Viewing Medication Formulary Details

After selecting an appropriate prescription in the Orders section of PowerChart, the Formulary Details section opens, displaying summary information regarding the formulary details for the selected medication. This view automatically opens when entering prescription details before signing the prescription.

If formulary coverage is not provided, text is displayed in the formulary details section stating that no formulary information is available.

When eligibility returns a positive response for a prescription plan from Surescripts, formulary information for that Prescription plan is viewable to assist in determining medication coverage (such as co-pay information, prior authorization information, age/gender restrictions, and quantity or step therapy information).
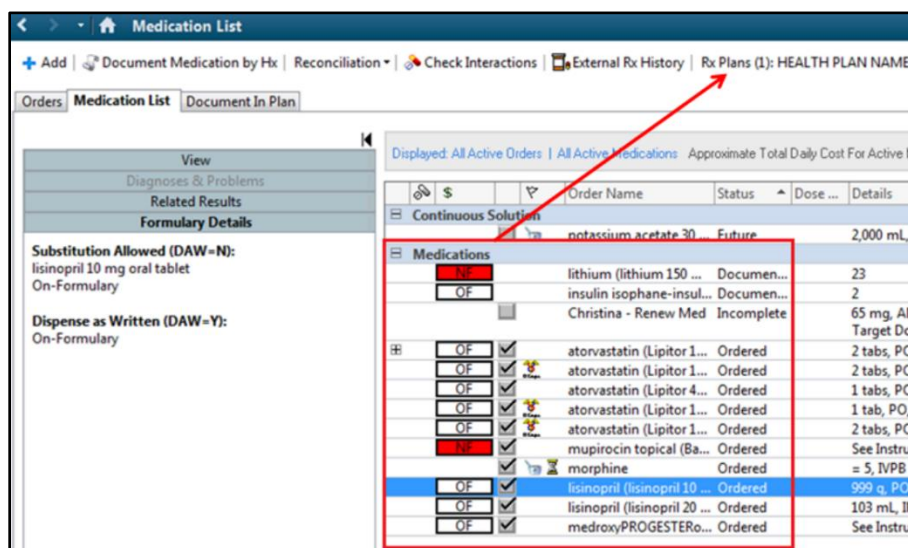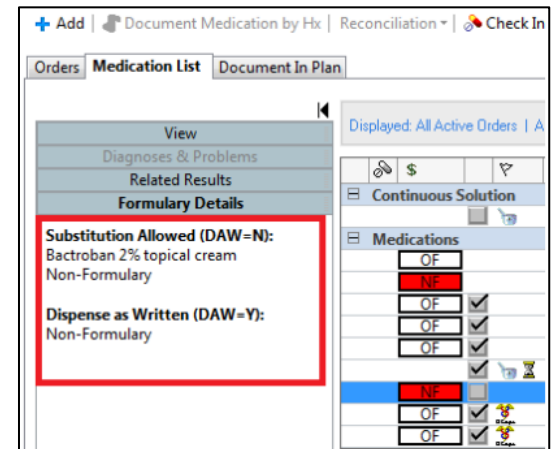
Formulary annotations are represented by the following based upon the formulary status returned by each Pharmacy Benefit Manager's (PBM) coverage data:

Statuses	Description
OTC	Over the counter, not reimbursed.
X	Not reimbursed
NF	Non-formulary
OF	On formulary
Pref (also displayed as P)	Preferred
Pref+# (also displayed as P+#)	The higher the number, the more preferred (1-99). For example, Pref+3, Pref+15.

| Co-pays	Description
T1, T2, T3	Tiered Co-pay. Tier 1 of 3, Tier 2 of 3, or Tier 3 of 3. Tiered based co-pay (if provided by PBM) prefaces the statuses on the left. For example, T2 OF, T1 P, T3 P+3, T2 P+10.
$##	Monetary based co-pay. Co-pay values (if provided by PBM) preface the statuses on the left. For example, $10 OF, $20 P, $20 P+10.
##%	Percent based co-pay. Co-pay values (if provided by PBM) preface the statuses on the left. For example, 10% OF, 20% P, 20% P+10.

1. To view the formulary details, position the curser over the formulary icon and click **To view more details, please click here.**
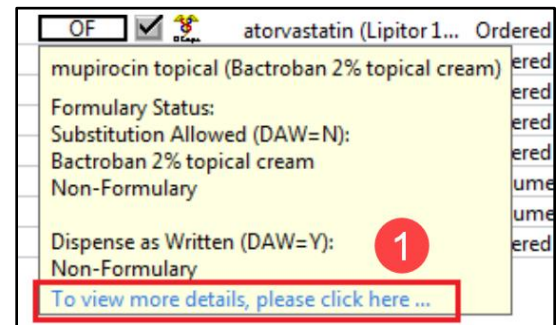
2. The Formulary Details window displays information regarding coverage for SA/DAW Permitted outcomes as well as information such as co-pay information, costs, step therapy, and age/gender limitations.
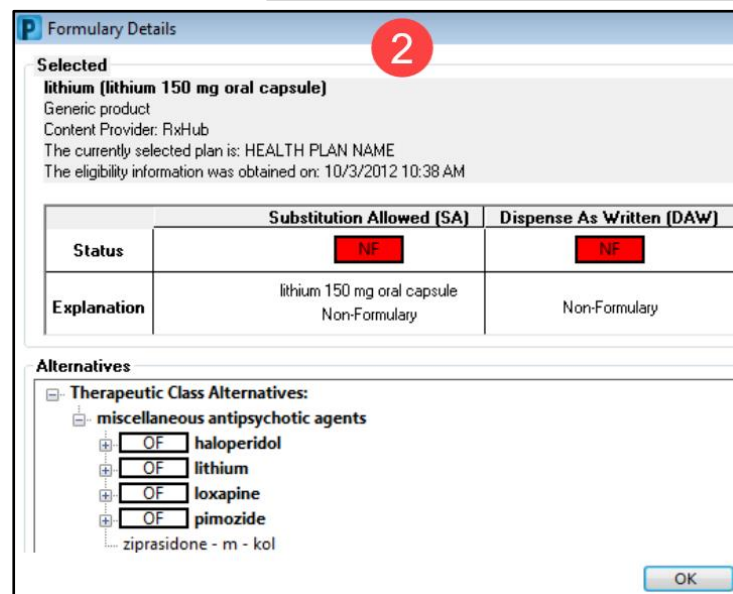
Each Pharmacy Benefit Manager (PBM) or payer determines what data they provide within the standard. For example, CareMark is the only PBM providing tier level, and other PBMs might just indicate Covered or On Formulary versus Non-Formulary.

The following are the potential details available within formulary details (if information is provided by PBM within their formulary file).

- Co-pay information (tier, dollar, percent, or combination).
- Payor links and information.
- Age or gender restrictions.
- Quantity limit restrictions.
- Prior authorization restrictions.
- Step therapy restrictions.
- Medical necessity restriction.
- Retail versus Mail order benefit.
- Coverage text or notes.