
CHAPTER 350A

**NATIONAL INSURANCE (CHRONIC DISEASES
PRESCRIPTION DRUG FUND)**

**NATIONAL INSURANCE (CHRONIC DISEASES
PRESCRIPTION DRUG FUND) REGULATIONS**

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CHAPTER 350A

NATIONAL INSURANCE (CHRONIC DISEASES
PRESCRIPTION DRUG FUND)

**NATIONAL INSURANCE (CHRONIC DISEASES
PRESCRIPTION DRUG FUND) REGULATIONS**

S.I. 89/2010
S.I. 33/2012
S.I. 58/2015

(SECTION 11)

[Commencement 30th July, 2010]

1. (1) These Regulations may be cited as the National Insurance (Chronic Diseases Prescription Drug Fund) (Prescribed Class of Persons) Regulations. Citation.

(2) For the avoidance of doubt, no benefit shall be provided under the Plan to residents who fall within any of the categories referred to under paragraphs (b) or (c) of regulation 4 until the time of the coming into operation of the respective part of section 5(1) of the Act.

2. In these Regulations —

Interpretation.

“Act” means the National Insurance (Chronic Diseases Prescription Drug Fund) Act;

Ch. 350A.

“authorised agent” means any person authorised by a beneficiary to obtain prescription drugs or medical supplies on his behalf and who is not less than twelve years of age;

“beneficiary” means a person registered to obtain specific prescription drugs or medical supplies from a participating pharmacy under the Plan and shall include his authorised agent;

“Board” means the National Insurance Board established under section 3(1) of the National Insurance Act;

Ch. 350.

“identification card” means the card to be produced by a beneficiary under the Plan when seeking to obtain prescription drugs or medical supplies from a participating pharmacy;

“medical practitioner” means a person who is registered and licensed as a medical practitioner under the provisions of the Medical Act;

Ch. 224.

- Fifth Schedule. “medical supplies” means any agent from the class of supplies specified in the Fifth Schedule;
- “participating pharmacy” means a registered Pharmacy contracted by the Board to provide specific prescription drugs and medical supplies to beneficiaries under the Plan;
- “Plan” means the Chronic Diseases Prescription Drug Plan established under section 3 of the Act;
- Fifth Schedule. “prescription drugs” means any agent from the class of drugs specified in the Fifth Schedule;
- Schedule. “specified chronic diseases” or “specified medical conditions” means a chronic disease or medical condition specified in the Schedule to the Act.

PART II

**CONTRACTING OF PARTICIPATING
PHARMACIES**

- Contracting of pharmacies by the Board. **3.** (1) The Board may enter into a contractual arrangement with the owner of any registered pharmacy who desires to participate in the Plan for the provision by that pharmacy of specific prescription drugs and medical supplies in accordance with section 7 of the Act upon being satisfied that —
 - Ch. 227. (a) the pharmacy is registered in accordance with the provisions of the Pharmacy Act;
 - Ch. 329. (b) the owner of the pharmacy is in possession of a current business licence in accordance with the provisions of the Business Licence Act; and
 - (c) the pharmacy is current in contribution payments in respect of employees employed therein in accordance with the provisions of the National Insurance (Contributions) Regulations.
- First Schedule. (2) Every pharmacy contracted by the Board pursuant to paragraph (1) shall be issued a Certificate of Participation in the Form prescribed in the First Schedule.
- (3) A beneficiary may obtain specific prescription drugs or medical supplies from a pharmacy that has altered into a contractual arrangement with the Board in accordance with paragraph (1) (hereinafter referred to as a

“participating pharmacy”), on the production by that beneficiary —

- (a) of a prescription in writing from a medical practitioner for the prescribed drug or medical supply;
 - (b) of his identification card issued by the Board in accordance with regulation 6; and
 - (c) a valid passport, driver’s licence, voter’s card or such other form of identification as the participating pharmacy may require.
- (4) A participating pharmacy may, on satisfaction of the requirements specified in paragraph (3), dispense to a beneficiary a prescription drug or medical supply from any class of prescription drugs or medical supplies as specified in the Fifth Schedule.

Fifth Schedule.

PART III

ELIGIBILITY AND REGISTRATION OF BENEFICIARIES

4. There shall be the following three categories of eligible beneficiaries under the Plan —

Eligible
beneficiaries.

- (a) Category “A”, the following persons for whom there shall be no copayment—
 - (i) persons in receipt of retirement benefit under regulations 18 and 21 of the National Insurance (Benefit and Assistance) Regulations;
 - (ii) persons in receipt of invalidity benefit under regulation 22 of the National Insurance (Benefit and Assistance) Regulations;
 - (iii) persons in receipt of old age non-contributory pension under regulation 90 of the National Insurance (Benefit and Assistance) Regulations;
 - (iv) persons in receipt of invalidity assistance under regulation 91 of the National Insurance (Benefit and Assistance) Regulations;
 - (v) children under eighteen years of age or, if pursuing full-time studies at an educational institution, under twenty-five years of age;

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- (vi) persons who are Bahamian citizens over the age of sixty-five years, who are not eligible to receive a pension under the National Insurance (Benefit and Assistance) Regulations as prescribed;
 - (b) Category “B”, the following persons for whom there shall be no co-payment —
 - (i) indigent persons;
 - (ii) staff of Her Majesty’s Prison and the Industrial Schools;
 - (iii) members of The Royal Bahamas Police Force;
 - (iv) members of the Royal Bahamas Defence Force;
 - (v) officers employed in the Public Service;
 - (vi) persons receiving ante-natal care, care connected with child birth, post-natal care or any other medical care associated with pregnancy; and
 - (vii) persons in receipt of disablement benefit assessed at one hundred per centum under the National Insurance (Benefit and Assistance) Regulations; and
 - (c) Category “C”, the following persons who shall be required to have the minimum number of contributions payable for short term sickness benefit in accordance with regulation 32 of the National Insurance (Benefit and Assistance) Regulations and make a copayment in respect of each prescribed drug or supply not exceeding ten dollars —
 - (i) employed persons;
 - (ii) self-employed persons; and
 - (iii) voluntarily insured persons.

Registration of
beneficiaries.

Second Schedule.

5. (1) Any person who desires to become a beneficiary under the Plan shall apply in person to be registered as a beneficiary in the Form prescribed in the Second Schedule.

(2) Where a person is unable to register in person due to incapacity, an application may be made by a person appointed to act on behalf of that person provided that written authorisation is accompanied therewith.

(3) No person shall be registered as a beneficiary under the Plan unless —

- (a) that person is registered with the National Insurance Board;
- (b) the registration form is certified by a medical practitioner stating that the person is diagnosed with suffering from one or more of the chronic diseases or medical conditions specified in the Schedule to the Act;
- (c) that person produces a valid passport, driver's licence, voter's card or such other sufficient means of identification.

(4) Where a beneficiary is diagnosed by a medical practitioner as suffering from an additional chronic disease or medical condition specified in the Schedule to the Act, that beneficiary shall complete a Change of Registration Form in the Form prescribed in the Third Schedule.

Third Schedule.

6. (1) The Board shall issue to every person registered as a beneficiary under the Plan an identification card in the Form prescribed in the Fourth Schedule.

Identification cards.

Fourth Schedule.

(2) An identification card shall take effect from the date of issue to the beneficiary.

(3) Where the Board is satisfied that an identification card has been lost or destroyed, the Board may upon application by the beneficiary, replace the card.

PART IV

STRATEGIC PLANNING AND EVALUATION COMMITTEE

7. (1) There shall be a Strategic Planning and Evaluation Committee (hereinafter referred to as “the Committee”) which shall be appointed by the Minister.

Establishment and Constitution of Strategic Planning and Evaluation Committee.

- (2) The Committee shall consist of five members—
 - (a) a representative of the Ministry of Health;
 - (b) a representative of the Ministry of Finance;
 - (c) a representative of the Board;
 - (d) a representative of the Public Hospitals Authority; and
 - (e) one person representative of the general public with such qualifications, expertise or experience

(or such combination of any of them) as would, in the opinion of the Minister; enable them to make a contribution to the performance of the Committee's functions.

(3) The Minister shall appoint a Chairman who shall be the representative of the Board.

(4) The Chairman along with two members of the Evaluation Committee shall form a quorum.

(5) Decisions of the Committee shall be by a majority of the votes cast at a meeting.

(6) Members of the Committee shall hold office for a period of three years from the date of their appointment but are eligible for re-appointment on the expiration of the period of their tenure of office.

(7) A member of the Committee may resign his office at any time in writing addressed to the Minister.

(8) The Committee may regulate its own procedures.

Functions of the
Strategic
Planning and
Evaluation
Committee.

8. (1) The functions of the Committee shall be —

(a) to undertake assessments of the operation of the Plan in relation to its mandate, objectives and performance; and

(b) to make recommendations for enhancing the efficiency and future development of the Plan.

(2) The Committee shall establish the criteria and procedures for the conduct of assessments.

S.I. 33/2012

9. Repealed.

FIRST SCHEDULE

(Regulation 3(2))

CERTIFICATE OF PARTICIPATION

**THE NATIONAL INSURANCE BOARD CHRONIC
DISEASES PRESCRIPTION DRUG PLAN**

CERTIFICATE OF PARTICIPATION

I hereby certify that (Name of Participating Pharmacy) is an authorised participating pharmacy to provide specific prescription drugs and medical supplies to registered beneficiaries under the National Insurance Chronic Diseases Prescription Drug Plan in accordance with section 7 of the National Insurance (Chronic Diseases Prescription Drug Fund) Act.

This certificate is valid for one year from the date of issue.

_____ (Signature)
Director of National Insurance Board

Date

SECOND SCHEDULE
(Regulation 5(1))
REGISTRATION FORM

THE NATIONAL INSURANCE BOARD
Commonwealth of the Bahamas
NATIONAL PRESCRIPTION DRUG PLAN

Registration Form
(This form must be accompanied by: a valid Passport or Drivers License, NIB Card, Valid Work Permit where applicable & Private Health Insurance Card where applicable)

SECTION 1 - TO BE COMPLETED BY CLIENT & CUSTOMER SERVICE REPRESENTATIVE

DP-4

AGE: _____ SEX: _____ NI #: _____

NAME: _____

RESIDENCE: _____ FIRST: _____ MIDDLE: _____

SEX: Male Female BIRTHDATE: _____ YEAR: _____ P. O. BOX: _____

ADDRESS: _____ ISLAND: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PHONE CONTACT: HOME: _____ WORK: _____ CELL: _____ OTHER: _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

NAME OF PRIVATE HEALTH INSURER: _____ POLICY NUMBER: _____

DOES YOUR PRIVATE HEALTH INSURANCE COVER PRESCRIPTION DRUGS? YES NO

I certify that the information contained in this application is true and correct to the best of my knowledge and belief, and I undertake that if this benefit is awarded I shall inform the National Prescription Drug Plan Office of any change in my condition, which may affect my entitlement to this benefit.

SIGNATURE OF CLIENT/GUARDIAN: _____ DATE: _____

COMPLETE THIS SECTION ONLY IF YOU ARE A GUARDIAN

GUARDIAN NAME: _____ SIGNATURE: _____ FIRST: _____ MIDDLE: _____

RELATIONSHIP TO CLIENT: _____ ID TYPE: _____

SECTION 2 - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

I certify that _____ (CLIENT NAME) has the following medical condition(s):

CONDITION	✓	CODE	DATE OF DIAGNOSIS
ARTHRITIS			
ASTHMA			
BREAST CANCER*			
DIABETES MELLITUS			
GLAUCOMA			
HIGH CHOLESTEROL			
HYPERTENSION			
INCREASED HEART DISEASE			
MAJOR DEPRESSION*			
PROSTATE CANCER*			
PSYCHOSIS*			

* Diagnose must be made by Specialist

HOME-CARE PATIENT? YES NO

DOCTOR'S INFORMATION:

NAME: _____

OFFICE ADDRESS: _____

P. O. BOX: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

MEDICAL REGISTRATION #: _____

SIGNATURE: _____

↑ PLACE STAMP HERE ↑

SECTION 3 - FOR OFFICIAL USE ONLY

ID TYPE: Passport Drivers License Other _____ ID Number: _____


Is Claimant in receipt of N.I.B. Benefit/Assistance? YES NO TYPE: _____

Application Received By: _____ Date: _____

NPD#: _____

THIRD SCHEDULE
(Regulation 5(4))

THE NATIONAL INSURANCE BOARD
 Commonwealth of the Bahamas
NATIONAL PRESCRIPTION DRUG PLAN
 Information Change Form



SECTION 1 - TO BE COMPLETED BY CLIENT & CUSTOMER SERVICE REPRESENTATIVE

NAME: MR. / MRS. / MS. / MISS / M. / F. / DR. / MR. / MRS. / MISS / MS. / M.D. / NFPD #: _____

SEX: Male Female BIRTHDATE: _____ / _____ / _____ R.O.S. #: _____

ADDRESS: _____ ISLAND: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PHONE CONTACT: HOME: _____ WORK: _____ CELL: _____ OTHER: _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

NAME OF PRIVATE HEALTH INSURER: _____ POLICY NUMBER: _____

DOES YOUR PRIVATE HEALTH INSURANCE COVER PRESCRIPTION DRUGS? YES NO

I certify that the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that if this benefit is recorded I shall inform the National Prescription Drug Plan Office of any change in my condition, which may affect my entitlement to this benefit.

SIGNATURE OF CLIENT/GUARDIAN: _____ DATE: _____

COMPLETE THIS SECTION ONLY IF YOU ARE A GUARDIAN

GUARDIAN'S NAME: _____

RELATIONSHIP TO CLIENT: _____ ID TYPE: _____

SECTION 2 - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

I certify that _____ has the following medical condition(s):

CONDITION	✓	CODE	DATE OF DIAGNOSIS
ARTHRITIS			
ASTHMA			
BREAST CANCER*			
DIABETES MELLITUS			
GLAUCOMA			
HIGH CHOLESTEROL			
HYPERTENSION			
ISCHAEMIC HEART DISEASE			
MAJOR DEPRESSION*			
PROSTATE CANCER*			
PSYCHOSES*			

*Diagnosis must be made by Specialist

HOME-CARE PATIENT? YES NO

DOCTOR'S INFORMATION:

NAME: _____

OFFICE ADDRESS: _____

P.O. BOX: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

MEDICAL REGISTRATION #: _____

SIGNATURE: _____

↑ PLACE STAMP HERE ↑

SECTION 3 - FOR OFFICIAL USE ONLY

ID TYPE: Passport Drivers License Other _____ ID Number: _____

Is Claimant in Receipt of N.I. B. Benefit/Assistance: YES NO TYPE: _____

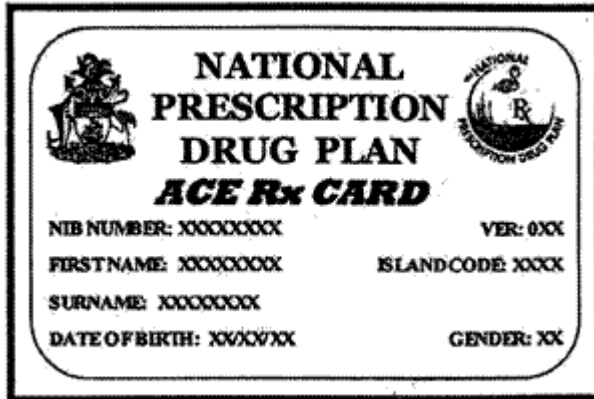
Application Received By: _____ Date: _____

Application Received By: _____ Date: _____

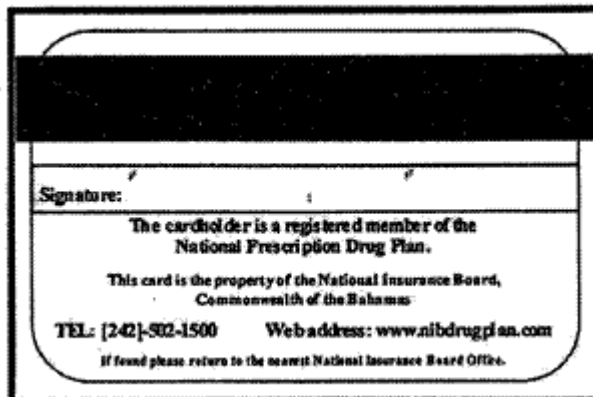
FOURTH SCHEDULE

(Regulation 6(1))

IDENTIFICATION CARD



The image shows a rectangular identification card with rounded corners. At the top left is the coat of arms of the Commonwealth of the Bahamas. At the top right is the logo for the National Prescription Drug Plan, which features a caduceus and the text 'NATIONAL PRESCRIPTION DRUG PLAN'. The main title in the center is 'NATIONAL PRESCRIPTION DRUG PLAN' in large, bold, capital letters, with 'ACE Rx CARD' in a smaller, bold, italicized font below it. Below the title, there are two columns of text: 'NIB NUMBER: XXXXXXXX' and 'VER: 0XX' on the top line; 'FIRST NAME: XXXXXXXX' and 'ISLAND CODE: XXXX' on the second line; 'SURNAME: XXXXXXXX' and 'GENDER: XX' on the third line; and 'DATE OF BIRTH: XX/XX/XX' and 'GENDER: XX' on the fourth line.



This section of the card is enclosed in a rectangular border. At the top, there is a solid black horizontal bar. Below this bar is a line for a signature, labeled 'Signature:'. Underneath the signature line, there is a statement: 'The cardholder is a registered member of the National Prescription Drug Plan.' Below this statement is another line of text: 'This card is the property of the National Insurance Board, Commonwealth of the Bahamas.' At the bottom of this section, there are two lines of contact information: 'TEL: [242]-502-1500' and 'Web address: www.nibdruqplan.com'. A small note at the very bottom reads: 'If found please return to the nearest National Insurance Board Office.'

FIFTH SCHEDULE

(Regulation 3(4))

**CLASSES OF PRESCRIPTION DRUGS AND MEDICAL
SUPPLIES AVAILABLE UNDER THE PLAN**

S.I. 33/2012

S.I. 58/2015

**RHEUMATIC DISEASES (including Juvenile Rheumatoid
Arthritis and Lupus)**

Non-steroidal Anti-inflammatory Drugs (NSAID)

Cyclo-oxygenase 2 Inhibitors (COX-2 inhibitors)

Proton Pump Inhibitors (PPI's)

Disease Modifying AM-rheumatic Drugs (DMARD's)

Corticosteroids

Anti-gout Agents

Other Non-classified Analgesic Products

Immunologic-Mono Clonal Antibody

Other Miscellaneous medications necessary for the management
of the disease

**ASTHMA AND CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**

Beta-2 Agonists

Corticosteroids

Leukotriene Receptor Antagonists

Medical Supplies necessary to improve patient care and
compliance

Short Acting Broncho-Dilator

Glucocorticoid Steroid

BENIGN PROSTATE HYPERTROPHY (BPH)

Alpha-1 Adrenergic Blockers

5-Alpha Reductase Inhibitors

BREAST CANCER

Anti-estrogen Agents

Aromatase Inhibitors

Opioids

GnRH agonist

Bisphosphonate

Other Miscellaneous medications necessary for the management of the disease

DIABETES

Biguanides

Dipeptidyl Peptidase 4 (DDP-4) Inhibitors

Sulfonylureas

Insulin

Thiazolidinediones

Medications for the treatment of selected diabetic complications inclusive of, but not limited to: nephropathy: (Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)) and neuropathy: (Tricyclic Antidepressants (TCA's) and Anticonvulsants);

Medical Supplies necessary to improve patient care and compliance

Glucagon Analog

EPILEPSY

Dibenzazepine Carboxamides

Hydantoins

Gamma Aminobutyric Acids

Phenyltriazines

Barbiturates SAM

Valproic Acids

Fructopyranose Sulfamates

Anticonvulsant

**PSYCHIATRIC ILLNESS (including Depression, Psychosis,
Schizophrenia and Dementia)**

Selective Serotonin Reuptake Inhibitors (SSRI's)

Tricyclic Antidepressants (TCA's)

Anti-cholinergics

Phenothiazines

Typical Antipsychotics

Atypical Antipsychotics

Acetylcholinesterase Inhibitor

Melatonergic Antidepressant

Anticonvulsant

Sodium Ion Transport Inhibitor

GLAUCOMA

Alpha-adrenergic Agonists

Carbonic Anhydrase Inhibitors

Beta-adrenergic Blockers

Prostaglandin Analogs

Cholinergic Agents

HIGH CHOLESTEROL

3-Hydroxy-3-Methyl-Glutaryl Coenzyme A (HMG-CoA)
Reductase Inhibitors Selective Cholesterol Absorption Inhibitors

Fibrates

Angiotensin Receptor Blocker

HYPERTENSION

Alpha-1 Adrenergic Blockers

Angiotensin Converting Enzyme (ACE) Inhibitors

Angiotensin Receptor Blockers (ARB's)

Beta Blockers

Calcium-Channel Blockers

Diuretics

Other Miscellaneous medications necessary for the management
of the disease

Potassium Sparing Diuretics

ISCHAEMIC DISEASE

Calcium Channel Blockers
Digitalis Preparations
Nitrates
Anti-platelet Aggregation Agents
Beta Blockers
Diuretics
Angiotensin Receptor Blockers (ARB's)
Lipid lowering agents
Other Miscellaneous medications necessary for the management
of the disease
Anticoagulants
Flavonoid Vasoprotectors
Methylxanthines

PROSTATE CANCER

Antiandrogens
Gonadotropin Releasing Hormone Analogs
Other Miscellaneous medications necessary for the management
of the disease
Opioids

SICKLE CELL ANEMIA

Antimetabolites
Non-steroidal Anti-inflammatory Drugs. NSAIDS
Antibiotic
Folic Acid Supplement

**THYROID DISEASE (HYPERTHYROID) AND
HYPOTHYROID)**

Antithyroid Agents
Thyroid Supplements.