

## NH Healthy Families Prescription Prior Authorization FAQ's

### 1. Where do Prior Authorizations (PAs) get submitted?

A PA for a medication that is being picked up from a retail pharmacy will need to be faxed to Pharmacy Services at (833) 645-2738. For additional assistance, providers may contact Pharmacy Services at (877) 250-5227 or contact the health plan directly. Medications that are administered through a provider's office are considered "Buy and Bill". In this situation the PA is obtained from the health plan as part of the member's medical benefit. The claim would be submitted to the health plan as well. In order to initiate an authorization, the provider, or an associate from the provider's office will need to call the Medical Management department at the health plan, they can be contacted at (866) 769-3085 for Medicaid members. Clinical information will need to be faxed to (866) 270-8027.

### 2. How do I find out if a medication is covered?

If the medication is being picked up from a retail pharmacy, providers can check the health plan's Preferred Drug List (PDL) at [NH Healthy Families Preferred Drug List](#). If the medication is "Buy and Bill" and contains a J-code, providers can use the Pre-Auth Check tool that is on the plans' website. For NH Healthy Families, providers can use the following link: [NH Healthy Families Pre-Auth Code Check Tool](#).

### 3. What if a medication is not on the PDL, does that mean it is excluded from being covered?

No. If a medication is not on the NH Healthy Families PDL, we may still cover it if it is determined to be medically necessary; however, a Prior Authorization will be required. Prior Authorization will also be required if the medication has other Preferred Drug List restrictions (i.e. quantity limits, age restrictions, maximum daily dosage, etc.).

### 4. What is the turnaround time for a Prior Authorization request on the pharmacy benefit?

Prior Authorization requests will be reviewed and a decision rendered within 24 hours.

### 5. How does one check the status of a PA?

Providers may contact Pharmacy Services at (877) 250-5227 or NH Healthy Families at (866) 769-3085.

### 6. What are my options if my Prior Authorization request is denied?

If the Prior Authorization request is denied, the provider may request a Peer to Peer (P2P) review with Pharmacy Services. The P2P through Pharmacy Services must be requested within 30 days of the denial. Providers may also request a reconsideration from Pharmacy Services by submitting additional clinically relevant information within 30 days of the original denial. If after completing these steps, Pharmacy Services upholds the denial, the provider may request an appeal directly with the health plan. Providers have the option to bypass the Peer to Peer and redetermination processes and request an appeal directly with the health plan. The appeal process may take up to 30 days depending on the medication and the urgency of the request.

"Buy and Bill" requests which have been denied are also entitled to a Peer to Peer request directly through the health plan and must be scheduled within 72 hours of the denial. If the denial is upheld, the member has the right to request an appeal.

The appeal needs to be requested within 60 days of the denial and requires member consent (for a standard appeal request). The request, supporting clinical, and a letter of medical necessity can be faxed to the NH Healthy Families Grievance and Appeals Department at (866) 270-9943.

### 7. Is the member able to obtain a supply of medication while an appeal is being reviewed?

Yes, the member may be eligible for a Continuity of Care override if the Member has previously been on the medication and the appeal is requested within 10 days of receiving the denial notice. If the member is new to the health plan and the provider submits evidence that the Member has been on the medication previously, NH Healthy Families may offer a Continuity of Care override for up to 90 days from the date of enrollment pending a medical necessity review. Members may also be eligible for a 72-hour emergency supply in certain circumstances. Pharmacies are able to enter this override by contacting the pharmacy help desk for assistance.