DRG Formulary Lookup Navigation Guide

Logging In

DRG has provided a new web-based Formulary Lookup tool that is responsive to all viewing devices (PC, iPhone, Tablet, etc.). You can access this site at https://lookup.decisionresourcesgroup.com. Users can also download an iPad App version from the Apple store (https://itunes.apple.com/us/app/drg-lookup/id1018974045?ls=1&mt=8).

Registering for an account is a quick process that requires you to provide some basic information. You will then receive an email for the address that was registered to help validate your account. Once you click the link to activate your account, you will enable additional functionality found on the site. The login and password information can used each time you access the site.

To retrieve your username and/or password, you can access the Customer Support section of the Login screen. If you continue to have problems logging into the site, contact our support team at questions@teamdrg.com and a representative will contact you with your login credentials.

If you chose not to register, you can continue to search for drug information, however, you will be limited to viewing 1 drug and formulary detail for up to 5 plans for each search.
Navigating the Site

Once you are able to access the site, the process to finding formulary information is two steps away. Users will:

a) Identify the drug(s)
b) Select the health plan(s)
e) View the results

You navigate through each selection by clicking on your desired option and then clicking the bar indicating the next step. Both steps will expand to provide different options. Drugs can be sorted by clicking on a letter across the menu bar to view all drugs starting with that letter. Users can also choose the narrow the results by clicking the “Therapeutic Area” dropdown on the menu bar. This will filter this of drugs available. The plan selection will provide a breakout (sorted by either alphabetically or by pharmacy lives in the geography you selected) by grouped plan types: Commercial, Medicaid, Medicare, and Health Insurance Programs (HIX). Users can also filter the plan list based on where plans have pharmacy lives. Selecting an individual state from the dropdown list will also update the coverage percentage values on the results screen for that territory. Once you have completed each step, you can click the “View Results” button from the right menu. [“View Results” may display at the bottom of the page depending on the device being used.]

As a registered user, you can take advantage of a few additional options. First, once registered, the number of drugs you can select will go from 1 to 10 and the number of health plans you can view on the results screen will go from 5 to 10.

Furthermore, registered users also have the ability to create and save custom drug and plan lists. From the “My Drugs List” and “My Plan List” buttons in the top menu screen, users can access and create personalized lists of drugs and plans they wish to see for quick access for future needs, while expanding the list of drugs across therapeutic areas and plans across different geographies. To add new drugs/plans, users would click the appropriate selections to save new entries. Users would delete a drug/plan by unselecting that plan.

Once the My Drugs and My Plans have been saved, you will also see them as options when creating a new Search request. There will be a “My Drugs” and “My Plans” button within the basic steps as options to choose the custom grouped list.
My Saved Criteria

Users will be able to save search criteria for future use. After selecting the drugs, geography and plans, click on the “My Saved Criteria” button and provide a name for the filtered criteria. Upon accessing the site at a future date, users can click and retrieve the criteria by clicking the “My Saved Criteria” followed by clicking on the name of the saved criteria.

Displaying the Results

The results screen will show the list of drugs you selected in a purple shaded row. All of the plans selected will display directly below each drug. The formulary coverage for all plans selected will display under the "Coverage" column. In addition, if you click on the information button ("i" icon), you can also display the coverage information for the product within the geography selected.
Glossary

Restriction Definitions:
PA - Prior Authorization. Drugs that require prior authorization. This restriction requires that specific clinical criteria be met prior to the approval of the prescription.

QL - Quantity Limits. Drugs that have quantity limits associated with each prescription. This restriction typically limits the quantity of drug that will be covered.

ST - Step Therapy. Drugs that have step therapy associated with each prescription. This restriction typically requires that certain criteria be met prior to approval for the prescription.

Formulary Status Definitions:
Preferred – The status assigned to a drug based on the benefit design of the chosen formulary. This status is usually associated with the lowest tier for a brand or generic drug; or is a designation given to a drug following review by a Pharmacy Committee.

Covered – The status assigned to a drug that is not reviewed for inclusion on the Preferred Drug List but is covered by the state.

Non-Preferred – The status assigned to a drug based on the benefit design of the chosen formulary. This status is usually associated with the highest tier for a brand or generic drug; or is a designation given to a drug following review by a Pharmacy Committee.

Specialty – The status given to a specialty product when it is covered with a copay/co-insurance dedicated to specialty drugs. Specialty drugs are usually injectable, require special handling, or are expensive.

Medical – The status given to a drug covered under the medical benefit.

Not Covered – Drugs that are not covered by the plan.

Not Available – Formulary data for this drug/health plan are not available.

Plan Types:
Commercial – Commercial Insurers, Employers, Municipal Plans, PBMs, and Unions
Medicare – Prescription Drug Plans, Medicare Advantage Plans, Special Needs, PACE and EGWP
Medicaid – Managed Medicaid and State Medicaid
HIX – State Health Exchanges, Private Health Exchanges