FNHA – PharmaCare Coverage Continuity

Reference Drug Program, Limited Coverage Drugs & Non-Benefits

Prescriber Guide

Does your patient need to switch medications to Continue to receive coverage? 
The diagram below applies only to clients prescribed the drug in question prior to October 1, 2017. For drugs 
prescribed after October 1, 2017, regular PharmaCare rules apply.

Is your patient taking a drug that is a regular benefit under Plan W?

Is your patient taking a drug that is a partial Reference Drug Program (RDP) benefit?

Is your patient taking a drug that is included in the Low Cost Alternative (LCA) Program?

Check to see if a drug is a benefit under Plan W* by using the PharmaCare Formulary Search:

Type the drug name or DIN into the appropriate field and click “Search”

www.gov.bc.ca/pharmacare/formularysearch

DIN searches return one result. Name searches return all DINS for that drug. Click the 
DIN to see the Product Details for that DIN.

Does your patient need to switch medications to Continue to receive coverage?

Is your patient taking a drug that is a partial Reference Drug Program (RDP) benefit?

No prescription change is necessary. Indefinite, full Special Authority (SA) 
coverage for patients taking a non-reference drug will be in place.

Is your patient taking a drug that is included in the Low Cost Alternative (LCA) Program?

No prescription change is necessary. Pharmacists can substitute a fully-covered 
LCA drug at the pharmacy.

No prescription change is necessary. PharmaCare will cover the patient’s drug.

Is your patient taking a Limited Coverage Drug?

A prescription change will be necessary, either now or in the future. Call 1-866-905-4912 to see if your patient has temporary exceptional SA coverage for this drug.

Is your patient taking a drug that is a PharmaCare non-benefit?

Includes LCA Drugs

Regular Benefit (check product details for plan, which is linked via the DIN)

Limited Coverage Drug

Many Non-Benefits

*The Product Detail screen shows which PharmaCare plans cover the drug. If you see Plan I, the drug will also be covered under Plan W. Once Plan W data has been entered into the Formulary Search in early October 2017, the Product Details screen will indicate products covered under Plan W.
The following examples show how prescriptions may change as coverage for FNHA clients moves to PharmaCare. See the Solutions column for details on how physicians, pharmacists, and PharmaCare Special Authority are working together to ensure continuity of coverage for all FNHA clients.

<table>
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<tr>
<th>Drug Name/Strength</th>
<th>PharmaCare Coverage</th>
<th>NIHB Coverage</th>
<th>Applicable PharmaCare Policies</th>
<th>Solution (Note: SA = Special Authority)</th>
</tr>
</thead>
</table>
| **Ramipril 15 mg** | Non-benefit at this strength. PharmaCare covers: | Open Benefit | LCA RDP | • Ramipril is subject to LCA pricing. Use covered ramipril strengths to make up prescribed dosage. \[1 \times 10 \text{mg} + 1 \times 5 \text{mg}\] or \[3 \times 5 \text{mg}\]  
• Ramipril is fully covered under RDP (Reference Drug Program). 
• There will be no SAs granted for this strength of ramipril, for existing or new prescriptions. Existing prescriptions will be filled using covered strengths. |
| **Paroxetine 10 mg** | Non-benefit at this strength. PharmaCare covers: | Open Benefit | LCA | • Paroxetine is subject to LCA pricing. Use covered paroxetine strengths to make up prescribed dosage. \[0.5 \times 20 \text{mg}\]  
• There will be no SAs granted for this strength of paroxetine, for existing or new prescriptions. Existing prescriptions will be filled using covered strengths. |
| **Candesartan 4 mg** | Non-benefit at this strength. Limited coverage (SA required): | Open Benefit | RDP LCA SA | • Candesartan is subject to LCA pricing. Use covered candesartan strengths to make up prescribed dosage. \[0.5 \times 8 \text{mg}\]  
• Candesartan is fully covered under RDP with SA.  
• New coverage of candesartan requires SA AND use of a strength covered by PharmaCare.  
• Patients currently covered by NIHB, on 4 mg or higher doses of candesartan, will receive an indefinite SA for all PharmaCare-covered strengths.  
• Patients currently covered by NIHB, taking 2 mg candesartan, may receive SA for 4 mg strength. Check SA status via HelpDesk InfoLine and consult with prescriber if necessary.  
• No new SAs for 4 mg candesartan will be granted. |
| sitagliptin (all strengths) | Non-benefit | Limited use benefit | | • Current NIHB covered patients will receive SA valid for 3 months. Prescribers can switch patients to a covered DPP-4 inhibitor.  
• No new SAs for sitagliptin will be granted. |
| Adalimumb 40 mg/0.8 mL | Limited coverage drug, SAs have defined expiry date | Limited use benefit | Limited Coverage Drugs | • Current NIHB-covered patients will receive SA valid for 6 months.  
• SA renewal will be required, via usual PharmaCare SA process, prior to expiry date. |