

Provincial Drug Plans: Population coverage & cost containment strategies

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British Columbia

Beneficiaries

Residents covered by 7 plans:

Fair Pharmacare (seniors & all other residents who do not fall into plans below)

Plan B: Residents of Long Term Care facilities

Plan C: Social Service recipients

Plan D: Cystic Fibrosis

Plan F: Medically dependent children (at home program children)

Plan G: No charge psychiatric medications program

Palliative Care Drug Plan

Cost-Sharing

Fair Pharmacare, initiated in May 2003, provides financial assistance to residents who meet eligibility criteria, who register for the plan, and who are not covered under Plans D, G or Palliative Care plans. Coverage and costs are based on the family's net income.

- Deductibles and family maximums are based on the income band in which the family falls. **Deductibles range from 0-3%** of net family income, and **family maximums range from 1.25-4%** of net family income.
- When total expenses for eligible prescription drugs and other benefits for the family reach the deductible, Pharmacare provides **70% coverage** of the cost of any further benefits for Non-Seniors, **and 75% for seniors**.
- Once the family maximum has been reached, Pharmacare covers 100% of expenses for the remainder of the calendar year.
- Those who do not register for Fair Pharmacare are automatically set at the highest amount of \$10,000.

Plans B, C, D, F G, & Palliative Care Program:

- Pharmacare pays the full cost of the prescription for individuals in Plans B, C, D, F and G (psychiatric drugs are covered).

Cost-Containment Programs

Low Cost Alternative Program

Pharmacare limits coverage for certain specified drugs to the price of a low cost alternative: Pharmacare sets the LCA price at the cost of the alternative with the lowest average Pharmacare-determined price of all alternatives within the LCA category. The LCA program provides reimbursement for an alternative, usually within each generic class.

Reference Drug Program

Encourages 'cost effective first line prescribing for common medical conditions'.

Coverage is based on the cost of the reference drug or drugs in a therapeutic category.

This is the drug(s) considered to be medically effective and the most cost effective in that category. RDP currently applies to the following drug classes: H2 Antagonists, Nitrates, NSAIDs, and 2 classes of antihypertensive (CCBs and ACE Inhibitors).

Special Authority Process

If a physician determines that a patient requires a drug in a reference category that exceeds the reference price, that doctor can apply to Pharmacare for full coverage of that drug. The patient must have a medical condition that prevents them from taking the reference product (i.e. drug-drug interaction, drug intolerance, previous treatment failure.) Similarly, the physician can apply for coverage of another product if the LCA is not tolerated.

www.hlth.gov.bc.ca

Alberta

Beneficiaries

Alberta Health and Wellness contracts with Alberta Blue Cross to provide supplementary health plans to those individuals that are:

- Aged 65+years (& their dependants)
- Widows and widowers 55-64 years & dependants
- Specific Illnesses/chronic conditions
- Palliative Care Drug Coverage
- Individual, or 'non-group' coverage: residents less than 65 years (reduced premium rates)

Alberta Human Resources and Employment contracts with Alberta Blue Cross to offer health benefits, including prescription drugs for the following client groups:

- Alberta Works, for people who are looking for work or working and need short-term assistance; and for people who need academic upgrading or training so they can get a job.
- Assured Income for the Severely Handicapped, for adults who have a permanent disability which severely affects their ability to earn a livelihood.
- Alberta Child Health Benefit, for children of low-income families.

Cost-Sharing

Seniors coverage provides up to \$25,000 per subscriber each year. The subscriber pays a co-payment of 30% **of the cost** of drugs listed on AB Health and Wellness drug benefit list to a maximum of **\$25.00**. (There are times when the resident will be required to pay more than \$25.00: if the drugs are not listed on the *Alberta Health and Wellness Drug Benefits List*; if the resident wants a more expensive brand of drug than the lowest-cost or generic brand; if the brand of drug desired by the resident costs more than the maximum cost set by *Alberta Health and Wellness* for that drug.)

'Non-group' residents (those under 65 years) pay the same co-payments as seniors, but are also required to pay quarterly premiums to Alberta Blue Cross. The premium, billed every three months is \$61.50 (single) or \$123.00 (family). If subsidized the rates are: \$43.05 (single) and \$86.10 (family).

There are special programs for HIV, Cancer & MS

Cost-Containment Programs

Special Authorization drug products may be considered for coverage under certain circumstances:

- Covered under specific criteria
- Drug required because the ones listed are contra-indicated or inappropriate because of the clinical condition of the patient
- Allergic reaction or side effects with listed drug
- Etc.

Prior approval is required, & special authorization must be renewed each 12 months.

www.health.gov.ab.ca/index.html

Ontario

Beneficiaries:

Through the Ontario Drug Benefit (ODB) Program, the Ministry of Health and Long-Term Care covers most of the cost of prescription drug products listed in the Ontario Drug Benefit (ODB) Formulary. Ontario Drug Benefit Program covers the following populations:

- 65+ years
- Residents of LT care facilities
- Residents of Homes for Special Care
- People receiving professional services under the Home Care program
- Recipients of the Trillium Drug Program

Cost-Sharing

- Adults aged 65+ years must pay **\$6.11** for each prescription filled (goes toward dispensing fee)
- High income seniors (>\$16,018 for singles, >\$24,175 for couples) must also pay a **\$100.00** annual deductible.
- All other ODB eligible must pay **\$2.00** per prescription filled
- ODB recipients must not exceed a 100-day course of treatment

Cost-Containment Programs

Generic Drugs

Generic products usually cost less than their brand name counterparts. When both generic and brand name products are available, the Ontario Drug Benefit (ODB) program pays the pharmacist for the lowest cost interchangeable generic drug product listed in the Drug Benefit Formulary Comparative Drug Index. Pharmacists usually dispense the lowest priced interchangeable drug product when filling ODB prescriptions, unless the physician writes "no substitution" on the prescription and the no substitution order meets prescribed conditions (e.g. significant adverse drug reaction).

Section 8 (Special Authorization)

In "exceptional circumstances" the physician can prescribe a drug not on the formulary if they receive special authorization: Section 8 mechanism. (In 2000/01, they received

53,403 Section 8 Requests, of which 36,287 (68%) were approved. 88% were approved within 3 weeks time¹).

Limited Use

LU products are drugs that are listed in the ODB formulary with specific clinical criteria or conditions for use.

<http://www.health.gov.on.ca/english/public/pub/drugs/odb.html>

Quebec

The Public Prescription Drug Insurance Plan is a government insurance plan offering basic prescription drug coverage. It was set up in 1997 to cover all Quebecers who have no access to private group insurance. The Public Prescription Drug Insurance Plan is administered by the Régie de l'assurance maladie du Québec.

Beneficiaries

The Public Prescription Drug Insurance Plan is intended for:

- persons age 65 and over;
- employment assistance (welfare) recipients and other holders of a claim slip (carnet de réclamation);
- persons who do not have access to a private plan;
- children of persons covered by the public plan.

Cost-Sharing

- Persons covered by the Régie pay a **premium** of up to **\$494** (depending on income) per year, regardless of whether they purchase drugs. (Collection of the premium is through income tax returns).
- When purchasing a prescription drug, Quebecers are required to pay a contribution: residents pay the first **\$10.25** of their prescription costs each month (*deductible*). They then pay a **co-insurance** amount of **28.5%** of the cost of the prescription. (Lower income individuals pay a deductible of \$8.33, and a co-payment of 25%)
- **The maximum monthly contribution** is the maximum monthly amount that the resident will be required to pay. This amount ranges from **\$16.66 to \$71.42**, depending on income.
- **The maximum annual** contribution is the maximum amount that Quebecers will pay each year. For 2004/2005 the maximum is **\$200-\$857**, depending on income.
- To summarize: \$10.25 + 28.5% of drug costs = max of \$71.42 per month

Cost-Containment Programs

Prior/Special Authorization

Required in some cases.

¹ http://www.gov.on.ca/health/english/pub/ministry/odb_report/drug_rep/sld031.htm

Limited Use

The List of Medications in Quebec contains a listing of “exception” drugs provided for by the government regulation and whose cost is covered by the prescription drug plan. An exception drug can be used when considered effective for limited indications, since neither its effectiveness nor the cost warrants its regular and continuous use for other indications; or if the less expensive medications are not tolerated, or are contraindicated, or have been ‘rendered ineffective’ by the patients’ condition.

<http://www.ramq.gouv.qc.ca/>

Nova Scotia

Beneficiaries

- Seniors: The seniors’ program is open to those over 65 years who need help paying for their prescription drugs. Participation in the program is optional.
- Community Services Pharmacare: This program is for NS residents and their dependents that are registered with the social assistance program or the Family Benefits program.
- Diabetic Assistance: for diabetics with low incomes.
- Canadian Cancer Society Program: an income-based program covering medication for cancer treatment.

Cost-Sharing

- Seniors: must pay an annual premium (**\$390**), as well as a co-payment to the pharmacy (**33%** of the cost to a maximum of **\$30** for each drug or supply. Once the co-payments reach **\$350** for the year, Pharmacare will pay the complete cost of the drugs until the new fiscal year begins).
- Those who receive a Guaranteed Income Supplement (GIS) are exempt from the premium.
- Community Services: recipients must pay a co-pay of **\$5.00** per prescription. (exception: disabled persons)

Cost-Containment Programs

Special Authorization

Drug products not listed on the NS Benefit List may be considered for Special Authorization Status coverage under certain conditions. (I.e. If a drug is ordinarily administered in a hospital, but is being administered outside because of special circumstances; the drug is not ordinarily prescribed, but is in this circumstance because of a rare condition or disability; the usual drug is found to be contraindicated or ineffective; drug has been deleted from the list, but is required by patients who were previously stabilized on the drug.)

Maximum Allowable Cost (MAC)

This program sets the maximum allowable price for each interchangeable drug category with benefit status, based on the lowest priced drug in the category. The additional cost of a higher priced brand is paid by the patient who may choose the brand. “Special MACs” have also been assigned to the some categories: (i) products within therapeutic

classifications such as H2 receptor antagonists, NSAIDs; (ii) products with convenience packaging; (iii) products with 'slow release' formulation.

<http://www.gov.ns.ca/health/pharmacare>

Saskatchewan

Beneficiaries

The Saskatchewan Drug Plan provides benefits to eligible Saskatchewan residents that fall into the following categories:

- Saskatchewan Assistance Plan recipients;
- Families/Individuals applying for and approved for Special Support;
- Guaranteed Income Supplement recipients;
- Persons 65 years and older who reside in licensed special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level;
- Saskatchewan Income Plan recipients living in the community;
- Families/Individuals approved for Family Health Benefits;
- SAIL beneficiaries (Paraplegics, Cystic Fibrosis, and Chronic Renal Disease);
- Persons approved as Palliative Care;
- Government Wards;
- Inmates of correctional institutions;
- Families granted Emergency Assistance.

Saskatchewan Drug Plan provides benefits through the following programs:

Special Support Program

The Special Support Program is an income-based program that spreads drug costs out over the entire year. If you think that your whose annual drug cost will be greater than 3.4% of your income, you are encouraged to apply for this program.

Guaranteed Income Supplement (GIS), Sask Income Plan, or Family Health Benefits
Families and individuals receiving Guaranteed Income Supplement, Saskatchewan Income Family Plan or Family Health Benefits may be eligible for coverage. Co-payments and deductibles will vary (please see the cost sharing section)

Emergency Assistance

If a resident requires immediate treatment with covered prescription drugs and they are unable to cover their share of the cost, they may be eligible for a once-time benefit through the "Emergency Assistance Program". The level of assistance provided will be in accordance with the ability to pay. Residents will then be asked to apply for special support.

Palliative Care

Palliative care coverage is intended for residents in the late stages of terminal illness. Under this program residents are entitled to receive prescription drugs listed in the Saskatchewan Formulary at no charge. The patient's pharmacy will bill the Drug Plan for

100% of the cost of benefit medications. This coverage can only be requested by a doctor on behalf of a patient.

Cost-Sharing

- Guaranteed Income Supplement (GIS): If you or your spouse receives GIS, your Drug Plan family deductible is \$200 semi-annually. Once you have paid the \$200 deductible, you pay 35% of the prescription costs.
- Residents of Special-care homes: If you are a resident of a special care home, your semi-annual deductible is \$100. Once you have paid the deductible, you must pay 35% of the prescription costs.
- Saskatchewan Income Plan: If you or your spouse receives SIP benefits, your semi-annual deductible is \$100. Once you have paid the deductible, you must pay 35% of the prescription costs.
- Family Health Benefits: If you or your spouse receives FHB, your semi-annual deductible is \$100. Once you have paid the deductible, you must pay 35% of the prescription costs. Children of families approved for FHB receive prescription drugs at no cost.
- Supplementary Health: If Social Services determines that you are eligible for Supplementary Health coverage, one of the following plans may be available:
 - *All Plans* – Individuals under 18 will receive benefit prescriptions at no charge. All plans cover the following prescribed regular benefit drugs without charge to the patient: insulin, oral medication for diabetes and birth control pills.
 - *Plan One*: If you are an adult, you pay no more than \$2 for each benefit prescription.
 - *Plan Two*: If you are on Plan One and you need several different drugs on a long-term basis, you may be eligible for benefit prescriptions at no charge. You, your physician, or your pharmacist may contact the Drug Plan to request this coverage.
 - *Plan Three*: Under Plan Three coverage, you will receive benefit prescriptions at no charge. In addition to the benefits in Plan Two, you may receive, without charge, certain additional prescribed drugs approved by the Saskatchewan Drug Plan. Plan Three is designed for people receiving the Saskatchewan Income Plan and residing in special-care homes. Individuals living in Approved Homes and Group Homes may also be eligible.

Cost-Containment Programs

Low Cost Alternative & Standing Offer Contract (SOC)

The Formulary lists two types of interchangeable drug groups; Low Cost Alternative, and Standing Offer Contract (SOC) consisting of brand name and generic drugs. Any drug in a Low Cost Alternative interchangeable group can be used to fill a prescription. The Drug Plan tenders the drugs in certain interchangeable groups to obtain the lowest possible price. If a prescription is ordered as "no substitution" for any brand other than the accepted brand listed, the Drug Plan will cover the actual acquisition cost up to the government specified price. The consumer must then pay the difference in the cost between the brand dispensed and the cost covered by the Drug Plan.

Maximum Allowable Cost (MAC)

The Saskatchewan Drug Plan uses a MAC policy for payment of Proton Pump Inhibitors (PPIs). Under this new policy (as of July 1, 2004) the Drug Plan will pay up to the maximum amount of \$1.51 per table of the PPI drugs (subject to the usual co-payment and deductible). If the resident prefers to take a higher-priced prescription drug, they must pay the additional cost.

Exception Drug Status (EDS)

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, your physician may request that your drug be covered through EDS. The list of EDS products and the criteria for each drug is located in the Saskatchewan formulary.

http://www.health.gov.sk.ca/ps_drug_plan.html

Manitoba

Beneficiaries

Pharmacare is a drug benefit program for any Manitoban, regardless of age, whose income is seriously affected by high prescription drug costs.

Qualification is based on these criterion:

- You are eligible for Manitoba Health coverage.
- Your prescriptions are not paid through other provincial or federal programs.
- Your prescription costs are not covered by a private drug insurance program.
- Your eligible prescription drug costs exceed your Pharmacare deductible.

Option A-One-Time Enrolment

This system affords Manitobans the choice of a one-time program enrolment. The one time program enrolment eliminates the need to submit a completed application form that includes validation of income.

Option B - Annual Application

Application forms must be completed and sent to Manitoba Health along with validation of income every year coverage is desired.

Cost-Sharing

A portion of the cost is covered by the consumer. This amount will be the annual Pharmacare deductible. Pharmacare sets the deductible based on annual family income. After the patient pays an income-based deductible, Manitoba Pharmacare pays 100 per cent of eligible prescription drug costs.

The Pharmacare deductible is calculated based on the following:

- The total income is determined from line from Canada Revenue Agency.
- Manitoba Health will add the applicant's total income to the total income of the spouse (if applicable).

- \$3,000.00 is subtracted from this total income for one spouse and each dependant under the age of 18 years.
- This equals to what is referred to as the Adjusted Total Family Income:
- If the total family income is less or equal to \$15,000 the deductible rate will be 2.32%
- If the total family income is between \$15,000 and \$40,000 the deductible rate will be 3.48%
- If the total family income is between \$40,000 and \$75,000 the deductible will be 4.00%
- If the total family income is greater than \$75,000 the deductible will be 5.00%

Cost-Containment Programs

Exceptional Drug Status

The Pharmacare drug benefits list is divided into three parts. Part I includes drug products that are eligible for Pharmacare benefits under all prescribed circumstances. Part II includes drug products that are eligible for Pharmacare benefits only when prescribed for the terms and conditions indicated. When a drug is not listed in Part I or part II, a request for Exception Drug Status coverage will be considered under Part III for each individual's specific circumstance. Under this program physicians are able to apply to obtain drug coverage (for each person) for medication not normally covered.

Interchangeable Formulary Regulation (Generic Substitution)

The Formulary lists interchangeable drugs consisting of brand name and generic drugs. Any interchangeable drug at a lower cost can be used to fill a prescription.

<http://www.gov.mb.ca/health/pharmacare/index.html>

New Brunswick

The program is made up of ten individual drug plans. The program only covers drugs dispensed in New Brunswick by an approved pharmacist from a prescription written by an authorized dispensing physician.

Beneficiaries

- Plan A - Seniors
- Plan B - Cystic Fibrosis
- Plan E - Family and Community Services (Family and Community Social Services (FCSS) Unit)
- Plan F - Family and Community Services
- Plan G - Children in Care of the Minister of Family and Community Services
- Plan H - Multiple Sclerosis
- Plan R - Organ Transplant
- Plan T - Human Growth Hormone
- Plan U - HIV
- Plan V - Nursing Home

For residents of the province who are 65 years of age and older who receive the Guaranteed Income Supplement (GIS) or who qualify for benefits based on an annual income as follows:

- a single senior with an annual income of \$17,198 or less;
- a senior couple with one spouse over 65, with a combined annual income of \$26,955 or less;
- a senior couple with one spouse under 65, with a combined annual income of \$32,390 or less.

Cost-Sharing

- Seniors receiving the GIS are required to pay a co-payment charge of \$9.05 for each prescription, up to a maximum of \$250 in one calendar year. Seniors who qualify based on their total annual income are required to pay a co-payment of \$15.00 per prescription.
- Cystic fibrosis patients or patients with juvenile or infant sclerosis of the pancreas, who are registered and qualify, pay a yearly registration fee of \$50. Individuals with this plan are required to pay a co-payment charge of 20% of the costs for each prescription up to a maximum of \$20. The maximum in co-payment charges is \$500 per family unit in one fiscal year.
- For individuals residing in a licensed residential facility who are required to pay a co-payment of \$4.00 for each prescription up to a maximum of \$250 per person in a fiscal year.
- Through the Department of Family and Community Services, individuals are required to pay a co-payment of \$4.00 for each prescription for adults (18 and over) and \$2.00 for children (under 18 years) up to a maximum of \$250 per family unit in a fiscal year.
- For Multiple Sclerosis (MS) medications, the amount of financial assistance depends on household income. To register for the MS plan, you must pay an annual \$50 premium. You must also pay a percentage of the drug cost for each prescription obtained.
- Organ transplant recipients are required to pay a yearly registration fee of \$50. The co-payment charge is 20% of the costs for each prescription up to a maximum of \$20. The maximum in co-payment charges is \$500 per family unit in a fiscal year.
- Growth hormone products must be prescribed by a designated endocrinologist and must be received from the Saint John Regional Hospital, the Dr. Georges L. Dumont Hospital or a hospital outside the province. Individuals with this plan are required to pay a yearly registration fee of \$50, as well as a co-payment charge of 20% of the costs for each prescription up to a maximum of \$20. The maximum in co-payment charges is \$500 per family unit in one fiscal year.
- For individuals who are HIV positive and are registered through a provincial infectious disease specialist. Individuals with this plan are required to pay a yearly registration fee of \$50, as well as a co-payment charge of 20% of the costs for each prescription up to a maximum of \$20. The maximum in co-payment charges is \$500 per family unit in one fiscal year. Eligible antiretroviral agents must be received from the River Valley Health Regional Health Authority (Region 3 - Fredericton). Beneficiaries are required to pay a yearly registration fee of \$50 and a co-payment of \$20 or 20% for each prescription up to an annual ceiling of \$500 per family unit.

Cost-Containment Programs

Special Authorization Process

This is a process whereby beneficiaries of the New Brunswick Prescription Drug Program may obtain drugs not offered as benefits under the Prescription Drug Program. Each request is looked at by a medical consultant according to specific criteria. Approval is based on the following:

- The purchase of the product will create a financial burden and the use of the product is required to maintain a healthy or tolerable life style, or to control a chronic or long term condition or disease.
- The requesting physician must state in writing, reasons why Special Authorization for each product should be approved.
- The specified product has been granted its Notice of Compliance by Health Canada.

Maximum Allowable Price List

This cost-containment measure sets the maximum price for each drug and drug category with benefit status under the National Formulary and the Atlantic Formulary. Additional costs are absorbed by the patient.

<http://www.qnb.ca/0051/0212/index-e.asp>

Newfoundland and Labrador

Beneficiaries

The Newfoundland and Labrador Prescription Drug Program consists of three programs:

The Income Support Program

- Provides prescription drug coverage for residents of the province who qualify for full benefit coverage under the Department of Humans Resources and Employment.
- Provides for prescription drug coverage due to the high cost of their medications.

The Seniors Drug Subsidy Program

- Provides prescription drug coverage for residents who are 65 years of age or over, who are in receipt of the Guaranteed Income Supplement and who are registered for the Old Age Security benefits.

The Special Needs Programs

- Provides universal coverage for patients with Cystic Fibrosis and Growth Hormone. Universal coverage also provided for Food Bank clients.

Cost-Sharing

The Income Support Program

- Provides 100% coverage of the ingredient cost, up to a 10% markup where ingredient cost exceeds \$30.00, and a maximum dispensing fee of \$6.50.

The Seniors Drug Subsidy Program

- Provides prescription drug coverage, for identified benefit agents, for residents who are 65 years of age or over, who are in receipt of the Guaranteed Income Supplement and who are registered for the Old Age Security benefits.
- Provides coverage of defined ingredient cost only for identified benefits. The remaining cost of a prescription is paid by the senior as a co-payment. This amount is not regulated by government.

The Special Needs Programs

- Provides universal coverage for patients with Cystic Fibrosis and Growth Hormone. Universal coverage also provided for Food Bank clients, however, clients must apply for coverage under the Department of Human Resources and Employment once they reach 18 years of age, at which time access to the program is based on financial need.
- Provides 100% coverage for identified benefits - disease-related prescription drugs, enzymes, foods, medical supplies, and equipment - supplied through the Health Sciences Central Supply and Pharmacy.

Cost – Containment Programs

Maximum Allowable Costs

An initiative was undertaken to set a maximum allowable cost for certain drugs categories so that all brands within the category would be reimbursed at the same price. In order to accommodate this proposal, the Newfoundland Pharmaceutical Association and the Newfoundland and Labrador Medical Association requested that Government provide legislative authority that would permit retail pharmacists to substitute brands of over-the-counter drugs. The prices published are the maximum prices a pharmacy may charge a client.

Mandatory Substitution/ Lowest Price

A person legally authorized to dispense drugs, when presented with a prescription for a drug listed in the Formulary, must dispense either the lowest price brand of the drug or another approved substitute brand of that drug at the lowest price listed in the Formulary. A client is free to choose a specific brand within a category if they wish; however, the pharmacist must notify the patient of the difference in price of the brand chosen from that of the lowest price that is listed in the Formulary. The client is responsible for the difference in the price of the drug.

When the Lowest Price is not Available

Where due to exceptional circumstances (such as production and distribution problems) the lowest priced drug may not be generally available to pharmacies, a dispenser may supply or charge for the next lowest price listed in the Formulary.

www.gov.nf.ca/health/

Prince Edward Island

The Prince Edward Island Drug Cost Assistance Programs (DCAP) has been established to:

- Improve and maintain the well-being of the residents of PEI by reducing the cost of specified medications of proven therapeutic effectiveness to selected groups of people.
- Encourage the rational use of medications

Beneficiaries

- Persons under 18 years of age in temporary or permanent custody of the Director of Child Welfare
- Persons eligible for PEI Medicare and 65 years of age or more
- Persons eligible for Welfare Assistance
- Families with children under age 18 in the following income ranges:
 - 1 Child with a net annual family income less than \$22,000;
 - 2 Children with a net annual family income of less than \$24,000
 - For each additional child, add \$2,000; for example, 6 children = \$32,000
- Patient with Multiple Sclerosis
- Patient with Diabetes

Programs Provided Through the Provincial Pharmacy:

- AIDS Program
- Cystic Fibrosis Program
- Erythropoietin (Eprex) Program
- Growth Hormone Program
- Hepatitis Program
- Immunization Program
- Institutional Pharmacy Program
- Interferon alfa-2b (Intron A) Program
- Meningitis Program
- Phenylketonuria (P.K.U.) Program
- Sexually Transmitted Diseases Program
- Transplant Program
- Tuberculosis (T.B.) Program

Cost- Sharing

Diabetes Control Program

- Insulin: \$5.00 per 10 mL vial of insulin or box of 1.5 mL insulin cartridges; \$10.00 per box of 3.0 mL insulin cartridges. Oral medications: none Urine testing materials: none

Family Health Benefit Program

- First \$13.00 of the medication cost plus the pharmacy professional fee for each prescription.

Multiple Sclerosis Medications Program

- An income-based portion of the medication cost plus the pharmacy professional fee for each prescription.

Seniors Drug Cost Assistance Program

- First \$8.00 of the medication cost plus the pharmacy professional fee for each prescription.

Cost-Containment Programs

Lowest Price Prescriptions

A pharmacist must dispense either the lowest price brand of the drug or another approved substitute brand of that drug at the lowest price listed in the Formulary. If a client wishes to use a more expensive product, they must pay the pharmacy the standard co-pay, plus any cost difference between the brand name requested and the price paid by government for the least expensive alternative product.

Exceptional Drug Status

In cases where a patient experiences problems with a specific brand of medication (e.g. a documented allergy), a prescriber may apply to the Drug Cost Assistance Programs for exemption from the cost of the 'no substitution' brand by submitting a completed Exceptional Drug Request form.

Under the Family Health Benefit, Financial Assistance, and Seniors Drug Programs certain drug products may be considered for Exceptional Drug Status (EDS) coverage under one or more of the following circumstances:

- The drug is infrequently used;
 - The drug has potential for widespread inappropriate use;
- EDS coverage is not provided under the Diabetes Control or Multiple Sclerosis Programs.

<http://www.gov.pe.ca/infopei/oneListing.php3?number=45156&dept=prov/hss>