Dear Pharmacy Owner:

The New Brunswick Drug Plan will ensure that prescription drug insurance is available to every New Brunswicker.

Starting May 1, 2014, participating providers may submit claims for members of the New Brunswick Drug Plan. Pharmacies are asked to complete the attached Participating Provider Application Form. Please fax the completed form to 1-506-869-9673 by April 18th, 2014.

Information about the New Brunswick Drug Plan is available on the Department of Health website at http://gnb.ca/drugplan. Additional information for health care professionals will be posted before May 1, 2014, including the New Brunswick Drug Plan Formulary.

The requirements for Participating Providers are set out in the Prescription and Catastrophic Drug Insurance Act and Regulations:

http://www2.gnb.ca/content/gnb/en/departments/attorney_general/acts_regulations.html

Membership Identification Card

Member Information will be included on the Membership Identification Card (a sample is shown below). The Member is expected to produce the card as evidence of membership in the New Brunswick Drug Plan at the time the prescription is filled. The confirmation letter indicating that the resident has been enrolled in Drug Plan is to be used as a temporary Membership Identification Card until the permanent card is received.
Claim Submission and Payment

“Plan D” will be used for claims for the New Brunswick Drug Plan, similar to Plans under the New Brunswick Prescription Drug Program (NBPDP). Direct deposit payments to providers will be deposited to the same account used for NBPDP.

Claims submitted by participating providers must include the following information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier Code</td>
<td>NB</td>
</tr>
<tr>
<td>Group Number or Code</td>
<td>D</td>
</tr>
<tr>
<td>Patient ID</td>
<td>Plan D Member ID number</td>
</tr>
<tr>
<td>DIN / PIN</td>
<td>DIN or PIN</td>
</tr>
<tr>
<td>Prescriber ID</td>
<td>New Brunswick Prescriber ID number</td>
</tr>
<tr>
<td>Drug Cost</td>
<td>Manufacturer List Price (MLP), Maximum List Price (MAP) or Actual Acquisition Cost (AAC)</td>
</tr>
<tr>
<td>Mark-up</td>
<td>Applicable mark-up amount (see table below)</td>
</tr>
<tr>
<td>Dispensing Fee</td>
<td>Applicable dispensing fee amount (see table below)</td>
</tr>
</tbody>
</table>

Dispensing Fee and Drug Cost Reimbursement

The New Brunswick Drug Plan will pay the following amounts for eligible claims:

**Pharmacy Dispensing Fees**

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Dispensing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interchangeable</td>
<td>Up to $10.50*</td>
</tr>
<tr>
<td>Non-interchangeable</td>
<td>Up to $10.50*</td>
</tr>
<tr>
<td>Extemporaneous Preparations (Compounds)</td>
<td>Up to $15.75*</td>
</tr>
<tr>
<td>Methadone for Chronic Pain</td>
<td>Up to $10.50*</td>
</tr>
<tr>
<td>Drugs for Opioid Dependence (e.g. Methadone, Buprenorphine / Naloxone)</td>
<td>Up to $9.50</td>
</tr>
</tbody>
</table>

* Currently under review

**Drug Cost Reimbursement**

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Ingredient Cost</th>
<th>Mark-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interchangeable</td>
<td>Up to MAP</td>
<td>Up to 8%</td>
</tr>
<tr>
<td>Non-interchangeable</td>
<td>Up to MLP + 8%</td>
<td>N/A</td>
</tr>
<tr>
<td>Extemporaneous Preparations (Compounds)</td>
<td>AAC</td>
<td>N/A</td>
</tr>
<tr>
<td>Methadone Oral Solution</td>
<td>Up to MAP</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Information Provided to Members

The following information is required on prescription receipts provided to members:

- Name and address of the participating provider
- Member name and address
- Date the drug was dispensed
- Prescription number and the number of refills remaining
- Name of the prescriber
- Drug name, strength, form, DIN or PIN
- Quantity of the drug
- **Day supply of the drug (Effective November 1, 2014)**
- Co-payment amount
- Total cost of the prescription
- **Drug cost* (Effective November 1, 2014)**
- Dispensing fee (Effective November 1, 2014)

* Drug cost is equal to the total prescription cost less the dispensing fee.

If a member chooses to pay for a prescription and submit the receipt for reimbursement (instead of the pharmacy submitting the claim on their behalf) the following additional information must be provided to the member, either on the prescription receipt or separately:

- Participating provider identification number
- Prescriber identification number
- Intervention or exception code

If you have any questions, please contact the New Brunswick Drug Plan Inquiry Line at 1-855-540-7325.
Pharmacy information *(please print)*

Pharmacy Name: ________________________________

Owner/Operator: ________________________________

Address: ______________________________________

Telephone Number: ____________________________ Fax Number: ____________________________

Accreditation Number: __________________________ Software Vendor: _________________________

E-mail Address: _________________________________

Please accept this as application to become a Participating Provider under the New Brunswick Drug Plan.

I acknowledge that I have read and understand all program requirements of the New Brunswick Drug Plan, including the *Prescription and Catastrophic Drug Insurance Act & Regulations*, and accept and agree to obligations relating to Participating Providers.

I acknowledge that any collection, use and disclosure of Personal Health Information for the New Brunswick Drug Plan will be in accordance with the *Personal Health Information Privacy and Access Act*.

Name (Print): _________________________________

Signature: ___________________ Date: ____________

NBPA Remittance

New Brunswick Drug Plan has agreed to collect and remit the sum of $0.035 per paid prescription drug claim to the New Brunswick Pharmacists’ Association (NBPA) on behalf of participating providers. Participation is voluntary, and will take effect once a pharmacy has been designated as a participating provider under the New Brunswick Drug Plan.

- **Yes**, I authorize the New Brunswick Drug Plan to collect and remit funds to the NBPA on my behalf.
- **No**, I do not authorize the New Brunswick Drug Plan to collect and remit funds to the NBPA on my behalf.

Name (Print): _________________________________

Signature: ___________________ Date: ____________

If you have any questions, please contact our office at 1-855-540-7325

Administered by Medavie Blue Cross on behalf of the Government of New Brunswick