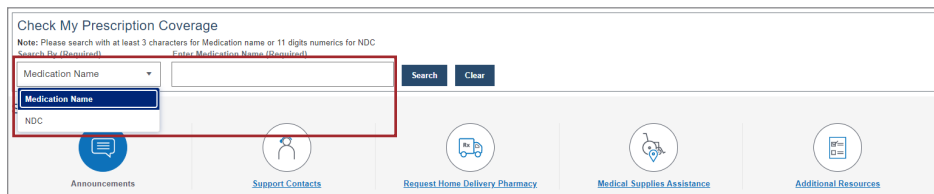
In the **Search By** drop down, choose to search for the medication using either **Medication Name** or **NDC**. For the Medication Name, enter at least the first three letters of the medication name. For NDC number, enter the 11-digit code with no dashes.

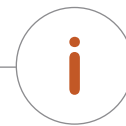A list of results will appear under the search. Click on the **chevron** to the left of the medication to view the check prescription coverage criteria.
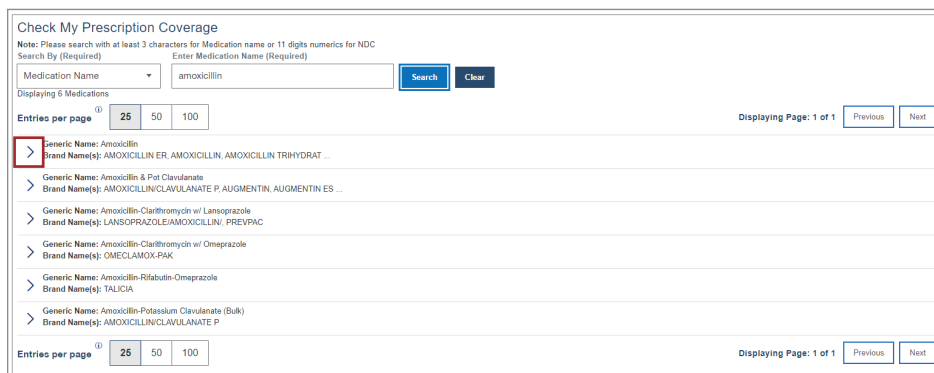
The **National Drug Code (NDC)** is a unique three-segment number that serves as the FDA's identifier for a drug. It can typically be found on the prescription receipt/documentation you receive from the pharmacy when you fill a medication. If you don't have the NDC number, search for a medication by name.

After opening the chevron, choose the **medication's formulation and strength** from the drop down and enter the **quantity** (i.e., number of pills or units) and **days of supply**. Select the **Rx date** and click the **Check** button.

When entering Rx date, a past date may be used, but a future date cannot be used. The default date is today's date.

The medication is checked against the parameters and dispensing rules for the program and claimant. One of three messages will appear to indicate if the medication is covered.

1. The message **"This medication is authorized and approved for prescribing"** will display in a green bar if the medication is approved for dispense.

2. The message **"This medication requires prior authorization"** will display in a yellow bar if authorization will require review and approval. A list of reasons will be shown for why the medication needs authorization.

3. The message **"This medication is not authorized or approved for prescribing"** will display in a red bar if the medication is not authorized for dispense.

| ⊘ This medication is not authorized or approved for prescribing | | | |

Authorization for this medication is required based on the following reason(s):
- Exceeds maximum days of supply for life of claim - 21 Days

Medication	Quantity	Days of Supply	Rx Date
AMOXICILLIN (TRIHYDRATE) CAP 250 MG	30.00	30	08/04/2021

Update & Re-Check

By clicking the **Update & Re-Check** button, the quantity, days of supply, and/or Rx date for the same medication can be changed and re-checked. A different strength and formulation can also be chosen from the medication drop-down to see if it would be covered.

| ⚠ This medication requires prior authorization. | | | |

Authorization for this medication is required based on the following reason(s):
- Exceeds maximum days of supply for life of claim - 21 Days

Medication	Quantity	Days of Supply	Rx Date
AMOXICILLIN (TRIHYDRATE) CAP 250 MG	30.00	30	08/04/2021

Update & Re-Check

Compounds, opioids, and non-formulary medications require a Prior Authorization Request Form to be submitted by the treating physician. The medication will then be reviewed clinically to determine if it is appropriate for the claim.

PHARMACY PROGRAM CUSTOMER SERVICE
Available: 24 hours a day, 7 days a week
Telephone: 1-833-FECA-PBM (1-833-332-2726) Option 1

DURABLE MEDICAL EQUIPMENT & DIAGNOSTICS CUSTOMER SERVICE
Available: Monday – Friday, 8:00 AM – 8:00 PM ET
Telephone: 1-833-FECA-PBM (1-833-332-2726) Option 2

PORTAL SUPPORT
Available: Monday – Friday, 8:00 AM – 8:00 PM ET
Telephone: 1-833-FECA-PBM (1-833-332-2726)
Email: DOLVitalPointSupport@optum.com