



Drug Coverage Lookup User Guide

Version 1.0

January 27, 2011

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.

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

Revision History

Document Version	Date	Name	Comments
1.0	01/27/2011	Drug Coverage Lookup User Guide	Initial Creation

Table of Contents

Privacy Rules	2
Revision History.....	3
Table of Contents.....	4
1.0 Introduction	6
2.0 Logging In/Out.....	8
2.1 Log In	8
2.2 Log Out.....	8
3.0 Drug Coverage Lookup.....	10
3.1 Drug Search	10

1.0 Introduction

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

2.0 Logging In/Out

2.1 Log In

You will launch the Drug Coverage Lookup application by accessing the state-specific website; i.e., state.fhsc.com or state.magellanhealth.com. The Drug Coverage Lookup application will be available via hyperlink or will display on the Home window. Go to *Section 3.0 – Drug Coverage Lookup* to continue.

2.2 Log Out

To log out of the Drug Coverage Lookup application, click on the X in the top right-hand corner of the URL browser.

3.0 Drug Coverage Lookup

3.1 Drug Search

There are two ways to access the Drug Coverage Lookup application:

- ☞ Click on the **Launch** button next to **Drug Coverage Lookup** in the **Services and Applications** area.

OR

- ☞ Scroll down to the bottom of the **Home** window and you will see the **Drug Coverage Lookup** window. See Figure 3.1.1.

State of New Hampshire Web Portal Tuesday | January 25, 2011 | 11:29 AM

Home Committees Documentation Links UAC Site Map Contact Us

Home | Welcome to the Magellan Medicaid Administration, New Hampshire Medicaid Web site.

Announcements

Latest News

Implementation of the new <https://newhampshire.magellanmedicaid.com> web portal has been postponed. All current New Hampshire Medicaid medication coverage information, Prior Authorization fax forms, quantity limits and other prescription benefit information remains available on <https://newhampshire.thsc.com>, until the new portal is available. Please check back in February 2011 for updates. Thank you for your patience and support.

New Hampshire Medicaid will implement a new Diabetic Supply Program effective January 3, 2011. For additional information you may view the current pharmacy provider notice. [[Read more](#)]

The current Pharmacy and Therapeutic Committee and Drug Utilization Review Committee boards have been merged into one committee. With this change the current boards have been dissolved and a new committee has been formed, Drug Utilization Review Board. All future announcements can be found under the committees, DUR section.

Paper Claims Submissions

Please note that the address for sending paper claims has changed. Future submissions of paper claims should be sent to the following address:

Magellan Medicaid Administration
Post Office Box 85042
Richmond, VA 23261-5042

Find a Pharmacy or Physician | Locate a pharmacy or physician near you!

Type: SELECT TYPE

Organization or Last Name:

Postal/Zip Code:

Distance: SELECT DISTANCE

Drug Coverage Lookup

Search By: Drug Name

Value:

Enter full drug name or at least the first three letters. To narrow search results, add a percentage sign (%) between drug name and the strength, e.g., "xxxxxx%10".

Get More!

PHARMACISTS ... review your members' data, and get access to handy services like online Claims Submission and Remittance Advice!

| [Register](#)

Services and Applications

Drug Coverage Lookup

Find a Doctor

Find a Pharmacy

Industry News Feeds

CNN Health

[The King's Speech' Hits Close To Home](#)

[Smoking May Raise Breast Cancer Risk](#)

[Jack LaLanne: My Fitness Hero](#)

[Case Of Young Man Tied To Wall Sparks National Debate In Netherlands](#)

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Show 4 of CNN Health

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Web Portal

Have questions or need assistance? Call 1-800-241-8726. | [Secure Personnel](#)

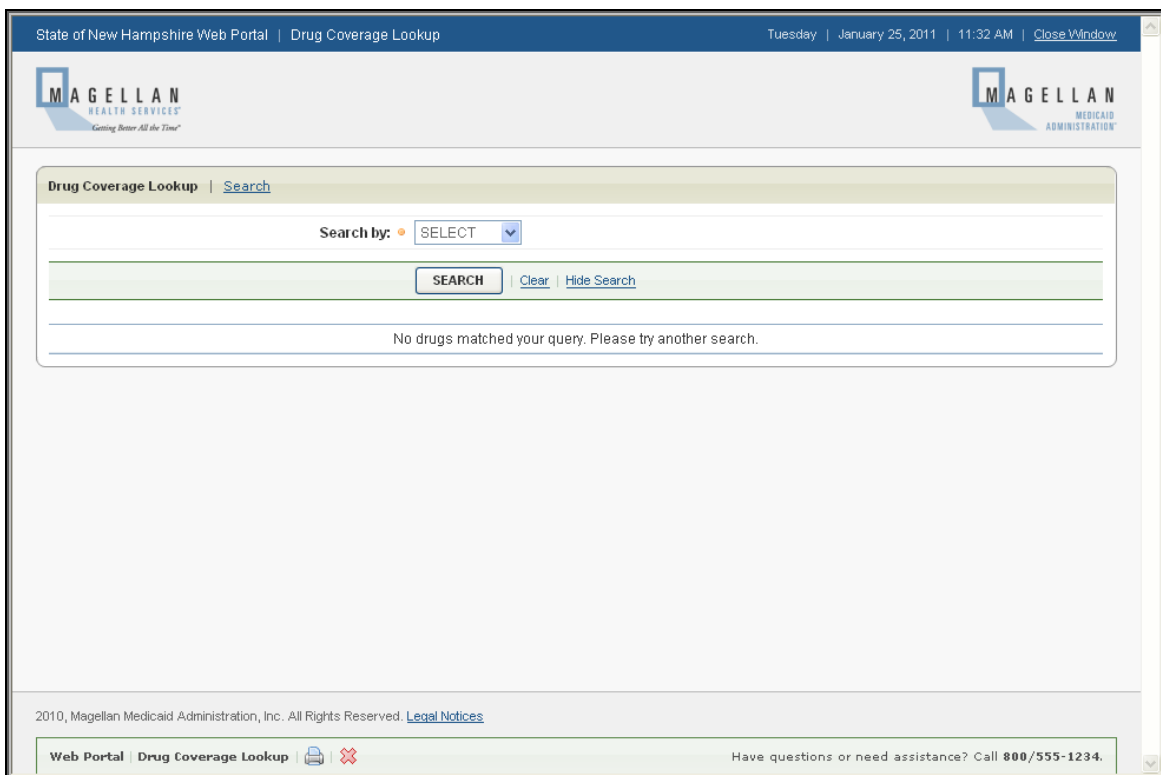
Figure 3.1.1 – Drug Coverage Lookup

If you used the Drug Coverage Lookup window on the Home tab of the Portal

1. Choose a **Search by** method from the drop-down menu. Choices are *Drug Name* or *NDC-11*. Refer to Figure 3.1.1.
2. Enter the **Drug Name** or **NDC-11** in the **Value** field.
3. Click the **Search** button. The **Drug Coverage Lookup** window displays. See Figure 3.1.4.

If you launched Drug Coverage Lookup from the Services and Applications area

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



The screenshot shows a web browser window titled "State of New Hampshire Web Portal | Drug Coverage Lookup". The page features the Magellan Health Services logo on the left and the Magellan Medicaid Administration logo on the right. The main content area is titled "Drug Coverage Lookup | Search" and contains a search form. The form has a "Search by:" label followed by a dropdown menu currently showing "SELECT". Below the dropdown is a "SEARCH" button, and to its right are "Clear" and "Hide Search" links. A message below the search area states "No drugs matched your query. Please try another search." The footer of the page includes copyright information for Magellan Medicaid Administration, Inc. and a contact number: "Have questions or need assistance? Call 800/555-1234."

Figure 3.1.2 – Drug Coverage Lookup

2. Click the **Search by** drop-down menu. Choices are *Drug Name* or *NDC-11*. See Figure 3.1.3.

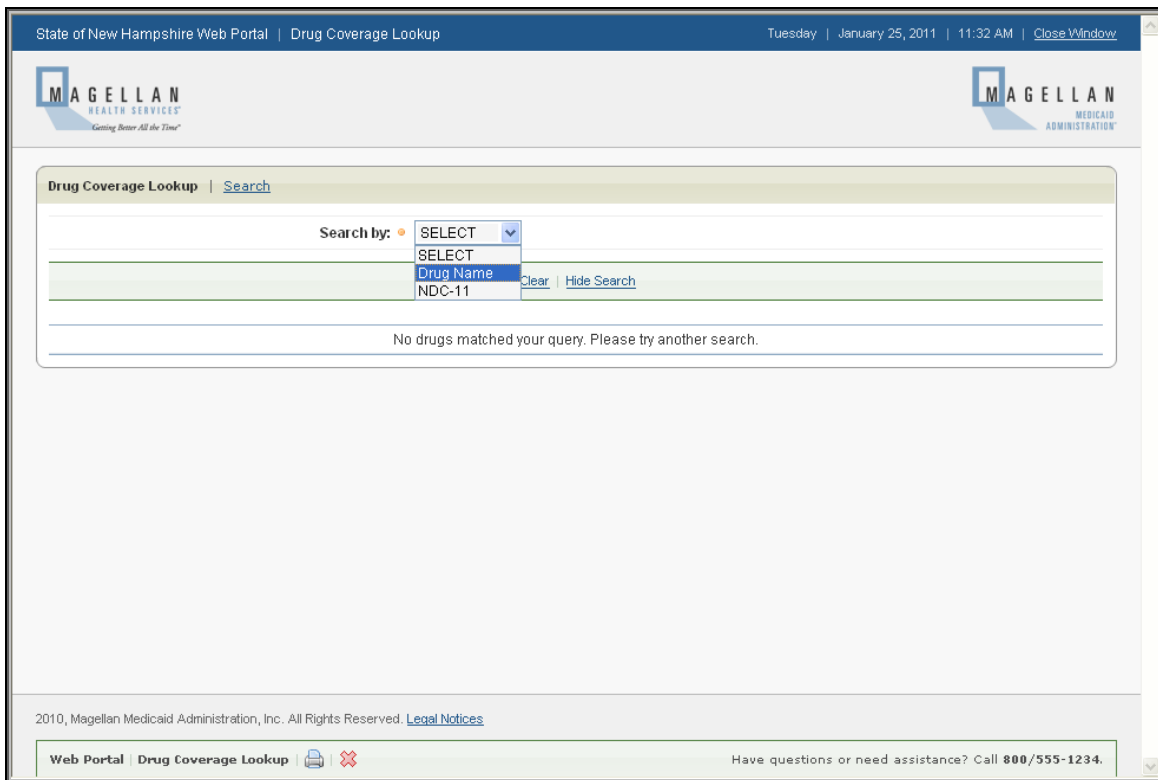


Figure 3.1.3 – Search by drop-down menu

3. If *Drug Name* is selected, enter the **Drug Name** and click **Search**. The window refreshes and displays the matching results. See Figure 3.1.4.

The screenshot shows a search interface for 'Drug Coverage Lookup'. The search criteria are set to 'Drug Name' with the value 'prevacid'. Below the search bar is a table of results with columns: Drug Name, NDC, Covered, PDL, PA Required, Copay, Quantity Limitations, and Dose Optimization. The table lists 10 different formulations of prevacid, all with 'Yes' in the 'Covered' column and 'Yes' in the 'PA Required' column. The 'PA Required' column contains a blue hyperlink 'Yes' for each row. Below the table is an 'Additional Information' section with a red icon and a hyperlink 'Co-pays and Claim Limitations'. At the bottom, there is a pagination control showing 'Total Records: 10' and a 'Jump to page 1' dropdown with a 'GO' button. The footer includes 'Web Portal | Drug Coverage Lookup' and a contact number '800/555-1234'.

Drug Name	NDC	Covered	PDL	PA Required	Copay	Quantity Limitations	Dose Optimization
PREVACID 24HR DR 15 MG CAPSULE	00067628614	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628628	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628642	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628643	Yes		Yes	Yes		Yes
PREVACID DR 30 MG CAPSULE	64764004611	Yes		Yes	Yes		Yes
PREVACID DR 30 MG CAPSULE	64764004613	Yes		Yes	Yes		Yes
PREVACID DR 15 MG CAPSULE	64764054111	Yes		Yes	Yes		Yes
PREVACID DR 15 MG CAPSULE	64764054130	Yes		Yes	Yes		Yes
PREVACID 15 MG SOLUTAB	64764054311	Yes		Yes	Yes		Yes
PREVACID 30 MG SOLUTAB	64764054411	Yes		Yes	Yes		Yes

Figure 3.1.4 – Drug Name Results

Click the **Yes** hyperlink in the **PA Required** column to view covered **Alternative Drugs**. See Figure 3.1.5.

The screenshot shows a dialog box titled 'Alternative Drugs' with a close button (X) in the top right corner. The text inside the dialog reads: 'Below is a list of alternative drugs that do not require a Prior Authorization.' followed by 'No Alternative Drugs listed.' At the bottom right of the dialog is a 'Close' button.



Figure 3.1.5 – Alternative Drugs

Click on the **Co-pays and Claim Limitations** hyperlink to view additional drug coverage information such as quantity limits. See Figure 3.1.6.

Medicaid
Quantity Limit Program

DRUG	Quantity Limit for 30 day supply	DRUG	Quantity Limit for 30 day supply
Anaphylaxis Agents		Antipsychotic Agents	
EpiPen®	3 pens	Risperdal Consta	2 vials
EpiPen Jr®	3 pens		
Anakit®	3 kits	Antiretroviral Agents	
		Fuzeon	1 kit
Anti-emetics		Ant ulcer/Other GI preps	
Anzemet® 100 mg	10 tablets	Aciphex® (all strengths)	30
Anzemet® 50 mg	10 tablets	Nexium® (all strengths)	30
Emend® 80mg,125mg	15 capsules	Prevacid® (all strengths)	30
Kytril® 1 mg	15 tablets	Prevpak®	14/28 days
Kytril® 2mg/10ml oral soln	100ml	PriLOSEC® (all strengths)	30
Zofran ODT® 4 mg	15 tablets	Protonix® (all strengths)	30
Zofran ODT® 8 mg	15 tablets	Zegerid® (all strengths)	30
Zofran® 4 mg	15 tablets		
Zofran® 8 mg	15 tablets	Bowel Evacuants	
Zofran® 24mg	10 tablets	Golytely®	1
Zofran® solution 4mg/5ml	100ml	Golytely® packets	1
		Nulyte®	4000ml
Antifungals		Trilyte®	4000ml
Diflucan® 150mg caplets	2 caplets	Glaucoma Agents	
Sporanox® 100mg	180 caps per 180 day period	Xalatan®	5 ml
Sporanox® oral solution	1800ml per 180 day period		
Anti-migraine Agents		Hematopoietic Agents	
Amerge® 1 mg	18 tablets	Aranesp®	4 vials
Amerge® 2.5 mg	18 tablets	Procrit®/Epopen®	8 vials
Axert® 6.25 mg	12 tablets	Procrit®/Epopen® 20,000/2 ml	8 vials
Axert® 12.5mg	12 tablets	Neulasta®	2 dispensing packs
Exxel® 7.5 mg	18 tablets	Neupogen® 2000000 5 ml	5 ml

Figure 3.1.6 – Quantity Limits

-  Click the **Clear** hyperlink to clear the search criteria. Refer to Figure 3.1.4.
-  Click the **Hide Search** hyperlink to hide the search criteria area. See Figure 3.1.7.

State of New Hampshire Web Portal | Drug Coverage Lookup Tuesday | January 25, 2011 | 11:36 AM | Close Window

MAGELLAN HEALTH SERVICES Getting Better All the Time® MAGELLAN MEDICAID ADMINISTRATION

Drug Coverage Lookup | Search

Drug Name	NDC	Covered	PDL	PA Required	Copay	Quantity Limitations	Dose Optimization
PREVACID 24HR DR 15 MG CAPSULE	00067628614	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628628	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628642	Yes		Yes	Yes		Yes
PREVACID 24HR DR 15 MG CAPSULE	00067628643	Yes		Yes	Yes		Yes
PREVACID DR 30 MG CAPSULE	64764004611	Yes		Yes	Yes		Yes
PREVACID DR 30 MG CAPSULE	64764004613	Yes		Yes	Yes		Yes
PREVACID DR 15 MG CAPSULE	64764054111	Yes		Yes	Yes		Yes
PREVACID DR 15 MG CAPSULE	64764054130	Yes		Yes	Yes		Yes
PREVACID 15 MG SOLUTAB	64764054311	Yes		Yes	Yes		Yes
PREVACID 30 MG SOLUTAB	64764054411	Yes		Yes	Yes		Yes

You may sort data by clicking on a column header or footer.

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

Total Records: 10 | Jump to page 1 [Terms of Use](#)

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Web Portal | Drug Coverage Lookup Have questions or need assistance? Call 800/555-1234.

Figure 3.1.7 – Hide Search

- Click the **Search** hyperlink to return the search criteria area. Refer to Figure 3.1.7.
- The **Terms of Use** icon will display a message window. See Figure 3.1.8.

Message from webpage

The Drug Coverage Lookup tool is intended to assist in general drug coverage questions. Beneficiary specific situations may occur that result in a denied claim. Please note that claims for drugs that have an indicator of "No" under the "Covered" field will not pay in any situation.

Figure 3.1.8 – Terms of Use Message

- The **Print** icon will allow you to print the current window.
- The **X** icon will close the window.
- The **Close window** hyperlink will close the window.