

Dear Pharmacist,

CLINIC NAME has provided this letter to someone who needs naloxone (brand: Narcan) to help reverse a potential, future opioid-related overdose, either for themselves and/or for a family member or friend.

Would you kindly help the bearer of this letter obtain naloxone from your pharmacy? They would like to take advantage of the Naloxone Co-Payment Assistance Program (N-CAP), which will allow your pharmacy to bill up to \$40 of the patient's copay to this program. Instructions to use this program can be found below.

If the bearer of this letter is not able to obtain naloxone for any reason (e.g., cost, person is uninsured), would you please contact the **CLINIC NAME** at **XXX-XXX-XXXX**.

N-CAP Pharmacist Instructions

The N-CAP co-payment reimbursement process is open to any valid prescription or standing order for anyone with prescription coverage. There are no enrollment requirements for individuals.

To participate in N-CAP, pharmacies must use the payer information below and bill each claim as an NCPDP D.0 co-payment only claim, (308-C8=8):

ID:	N10001
Rx BIN:	610490
Rx PCN:	NCAP
Rx Group:	UCPNCAP
NDCs:	76329-3369-01 69547-0353-02 00409-1215-01 67457-0292-02 00641-6132-25



For questions regarding participating pharmacies or claim processing, please call 800-542-2437.