New Brunswick Prescription Drug Program

September 2020
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New Brunswick Prescription Drug Program (NBPDP)

The New Brunswick Prescription Drug Program (NBPDP) began accepting claims for the New Brunswick PharmaCheck medication review program on June 1, 2012. The program’s goal and objectives are as follows:

Program Objectives

- To provide a professional pharmacy service focused on the appropriate utilization of chronic medications to improve patient outcomes;
- To improve a patient’s knowledge of and adherence with their medications;
- To enhance the potential benefits associated with a patient’s medications;
- To reduce the potential risks associated with a patient’s medications.

Eligibility

- NBPDP Plan A (Senior) beneficiaries taking three or more chronic prescription medications;
- Only one Medication Check-up will be reimbursed per Plan A beneficiary per year (April 1st to March 31st).
Billing for NB Medscheck

Setup the patient plan with **NBPDP Plan A (Senior)** as follows:
Fill a prescription with a PIN of 00121212.
Setting up a Doctor

1. Create a doctor profile with the credentials of the pharmacist who performed the medication review.

2. Enter the license number of the pharmacist proceeded by ‘8000’.

3. Select **Pharmacist** from the **Designation** menu.
Note the key points of the prescription:

This is a Fee for Service Prescription
Documentation Requirements

- Patients must leave with a complete, accurate, up-to-date personal medication record that includes the name and signature of the patient and the pharmacist who conducted the medication check-up, as well as the pharmacy’s contact information;

- A copy of the signed record must be retained by the pharmacy for a period of three years;

- It is recommended that consent be obtained from the patient if their personal health information related to a medication check-up is to be shared with another health care provider.

After completing a medication check-up, it is expected that a patient understand:

- The names of their medications;

- Why they are taking their medications;

- The best way to take their medications;

- Any special instructions that may be associated with the proper use of their medications.
### Sample Personal Medication Record:

#### Personal Medication Record of:
- Mullatha, Proesta

- **DOB**: 01-Jan-1941
- **NBPDP**: 321650097

#### Medication Allergies, Intolerances, Other Allergies

#### Pharmacy Contact Information
- **Kroll Test Pharmacy, 123 Any Street, Fredericton, New Brunswick E3A 0A1**
  - **Phone**: (502) 555 1212
  - **Fax**

#### Family Doctor Contact Information
  - **Phone**: 
  - **Fax**: 

#### Personal Medication Record

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength/Dose</th>
<th>How to take this medication (frequency, time of day, etc.)</th>
<th>Purpose</th>
<th>Comments</th>
<th>Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apo-Flucloxacillin 500mg</td>
<td>250mg - 30 tab</td>
<td>AS DIRECTED</td>
<td></td>
<td></td>
<td>Dr. Smith, John</td>
</tr>
<tr>
<td>Rate-Rimpar 2.25mg</td>
<td>1.25mg - 30 tab</td>
<td>AS DIRECTED</td>
<td></td>
<td></td>
<td>Dr. Smith, John</td>
</tr>
<tr>
<td>Apo-Rimpar 10mg</td>
<td>10mg - 30 cap</td>
<td>AS DIRECTED</td>
<td></td>
<td></td>
<td>Dr. Test, Doctor</td>
</tr>
<tr>
<td>Apo-Atevastatin 10mg</td>
<td>40mg - 30 tab</td>
<td>AS DIRECTED</td>
<td></td>
<td></td>
<td>Dr. Test, Doctor</td>
</tr>
<tr>
<td>Apo-Mefenamic 600mg</td>
<td>500mg - 30 tab</td>
<td>AS DIRECTED</td>
<td></td>
<td></td>
<td>Dr. Test, Doctor</td>
</tr>
</tbody>
</table>

#### Accuracy of List:
The list is dependent on the truthfulness and completeness of information provided by the patient and it remains at all times the patient's responsibility to advise their pharmacist of any change to their medications. By signing this, I commit for my pharmacist to share this medication list with my other health care professionals (present and future) to enhance seamless continuity of care.

#### Additional Comments/Actions Needed

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Signature</th>
<th>Pharmacist Name</th>
<th>Pharmacist Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td></td>
<td></td>
<td></td>
<td>23-Oct-2014</td>
</tr>
</tbody>
</table>

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**Expected completion time**: 20-30 minutes

**Frequency**: One medication check-up will be reimbursed per Plan A beneficiary per fiscal year.