

PRESCRIPTION DRUG COVERAGE

Benefit Description	Pre-authorization Requirements	Comments
Regular Drug Benefit List (by province or territory)	See NOTES section	See NOTES 1, 2, 3, 5, 6 & 7
Limited Use, Exceptional Status, Special Authorization or Restricted Use Medications	Yes	See NOTES 2, 4 & 6

IFHP ADDITIONAL DRUG BENEFITS

SCABICIDES AND PEDICULICIDES		
Gamma-Benzene Hexachloride 1% lot	No	See NOTES 1 & 2
Gamma-Benzene Hexachloride 1% Shampoo	No	See NOTES 1 & 2
Permethrin 5% lot	No	See NOTES 1 & 2
Permethrin 1% Cr Rinse	No	See NOTES 1 & 2
Permethrin Dermal Cream 5% Cr	No	See NOTES 1 & 2
VITAMINS / MINERALS / ANTIANEMIA DRUGS		
Calcium Carbonate 500 mg tab	No	See NOTES 1 & 2
Calcium Carbonate/Vitamin D 500 mg - 125 UI and 200 UI tab	No	See NOTES 1 & 2
Calcium Carbonate/Vitamin D 500 mg - 400 UI tab; caps	No	See NOTES 1 & 2
Vitamin D 10 000 UI caps; 10 000 UI tab	No	See NOTES 1 & 2
Vitamin D 400 UI caps; 400 UI tab	No	See NOTES 1 & 2
Pre-Natal Multivitamins - Materna	No	See NOTES 1 & 2
Cyanocobalamin (B12) tab	No	See NOTES 1 & 2
Folic Acid 5 mg tab	No	See NOTES 1 & 2
Electrolyte & Dextrose Oral	No	See NOTES 1 & 2
Ferrous Sulfate Tab 300 mg to 325 mg (Fe-60 mg to 65 mg)	No	See NOTES 1 & 2
Ferrous Sulfate Oral Sol 75 mg/mL(Fe-15 mg/mL)	No	See NOTES 1 & 2
ANALGESICS AND ANTIPIRETTICS		
Acetaminophen	No	See NOTES 1 & 2
CATHARTICS AND LAXATIVES		
Docusate Sodium and Calcium	No	See NOTES 1 & 2
Sennosides	No	See NOTES 1 & 2
NITRATES AND NITRITES		
Glyceryl Trinitrate patch 0.2 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate patch 0.4 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate Patch 0.6 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate Patch 0.8 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate Top. Oint	No	See NOTES 1 & 2
Glyceryl Trinitrate S. ling tab 0.3 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate S.ling tab 0.6 mg	No	See NOTES 1 & 2
Glyceryl Trinitrate spray 0.4 mg	No	See NOTES 1 & 2

PLASMODICIDES (ANTIPROTOZOALS)		
Diiodohydroxyquin 210 mg tab; 650 mg tab	No	See NOTES 1 & 2
Atovaquone 150 mg/ml Oral Susp	No	See NOTES 1 & 2
Atovaquone/Proguanil Hydrochloride 62.5 mg-25 mg tab; 250 mg-100 mg tab	No	See NOTES 1 & 2
Paromomycine Sulfate 250 mg cap	No	See NOTES 1 & 2
Isethionate Pentamidine 300 mg inj	No	See NOTES 1 & 2
Chloroquine Phosphate 250 mg tab	No	See NOTES 1 & 2
Hydroxychloroquine Sulfate 200 mg tab	No	See NOTES 1 & 2
Primaquine Phosphate 15 mg tab; 26.3 mg tab	No	See NOTES 1 & 2
Pyrimethamine 25 mg tab	No	See NOTES 1 & 2
Quinine Sulphate 200 mg/300 mg caps	No	See NOTES 1 & 2
Mefloquine Hydrochloride 250 mg tab	No	See NOTES 1 & 2
Metronidazole 500 mg cap; 250 mg tab	No	See NOTES 1 & 2
ANTHELMINTICS		
Mebendazole 100 mg tab	No	See NOTES 1 & 2
Thiabendazole 500 mg tab	No	See NOTES 1 & 2
Praziquantel 600 mg tab	No	See NOTES 1 & 2
Pyrantel Pamoate 50 mg oral susp; 125 mg tab	No	See NOTES 1 & 2
Piperazine Adipate 2 g Pk	No	See NOTES 1 & 2
Ivermectin	No	See NOTES 1 & 2
TOXOIDS AND VACCINES		
Tetanus - Diphtheria Toxoid (Absorbed) (T,d)	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Poliomyelitis Vaccine (Inactivated, Absorbed) (T,d, IPV)	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) T,d,ap	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) D,T,aP	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) Poliomyelitis Vaccine (Inactivated) D,T,aP, IPV	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine - Haemophilus B Conjugate D,T,aP+(Hib)	Yes	See NOTE 2
Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine – Inactivated Poliomyelitis Vaccine - Haemophilus B Conjugate D,T,aP, IPV+(Hib)	Yes	See NOTE 2
Haemophilus Influenzae Type B Conjugate Vaccine (Hib)	Yes	See NOTE 2
Hepatitis A Vaccine (Inactivated)	Yes	See NOTE 2
Hepatitis B Vaccine (Recombinant)	Yes	See NOTE 2
Hepatitis A & B Vaccine (Combination)	Yes	See NOTE 2
Measles - Mumps - Rubella Virus Vaccine (Live, Attenuated)	Yes	See NOTE 2
Meningococcal Polysaccharide Vaccine (Men-A-C-Y-W-135)	Yes	See NOTE 2
Meningococcal Conjugate Vaccine (Men-C)	Yes	See NOTE 2

Pneumococcal Conjugate (Pneu-C-10); (Pneu-C-13)	Yes	See NOTE 2
Pneumococcal polysaccharide - 23 valent (Pneu-P-23)	Yes	See NOTE 2
Poliomyelitis Vaccine (Inactivated)	Yes	See NOTE 2
Varicella Virus Vaccine	Yes	See NOTE 2
Influenzae Vaccine	Yes	See NOTE 2

NOTES:

- NOTE 1 - Interchangeable program applies to pay low cost generic available.
- NOTE 2 - Prescription is required.
- NOTE 3 - Prior approval is required for prescriptions bearing a notification that no substitution is allowed if the drug prescribed is not a low cost generic.
- NOTE 4 - Prior approval is required for the drug listed as Restricted Use, Limited Use, Exceptional Status or Special Authorization unless the same drug is listed in the IFHP additional drug benefit list. IFHP will use the same recognition criteria for prior approval and payment as provided in the provincial/territorial public prescription drug insurance plan.
- NOTE 5 - In British Columbia and Alberta, IFHP covers anti-retroviral medications provided through the BC Center for Excellence in HIV HIV/AIDS and Alberta Province Wide Services (PWS) Anti-retroviral Medications for IFHP beneficiaries who meet the therapeutic requirements for anti-retroviral therapy. No prior approval is required.
- NOTE 6* - For drug lists per province/territory use the following PT formulary links. Please note that certain products are excluded under the IFHP.
- NOTE 7 - In Saskatchewan, Alberta, Ontario, British Columbia and New Brunswick, IFHP covers anti-tubercular agents provided by the Saskatchewan TB Program, the Alberta TB Program, the Ontario TB Program, the British Columbia TB Program and the New Brunswick TB Drug Plan respectfully.

FORMULARY WEB SITES - NOTE 6*

Alberta

https://www.ab.bluecross.ca/dbl/idbl_main1.html

British Columbia

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

Manitoba

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

New Brunswick

<http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/ForHealthCareProfessionals/NewBrunswickDrugPlansFormulary.html>

Newfoundland

<http://www.health.gov.nl.ca/health/prescription/covered.html>

Northwest Territories: NIHB formulary

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php>

Nova Scotia

<http://www.gov.ns.ca/health/Pharmacare/formulary.asp>

Nunavut: NIHB formulary

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php>

Ontario

http://www.health.gov.on.ca/en/pro/programs/drugs/odbf_iformulary.aspx

Prince Edward Island

<http://healthpei.ca/formulary>

Quebec

<http://www.ramq.gouv.qc.ca/en/publications/citizens/legal-publications/Pages/list-medications.aspx>

Saskatchewan

<http://formulary.drugplan.health.gov.sk.ca/>

Yukon

<http://formulary.drugplan.ehealthsask.ca/>