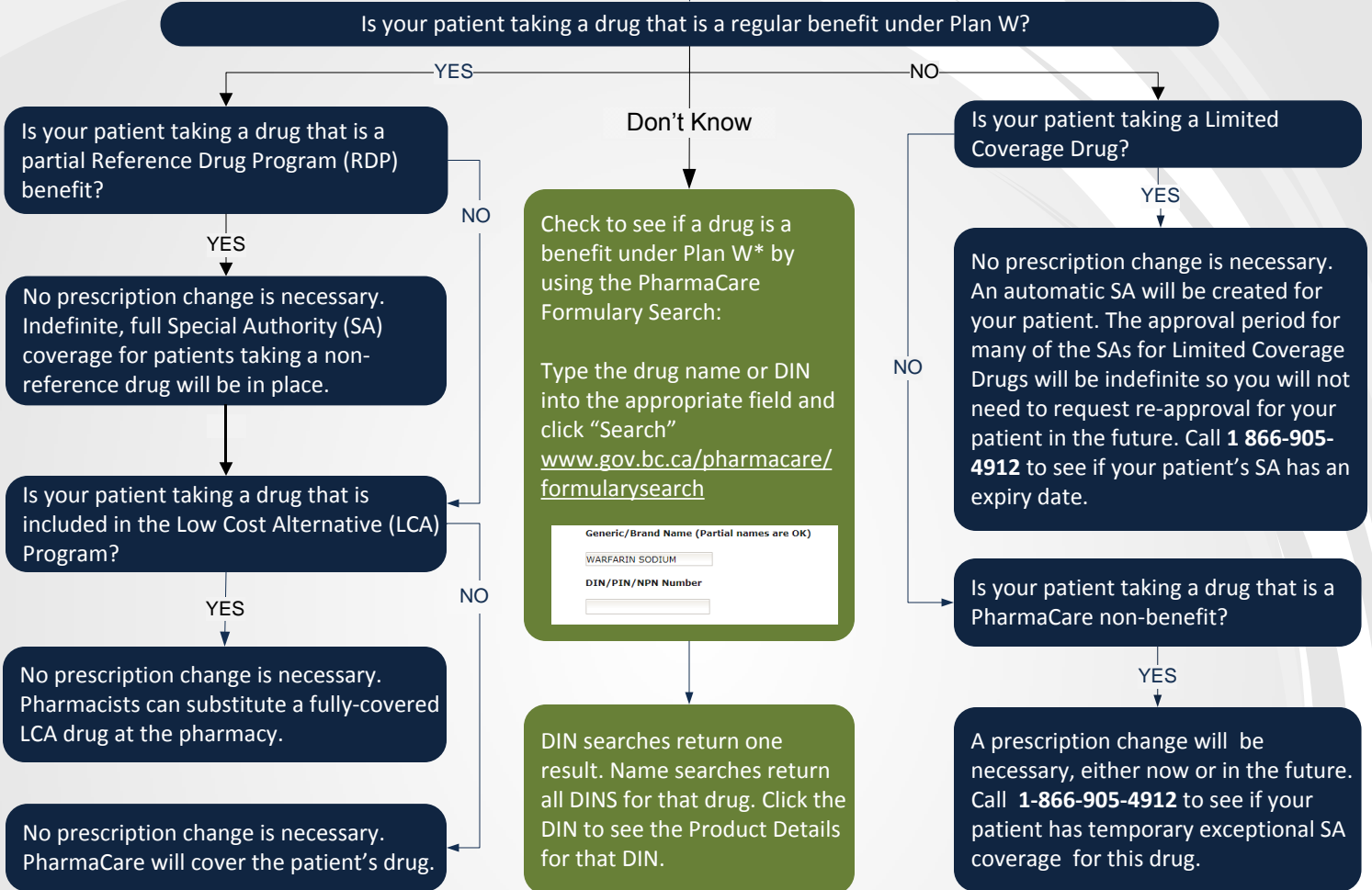


FNHA – PharmaCare Coverage Continuity

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.



DIN/PIN/NPN	Generic Name	Brand Name, Strength & Dosage Form	Manufacturer	RDP	Max. Day Supply per fill	Maximum PharmaCare Covers	Unit	Special Authority Needed	Quantity Limits	
01918338	WARFARIN SODIUM	Coumadin Tab 2mg 2 MG TABLET	B-M SQUIBB	No	100	\$0.0891	Each	No	No	Includes LCA Drugs Regular Benefit (check product details for plan, which is linked via the DIN) Limited Coverage Drug Many Non-Benefits
02420872	ARIPIRAZOLE	Abilify Maintena 400 MG SUSER VIAL	OTSUKA PHARMAC	No	100	\$492.6800	Each	Yes	No	
02264846	TRAMADOL HCL/ACETAMINOPHEN	Tramacet 37.5-325MG TABLET	JANSSEN-ORTHO	No	0			No	No	

Click the DIN for plan info (Product Details)

*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.

This product is covered under these PharmaCare Plans only.

Plan	PharmaCare Plan	Maximum
B	Licensed Residential Care Facilities	
P	Palliative Care	
C	Income Assistance	
I	Fair PharmaCare	
F	At Home Program	

Product Details Screen

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.

Drug Name/ Strength	PharmaCare Coverage	NIHB Coverage	Applicable PharmaCare Policies	Solution (Note: SA = Special Authority)
Ramipril 15 mg	Non-benefit at this strength. PharmaCare covers: <ul style="list-style-type: none"> 1.25 mg 2.5 mg 5 mg 10 mg 	Open Benefit	LCA RDP	<ul style="list-style-type: none"> Ramipril is subject to LCA pricing. Use covered ramipril strengths to make up prescribed dosage. [1 x 10 mg + 1 x 5 mg] or [3 x 5 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: <ul style="list-style-type: none"> 20 mg 30 mg 	Open Benefit	LCA	<ul style="list-style-type: none"> Paroxetine is subject to LCA pricing. Use covered paroxetine strengths to make up prescribed dosage. [0.5 x 20 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): <ul style="list-style-type: none"> 8 mg 16 mg 32 mg 	Open Benefit	RDP LCA SA	<ul style="list-style-type: none"> Candesartan is subject to LCA pricing. Use covered candesartan strengths to make up prescribed dosage. [0.5 x 8 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		<ul style="list-style-type: none"> 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.
Adalimumab 40 mg/0.8 mL	Limited coverage drug, SAs have defined expiry date	Limited use benefit	Limited Coverage Drugs	<ul style="list-style-type: none"> 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.