

Supporting Application Form Other Drug Coverage

- If you have other drug coverage, this form must be submitted with your New Brunswick Drug Plans application.
- Before you apply, contact the New Brunswick Drug Plans information line at 1-800-332-3692 to confirm that the drug you have been prescribed is included on the New Brunswick Drug Plans Formulary.
- The New Brunswick Drug Plans are a payer of last resort, which means that you must use all other drug coverage options available to you before you are eligible. This includes coverage through a private drug plan, a Health Spending Account (HSA) and a drug manufacturer's Patient Support Program.

Continuing Coverage

- If your other drug coverage changes at any time, you must complete and submit a new Other Drug Coverage form along with the supporting documentation.

SECTION 1 - Applicant Information

First Name: _____ Last Name: _____
 Medicare Number:

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 Date of Birth:

D	D	M	M	Y	Y	Y	Y

SECTION 2 - Drug(s) Requested

If a drug is listed as a special authorization benefit, your health care provider must submit a special authorization request for coverage. Approval is required before your application can be processed.

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

SECTION 3 - Other Drug Coverage

Are you currently enrolled in another drug plan that covers any of your drugs? Yes No

This includes drug plans through an employer, spouse, parent/guardian, federal or provincial government.

If yes: Name of Insurance Company: _____

Policy Number: _____ Identification Number: _____

Name of employer or organization that sponsors the plan (if applicable):

Health Spending Account Information

Do you have access to a Health Spending Account to cover the costs of your drugs? Yes No

If yes, have you reached the maximum covered under your Health Spending Account? Yes No

Date Health Spending Account balance renews:

D	D	M	M	Y	Y	Y	Y

If you have a Health Spending Account, you must include proof of the amount of coverage remaining in your Health Spending Account at the time of your application to this plan.

SECTION 4 - Reason for applying

My private plan requires that I apply to the New Brunswick Drug Plans before they will consider coverage.

The New Brunswick Drug Plans are a payer of last resort, which means that you must use all other drug coverage options available to you before you can apply. Coordination of benefits with other drug coverage is not permitted.

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

The New Brunswick Drug Plans will not consider requests for coverage because your private plan's reimbursement criteria are not met for the prescribed condition (indication).

You must include a letter from your private plan that confirms each drug you have been prescribed is not listed on the private plan's formulary for the prescribed condition (indication).

- Plan booklets, general coverage information, portal printouts, claim summaries or estimates from your private plan will not be accepted as confirmation that the drug is not listed.
- For biosimilar drugs, the letter must confirm that the originator biologic and biosimilars are not listed as benefits.

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

Date drug maximum was reached:

D	D	M	M	Y	Y	Y	Y

Date drug maximum renews:

D	D	M	M	Y	Y	Y	Y

You must include a letter from your private plan that confirms you have reached the annual or lifetime drug maximum under the private plan.

- Plan booklets, general coverage information, portal printouts, claim summaries or estimates from your private plan will not be accepted as proof.

SECTION 5 - Personal Declaration

By signing this form, I confirm the following:

I have pursued all other drug coverage options available to me, including coverage through my private drug plan, a Health Spending Account or a drug manufacturer's 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:

D	D	M	M	Y	Y	Y	Y

This information is collected under the authority of the *Prescription and Catastrophic Drug Insurance Act and the Prescription Drug Payment Act*. This information will be used and disclosed to administer the New Brunswick Drug Plans. 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.