



First Nations Health Authority  
Health through wellness

# PharmaCare Formulary Search

## Overview

The BC PharmaCare formulary search website is a tool you can use to see if a medication is covered under Plan W. The website address is

<https://pharmacareformularysearch.gov.bc.ca/>

There are two few different search fields you can use to find a specific medication. The box labeled **“Generic/Brand Name”** is where you can type in the brand or chemical name of a medication. The box labeled **“DIN/PIN/NPN Number”** is where you can type in the *drug identification number* of a medication.

PharmaCare Formulary Search

Please fill in at least one of the following:

**Generic/Brand Name (Partial names are OK)**

**DIN/PIN/NPN Number**

**Select PharmaCare Plan**

All Benefits

**Select AHFS Therapeutic Classification**

All AHFS Therapeutic Classifications

**Select ATC Therapeutic Classification**

All ATC Therapeutic Classifications

**Select Manufacturer**

All Manufacturers

Give me a summary of the medications that match my search criteria (recommended if you did not enter the DIN/PIN/NPN).

Search Reset

It is easiest to search for a medication using its chemical name. By searching the chemical name, you will see all of the different formulations, strengths, and manufacturers that are available. The chemical name of a medication can be found on the prescription label with the strength of the medication beside it.

**The Pharmacy**  1234 Main Street,  
250-111-1111 Prince George BC  
V2K 1A1

**Rx: 7400000** **Doe, John**  
Dr. Smith, Taylor ABC 31-Aug-17  
200 TAB Zzz-Metformin 500mg  
Metformin HCl 500mg Refills: 0  
**DIN: 00330531 ZZZ**  
**TAKE 2 TABLETS TWICE A DAY WITH MEALS**

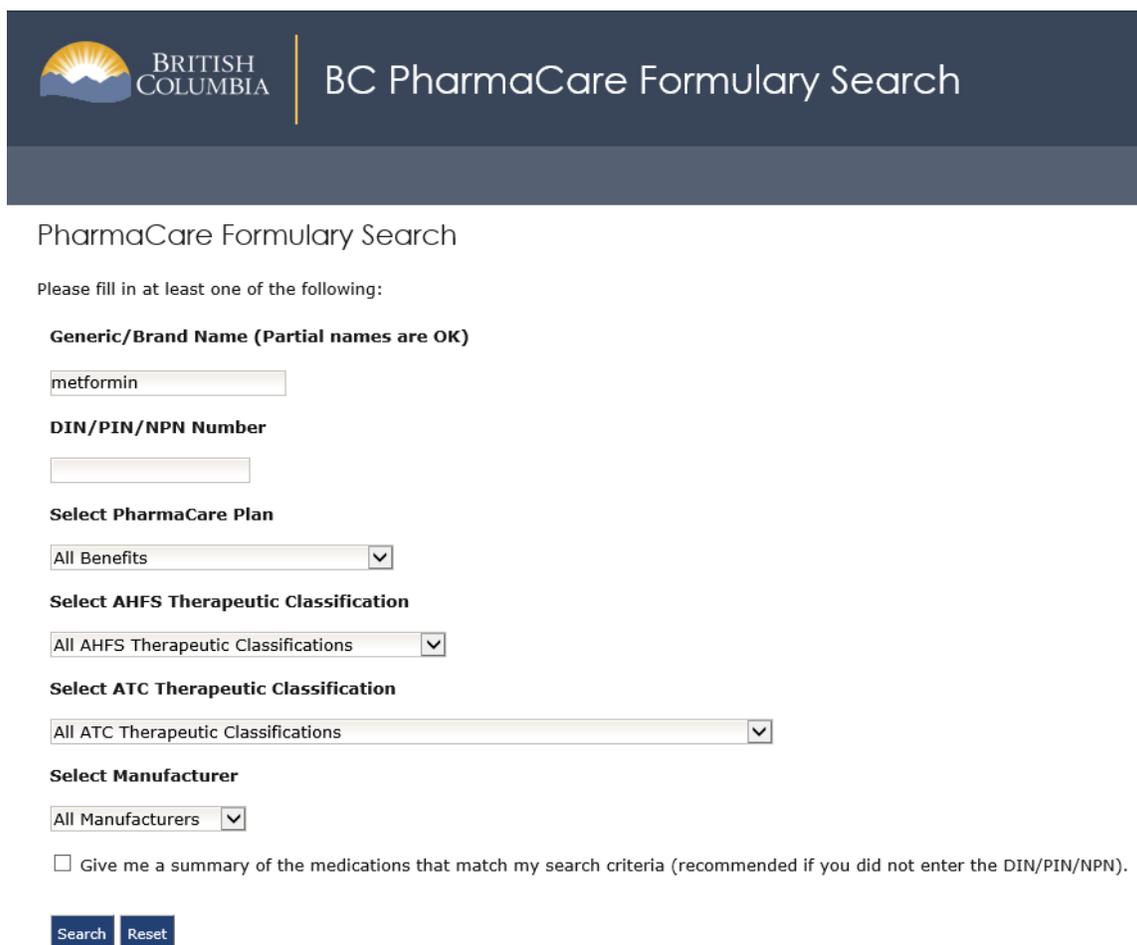
The chemical name has the strength of the medication next to it.



## How to search for a drug

In this first example, we will search for a medication using its chemical name: *metformin*.

First, type the chemical name of the drug into the “**Generic/Brand Name**” search box.



PharmaCare Formulary Search

Please fill in at least one of the following:

**Generic/Brand Name (Partial names are OK)**

**DIN/PIN/NPN Number**

**Select PharmaCare Plan**

All Benefits ▾

**Select AHFS Therapeutic Classification**

All AHFS Therapeutic Classifications ▾

**Select ATC Therapeutic Classification**

All ATC Therapeutic Classifications ▾

**Select Manufacturer**

All Manufacturers ▾

Give me a summary of the medications that match my search criteria (recommended if you did not enter the DIN/PIN/NPN).

Search Reset

The PharmaCare Formulary search results will show all of the medications that have metformin as the active chemical that are covered by a Pharmacare plan. This means there are different brands, strengths, and formulations. The search results will also include some medications that are non-benefit items. For some medications, there may be many drugs listed and the search results will extend over multiple pages.

**PharmaCare Formulary Search Results**

Click on the DIN/PIN/NPN to show details for the product.

The amount PharmaCare actually pays depends on PharmaCare coverage rules and PharmaCare plan rules.

If there is a cost in this column, then this drug is a benefit under certain PharmaCare Plans.

Click on the DIN to see which PharmaCare plans cover this drug.

**Products found: 51**

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
02417219	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-500MG TABLET	TAKEDA CANADA	No	0			No	Yes
02417227	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-850MG TABLET	TAKEDA CANADA	No	0			No	Yes
02417235	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-1000 TABLET	TAKEDA CANADA	No	0			No	Yes
02403250	LINAGLIPTIN/METFORMIN HCL	Jentaduetto 2.5-500 MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02403269	LINAGLIPTIN/METFORMIN HCL	Jentaduetto 2.5-850 MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02403277	LINAGLIPTIN/METFORMIN HCL	Jentaduetto 2.5-1000MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02099233	METFORMIN HCL	Glucophage 500 MG TABLET	SANOFI-AVENTIS	No	100	\$0.0480	Each	No	Yes
<b>02148765</b>	METFORMIN HCL	Mylan-Metformin 500 MG TABLET	MYLAN PHARMACE	No	100	\$0.0480	Each	No	Yes
02162849	METFORMIN HCL	Glucophage 850 MG TABLET	SANOFI-AVENTIS	No	100	\$0.0659	Each	No	Yes
02167786	METFORMIN HCL	Apo-Metformin - Tab 500mg 500 MG TABLET	APOTEX INC	No	100	\$0.0480	Each	No	Yes

[Show Summary](#) [New Search](#)

If there is a cost listed in the **“Maximum PharmaCare Covers”** column, then this medication is a benefit under certain PharmaCare plans. Click on the DIN of a specific medication to see which PharmaCare plans it is covered under.

**PharmaCare Formulary Product Detail**

Generic Name: METFORMIN HCL

 Brand Name: Mylan-Metformin  
 Dosage Form: 500 MG TABLET  
 DIN/PIN: 02148765

 AHFS High Level Classification: Hormones And Synthetic Substitutes  
 AHFS Therapeutic Classification: Biguanides  
 ATC Classification: Metformin  
 Manufacturer: MYLAN PHARMACE  
 Formulary Listing Date: 30-May-2002

This product is covered under these PharmaCare Plans only.

Plan	PharmaCare Plan	Maximum PharmaCare Covers	Unit	RDP	Max Day Supply per Fill
P	Palliative Care	0.0480	Each	No	35
I	Fair PharmaCare	0.0480	Each	No	100
B	Licensed Residential Care Facilities	0.0480	Each	No	100
F	At Home Program	0.0480	Each	No	100
<b>W</b>	<b>First Nations Health Benefits</b>	0.0480	Each	No	100
C	Income Assistance	0.0480	Each	No	100

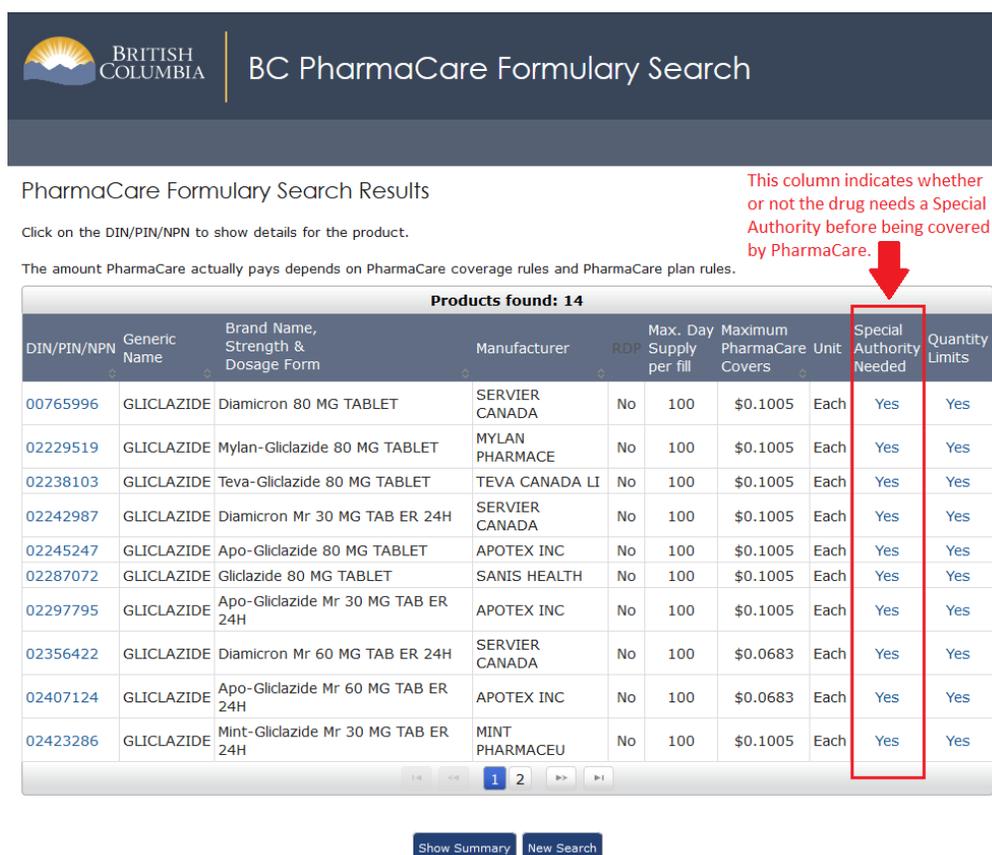
When you click on the DIN, you will see the PharmaCare Formulary Product Detail. On this page you can see a list of PharmaCare plans that cover this drug. If you see **“First Nations Health Benefits”** listed as one of the PharmaCare plans, then this means that medication is covered under PharmaCare Plan W.

## Drugs Requiring Special Authority

Some medications require a PharmaCare special authority before being covered by a PharmaCare plan. PharmaCare special authority provides full coverage for a drug, medical supply, or medical device that otherwise would not be covered or only partially covered by a PharmaCare Plan. Coverage is provided for patients with specific medical circumstances.

In this next example, we will search for a drug that requires a special authority using its chemical name: *gliclazide*.

On the PharmaCare Formulary search results, we see that there are a number of drugs that are covered by a PharmaCare plan that have gliclazide as the active chemical. If a medication requires a special authority, it is indicated on the under the **“Special Authority Needed”** column as **“Yes”**.



PharmaCare Formulary Search Results

Click on the DIN/PIN/NPN to show details for the product.

The amount PharmaCare actually pays depends on PharmaCare coverage rules and PharmaCare plan rules.

**Products found: 14**

DIN/PIN/NPN	Generic Name	Brand Name, Strength & Dosage Form	Manufacturer	RDP	Max. Day Supply per fill	Maximum PharmaCare Unit Covers	Unit	Special Authority Needed	Quantity Limits
00765996	GLICLAZIDE	Diamicon 80 MG TABLET	SERVIER CANADA	No	100	\$0.1005	Each	Yes	Yes
02229519	GLICLAZIDE	Mylan-Gliclazide 80 MG TABLET	MYLAN PHARMACE	No	100	\$0.1005	Each	Yes	Yes
02238103	GLICLAZIDE	Teva-Gliclazide 80 MG TABLET	TEVA CANADA LI	No	100	\$0.1005	Each	Yes	Yes
02242987	GLICLAZIDE	Diamicon Mr 30 MG TAB ER 24H	SERVIER CANADA	No	100	\$0.1005	Each	Yes	Yes
02245247	GLICLAZIDE	Apo-Gliclazide 80 MG TABLET	APOTEX INC	No	100	\$0.1005	Each	Yes	Yes
02287072	GLICLAZIDE	Gliclazide 80 MG TABLET	SANIS HEALTH	No	100	\$0.1005	Each	Yes	Yes
02297795	GLICLAZIDE	Apo-Gliclazide Mr 30 MG TAB ER 24H	APOTEX INC	No	100	\$0.1005	Each	Yes	Yes
02356422	GLICLAZIDE	Diamicon Mr 60 MG TAB ER 24H	SERVIER CANADA	No	100	\$0.0683	Each	Yes	Yes
02407124	GLICLAZIDE	Apo-Gliclazide Mr 60 MG TAB ER 24H	APOTEX INC	No	100	\$0.0683	Each	Yes	Yes
02423286	GLICLAZIDE	Mint-Gliclazide Mr 30 MG TAB ER 24H	MINT PHARMACEU	No	100	\$0.1005	Each	Yes	Yes

Show Summary   New Search

If you click on the DIN of a drug that requires a special authority, you will see that it says **“Available With Special Authority Only”**.

## PharmaCare Formulary Product Detail

Generic Name: GLICLAZIDE

Brand Name: Diamicon  
Dosage Form: 80 MG TABLET  
DIN/PIN: 00765996

AHFS High Level Classification: Hormones And Synthetic Substitutes  
AHFS Therapeutic Classification: Sulfonylureas  
ATC Classification: Gliclazide  
Manufacturer: SERVIER CANADA  
Formulary Listing Date: 01-May-2004

This product is covered under these PharmaCare Plans only.

Plan	PharmaCare Plan	Maximum PharmaCare Covers	Unit	RDP	Max Day Supply per Fill
SA	Available With Special Authority Only	0.1005	Each	No	100

If your prescription requires a special authority, your prescriber (doctor or nurse practitioner) can apply for one when writing your prescription.

FNHA clients may have grandparented special authority coverage of their medications in place as part of the transition to PharmaCare on October 1<sup>st</sup>, 2017. Many drugs with grandparented special authority have indefinite coverage, however some special authorities do have an expiry and require the clients' prescriber to re-apply for continued coverage. If you are experiencing any challenges with your special authority or have drug-specific questions, please contact FNHA Health Benefits at 1-855-550-5454.

## What happens if a drug is not available as a benefit?

In this next example, we will search for a medication that is a non-benefit item.

Just like the example above, we search the PharmaCare Formulary Search for a drug using its chemical name: *metformin*.

The PharmaCare Formulary search results will show all of the medications that are covered by a PharmaCare plan that have metformin as the active chemical. The search results may include some items that are not covered. If there is no cost listed in the **“Maximum PharmaCare Covers”** column, then that medication is a non-benefit item, which means that it is not covered by PharmaCare.

BC PharmaCare Formulary Search

PharmaCare Formulary Search Results

Click on the DIN/PIN/NPN to show details for the product.

The amount PharmaCare actually pays depends on PharmaCare coverage rules and PharmaCare plan rules.

Products found: 51									
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
02417219	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-500MG TABLET	TAKEDA CANADA	No	0			No	Yes
02417227	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-850MG TABLET	TAKEDA CANADA	No	0			No	Yes
02417235	ALOGLIPTIN BENZ/METFORMIN HCL	Kazano 12.5-1000 TABLET	TAKEDA CANADA	No	0			No	Yes
02403250	LINAGLIPTIN/METFORMIN HCL	Jentaduo 2.5-500 MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02403269	LINAGLIPTIN/METFORMIN HCL	Jentaduo 2.5-850 MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02403277	LINAGLIPTIN/METFORMIN HCL	Jentaduo 2.5-1000MG TABLET	BOEHRINGER ING	No	100	\$1.2784	Each	Yes	Yes
02099233	METFORMIN HCL	Glucophage 500 MG TABLET	SANOFI-AVENTIS	No	100	\$0.0480	Each	No	Yes
02148765	METFORMIN HCL	Mylan-Metformin 500 MG TABLET	MYLAN PHARMACE	No	100	\$0.0480	Each	No	Yes
02162849	METFORMIN HCL	Glucophage 850 MG TABLET	SANOFI-AVENTIS	No	100	\$0.0659	Each	No	Yes
02167786	METFORMIN HCL	Apo-Metformin - Tab 500mg 500 MG TABLET	APOTEX INC	No	100	\$0.0480	Each	No	Yes

Show Summary New Search

If you click on the DIN of a non-benefit item, you will see that it says “Non-Benefit”.

PharmaCare Formulary Product Detail

Generic Name: ALOGLIPTIN BENZ/METFORMIN HCL

Brand Name: Kazano  
 Dosage Form: 12.5-500MG TABLET  
 DIN/PIN: 02417219

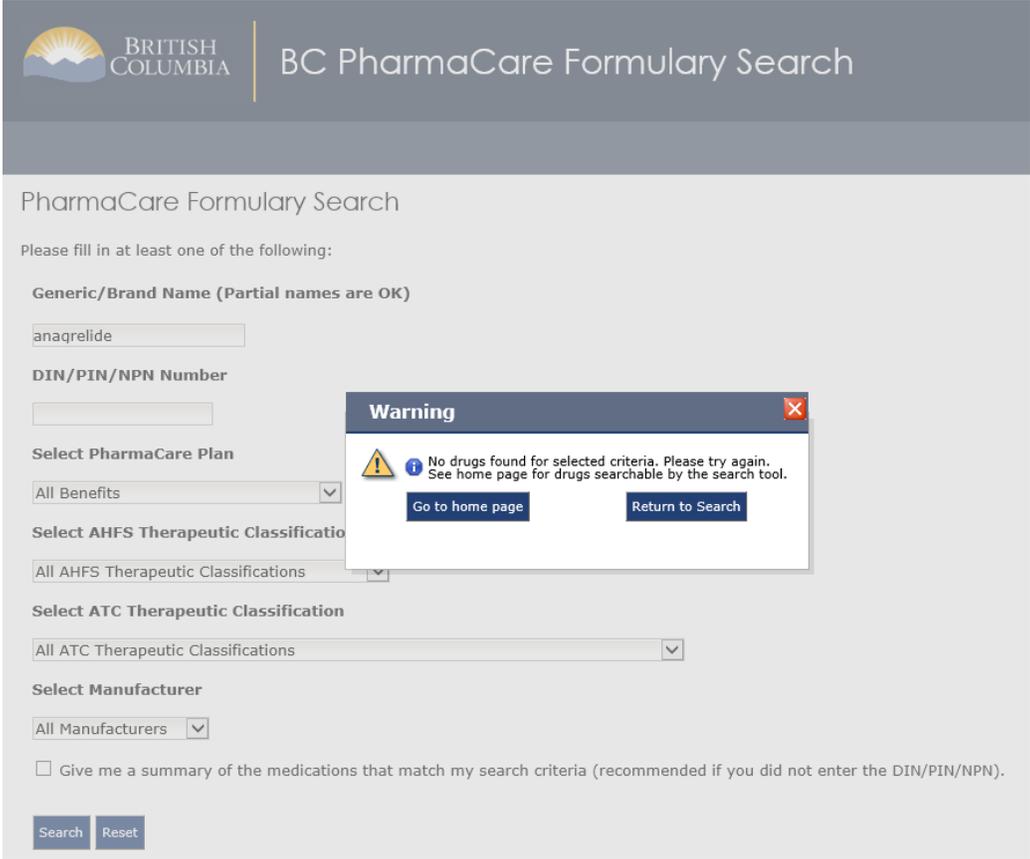
AHFS High Level Classification: Hormones And Synthetic Substitutes  
 AHFS Therapeutic Classification: Dipeptidyl Peptidase-4(Dpp-4) Inhibitors  
 ATC Classification: Metformin And Alogliptin  
 Manufacturer: TAKEDA CANADA  
 Formulary Listing Date: 01-Jan-1994

This product is covered under these PharmaCare Plans only.

Plan	PharmaCare Plan	Maximum PharmaCare Covers	Unit	RDP	Max Day Supply per Fill
NB	Non-Benefit			No	0

Sometimes when you are searching for a medication that is a non-benefit it will not show up in the formulary search.

For this example, we will search for a non-benefit item that is not covered by PharmaCare: *anagrelide*. When you search for it in the Formulary Search, you get a message that no results were found. This may mean that it is a non-benefit item, or it is a medication available from a Provincial Agency (BC Cancer Agency, BC Renal Agency, BC Transplant, or the BC Centre for Excellence in HIV/AIDS).



The screenshot displays the BC PharmaCare Formulary Search interface. At the top, the British Columbia logo and the title "BC PharmaCare Formulary Search" are visible. Below the title, the search criteria are defined: "Generic/Brand Name (Partial names are OK)" with the input "anagrelide"; "DIN/PIN/NPN Number" with an empty field; "Select PharmaCare Plan" set to "All Benefits"; "Select AHFS Therapeutic Classification" set to "All AHFS Therapeutic Classifications"; "Select ATC Therapeutic Classification" set to "All ATC Therapeutic Classifications"; and "Select Manufacturer" set to "All Manufacturers". A checkbox for "Give me a summary of the medications that match my search criteria" is unchecked. "Search" and "Reset" buttons are at the bottom. A "Warning" dialog box is overlaid, stating: "No drugs found for selected criteria. Please try again. See home page for drugs searchable by the search tool." It includes "Go to home page" and "Return to Search" buttons.

Drugs with grandparented special authority coverage for the transition to PharmaCare on October 1<sup>st</sup>, 2017 will not show up as a benefit item on the formulary search. Your pharmacist can confirm the status of your special authority by contacting Health Insurance BC.

To get information on drug coverage, you can call our Health Benefits Support line at **1-855-550-5454** or email [healthbenefits@fnha.ca](mailto:healthbenefits@fnha.ca). Our team is here to help you.