

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 <u>https://newhampshire.magellanmedicaid.com</u>. 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



State of New Hampshire Vieb Portal	Wednesday February 09, 2022 09:54 AM
Home Committees * Documentation *	🏙 Links 🔳 UAC 🏯 Site Map 🖂 Contact Us
Home Welcome to the Magellan Medicaid Administration, New Hampshire Medicaid Web site.	
Announcements Hole (a)	Get More!
Latest News Emergency Drug Coverage Reminder This is a remined to balancesis regarding the federal statule that required Medical programs to provide payment for dispensing of at least a 72-hour supply for any drugs requiring prior authorizations if prior authorization cannot be obtained outside of Medical business hours. Were the displance federal statule that required displance automatical for more information. Preferred Orug List New Hamphone Feelor Sarrok Medical recently updated the preferred displant. It is effective 1001/0221. View the Egil. Diabelic Supply Program New Hamphone Feelor Sarrok Medical term for Multical that the Automation of Sale. Stop of the Cover Net Medical term for Multical Sarrow (Net Medical term feelor Sarrow (Net Sar	HEBEER, espan porto polito ha way based for various der providers in une various Locent rev i and Locent rev i and
The <u>Monchine Equivalent Dasa Calculator</u> calculates the dosage of common opioids as equivalent to 1mg of Morphine. The calculator is countery of the Washington State Apenco Medical Directory' Group.	LOGIN NOW Register
	Services and Applications Hide 🐻
Find a Pharmacy or Physician Locate a pharmacy or physician near you! Hide 10	Drug Coverage Lookup Launch
Type: • SELECT TYPE •	Find a Doctor Launch
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02011 Magelian Medicad Administration, Ioc. All Rights Reserved. Legal Holices	
Web Portal 🚖 🎯 🚊	ed assistance? Call 1-800-241-8726. Secure Personnel

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.

	Services and Applications	Hide 🗾		
Hide 🔂	Drug Coverage Lookup	D Launch		
	Find a Doctor	D Launch		
	Find a Pharmacy	D Launch		

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.

Magellan Rx								
Drug Lookup								
Search By Drug Name	- Drug Name							
PLEASE NOTE: The Drug Lookup tool is intended to assist in general drug coverage questions. Beneficiary sp	ecific situations may occur that result in a denied claim. Claims for drugs that have an indicator of "No" under the "Covered" field will not pay in any situation.							
	dditional Information: <u>Co-pays and Claims Limitations</u>							
	M. II. Du							
	MagellanRX							
Privacy Policy / Terms of Use / Disclaimer / Nondiscrimination C1999-2021 Magelian Health, Inc. All Rights Reserved.								

Figure 4.1.2 – Drug Coverage Lookup Window

Magellan Rx	
	Drug Lookup
PLEASE NOTE: The Drug Lookup tool is intended to assist in general drug coverage questions. Be	g Name tuations may occur that result in a denied claim. Claims for drugs that have an indicator of "No" under the "Covered" field will not pay in any situation. Additional Information: <u>Co-pays and Claims Umitations</u>
	MagellanRx
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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 Dru Drug Name - AJ	g Name DVY						
okup tool is intended to assist in general drug coverage questions.	Beneficiary specific situation	ons may occur that re	esult in a denied claim	. Claims for dr	ugs that have an	indicator of "No"	under the "Co	vered" field w
	Additional Info	rmation: <u>Co-pays and</u>	Claims Limitations					
DRUG NAME	STRENGTH & FORM	NDC	COVERED	PA REQUIRED	DRUG TYPE	PDL STATUS	COPAY	QUANTITY LIMITATIONS
AJOVY AUTOINJECTOR	225 MG/1.5 AUTO INJCT	51759020222	Yes	Yes	BRAND	Preferred	Yes	Yes
AJOVY AUTOINJECTOR	225 MG/1.5 AUTO INJCT	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



New Hampshire Medicaid Quantity Limit Program Effective 1/1/2022							
Drug	Quantity Limit						
Anaphylaxis A	gents						
EPINEPHRINE 0.15 MG AUTO-INJCT4 pens / 30 daysEPINEPHRINE 0.3 MG AUTO-INJECT4 pens / 30 daysEPIPEN JR 0.15 MG AUTO-INJECTR4 pens / 30 daysSYMJEPI 0.15 MG/0.3 ML SYRINGE4 syringes / 30 daysSYMJEPI 0.3 MG/0.3 ML SYRINGE4 syringes / 30 days							
Anti-Emetic A	gents						
APREPITANT 125 MG CAPSULE APREPITANT 125-80-80 MG PACK APREPITANT 40 MG CAPSULE APREPITANT 80 MG CAPSULE BONJESTA DICLEGIS DOXYLAMINE SUCC-PYRIDOXINE HCL EMEND 125 MG POWDER PACKET EMEND 125 MG POWDER PACKET EMEND 80 MG CAPSULE EMEND TRIPACK GRANISETRON HCL 1 MG TABLET ONDANSETRON HCL 4 MG TABLET ONDANSETRON HCL 4 MG TABLET ONDANSETRON ODT 4 MG TABLET ONDANSETRON ODT 8 MG TABLET ZOFRAN 4 MG TABLET ZUPLENZ 4 MG SOLUBLE FILM	15 capsules / 30 days 5 packs / 30 days 15 capsules / 30 days 2 tablets / 30 days 2 tablets / day 4 tablets / day 4 tablets / day 15 packets / 30 days 15 capsules / 30 days 15 tablets / 30 days						







• 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.

1	А	В	С	D	E	F	G	Н	1	J
1	Drug Nam	Strength &	NDC	Covered	PA Requir	Drug Type	PDL Statu	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 SYR	225 MG/1.	5.18E+10	Yes	Yes	BRAND	Preferred	Yes	Yes	
5										
6										
7										
8										
9										
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Figure 4.1.6 – Downloaded Results

