

**PRESCRIPTION DRUG COVERAGE**

| <b>Benefit Description</b>   | <b>Pre-authorization Requirements</b> | <b>Comments</b>             |
|--|---------------------------------------|-----------------------------|
| 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**

| <b>SCABICIDES AND PEDICULICIDES</b>                        |    |                 |
|--|----|-----------------|
| 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 |
| <b>VITAMINS / MINERALS / ANTIANEMIA DRUGS</b>              |    |                 |
| 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 |
| <b>ANALGESICS AND ANTIPYRETICS</b>                         |    |                 |
| Acetaminophen  | No | See NOTES 1 & 2 |
| <b>CATHARTICS AND LAXATIVES</b>                            |    |                 |
| Docusate Sodium and Calcium                                | No | See NOTES 1 & 2 |
| Sennosides   | No | See NOTES 1 & 2 |
| <b>NITRATES AND NITRITES</b>                               |    |                 |
| 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 |

| <b>PLASMODICIDES (ANTIPROTOZOALS)</b>  |     |                 |
|--|-----|-----------------|
| 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 |
| <b>ANTHELMINTICS</b>   |     |                 |
| 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 |
| <b>TOXOIDS AND VACCINES</b>  |     |                 |
| Tetanus - Diphtheria Toxoid (Absorbed) <b>(T,d)</b>  | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Poliomyelitis Vaccine (Inactivated, Absorbed) <b>(T,d, IPV)</b>  | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Pertussis (Acellular) <b>T,d,ap</b>  | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Pertussis (Acellular) <b>D,T,aP</b>  | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Pertussis (Acellular) Poliomyelitis Vaccine (Inactivated) <b>D,T,aP, IPV</b>                                       | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine - Haemophilus B Conjugate <b>D,T,aP+(Hib)</b>  | Yes | See NOTE 2      |
| Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine – Inactivated Poliomyelitis Vaccine - Haemophilus B Conjugate <b>D,T,aP, IPV+(Hib)</b> | Yes | See NOTE 2      |
| Haemophilus Influenzae Type B Conjugate Vaccine <b>(Hib)</b>   | 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](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](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/fr/professionnels/pharmaciens/medicaments/Pages/liste-medicaments.aspx>

### Saskatchewan

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

### Yukon

<http://www.hss.gov.yk.ca/drugformulary.php>