

New Brunswick Prescription Drug Program (NBPDP)



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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

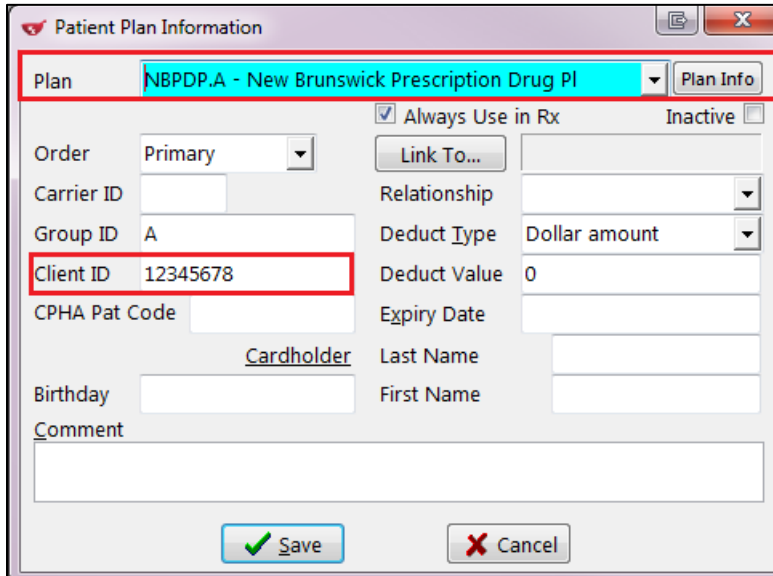
- To provide a professional pharmacy service focused on the appropriate utilization of chronic medications to improve patient outcomes;
- To improve a patient's knowledge of and adherence with their medications;
- To enhance the potential benefits associated with a patient's medications;
- To reduce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



The screenshot shows a software window titled "Patient Plan Information". At the top, there is a "Plan" dropdown menu with "NBPDP.A - New Brunswick Prescription Drug Pl" selected, and a "Plan Info" button to its right. Below this, there are several input fields and checkboxes. A red box highlights the "Client ID" field, which contains the value "12345678". Other fields include "Order" (Primary), "Carrier ID", "Group ID" (A), "CPHA Pat Code", "Relationship", "Deduct Type" (Dollar amount), "Deduct Value" (0), "Expiry Date", "Last Name", "First Name", and "Birthday". There are also checkboxes for "Always Use in Rx" (checked) and "Inactive". A "Link To..." button is located between the "Order" and "Relationship" fields. At the bottom of the form, there are "Save" and "Cancel" buttons.

Fill a prescription with a PIN of **00121212**.

1-Drug - NB Pharma Check

File Edit Drug Reports Utilities NH Cards Session Help

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt-X - Start

Name NB Pharma Check **DIN 00121212** OK Save Scan

Generic Pharma Check Strength Sched

Description Followup (Days) Oral/Written

Description 2 Form

Equivalent To Route Not Set

Default Sig Manufacturer

Location Handling Instr.

Generic Type <None> Priority Price Group None

Labels / Workflow Packaging

Drug line 1 Default (Brand) Half-size Sig

Drug line 2 Default (Generic) Track Lot Num

Track Expiry Refrigerated

Department <None> Marketing Msg <None> Fee for Svc. <None>

Drug Sub Clear

Comments (0) Groups (0)

Topic Plain Text Comment

General Ordering UPCs Plans Usage Old Costs Counselling Krill Care

Packs (1) Pack Size 1

Pack Active Quick Code

Purchase \$52.50

ODB(BAP) ODB(MAC)

Default Vendor <None> On Hand 0 Days

Min Qty 0 Max Qty 0

UPC Lot (Days)

Expiry Date

Only allow manual price changes Front Store

Created On 23/10/2014 12:06:19

Changed On 23/10/2014 12:06:19

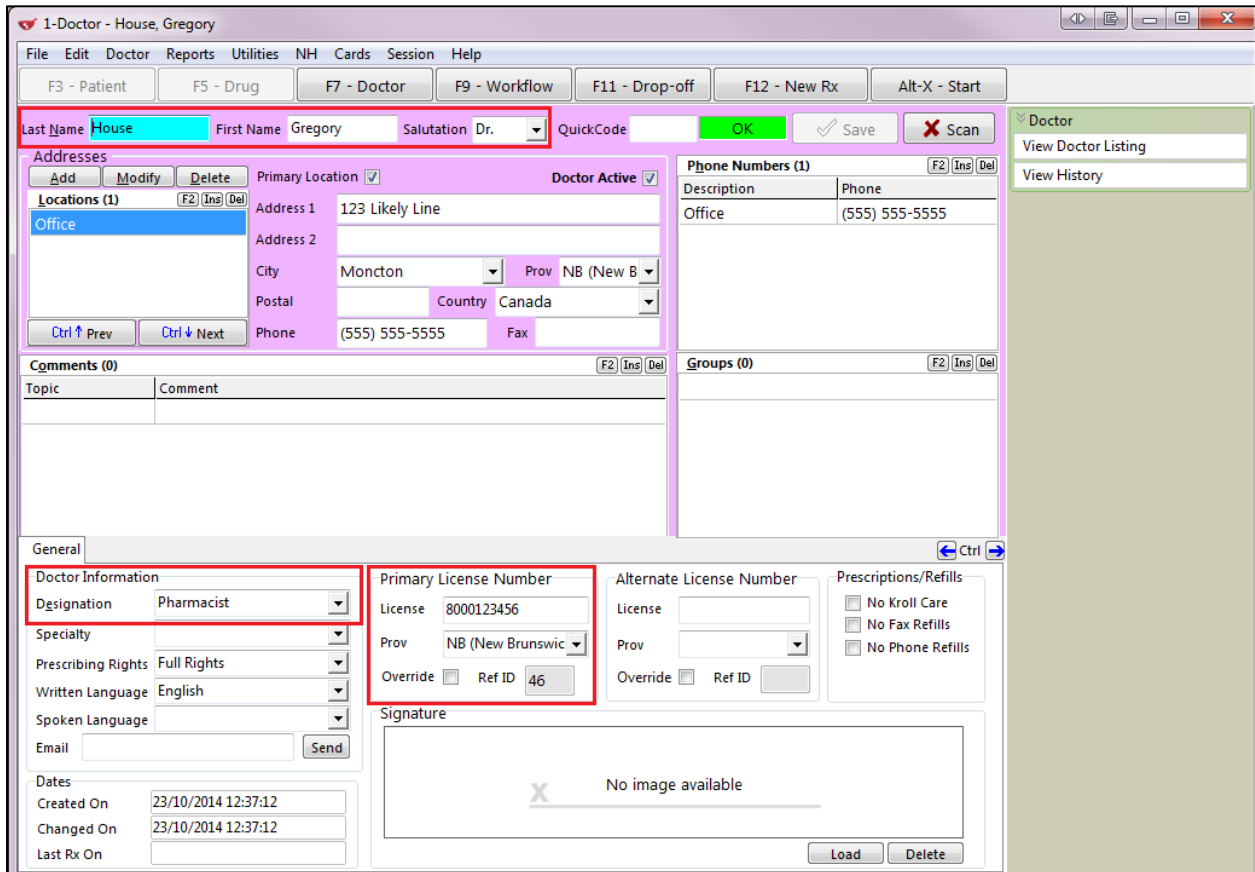
No image available

Drug: Receive Drug, Return To Stock, Link to FDB

View: Alerts (0), Generic Equivalents, Modification History, Old/New DIN Links, Order History, Reason Codes

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 preceded by '8000'.
3. Select **Pharmacist** from the **Designation** menu.



The screenshot displays the '1-Doctor - House, Gregory' window with the following details:

- Addresses Tab:**
 - Primary Location:
 - Doctor Active:
 - Locations (1): Office
 - Address 1: 123 Likely Line
 - City: Moncton, Prov: NB (New B), Country: Canada
 - Phone: (555) 555-5555
- General Tab:**
 - Designation: Pharmacist
 - Primary License Number: License 8000123456, Prov: NB (New Brunswick), Ref ID: 46
 - Prescriptions/Refills: No Kroll Care, No Fax Refills, No Phone Refills
 - Dates: Created On 23/10/2014 12:37:12, Changed On 23/10/2014 12:37:12

Note the key points of the prescription:


1-New Rx for NB Test, Patient

File Edit Rx View Labels Profile Reports Utilities NH Cards Session Help

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - Fill Rx Alt-X - Start

0 New Rx Pending Adj First Fill 23/10/14 0 Last Fill Information 0 Qty \$0.00 Init Lookup Cancel

Priority Default Wait Time F2 Due in 19 mins Forward Rx F2 Work Order 0 F2 Delivery Pickup


| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient Search Name NB Test, Patient Age 64 Address 44 Cheese Lane Female City Moncton Prov NB Phone Office (555) 555-5555 Plan NBPDP.A Client ID 12345678 | Drug Search Pack 1 Brand NB Pharma Check Generic Pharma Check Pack 1 Form Sched  Purch \$52.50 OnHand 0 DIN 00121212 Min Qty 0 | Dgc Search Loc Office Name Dr. House, Gregory Address 123 Likely Line City Moncton Prov NB Phone (555) 555-5555 Lic# 800012345 Alt. Lic# |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Allergies Conditions | Sig MEDICATION REVIEW MEDICATION REVIEW Route of Admin <input type="text"/> Dosage Form <input type="text"/> | Init PM PM Auth Qty 1 1 Disp Qty 1 Refills(+) Days 1 Prod Sel 3 - Pharma O/W <input type="text"/> Labels 1 F2 | Rem Qty 1 1 G.P. % 9.09 Acq Cost \$52.50 Cost \$57.75 Markup \$0.00 Fee \$0.00 Total \$57.75 |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

Plans Pricing Dates Comments Indications Images Other Ctrl Warnings Counselling Unit Dose (Ctrl-U): Disabled

| | |
|--------------------------------------------------------------|---------------------------------|
| Rx Plans NBPDP.A 57.75 Cash 0.00 Deduct: \$0.00 | Plan Pays Extra Info (F2 Edits) |
|--------------------------------------------------------------|---------------------------------|

Next Disp Qty Min Interval

Message
 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

PERSONAL MEDICATION RECORD OF:

Mallatha, Preetha

DOB: 01-Jan-1941 NBPDP: 321654987

MEDICATION ALLERGIES, INTOLERANCES, OTHER ALLERGIES

PHARMACY CONTACT INFORMATION

Kroll Test Pharmacy, 123 Any Street, Fredericton, New Brunswick E3A 0A1

Phone: (555)555 5555 FAX:

FAMILY DOCTOR CONTACT INFORMATION

Phone: FAX:

| Name of medication Brand/Generic | Strength/Dose | How to take this medication (frequency, time of day, etc.) | Purpose | Comments | Prescriber |
|-------------------------------------|-----------------|---------------------------------------------------------------|---------|----------|------------------|
| Apo-Pravastatin20mg | 20mg - 30 TAB | AS DIRECTED | | | Dr. Smith, john |
| Ratio-Ramipril 1.25mg | 1.25mg - 30 CAP | AS DIRECTED | | | Dr. Smith, john |
| Apo-Ramipril 10mg | 10mg - 30 CAP | AS DIRECTED | | | Dr. Test, Doctor |
| Apo-Atorvastatin40mg | 40mg - 30 TAB | AS DIRECTED | | | Dr. Test, Doctor |
| Apo-Metformin500mg | 500mg - 30 TAB | US | | | Dr. Test, Doctor |
| | | | | | |
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| | | | | | |


Accuracy of this 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 consent 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:

Patient name: Patient Signature:

Pharmacists name: John Pharmacists signature: Date: 23-Oct-2014

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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.