

New Brunswick Drug Plan
PO Box 690
Moncton, NB E1C 8M7

Toll-Free Number: 1-855-540-7325
Fax: 1-888-455-8322
Website: gnb.ca/drugplan



This form must be submitted with your New Brunswick Drug Plan Application for Coverage form. It is only required for applicants who have existing drug coverage with a private plan. Applicants who have existing drug coverage with a government program do not qualify for coverage.

Each family member who has existing drug coverage with a private plan and is applying for the New Brunswick Drug Plan is required to complete this form.

Prior to applying, contact the New Brunswick Drug Plan information line at 1-855-540-7325 to confirm that the drug you are requesting is included on the New Brunswick Drug Plan Formulary.

If the drug you are requesting requires Special Authorization with the New Brunswick Drug Plan, have your doctor complete a special authorization request and submit it along with this form. The New Brunswick Drug Plan will only consider reimbursement for a special authorization drug if the criteria are met.

In all instances, the New Brunswick Drug Plan is a payor of last resort and coordination of benefits with other existing drug coverage is not permitted.

If your existing drug coverage changes (e.g. you obtain drug coverage under a new drug plan), you must complete and submit a new Supporting Application Form for those with Existing Drug Coverage along with the supporting documentation.

SECTION 1 - Personal information

First name: _____ Last name: _____

Medicare number: _____ Date of birth: _____
DD/MM/YYYY

SECTION 2 - Which one of the following situations applies to you?

I've reached the maximum for drug coverage under my private plan.

Date maximum was reached: _____
DD/MM/YYYY

Date drug maximum renews: _____
DD/MM/YYYY

Note: A letter from your private plan that confirms you have reached the annual or lifetime drug maximum under the private plan must be included with this application. Plan booklets, general coverage information, or a printout from your private plan member portal **will not** be accepted as proof.

SECTION 2 - Which one of the following situations applies to you? (cont.)

- I've been prescribed a drug that is not listed on my private plan formulary for the prescribed condition (indication).

Note:

- A letter from your private plan that confirms the drug you have been prescribed is not listed on the private plan formulary for the prescribed condition (indication) must be included with this application.
- The New Brunswick Drug Plan will not consider requests for coverage because your private plan's reimbursement criteria are not being met for the prescribed condition (indication).
- Plan booklets, general coverage information, or a printout from your private plan member portal **will not** be accepted as proof.
- If you are requesting coverage for more than one drug that is not covered under your private plan, you must submit a letter from your private plan for each drug.

Drug Requested	Strength	Drug Identification Number (DIN) (if available)



SECTION 3 - Personal declaration

By signing this form, I confirm that I have pursued all other drug coverage options available to me, including coverage offered through an appeal or exception process under my private plan or through a Patient Support Program. I confirm that the information provided on this form is true to the best of my knowledge and I understand that knowingly providing false or incomplete information is an offence.

Name of Applicant: _____

X Sign here - Applicant:

Date signed: _____ 20 ____
DD/MM YY

This information is collected under the authority of the *Prescription and Catastrophic Drug Insurance Act*, SNB 2014, c 4, s 12 and s 13. This information will be used and disclosed to administer the New Brunswick Drug Plan. It may be used and disclosed in accordance with the *Personal Health Information Privacy and Access Act*, SNB 2009, c P-7.05. For more information regarding collection and use of personal information, visit www.gnb.ca/healthprivacy, or contact the New Brunswick Drug Plan at the address or telephone number shown on page 1 of this application.