

Provincial Drug Coverage

Pharmacare and Private Drug Coverage

In those provinces with Pharmacare, patients who have a private drug plan should check with their provinces to ask if they are required to claim through the province's Pharmacare plan before applying to their private drug plan. A letter of denial from the province may be required by private insurers at the time of claim.

British Columbia

Program and contact information (listed below)

BC PharmaCare

This is a provincially funded program for BC residents. It is the first payer. Residents may be eligible for 12 PharmaCare plans and can be covered under multiple plans at once. The plan covers most drugs prescribed by a physician, dentist, midwife, nurse practitioner, optometrist, or podiatrist, when they are licensed and practicing in BC, plus:

- Diabetes supplies
- Ostomy supplies
- Permanent prostheses
- Children's orthoses
- Nicotine replacement therapy and smoking cessation prescription drugs through the BC Smoking Cessation Program
- Medications for Medical Assistance in Dying (MAiD)
- Some pharmacy services
- Expensive drugs for rare diseases on a case-by-case, last-resort basis, that have an approximate annual cost of more than \$100,000 per patient. Does not cover drugs used to treat cancer.

[View the list of all 12 plans, who is covered/eligible for each plan and how to apply.](#)

For a list of drugs and the plans under which they are covered, please visit the [BC PharmaCare Formulary Search page](#).

BC Cancer Funding

Certain medications for active cancer treatment are funded by BC Cancer. These medications are supplied at no charge to registered BC cancer patients at our Centres and Clinics. Medications that are covered are listed in the [BC Cancer Benefit Drug List](#), along with other relevant information about approved use and paperwork requirements.

Special Authority Plan

Grants apply to a drug, medical supply or device that would not otherwise be eligible for full coverage. Coverage is provided to patients in specific medical circumstances and depends on the patient's PharmaCare plan rules, including deductible requirements. Coverage is approved for patients who meet established criteria. Special Authority requests must be made by a prescriber.

In exceptional circumstances, special authorization may grant PharmaCare coverage to patients who do not meet the pre-defined criteria, or for non-benefit items.

Patients who have a private drug plan are required to claim first through the province's Pharmacare plan before applying to their group drug plan. A letter of denial from the province is required by group plans at the time of claim.

Find more information at [Special Authority in BC](#), including drugs requiring special authorization, the application form, and information on how to submit a request.

Alberta

Program and contact information (listed below)

Specialized High-Cost Drug Program

The program provides funding for drugs used in highly specialized procedures, such as organ transplants and major heart surgeries. It is available to all Albertans in addition to basic health services. To qualify, you must be a resident of Alberta, be registered with the Alberta Health Care Insurance Plan and have not opted out of the plan. You must also require an eligible high-cost drug to treat an eligible medical condition specified in the program. [Find out more about the Specialized High-Cost Drug Program here.](#)

Special Authorization

This provides access to certain drugs according to defined clinical criteria. Special authorization request forms are completed by physicians and reviewed by clinical pharmacists. Prior approval must be granted to ensure coverage by special authorization. [Find out more about special authorization guidelines for health practitioners in Alberta.](#)

Outpatient Cancer Drug Benefit Program

This provides select medications used in the direct treatment of cancer to patients at no cost. Recipients must be covered by Alberta Health Care Insurance Plan; registered in the Cancer Registry with a disease classified in the International Classification of Diseases for Oncology; and require drugs to treat cancer. A professional referral is also required. [Find out more information about the Outpatient Cancer Drug Benefit Program.](#)

Saskatchewan

Program and contact information (listed below)

Special Support Program

This is a program that helps Saskatchewan residents with high drug costs. It establishes a semi-annual deductible based on total household income and a co-payment percentage that is based on total household income and total household drug costs. The program covers all drugs in the [Saskatchewan Formulary](#) and those covered under Exceptional Drug Status if certain medical criteria are met. Renewal occurs each year as it is based on annual reported total income. Applicants can choose between two application types (one that automatically renews if taxes are filed with CRA or one that requires re-application each year).

How to apply:

[Download the Special Support Program form](#) to apply online.

Ask pharmacist for application form

Contact Drug Plan and Extended Benefits Branch toll-free at 1-800-667-7581 or in Regina at 306-787-3317 or email dpeb@health.gov.sk.ca. You can also contact this branch for any questions related to the program or how to fill out the form.

Individuals or families may apply by completing an application form and submitting it to the Drug Plan as follows:

Special Support Program – Client Services Unit Drug Plan and Extended Benefits Branch
3475 Albert Street REGINA SK S4S 6X6

Fax: 306-787-8679

Email: dpeb@health.gov.sk.ca

Read the [frequently asked questions and answers about the Special Support Program](#) from the Saskatchewan government website.

Manitoba

Program and contact information (listed below)

Manitoba Pharmacare Program

The drug benefit program for eligible Manitobans, regardless of disease or age, is for those whose income is seriously affected by high prescription drug costs. It is based on household income and the amount paid for eligible prescription drugs. Pharmacare is income based, which means a deductible is calculated based on the total adjusted family income. Once the yearly deductible has been reached through the purchase of eligible prescription drugs at a pharmacy, Pharmacare will pay 100 per cent of eligible prescription costs for the remainder of the benefit year. The Pharmacare benefit year is April 1 to March 31 of the following year. To be eligible for benefits, an application must be received on or before March 31 of the current benefit year.

To find out what drugs are covered under the Pharmacare Program:

- Contact your physician or pharmacist or visit the [Manitoba Drug Formulary Lookup](#), or
- Toll free phone: 1-800-297-8099
- Phone: 204-786-7141

[Apply for the Manitoba Pharmacare Program.](#)

Ontario

Program and contact information (listed below)

Ontario Drug Benefit

This plan covers most of the cost of approximately 5,000 prescription drug products for Ontario residents and must be filled at an Ontario pharmacy. Coverage automatically begins when you turn 65. Some may qualify before that age if they meet certain criteria, including:

- Living in a long-term care home or a home for special needs
- Those who are below the age of 24 and not covered by a private insurance plan, or
- When already enrolled in Trillium Drug Program.

Below are some useful links:

- [Full list of ODB coverage criteria](#)
- To [check if a medication is covered through the ODB program](#) (requires DIN or medication name).

Trillium Drug Program

This is a program that helps Ontario residents pay for high-cost prescription medication. Some of the criteria for applying include:

- You do not already qualify for Ontario Drug Benefit program
- You do not have an insurance plan that covers 100% of the drug cost
- You spend more than 4% of your after-tax household income on prescription medication costs.

About the program:

- The Trillium Drug Program is based on total household income
- The Program year is from August 1 to July 31
- Make sure you apply by September 30th to be reimbursed for any eligible drug you received in the previous program year (August 1 to July 31).

Check the [Trillium Drug Program criteria](#) to see if you qualify.

[Download a Trillium application form online.](#)



Contact the Trillium Drug Program at one of the numbers below:

Toll free phone: 1-800-575-5386 (toll free)

Phone: 416-642-3038 (Toronto)

TTY: 1-800-387-5559 (TTY)

Exceptional Access Program (EAP)

This facilitates patient access to drugs not funded on the Ontario Drug Benefit (ODB) Formulary, or where no listed alternative is available. To receive coverage, the patient must be eligible to receive benefits under the Ontario Drug Benefit (ODB) program.

To apply for funding the patient's authorized prescriber must submit a request to the EAP documenting complete and relevant medical information. This includes providing the clinical rationale for why formulary benefits are not suitable and addressing the clinical circumstances for which the drug is required.

All requests are reviewed according to approved guidelines and criteria. This review includes a thorough assessment of the patient's specific case and circumstances, as provided by the authorized prescriber, as well as the scientific evidence to support the request. If EAP approval is granted, the coverage period begins on the effective date and extends only to the specified date.

[Standard EAP form for authorized prescribers.](#)

For some drugs, authorized prescribers can use a drug-specific electronic form (e-form). These drug-specific e-forms are interactive and criteria-based and assist authorized prescribers in ensuring all the necessary information is provided and to facilitate a faster response by the ministry.

Here is the [list of drugs that allow e-forms](#).

EAP inquiries can be made via email: EAPFeedback.MOH@ontario.ca

Phone: 416-327-8109 or 1-866-811-9893

Fax: 416-327-7526 or 1-866-811-9908



New Brunswick

Program and contact information (listed below)

The Government of New Brunswick provides prescription drug coverage to eligible New Brunswick residents through the New Brunswick Prescription Drug Program, the New Brunswick Drug Plan and other drug plans (collectively known as the New Brunswick Drug Plans). All drugs on the NB Formulary are covered. Certain drugs are eligible for coverage under the New Brunswick Drug Plans through special authorization. These drugs have special criteria that must be met before they can be approved for special authorization

[Link to New Brunswick Drug Plans Formulary.](#)

Request forms for special authorization:

- [General](#)
- [Filgrastim](#)
- [Additional Smoking Cessation Therapy](#)

Special authorization requests should be sent by mail or fax to:

Special Authorization Unit

New Brunswick Drug Plans

P.O. Box 690

Moncton, NB E1C 8M7

Local Fax: 506-867-4872

Toll Free Fax: 1-888-455-8322

Inquiry Line: 1-800-332-3691

[More information on the New Brunswick Drug Plans.](#)

Prince Edward Island

Program and contact information (listed below)

High-Cost Drug Program

A program designed to assist PEI residents in paying for medications. You may be eligible for coverage for approved medication costs for several medical conditions, including but not limited to: Ankylosing Spondylitis; Cancer; Crohn's Disease; Multiple Sclerosis; Plaque Psoriasis; Pulmonary Hypertension; Psoriatic Arthritis; Rheumatoid Arthritis; and Wet Age-Related Macular Degeneration. If you have private insurance, you must submit all claims to private insurer first. Any remaining out-of-pocket eligible expenses can then be submitted for assessment. If approved, you must re-apply 2 months before expiry date.

How to apply:

Submit completed [application form for the High Cost Drug Program](#)

Physician or diagnosing specialist must complete and submit a [Special Authorization Request Form](#) and any appropriate medical information.

For more information or questions:

Telephone: (902) 368-4947

Toll free: 1-877-577-3737

Nova Scotia

Program and contact information (listed below)

Family Pharmacare Program

A provincial drug insurance plan designed to help Nova Scotians with the cost of their prescription drugs. The Program offers protection against drug costs for families who have no drug coverage or if the cost of the prescription drugs becomes a financial burden to them. The Program is available to all Nova Scotians with a valid Nova Scotia Health Card. The Family Pharmacare Program helps cover the costs of certain prescribed drugs, supplies and related services that are indicated as benefits in the Nova Scotia Formulary.



All beneficiaries who are enrolled in the Family Pharmacare Program will be required to pay a part of the cost of certain prescription drugs and devices covered under the Program. The Program has annual family copayment and deductible maximums that are set depending on a family's size and annual income.

[View the Nova Scotia formulary.](#)

To apply:

All families are only required to fill out one [registration form](#).

[Family Pharmacare Program Questions and Answers.](#)

Drug Assistance

For Cancer Patients Program - drug insurance plan designed to help Nova Scotians with the cost of certain cancer-related drugs and supplies. The program is designed to assist low-income Nova Scotians who do not have drug coverage. Benefits include chemotherapeutic agents, pain medications, antiemetic agents, and laxatives for use with chronic opioid therapy. Some medications are considered exception status drugs and require a prescriber's request for approval. Other agents that are directly related to a patient's cancer therapy can be considered by the Pharmacare Office upon receipt of a written request from the prescriber.

To apply:

Complete a [registration form for the Assistance for Cancer Patients programs](#).

Mail or fax it, with a copy of the most recent Income Tax Notice of Assessment or Reassessment from Canada Revenue Agency for the person applying, their parent(s) or guardian(s), spouse or common-law partner, to:

Drug Assistance for Cancer Patients
Nova Scotia Pharmacare Programs
PO Box 500
Halifax NS, B3J 2S1
Fax: (902) 468-9402



[Drugs Assistance for Cancer Patients Questions and Answers.](#)

Contact NS Pharmacare by phone or email:

Toll-free phone: 1-800-563-8880 (in Nova Scotia)

Phone: 902-496-7008

Hours: Monday-Friday 8:30am – 4:30pm

Email: msi@medavie.ca

Newfoundland and Labrador

Program and contact information (listed below)

Newfoundland and Labrador Prescription Drug Program (NLPDP)

Provides financial assistance for the purchase of eligible prescription medications for those who reside in the province. There are five main plans under the program: The Foundation Plan, The 65Plus Plan, The Access Plan, The Assurance Plan and The Select Needs Plan. The NLPDP is payor of last resort. This means, the NLPDP will pay prescription costs and other related benefits, for which a person is eligible, only where those services are not, or are no longer, reimbursable by a third party. Some drugs require special authorization to be covered. In this case beneficiaries must meet certain criteria and a request must be made by a health care professional on behalf of the beneficiary. Requests will be assessed according to defined criteria; upon receipt of the required clinical information from a health care provider involved in the patient's care; and subject to a drug review by staff of the Pharmaceutical Services Division.

[Special Authorization request forms.](#)

[Information on SA drug products.](#)

[More information about the plans available to residents and how to apply to each.](#)