



First Nations Health Authority
Health through wellness

FNHA Supplementary Formulary Through Pacific Blue Cross

All First Nations Health Authority Clients are eligible for the following items listed on the Supplementary Formulary via Pacific Blue Cross (PBC). The Supplementary Formulary was previously referred to as the FNHA-NIHB Residual Formulary. Please see the most current version of the FNHA Pharmacy Fee Supplement at <https://www.pac.bluecross.ca/provider>

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
ANTI-HISTAMINE DRUGS	CETIRIZINE 20MG TAB	REACTINE	1900978
	CETIRIZINE 20MG TAB	PMS-CETIRIZINE	2315963
	CETIRIZINE 20MG TAB	MAR-CETIRIZINE	2427141
	CETIRIZINE 20MG TAB	PRIVA-CETIRIZINE	2427192
	CETIRIZINE 20MG TAB	APO-CETIRIZINE	2453363
	CETIRIZINE 20MG TAB	JAMP-CETIRIZINE	2466171
	CETIRIZINE 20MG TAB	MINT-CETIRIZINE	2491125
	CETIRIZINE 20MG TAB	NAT-CETIRIZINE	2496488
ANXIOLYTIC- ANTI-HISTAMINES	HYDROXYZINE HCL 10MG CAP	APO-HYDROXYZINE	646059
	HYDROXYZINE HCL 25MG CAP	APO-HYDROXYZINE	646024
	HYDROXYZINE HCL 25MG CAP	TEVA-HYDROXYZINE	738832
	HYDROXYZINE HCL 50MG CAP	APO-HYDROXYZINE	646016
	HYDROXYZINE HCL 50MG CAP	TEVA-HYDROXYZINE	738840
	HYDROXYZINE HCL 10MG/5ML O/L	ATARAX SYRUP 2MG/ML	24694
	HYDROXYZINE HCL 10MG/5ML O/L	PMS-HYDROXYZINE	741817
EYE DROPS	LODOXAMIDE TROMETHAMINE 0.1% OP SOL	ALOMIDE	893560
	NEDOCROMIL SODIUM 2% OP SOL	ALOCRIAL	2241407
	OLOPATADINE HCL 0.2% OP SOL	APO-OLOPATADINE	2402823
	OLOPATADINE HCL 0.2% OP SOL	ACT-OLOPATADINE	2404095
	OLOPATADINE HCL 0.2% OP SOL	SANDOZ OLOPATADINE	2420171
	OLOPATADINE HCL 0.1% OP SOL	APO-OLOPATADINE	2305054
	OLOPATADINE HCL 0.1% OP SOL	SANDOZ OLOPATADINE	2358913
	OLOPATADINE HCL 0.1% OP SOL	ACT-OLOPATADINE	2403986
	OLOPATADINE HCL 0.1% OP SOL	MINT-OLOPATADINE	2422727
	OLOPATADINE HCL 0.1% OP SOL	JAMP-OLOPATADINE	2458411
	GATIFLOXACIN 3MG/ML OP SOL	ZYMAR	2257270
	MOXIFLOXACIN 0.5% OP SOL	VIGAMOX	2252260
	MOXIFLOXACIN 0.5% OP SOL	AG-MOXIFLOXACIN	2484757
	MOXIFLOXACIN 0.5% SOL	ACT MOXIFLOXACIN	2404656
	MOXIFLOXACIN 0.5% SOL	APO-MOXIFLOXACIN	2406373
	MOXIFLOXACIN 0.5% SOL	SANDOZ MOXIFLOXACIN	2411520
	MOXIFLOXACIN 0.5% SOL	PMS-MOXIFLOXACIN 0.5% OP SOL	2432218
	MOXIFLOXACIN 0.5% SOL	JAMP-MOXIFLOXACIN	2472120
	NEPAFENAC 0.1% OP SOL	NEVANAC	2308983
	NEPAFENAC 0.3% OP SOL	ILEVRO	2411393

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
NASAL SPRAYS	LEVOCABASTINE HCL 0.05% NAS SPR	LIVOSTIN	2020017
	IPRATROPIUM BROMIDE 0.06% NAS SPR	ATROVENT	2163713
	IPRATROPIUM BROMIDE 0.03% NAS SPR	PMS-IPRATROPIUM	2239627
	IPRATROPIUM BROMIDE 0.06% NAS SOL	IPRAVENT	2246084
	FLUTICASONE PROPIONATE 50MCG NAS SPR	FLONASE ALLERGY	2248307
	FLUTICASONE PROPIONATE 50MCG NAS SPR	APO-FLUTICASONE	2294745
	FLUTICASONE PROPIONATE 50MCG NAS SPR	RATIO-FLUTICASONE	2296071
	FLUTICASONE PROPIONATE 50MCG NAS SPR	TEVA-FLUTICASONE	2453738
	TRIAMCINOLONE ACETONIDE 55MCG NAS SPR	NASACORT AQ	2213834
	TRIAMCINOLONE ACETONIDE 55MCG NAS SPR	NASACORT ALLERGY 24H	2417510
	TRIAMCINOLONE ACETONIDE 55MCG NAS SPR	APO-TRIAMCINOLONE AQ	2437635
MOUTHWASHES AND GARGLES	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	PERIDEX ORAL RINSE	2237452
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	PERICHLOR ORAL RINSE	2240433
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	G.U.M. PAROEX ORAL RINSE	2384272
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	ORO-CLENSE	2209055
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	CHLORHEXIDINE ORAL RINSE	2462842
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	PERIOGARD TREATMENT	2467534
CONTRACEPTIVES AND HORMONES	ETHINYL ESTRADIOL-ETONOGESTREL 2.6/11.4MG VAGINAL RING	NUVARING VAGINAL RING	2253186
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	SEASONALE	2296659
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	INDAYO	2398869
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	SEASONIQUE	2346176
	ETHINYL ESTRADIOL-NORETHINDRONE 1MG/10MCG TAB	LOLO	2417456
	ETHINYL ESTRADIOL-NORELGESTROMIN 0.6/6MG PATCH	EVRA PATCH	2248297
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	DIANE-35	2233542
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	CYESTRA-35	2290308
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	TEVA-CYPROTERONE/ETHIN ESTRADIOL	2309556
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	RAN-CYPROTERONE/ETHIN ESTRADIOL	2425017
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	CLEO-35	2436736
	ESTRADIOL 10MCG VAG TAB	VAGIFEM	2325462
	ESTRADIOL 2MG VAGINAL RING	ESTRING VAGINAL RING	2168898
ESTRONE 0.1% VAGINAL CREAM	ESTRAGYN	727369	
TOPICAL ANTIBACTERIALS	BENZOYL PEROXIDE-ERYTHROMYCIN 5/3% GEL	BENZAMYCIN GEL	2225271
	CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	DALACIN T	582301
	CLINDAMYCIN-BENZOYL PEROXIDE 1/3% GEL	CLINDOXYL ADV GEL	2382822
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	CLINDOXYL GEL	2243158
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	BENZACLIN TOPICAL GEL	2248472
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	TARO CLINDAMYCIN-BENZOYL PEROXIDE GEL	2440180

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
TOPICAL ANTIBACTERIALS	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	TARO-BENZOYL PEROXIDE CLINDAMYCIN GEL KIT	2464519
	MUPIROCIN 2% OINTMENT	BACTROBAN	1916947
	MUPIROCIN 2% OINTMENT	TARO-MUPIROCIN	2279983
TOPICAL ANTIFUNGALS	BETAMETHASONE-CLOTRIMAZOLE 0.05%/1% CREAM	LOTRIDERM	611174
	BETAMETHASONE-CLOTRIMAZOLE 0.05%/1% CREAM	TARO-CLOTRIMAZOLE/BETA METHASONE DIPROPIONATE	2496410
	CLOTRIMAZOLE 1% CREAM	CANESTEN EXTERNAL	2239432
	CLOTRIMAZOLE 1% CREAM	CLOTRIMADERM	812382
	CLOTRIMAZOLE 1% CREAM	CANESTEN TOPICAL	2150867
	KETOCONAZOLE 2% CREAM	KETODERM	2245662
	NYSTATIN 25000U/G VAGINAL CREAM	NYADERM VAGINAL CREAM	716901
VITAMIN D	TERBINAFINE HCL 1% CREAM	LAMISIL	2031094
	CHOLECALCIFEROL 10,000 U CAP	EURO-D	2253178
	CHOLECALCIFEROL 10,000 U CAP	VITAMIN D	2417995
	CHOLECALCIFEROL 10,000 U CAP	JAMP-VITAMIN D SOFTGEL	2449099
	CHOLECALCIFEROL 10,000 U TAB	D-TABS	821772
	CHOLECALCIFEROL 10,000 U TAB	JAMP-VITAMIN D	2379007
SHARPS CONTAINER	CHOLECALCIFEROL 10,000 U TAB	VIDEXTRA VITAMIN D	2417685
	BD SHARPS CONTAINER 1.4L	SHARPS CONTAINER	99401026
	SHARPS NESTABLE YLW LRG 22.7L	SHARPS CONTAINER	99401033
	BD SHARPS CONTAINER 3.1L	SHARPS CONTAINER	99401027

Naloxone and associated supplies are listed on the supplemental formulary. Claiming instructions:

- Claims for naloxone should be submitted separately from the kit
- Claims for the drug should be submitted using the appropriate DIN as a regular drug claim
- Claims for supplies associated with Naloxone should be submitted separately from the drug.
 - Use PIN 35420011 'Naloxone kit without drugs.'
 - Enter your usual and customary cost for the included supplies in the drug cost field.
 - Enter \$0 in the dispensing fee field.
- Reimbursement for a Naloxone kit without drugs is limited to a \$13 reasonable and customary amount.

Please note: These items are only eligible if they are being dispensed for the personal use of the FNHA client. Consider BC CDC THN for requests to provide naloxone to a group; or refer requests for community/group distribution to FNHA, 1- 855-550-5454.

Please note: Each 'Naloxone kit without drugs' provided to a client should contain a hard carrying case, pair of gloves, rescue breathing barrier, an instruction card, and a belt clip/carabiner. To learn more about naloxone kits and the recommended supplies, please refer to the BC CDC THN program.

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
OPIATE ANTAGONISTS	NALOXONE HCL 0.4MG/ML INJ	NALOXONE 0.4MG/ML INJ	2148706
	NALOXONE HCL 0.4MG/ML INJ	NALOXONE 0.4MG/ML INJ	2393034
	NALOXONE HCL 0.4MG/ML INJ	S.O.S. NALOXONE HYDROCHLORIDE	2453258
	NALOXONE HCL 4MG NASAL SPRAY	NARCAN NASAL SPRAY 4MG/0.1ML	2458187
	NALOXONE KIT WITHOUT DRUG	NALOXONE KIT WITHOUT DRUG	35420011

FNHA clients 65 years and over are eligible for coverage of a maximum of two doses of the Shingrix® Vaccine under the FNHA Supplemental Formulary. If an eligible Shingrix® vaccine is being administered by a pharmacist, the pharmacy can also claim a \$12.10 Shingrix® injection fee. Each dose of Shingrix® should be claimed separately at or around the time of administration. Claims for the Shingrix® injection fee are only eligible if there is an existing approved Shingrix® vaccine claim for the same date of service. Pharmacies must ensure to submit the claim for vaccine before submitting the claim for the injection fee.

If you are delivering/shipping the dose to a client for a nurse to administer, then please ensure the cold-chain requirements are met. Please contact the client's nurse or health center prior to shipping.

Please see the Shingrix® Coverage document (<https://www.pac.bluecross.ca/pdf-bin/fnha/FNHA-Shingrix-Coverage.pdf>) for further information about the vaccine, coverage criteria, and submitting the claim.

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
VACCINES	VARICELLA-ZOSTER VIRUS VACCINE	SHINGRIX®	2468425
	SHINGRIX INJECTION FEE	FNHA SHINGRIX INJECTION FEE	66123642

FNHA clients with coverage under BC PharmaCarePlan W can access 12 weeks of Nicotine Replacement Therapy per calendar year through the provincial program. These clients are eligible for an additional 24 weeks of Nicotine Replacement Therapy, per calendar year, through the FNHA Supplementary Formulary via PBC.

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
NICOTINE REPLACEMENT THERAPY	NICOTINE 7MG Patch	HABITROL 7MG PATCH	1943057
	NICOTINE 7MG Patch	NICODERM 7 MG	2093111
	NICOTINE 7MG Patch	NICOTINE TRANSDERMAL 7MG	2241227
	NICOTINE 7MG Patch	NICOTINE TRANSDERMAL 7MG	80044393
	NICOTINE 14MG Patch	HABITROL 14MG PATCH	1943065
	NICOTINE 14MG Patch	NICODERM 14 MG	2093138
	NICOTINE 14MG Patch	NICOTINE TRANSDERMAL 14MG	2241226
	NICOTINE 14MG Patch	NICOTINE TRANSDERMAL 14MG	80044392
	NICOTINE 21MG Patch	HABITROL 21MG PATCH	1943073
	NICOTINE 21MG Patch	NICODERM 21MG	2093146
	NICOTINE 21MG Patch	NICOTINE TRANSDERMAL 21MG	80014250
	NICOTINE 21MG Patch	NICOTINE TRANSDERMAL 21MG	80044389
	NICOTINE 1MG LOZENGE	THRIVE 1MG LOZENGE	80007461
	NICOTINE 2MG LOZENGE	THRIVE 2MG LOZENGE	80007464
	NICOTINE 2MG GUM	NICORETTE 2MG GUM	2091933
	NICOTINE 2MG GUM	THRIVE 2MG GUM	80000396
	NICOTINE 4MG GUM	NICORETTE 4MG GUM	2091941
	NICOTINE 4MG GUM	THRIVE 4MG GUM	80000402
NICOTINE 10MG INHALER	NICORETTE INHALER	2241742	

The FNHA Supplementary Formulary also includes coverage of short-acting insulins. Claims for short acting insulins for FNHA clients with coverage under BC PharmaCare Plan W can be submitted to PBC as a secondary payer, to allow for reimbursement above the BC PharmaCare price for these items. FNHA clients not currently enrolled in PharmaCare are also eligible for coverage of these short acting insulins through the FNHA Supplementary formulary via PBC.

CATEGORY	CHEMICAL/STRENGTH/DOSE	BRAND NAME	ITEM/DIN NUMBER
SHORT-ACTING INSULINS	INSULIN ASPART 100U/ML	NOVORAPID PENFILL	2244353
	INSULIN ASPART 100U/ML	NOVORAPID INJECTION	2245397
	INSULIN ASPART 100U/ML	NOVORAPID FLEXTOUCH	2377209
	INSULIN ASPART-PROTAMINE 30-70	NOVOMIX 30	2265435
	INSULIN GLULISINE 100U/ML	APIDRA	2279460
	INSULIN GLULISINE 100U/ML	APIDRA	2279479
	INSULIN GLULISINE 100U/ML	APIDRA	2294346
	INSULIN LISPRO 100U/ML	HUMALOG INJECTION	2229704
	INSULIN LISPRO 100U/ML	HUMALOG CARTRIDGE	2229705
	INSULIN LISPRO 100U/ML	HUMALOG KWIKPEN	2403412
	INSULIN LISPRO 100U/ML	HUMALOG	2470152
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 25 CARTRIDGE	2240294
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 50 CARTRIDGE	2240297
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 25 KWIKPEN	2403420
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 50 KWIKPEN	2403439