1. DEFINITIONS

In this Provider Guide, terms used shall have the same meaning as defined in the *Pharmaceutical Services Act*, its Regulations or the PANL Agreement, unless otherwise stated. For ease of reference;

a) "Authorized Representative" refers to any individual who has written authority from a Beneficiary of the Program to act on his/her behalf and to access information held by the Program about him/her. In the case where a Beneficiary is unable to provide written authority an "Authorized Representative" refers to a dependant or family member of the Beneficiary who can act on the behalf of the Beneficiary or name, in writing, someone else as an Authorized Representative;

b) "Atlantic Common Drug Review" refers to a review of drug submissions that do not fall under the National Common Drug Review. Submissions are reviewed by an external consultant and a drug evaluation report prepared for the Atlantic Expert Advisory Committee (AEAC). The AEAC makes a recommendation to Atlantic provincial drug programs on whether a drug should be listed as a program benefit;

c) "Beneficiary" refers to an individual who meets the criteria and who has been deemed eligible for coverage under the Newfoundland and Labrador Prescription Drug Program in accordance with the *Pharmaceutical Services Act*, its Regulations and applicable policy;

d) "Compounds" refer to a drug or mixture of drugs prepared or compounded by a Provider according to the order of a Prescriber;

e) "Compound Code" refers to a code of 0 through 9 which is to be indicated on claims billed to the Program for Extemporaneous Preparations and indicates the type of preparation being billed;

f) "Compounded Product" refers to mixtures of 3 or more ingredients where the mixture is prepared by a pharmacist and is eligible for 1.5x the Base Professional Fee as outlined in the PANL Contract;

g) "Coordination of Benefits" refers to claims where the Beneficiary has coverage under the Program as well as private insurance;

h) "Coverage Status Table" refers to a list of items covered by the Program which indicates whether the items are Open Benefit or require Special Authorization as well as if limitations exist for coverage;

i) “CPhA Standards” refers to a “Universal Claim Form” developed by the Canadian Pharmaceutical Association to provide orderly and efficient on-line processing of prescription drug claims;

j) “Department” refers to the Department of Health and Community Services;

k) “Drug Utilization Review” refers to a Program system check which looks for a number of potential problems with a prescription such as possible drug interactions or dosing errors;

l) “Electronic Funds Transfer” refers to the transfer of money paid by the Program into a Provider’s bank account for services rendered;

m) “Guide” refers to the Newfoundland and Labrador Prescription Drug Program Provider Guide;

n) “Hardcopy” refers to a Pharmacy Management System generated copy of a transaction and contains the prescription number, name and address of Beneficiary, name of Prescriber, date dispensed, name and drug identification number of medication, directions for use, quantity and refills remaining;

o) “Health Care Professional” refers to a physician, pharmacist, nurse, or social worker who communicates with the Program on behalf of a Beneficiary;

p) “Medication Management” refers to a variety of professional activities, undertaken by the participating registered pharmacist, as the medication expert, to optimize safe and effective drug therapy outcomes for patients;

q) “Minister” refers to the Minister of Health and Community Services;

r) “National Common Drug Review” (CDR) refers to a committee which provides participating federal, provincial and territorial drug benefit plans with a systematic review of the best available clinical evidence, a critique of manufacturer submitted pharmacoeconomic studies and a formulary listing recommendation made by the Canadian Drug Expert Advisory Committee (CDEC);

s) “Newfoundland and Labrador Interchangeable Drug Products Formulary (NIDPF)” refers to a list of commonly used drugs, which have chemical and therapeutic equivalence, and establishes the maximum amounts that can be charged for drugs within certain categories;

t) “Open Benefit” refers to a medication/supply covered by the Program which does not require prior approval from the Department to obtain;

u) "Original Prescription" refers to a direction given by an Authorized Prescriber, for the preparation and dispensing of a benefit item to the Beneficiary named in the order;

v) "Pan-Canadian Oncology Drug Review or pCODR" refers to the committee formally called the **Joint Oncology Drug Review** Committee that provides participating federal, provincial, and territorial drug benefit plans with a systematic review of the best available clinical evidence in order to determine which cancer drugs should be covered.

w) "Payor of Last Resort" refers to the Program's reimbursement of prescription drug costs and other related benefits for which a person is eligible only where those services are not, or are no longer, reimbursable by a third party;

x) "Pharmaceutical Services" refers to those services provided by a Pharmacist or dispensing physician resulting in the supplying and dispensing of a covered product;

y) "Prescriber" refers to a person authorized under the *Pharmacy Act,* to prescribe any drug or classes of drugs and includes:
    a. A medical practitioner licensed under the *Medical Act 2005*,
    b. A dentist or dental surgeon licensed under the *Dental Act, 2008,*
    c. An optometrist licensed under the *Optometry Act, 2004*,
    d. A nurse practitioner licensed under the *Registered Nurses Act*;
    e. A pharmacist licensed and authorized under the *Pharmacy Act.*

z) "Program" refers to the Newfoundland and Labrador Prescription Drug Program;

aa) "Provider" refers to a community-based retail pharmacy or dispensing physician that provides Professional Services, covered products and has been assigned a Provider number by the Program;

bb) "Provider Restriction" refers to the restriction of a Beneficiary to a particular pharmacy/dispensing physician where the Beneficiary must receive all medications paid by the Program;

cc) "Provincial Health Number or PHN" refers to the Beneficiary MCP number which is the primary identifier within the Program system;

dd) "Refusal to Fill" refers to a cognitive service for which the Provider has decided not to dispense a medication as a result of probable double doctoring or suspected abuse/misuse by the Beneficiary;

ee) “Resident” refers to an individual who resides in the province of Newfoundland and Labrador;

ff) “Service Provider” refers to a company contracted to provide a service in the administration of the Program;

gg) “Special Authorization” refers to the approval of the Program to receive a medication for which the Beneficiary has met the established criteria;

hh) “Substitute Decision Maker” refers to any individual named by the Beneficiary, appointed by the Court, or meets the criteria of a member of the category of persons listed under Section 10(1) of the *Advanced Health Care Directives* Act.