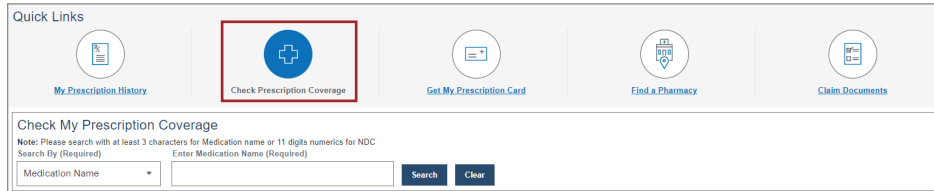


Check Prescription Coverage

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.



Quick Links

- My Prescription History
- Check Prescription Coverage**
- Get My Prescription Card
- Find a Pharmacy
- Claim Documents

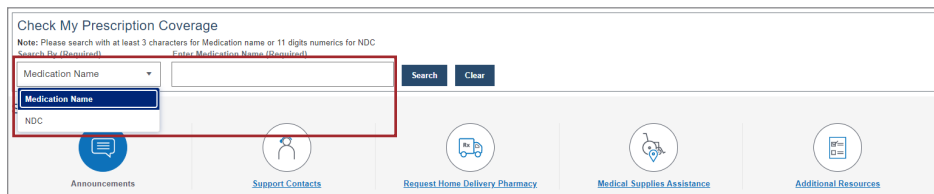
Check My Prescription Coverage

Note: Please search with at least 3 characters for Medication name or 11 digits numerics for NDC

Search By (Required) Enter Medication Name (Required)

Medication Name Search Clear

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.



Check My Prescription Coverage

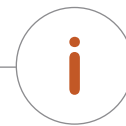
Note: Please search with at least 3 characters for Medication name or 11 digits numerics for NDC

Search By (Required) Enter Medication Name (Required)

Medication Name Search Clear

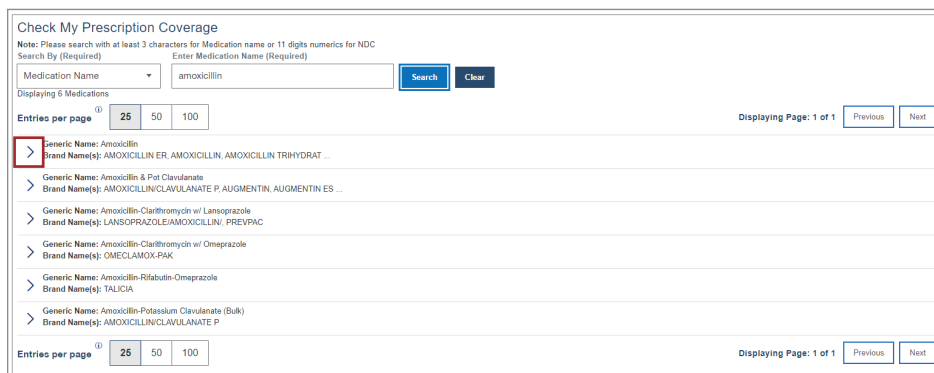
Medication Name
NDC

Announcements Support Contacts Request Home Delivery Pharmacy Medical Supplies Assistance Additional Resources



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.

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.



Check My Prescription Coverage

Note: Please search with at least 3 characters for Medication name or 11 digits numerics for NDC

Search By (Required) Enter Medication Name (Required)

Medication Name Search Clear

Displaying 6 Medications

Entries per page 25 50 100 Displaying Page: 1 of 1 Previous Next

- > Generic Name: Amoxicillin
Brand Name(s): AMOXICILLIN ER, AMOXICILLIN, AMOXICILLIN TRIHYDRAT...
- > Generic Name: Amoxicillin & Pot Clavulanate
Brand Name(s): AMOXICILLIN/CLAVULANATE P, AUGMENTIN, AUGMENTIN ES...
- > Generic Name: Amoxicillin-Clarithromycin w/ Lansoprazole
Brand Name(s): LANSOPRAZOLE/AMOXICILLIN/ PREVPAK
- > Generic Name: Amoxicillin-Clarithromycin w/ Omeprazole
Brand Name(s): OMECLAMOXY-PAK
- > Generic Name: Amoxicillin-Rifabutin-Omeprazole
Brand Name(s): TALICIA
- > Generic Name: Amoxicillin-Potassium Clavulanate (Bulk)
Brand Name(s): AMOXICILLIN/CLAVULANATE P

Entries per page 25 50 100 Displaying Page: 1 of 1 Previous Next

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.

Check My Prescription Coverage

Note: Please search with at least 3 characters for Medication name or 11 digits numerics for NDC

Search By (Required) Enter Medication Name (Required)

Medication Name

Displaying 6 Medications

Entries per page: Displaying Page: 1 of 1

Generic Name: Amoxicillin
 Brand Name(s): AMOXICILLIN ER, AMOXICILLIN, AMOXICILLIN TRIHYDRATE, MOXATAG

Strength: (Required) * Quantity: (Required) Days of Supply: (Required) Rx Date: (Required)

- > AMOXICILLIN (TRIHYDRATE) CAP 250 MG
- > AMOXICILLIN (TRIHYDRATE) CAP 500 MG
- > AMOXICILLIN (TRIHYDRATE) TAB 500 MG
- > AMOXICILLIN (TRIHYDRATE) TAB 875 MG
- > AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG
- > AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG
- > AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML
- > AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML
- > AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML

Displaying Page: 1 of 1

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.

This medication is authorized and approved for prescribing

This medication is appropriate based on current clinical practice guidelines. If applicable, a generic formulation of this medication should be utilized. Authorization may still be required if the cost of this medication exceeds the maximum allowed amount or if a brand name formulation is requested when a generic formulation is available.

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

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.

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

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