



New Hampshire Drug Coverage Lookup User Guide

Version 2.0

February 14, 2022

Revision History

Document Version	Date	Name	Comments
1.0	01/25/2011	Training and Development	Initial Creation
1.1	10/25/2012	Documentation Mgmt. Team	Rebranded
2.0	02/14/2022	Honesty Peltier; Daniel Porter	Rebranded; complete overhaul with updated screenshots

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1.0 Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ and the American Recovery and Reinvestment Act (ARRA) of 2009 provides protection for personal health information. Magellan Medicaid Administration developed and maintains HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandates.

Protected health information (PHI) includes any health information and confidential information, whether verbal, written, or electronic, created, received, or maintained by Magellan Medicaid Administration. It is health care data plus identifying information that would allow the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

2.0 Introduction

The Drug Coverage Lookup tool gives you the capability to search for drugs and determine if a drug is covered, whether it requires a prior authorization (PA), and if there are quantity limits or any other restrictions.

3.0 Accessing the Web Portal

Open your internet browser. Go to <https://newhampshire.magellanmedicaid.com>. The State of New Hampshire Web Portal Home window appears. See Figure 3.0.1.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

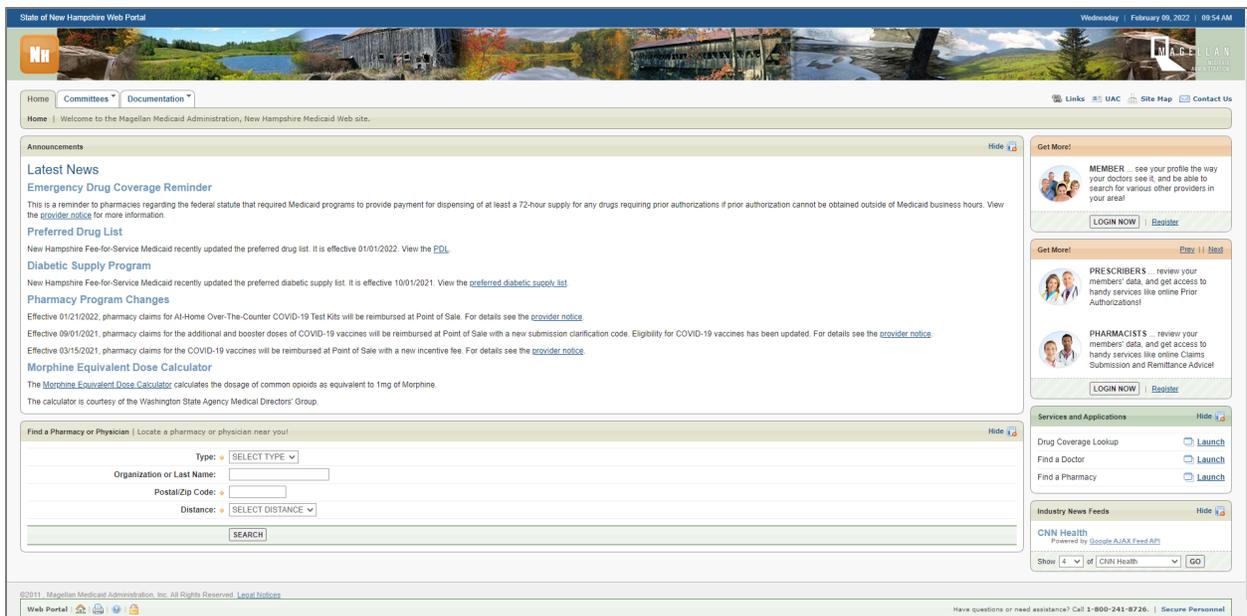


Figure 3.0.1 – New Hampshire Web Portal, Home Window

To exit the State of New Hampshire web portal once you are finished, click the **X** in the top right corner of the screen to close the web browser.

4.0 Drug Coverage Lookup

4.1 Drug Search

The Drug Coverage Lookup application on the State of New Hampshire web portal will open in a new window when Launch is clicked.



Figure 4.1.1 – New Hampshire Web Portal, Home Window

Once the Drug Coverage Lookup has been launched from the Services and Applications area, please use the following steps:

1. The **Drug Coverage Lookup** window appears. See Figure 3.1.2.

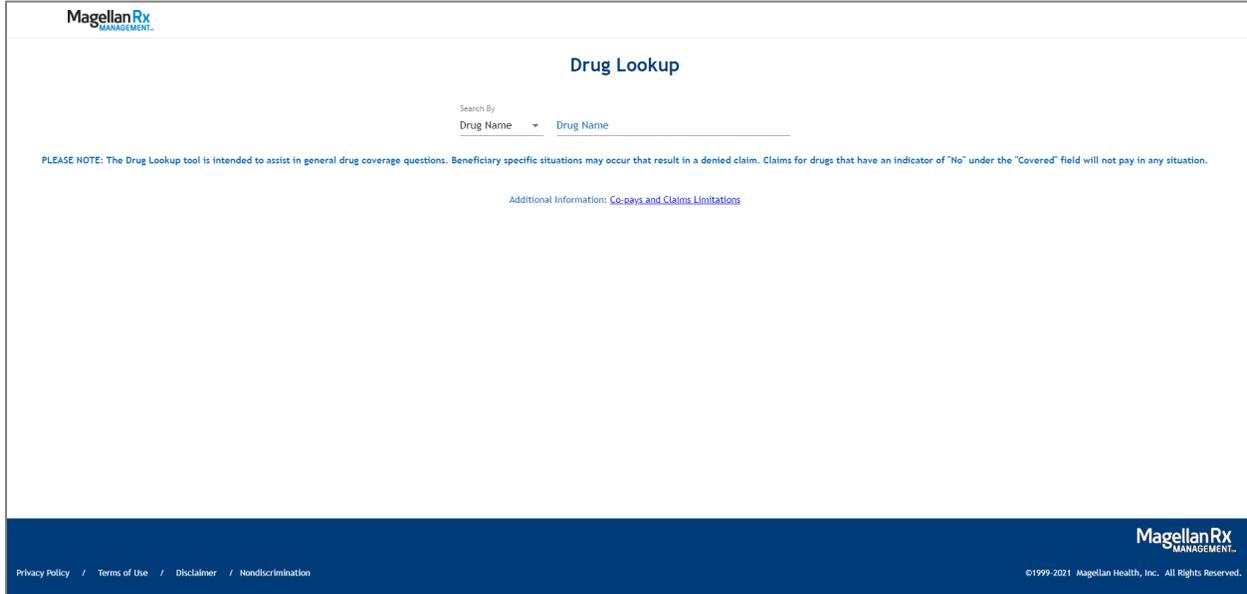


Figure 4.1.2 – Drug Coverage Lookup Window

In the **Search by** dropdown list, select **Drug Name** or **NDC**. See Figure 4.1.3.

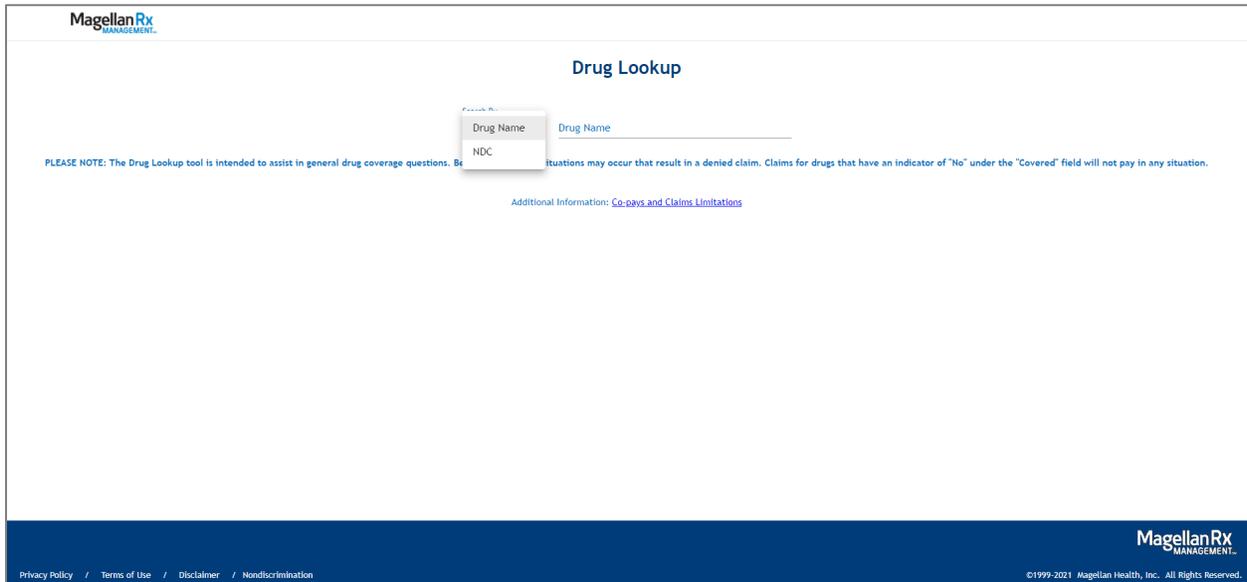


Figure 4.1.3 – Search by List

If **Drug Name** is selected, enter the **Drug Name** and click **Search**. The window refreshes and displays the matching results. See Figure 4.1.4.

Search By: Drug Name Drug Name: AJOVY

Lookup tool is intended to assist in general drug coverage questions. Beneficiary specific situations may occur that result in a denied claim. Claims for drugs that have an indicator of "No" under the "Covered" field will not be returned.

Additional Information: [Co-pays and Claims Limitations](#)

[DOWNLOAD RESULTS](#)

DRUG NAME	STRENGTH & FORM	NDC	COVERED	PA REQUIRED	DRUG TYPE	PDL STATUS	COPAY	QUANTITY LIMITATIONS
AJOVY AUTOINJECTOR	225 MG/1.5 AUTO INJECT	51759020222	Yes	Yes	BRAND	Preferred	Yes	Yes
AJOVY AUTOINJECTOR	225 MG/1.5 AUTO INJECT	51759020210	Yes	Yes	BRAND	Preferred	Yes	Yes
AJOVY SYRINGE	225 MG/1.5 SYRINGE	51759020410	Yes	Yes	BRAND	Preferred	Yes	Yes

Figure 4.1.4 – Drug Name Results



- Click the **Co-pays and Claims Limitations** hyperlink to view additional drug coverage information, such as quantity limits. See Figure 4.1.5.

New Hampshire Medicaid Quantity Limit Program
Effective 1/1/2022

Drug	Quantity Limit
Anaphylaxis Agents	
EPINEPHRINE 0.15 MG AUTO-INJECT	4 pens / 30 days
EPINEPHRINE 0.3 MG AUTO-INJECT	4 pens / 30 days
EPIPEN JR 0.15 MG AUTO-INJECTR	4 pens / 30 days
SYMJEPI 0.15 MG/0.3 ML SYRINGE	4 syringes / 30 days
SYMJEPI 0.3 MG/0.3 ML SYRINGE	4 syringes / 30 days
Anti-Emetic Agents	
APREPITANT 125 MG CAPSULE	15 capsules / 30 days
APREPITANT 125-80-80 MG PACK	5 packs / 30 days
APREPITANT 40 MG CAPSULE	15 capsules / 30 days
APREPITANT 80 MG CAPSULE	15 capsules / 30 days
BONJESTA	2 tablets / day
DICLEGIS	4 tablets / day
DOXYLAMINE SUCC-PYRIDOXINE HCL	4 tablets / day
EMEND 125 MG POWDER PACKET	15 packets / 30 days
EMEND 80 MG CAPSULE	15 capsules / 30 days
EMEND TRIPACK	5 packs / 30 days
GRANISETRON HCL 1 MG TABLET	15 tablets / 30 days
ONDANSETRON HCL 4 MG TABLET	15 tablets / 30 days
ONDANSETRON HCL 8 MG TABLET	15 tablets / 30 days
ONDANSETRON ODT 4 MG TABLET	15 tablets / 30 days
ONDANSETRON ODT 8 MG TABLET	15 tablets / 30 days
ZOFRAN 4 MG TABLET	15 tablets / 30 days
ZUPLENZ 4 MG SOLUBLE FILM	15 films / 30 days
ZUPLENZ 8 MG SOLUBLE FILM	15 films / 30 days

Figure 4.1.5 – Quantity Limits



- The **Download Results** button allows you to view the current selection in Excel. See Figure 4.1.6.
- Click **X** in the top right corner to close the window.

	A	B	C	D	E	F	G	H	I	J
1	Drug Name	Strength & NDC		Covered	PA Required	Drug Type	PDL Status	Copay	Quantity	Limitations
2	AJOVY AU	225 MG/1.	5.18E+10	Yes	Yes	BRAND	Preferred	Yes	Yes	
3	AJOVY AU	225 MG/1.	5.18E+10	Yes	Yes	BRAND	Preferred	Yes	Yes	
4	AJOVY SYF	225 MG/1.	5.18E+10	Yes	Yes	BRAND	Preferred	Yes	Yes	
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Figure 4.1.6 – Downloaded Results