

Bulletin #774

October 27, 2009

Special Authorization Requests from NB Pharmacists Now Considered by NBPDP

As announced in NBPDP Bulletin #735, the Regulations of the *Prescription Drug Payment Act* have been amended adding pharmacist to the definition of prescriber. The bulletin also included procedures for submitting claims for benefit medications prescribed by pharmacists.

In follow up to the addition of pharmacists as prescribers, NBPDP has revised special authorization policies and procedures to consider special authorization requests submitted by pharmacists.

Procedure for Submission of Special Authorization (SA) Requests by the Pharmacist

In order to properly identify the source of the SA request, pharmacists will be required to submit information on a standardized request form. A copy of this form is attached and is also available on-line at http://www.gnb.ca/0212/pdf/special_auth/Special%20Authorization%20Fillable%20Request%20Form%20Oct%202009.pdf. This form may be completed by hand or using the on-line fillable document that is printed and forwarded to NBPDP.

Completion of the standard form is mandatory for pharmacists submitting SA requests. Although completion of the standard form is not mandatory for other prescribers at this time, they are encouraged to begin using this form to help ensure timely processing of requests.

Information to be Included on the SA Request

The following information is to be included on the SA request in order to be considered for reimbursement:

- Requestor information
As the SA requestor, the pharmacist must include their name, New Brunswick Pharmaceutical Society (NBPhS) license number, contact address, telephone number and fax number in the space provided on the form. *Please note that any correspondence or follow up with regard to the SA request will be directed to the requestor at the contact information documented on the standard request form.*
- Patient Identification
 - Name of patient
 - NB Medicare number
 - Date of birth
- Drug Requested
 - Drug name, strength and dosage form
 - Dosage schedule
 - Expected duration of therapy
- Reason for the Request
 - Diagnosis and/or indication for which the drug is being used
 - Information regarding previous drugs which have been used and the patient's response to therapy where appropriate
 - Any additional information that may assist in making a decision on the request for special authorization.

Request Evaluation

Requests will be evaluated using the same criteria and standards applied to requests from other prescribers.

As with other prescriber groups, pharmacists are expected to respect their scope of practice when submitting requests for special authorization. Requests for narcotic or controlled drugs will not be accepted from pharmacists.

Drugs eligible for consideration through special authorization:

- Drugs listed as special authorization benefits have specific criteria which must be met in order to be approved. These drugs are listed alphabetically by generic name in the NBPDP Formulary available on-line at www.gnb.ca/0212/NBPDPFormulary-e.asp.
- Under exceptional circumstances, requests for drugs without specific criteria may be reviewed case-by-case and assessed based on the published medical evidence.

Drugs not eligible for consideration through special authorization:

- New drugs not yet reviewed by the expert advisory committee
- Drugs excluded as eligible benefits further to the expert advisory committee's review and recommendation
- Drugs not licensed or marketed in Canada (e.g. drugs obtained through Health Canada's Special Access Program).
- Products specifically excluded as benefits as identified on the exclusion list (Formulary pages IV and V).

If you have any questions, please contact our office at 1-800-332-3691.



**New Brunswick Prescription Drug Program (NBPDP)
SPECIAL AUTHORIZATION REQUEST FORM**

Please complete all required sections to allow your request to be processed without delay

Date: DD/MM/YYYY		
PATIENT INFORMATION		
Patient's Last Name:	First:	MI:
Medicare or NBPDP ID Number:	Date of Birth: DD/MM/YYYY	
Street address:		
P.O. Box:	City:	Postal Code:
DRUG REQUESTED		
Drug Name/Strength/Form:	Dosage Schedule:	Expected Duration of Therapy:
Diagnosis/Indication/Rationale for use:		
Relevant Previous Drug Therapies:		
Other Relevant Information:		
REQUESTOR INFORMATION		PLEASE RETURN FORM TO:
Requestor Address:	Requestor: License Number: (e.g. CPSNB, NANB, NBPhS, etc.) Fax Number:	NBPDP - Special Authorization Unit P.O. Box 690, 644 Main Street, Moncton, NB E1C 8M7 Inquiry Line: 1-800-332-3691 Local Fax: 506-867-4872 Toll Free Fax: 1-888-455-8322
<i>Requestor signature:</i>		

The information collected, used and disclosed by this request is collected, used and disclosed pursuant to section 4(4) and 4.1 of the New Brunswick Prescription Drug Payment Act. If you have any questions please contact 1-800-332-3691.