

Access and coverage of antiretroviral drugs through Canada's provincial and territorial drug programs

| Drug | Dose | Form | Provinces/Territory | | | | | | | | | | | | | | NIHB |
|---|-------------------------------------|------|---------------------|------------------|----------|---------------|-------------------------|-----------------------|-------------|---------|---------|----------------------|--------|--------------|-------|-----|------|
| | | | Alberta | British Columbia | Manitoba | New Brunswick | Newfoundland & Labrador | Northwest Territories | Nova Scotia | Nunavut | Ontario | Prince Edward Island | Quebec | Saskatchewan | Yukon | | |
| Single Tablet Regimens | | | | | | | | | | | | | | | | | |
| (generic) efavirenz/emtricitabine/tenofovir disoproxil fumarate | 600mg/ 200mg/ 300mg | tab | • | • | EDS | • | SA | • | • | • | • | • | • | EDS | EDS | • | |
| (Atripla) efavirenz/emtricitabine/tenofovir disoproxil fumarate | 600mg/ 200mg/ 300mg | tab | • | •** | EDS** | • | SA | • | • | • | •** | • | •** | EDS** | EDS | • | |
| (Biktarvy) Bictegravir/emtricitabine/tenofovir alafenamide | 50mg/ 200mg/ 25mg | tab | | | | | | | • | • | | | PDE | | EDS | • | |
| (Complera) rilpivirine/emtricitabine/tenofovir disoproxil fumarate | 25mg/ 200mg/ 300mg | tab | • | ALT | EDS | • | SA | • | • | • | • | • | • | EDS | EDS | • | |
| (Delstrigo) doravirine/lamivudine/tenofovir disoproxil fumarate | 100mg/ 300mg/ 300mg | | | | | | | | | | | | PDE | | | | |
| (Genvoya) elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide | 150mg/ 150mg/ 200mg/ 10mg | tab | • | ALT | EDS | SA | SA | • | • | • | • | • | • | EDS | EDS | • | |
| (Juluca) dolutegravir/rilpivirine | 50mg/ 25mg | tab | | | | | | | • | • | • | • | • | | EDS | • | |
| (Odefsey) rilpivirine/emtricitabine/tenofovir alafenamide | 25mg/ 200mg/ 25mg | tab | • | | EDS | SA | | | • | • | • | • | | • | EDS | EDS | • |
| (Stribild) elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate | 150mg/ 150mg/ 200mg/ 300mg | tab | • | ALT | EDS | SA | SA | • | • | • | • | • | • | EDS | EDS | • | |
| (Symtuza) Darunavir/cobicistat/emtricitabine/tenofovir alafenamide | 800mg/ 150mg/ 200mg/ 10mg | tab | | | | | | | EDS | | EDS | | | PDE | | EDS | EDS |
| (Triumeq) dolutegravir/lamivudine/abacavir | 50mg/ 300mg/ 600mg | tab | • | ALT | EDS | • | SA | • | • | • | • | • | • | EDS | EDS | • | |
| Nucleoside/tide Reverse Transcriptase Inhibitors | | | | | | | | | | | | | | | | | |
| abacavir (generic) | 300mg | tab | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • | |
| abacavir (Ziagen) | 300mg | tab | •** | •** | •** | • | •** | •** | •** | •** | •** | • | •** | EDS** | • | •** | |
| abacavir liquid | 20mg/mL | sol | • | • | • | • | • | • | • | • | • | R | • | EDS | • | • | |
| abacavir/lamivudine (generic) | 600mg/ 300mg | tab | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • | |
| abacavir/lamivudine (Kivexa) | 600mg/ 300mg | tab | •** | •** | •** | • | •** | •** | | •** | •** | • | •** | EDS** | • | •** | |
| abacavir/lamivudine/zidovudine (generic) | 300mg/ 150mg/ 300mg | tab | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • | |
| abacavir/lamivudine/zidovudine (Trizivir) | 300mg/ 150mg/ 300mg | tab | •** | •** | •** | • | •** | •** | | •** | •** | • | •** | EDS | • | •** | |

| Drug | Dose | Form | Provinces/Territory | | | | | | | | | | | | | NIHB |
|---|------------------------|------|---------------------|------------------|----------|---------------|-------------------------|-----------------------|-------------|---------|---------|----------------------|--------|--------------|-------|------|
| | | | Alberta | British Columbia | Manitoba | New Brunswick | Newfoundland & Labrador | Northwest Territories | Nova Scotia | Nunavut | Ontario | Prince Edward Island | Quebec | Saskatchewan | Yukon | |
| didanosine EC (Videx EC) | All strengths | cap | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| emtricitabine/tenofovir alafenamide (Descovy) | 200mg/10mg, 200mg/25mg | Tab | | ALT | | | | SA | EDS | | EDS | | | PDE | | EDS |
| emtricitabine/tenofovir disoproxil fumarate (generic) | 200mg/300mg | tab | • | • | EDS | • | | SA | • | • | • | • | • | • | EDS | • |
| emtricitabine/tenofovir disoproxil fumarate (Truvada) | 200mg/300mg | tab | • | •** | EDS** | • | | SA | •** | | •** | •** | • | •** | •** | EDS |
| lamivudine (generic) | 150mg, 300mg | tab | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| lamivudine (3TC) | 150mg, 300mg | tab | •** | •** | •** | • | | •** | •** | | •** | •** | • | •** | EDS | • |
| lamivudine liquid | 10mg/ml | sol | • | • | • | • | • | • | • | • | • | • | R | • | EDS | • |
| lamivudine/zidovudine (generic) | 150mg/300mg | tab | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| lamivudine/zidovudine (Combivir) | 150mg/300mg | tab | •** | •** | •** | • | | •** | •** | | •** | •** | • | • | EDS | • |
| stavudine (Zerit) | all strengths | cap | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| tenofovir disoproxil fumarate (generic) | 300mg | tab | • | • | EDS | SA | | SA | LUB | • | LUB | LU | • | • | EDS | EDS |
| tenofovir disoproxil fumarate (Viread) | 300mg | Tab | •** | •** | EDS** | SA | | SA | LUB | | LUB | LU** | • | •** | EDS | EDS |
| zidovudine (generic) | 100mg | cap | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| zidovudine (Retrovir) | 100mg | cap | • | •** | •** | • | | NFDR | • | | • | ODDMP | • | •** | EDS | • |
| zidovudine liquid | 10mg/mL | syr | • | • | • | • | | NFDR | • | • | • | ODDMP | R | • | EDS | • |
| Non-Nucleoside Reverse Transcriptase Inhibitors | | | | | | | | | | | | | | | | |
| delavirdine (Rescriptor) | 100mg | tab | • | | • | SA | | • | | • | | • | | • | EDS | • |
| doravirine (Pifeltro) | 100mg | tab | | | | | | | EDS | | EDS | | | PDE | | EDS |
| efavirenz | 50mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| efavirenz | 200mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| efavirenz (generic) | 600mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| efavirenz (Sustiva) | 600mg | tab | •** | •** | •** | • | | •** | •** | | •** | •** | • | •** | EDS | • |
| etravirine (Intelence) | 100mg, 200mg | tab | • | ALT | EDS | SA | | • | • | • | • | • | • | MDE | EDS | EDS |
| nevirapine (generic) | 200mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| nevirapine (Viramune) | 200mg | tab | •** | •** | •** | • | | •** | •** | | •** | •** | • | •** | EDS | • |
| nevirapine XR (generic) | 400mg | Tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| nevirapine XR (Viramune XR) | 400mg | tab | •** | • | •** | • | | •** | •** | | •** | •** | • | •** | EDS | EDS |
| nevirapine liquid | 50mg/mL | susp | SAP | SAP | SAP | SAP | | SAP | SAP | SAP | SAP | SAP | SAP | SAP | SAP | SAP |
| rilpivirine (Edurant) | 25mg | tab | • | ALT | EDS | • | | SA | • | • | • | • | • | • | EDS | EDS |
| Protease Inhibitors | | | | | | | | | | | | | | | | |
| atazanavir (generic) | 150mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| atazanavir (Reyataz) | 150mg | cap | •** | •** | •** | • | | • | •** | | •** | •** | • | •** | EDS** | • |
| atazanavir (generic) | 200mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| atazanavir (Reyataz) | 200mg | cap | •** | •** | •** | • | | • | •** | | •** | •** | • | •** | EDS** | • |
| atazanavir (generic) | 300mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • |
| atazanavir (Reyataz) | 300mg | cap | •** | •** | •** | • | | • | •** | | •** | •** | • | •** | EDS** | • |
| darunavir (Prezista) | 75mg | tab | • | ALT | • | • | | SA | • | • | • | • | • | • | EDS | EDS |
| darunavir (Prezista) | 150mg | tab | • | ALT | • | • | | SA | • | • | • | • | • | • | EDS | EDS |
| darunavir (Prezista) | 600mg | tab | • | ALT | • | • | | SA | • | • | • | • | • | MDE | EDS | EDS |
| darunavir (Prezista) | 800mg | tab | • | ALT | • | • | | SA | • | • | • | • | • | • | EDS | EDS |

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|----------------------------------|--------------|------|---------------------|------------------|----------|---------------|-------------------------|-----------------------|-------------|---------|---------|----------------------|--------|--------------|-------|------|------|
| | | | Alberta | British Columbia | Manitoba | New Brunswick | Newfoundland & Labrador | Northwest Territories | Nova Scotia | Nunavut | Ontario | Prince Edward Island | Quebec | Saskatchewan | Yukon | NIHB | |
| darunavir liquid | 100mg/mL | susp | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| darunavir/cobicistat (Prezcobix) | 800mg/150mg | tab | • | ALT | EDS | SA | SA | • | • | • | • | • | • | PDE | EDS | EDS | • |
| fosamprenavir (Telzir) | 700mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | EDS | • |
| fosamprenavir liquid | 50mg/mL | susp | • | • | EDS | • | NFDR | • | • | • | • | • | R | • | EDS | EDS | • |
| indinavir (Crixivan) | 400mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| lopinavir/ritonavir (Kaletra) | 100mg/25mg | tab | • | • | • | • | • | • | • | • | • | • | R | • | EDS | EDS | • |
| lopinavir/ritonavir (Kaletra) | 200mg/50mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| lopinavir/ritonavir liquid | 80mg/20mg/mL | sol | • | • | • | • | • | • | • | • | • | • | R | • | EDS | EDS | • |
| nelfinavir (Viracept) | 250mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| nelfinavir (Viracept) | 625mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | EDS | • |
| ritonavir (Norvir) | 100mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| ritonavir liquid | 80mg/mL | sol | • | • | • | SA | • | • | • | • | • | • | R | • | EDS | • | • |
| saquinavir (Invirase) | 200mg | cap | • | • | • | • | • | • | • | • | • | • | • | • | EDS | • | • |
| saquinavir (Invirase) | 500mg | tab | • | • | • | • | • | • | • | • | • | • | • | • | EDS | EDS | • |
| tipranavir (Aptivus) | 250mg | cap | • | ALT | EDS | SA | SA | • | • | • | • | EAP | SA | MDE | EDS | EDS | • |
| Integrase inhibitors | | | | | | | | | | | | | | | | | |
| dolutegravir (Tivicay) | 10mg | tab | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| Dolutegravir (Tivicay) | 25mg | tab | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| dolutegravir (Tivicay) | 50mg | tab | • | ALT | EDS | • | SA | • | • | • | • | • | • | • | EDS | EDS | • |
| raltegravir (Isentress) | 25mg | tab | • | ALT | C | C | C | C | C | C | C | C | C | C | C | C | C |
| raltegravir (Isentress) | 100mg | tab | • | ALT | C | C | C | C | C | C | C | C | C | C | C | C | C |
| raltegravir (isnetress) | 400mg | tab | • | ALT | EDS | • | • | • | • | • | • | • | • | • | EDS | EDS | • |
| raltegravir HD | 600mg | tab | • | ALT | | | | EDS | • | EDS | | | | • | | EDS | EDS |
| CCR5 antagonists | | | | | | | | | | | | | | | | | |
| maraviroc (Celsentri) | 150mg | tab | • | ALT | EDS | SA | SA | • | • | • | • | • | • | MDE | EDS | EDS | • |
| maraviroc (Celsentri) | 300mg | tab | • | ALT | EDS | SA | SA | • | • | • | • | • | • | MDE | EDS | EDS | • |
| Fusion inhibitors | | | | | | | | | | | | | | | | | |
| enfuvirtide (Fuzeon) | 108mg/vial | inj | • | ALT | EDS | SA | NFDR | EDS | • | EDS | EAP | SA | MDE | EDS | EDS | EDS | NFDR |

Legend

| | |
|------|---|
| • | Open access coverage for those enrolled in the provincial/territorial drug program |
| •* | Open access for treatment-experienced only; need authorization for coverage for a naïve patient |
| •** | For most jurisdictions, where there is a generic equivalent, name brand product is only covered if there was intolerance to two generic products. Some regions require an Adverse Drug Reaction form to be submitted to Health Canada. If not, the patient generally is required to pay the difference in cost. In Manitoba and Saskatchewan, patient pays the difference in cost from the generic brand regardless if “no substitute” written |
| C | Not marketed for sale in Canada but provided by the manufacturer through compassionate supply |
| EAP | Exceptional Access Program (of the Ontario Drug Program); written requests are sent for approval to ensure reimbursement criteria are met |
| EDS | Exception Drug Status In Manitoba there are two levels of EDS – Drugs under Part 3 EDS needs patient specific request submission from prescriber faxed or mailed for prior approval; Drugs under Part 2 are eligible for Pharmacare benefits only when prescribed for the terms and conditions indicated in the Formulary and a patient's eligibility can be approved by the Pharmacist or Prescriber. In Saskatchewan, most ARVs listed as EDS are automatically covered if the first prescription is written by a designated prescriber (no restrictions for renewals). In the Yukon, a written application must be submitted for a drug that has exception drug status. To provide coverage while the application is being reviewed, a pharmacist may obtain a 30d approval by telephone. |
| ALT | Alternate Therapy; certain criteria apply, contact St. Paul's ambulatory pharmacy for further information |
| LU | Limited Use product; drug is reimburse if clinical criteria/conditions have been met as indicated by a code written on the prescription |
| LUB | Limited Use Benefit (of the NIHB program); prior approval is required to ensure criteria are met for coverage |
| MDE | Médicament d'exception form required; need to meet criteria for coverage (If does not meet criteria, a “patient d'exception” request can be made) |
| NFDR | Non-funded Drug Request; letter can be written to the Medical Director of the program for special consideration |

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|-------|---|
| ODDMP | Ontario Drug Distribution and Monitoring Program; patient is enrolled in the program and drug is provided free of charge |
| PDE | Patient d'exception; request for special consideration of coverage including those who do not meet the médicament d'exception criteria (request may be refused) |
| R | Request to provincial program for coverage will automatically be authorized |
| SA | Special Authorization required; in NFLD, approval can be requested by fax, phone or email |
| SAP | Specialized Access Program; letter of request must be sent to Health Canada (http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-droques/index-eng.php) to obtain access to drug not marketed in Canada |

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The federal, provincial, and territorial governments of Canada are responsible for the administration of their own publicly-funded out-patient prescription drug benefit program. Each offers varying levels of coverage, with different eligibility criteria, enrolment processes, deductibles and/or co-pays. Each province/territory recognizes the high costs of antiretroviral therapy and has an associated program to provide various levels of insurance for patients with HIV; however, each province/territory makes decisions on how the antiretroviral is listed on their formulary (eg. open access, pre-defined criteria). Many programs will follow recommendations made by The Common Drug Review at the Canadian Agency for Drugs and Technologies in Health. Their review and recommendation can be found at <http://www.cadth.ca/en/products/cdr>

Canadian residents moving from one province/territory to another whose health coverage is not covered by a federal program continue to be covered by their “home” province/territory for a maximum period of 3 months. **Upon moving, an individual should be advised to immediately apply for health coverage in the new province/territory and start the process of obtaining drug coverage if an application is required.** Certain provinces have a provincial HIV program with a central intake centre to assist with expediting the application process. Patients can also consider contacting the listed pharmacist from the respective province to help with the medication coverage transition (see respective province for phone #). After maximum waiting period of 3 months, the new province/territory assumes the health coverage and it is hoped the drug coverage will also have been approved in this time-period. **Patients should be advised to obtain a 3 month supply of their medications from their “home” province/territory to bridge this gap and minimize the risk of an interruption to their therapy.**

The federal programs are portable across the country. The various federal programs (<http://www.hc-sc.gc.ca/hcs-sss/pharma/acces/fedprog-eng.php>) provide drug coverage to various groups such as First Nations and Inuit, members of the military and RCMP, and refugee claimants. Such programs include:

Non-Insured Health Benefits (NIHB) Program

The NIHB program provides coverage for drugs listed on the “Drug Benefit List” (<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fourmir/pharma-prod/med-list/index-eng.php>) for eligible First Nations people and Inuit. A summary of the antiretrovirals covered by the NIHB program can be found under the Northwest Territories or Nunavut heading as both territories use this formulary.

Interim Federal Health (IFH) program

The IFH program provides limited temporary health insurance to protected persons, including resettled refugees, and refugee claimants in Canada through three basic types of coverage (<http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare.asp>). Coverage for antiretrovirals mirrors what the provincial formulary provides (<https://provider.medavie.bluecross.ca/welcome>).

Canadian Forces Health Services (CFHS)

The CFHS is the designated health care provider for Canada’s military personnel. There is no formulary list of all drugs covered; however, most medications are covered and can be filled at the pharmacy on base without any costs. If filled at an outside pharmacy that is not registered with the CFHS, the patient pays upfront and is then reimbursed the cost.

Veterans Affairs Canada (VAC)

The VAC provides both disability pensions and health treatment benefits (through VACs 14 Programs of Choice) for both the Royal Canadian Mounted Police members and Canadian Veterans. The VAC will consider coverage of medications only after the provincial/territorial program is accessed first.

| Province | Process to get ARV coverage | Restrictions on prescriber | Restrictions on pharmacy dispensing ARVs |
|------------------|--|---|--|
| Alberta | <p>All eligible residents of Alberta must register with the Alberta Health Care Insurance Plan (AHCIP)</p> <p>ARVs are 100% covered by the Specialized High Cost program of the AHCIP (see chart for exceptions), no deductibles or co-payments regardless of age or income.</p> <p>http://www.health.alberta.ca/health-care-insurance-plan.html</p> <p>For more information: Pam Nickel (Northern Alberta): 780-407-8550 Jeff Kapler (Southern Alberta): 403-955-6397</p> | <p>Northern Alberta -Infectious disease MD with HIV specialty practice -HIV pharmacists with prescribing authorization -HIV nurse practitioner</p> <p>Southern Alberta -MDs and pharmacists practicing at the Southern Alberta Clinic (SAC) -MDs in hospital may prescribe in consultation with the specialists at SAC</p> | <p>Northern Alberta -Rexall outpatient pharmacies at the University of Alberta and Royal Alexandra hospitals</p> <p>Southern Alberta -SAC has a dispensing pharmacy on-site</p> <p>-medications are shipped across the province as needed</p> |
| British Columbia | <p>A BC resident with active BC Personal Health Number or Interim Federal Health coverage and documented HIV infection are eligible for enrolment in the BC Centre for Excellence (BC-CfE) HIV Drug Treatment Program</p> <p>ARVs are 100% covered by provincial program (see chart for exceptions), no deductibles or co-payments regardless of age or income.</p> <p>If covered by the Non-Insured Health Benefits (NIHB) for First Nations and Inuit, client can “opt-out” of provincial plan (nb. Most will use the provincial program and not NIHB)</p> <p>If private insurance covers an ARV not covered by province, patient can be part of both programs and can fill drug at outside pharmacy. Otherwise, most private insurance will not pick up the costs of any ARV that can be filled by the province.</p> <p>http://www.cfenet.ubc.ca/healthcare-providers</p> <p>For more information: Linda Akagi: 604-806-9096</p> | <p>No restriction on prescriber but prescriptions require pre-authorization through the BC-CfE Drug Treatment program</p> | <p>Coquitlam Product Distribution Centre (nb. Incarcerated in a provincial facility)</p> <p>Kelowna Lakeside Medicine Centre</p> <p>Nanaimo Nanaimo Regional General Hospital pharmacy</p> <p>Vancouver St. Paul’s Hospital – ambulatory pharmacy BC Children/Womens Hospital – ambulatory pharmacy Downtown Community Health Clinic pharmacy</p> <p>Victoria Royal Jubilee Hospital</p> <p>Any community pharmacy for those using NIHB coverage</p> |
| Manitoba | <p>Manitoba residents without 100% private insurance (or other provincial or federal coverage) who have Manitoba Health coverage can obtain provincial coverage of ARVs by enrolling into the Pharmacare program, a family plan that includes dependents for children <18 years of age. A one page application needs to be submitted.</p> <p>There is an annual deductible based on the adjusted family income and is calculated as a percentage (range: 3.17 – 7.15%) of the combined family income (derived from line 150 from Canada Revenue Agency Notice of Assessment); minimum deductible is \$100. Patients pay towards the cost of the medication (including dispensing fee) and once the deductible amount has been paid, the government pays 100% of the cost of the meds (including dispensing fee) for the remainder of the Pharmacare year (April 1 – March 31).</p> <p>A separate application can be made to divide the annual deductible into monthly installments. For individuals that have partial private insurance, the provincial plan is used first, then the insurance coverage is applied to the deductible.</p> <p>For Manitoba residents who are on social assistance/family services, meds that are listed on the provincial formulary are paid for 100% by the government, with no co-pay.</p> <p>http://www.gov.mb.ca/health/pharmacare/index.html</p> <p>Central intake/referral line for the Manitoba HIV program: 1-866-499-0165</p> | <p>No restrictions on prescriber</p> | <p>Any pharmacy can dispense ARVs</p> |

| Province | Process to get ARV coverage | Restrictions on prescriber | Restrictions on pharmacy dispensing ARVs |
|-------------------------|--|--|--|
| New Brunswick | <p>For more information: Shanna Chan: 204-787-4005</p> <p>Residents of New Brunswick with New Brunswick Medicare with HIV <u>AND</u> have no private coverage, are eligible to be registered to the "Prescription Drug Program – HIV/AIDS" (Plan U) by their physician. Patients are required to pay 20% of the costs for each prescription up to a maximum of \$20 (maximum co-pay of \$500 per family unit in one fiscal year). This fee is not collected by the government.</p> <p>If patients have a health card for prescription drugs through the department of social services, the co-pay is \$4 per prescription for adults and \$2 for children (maximum co-pay of \$250 per family unit in one fiscal year)</p> <p>If the patient has only partial private insurance (eg. 80%), they are not eligible for Plan U and the remaining co-payments are not assisted by the province</p> <p>http://www.gnb.ca/0212/NBPDPFormulary-e.asp</p> <p>For more information: Jodi Symes: 506-648-7984</p> | The prescriber must be an infectious disease specialist or medical microbiologist. | <p>All provincially covered ARVs must be filled at:</p> <p>Meditrust Pharmacy Services Saint John, NB 506-674-4444</p> |
| Newfoundland & Labrador | <p>There are 4 plans under the Newfoundland and Labrador Prescription Drug Program (NLPDP) that a patient may qualify for to cover ARVs:</p> <ul style="list-style-type: none"> - Foundation Plan – for clients who qualify for income support benefits; 100% coverage - Access Plan – for clients with low family incomes; co-pay based on income and drug costs, and is a percentage of prescription costs. - Assurance Plan – for clients with very high costs; co-pay based on income and drug costs, and is a percentage of prescription costs. - 65Plus Plan – covers medications costs only; clients must pay the associated professional fees <p>Those with private insurance with a high associated co-pay, can apply for an NLPDP card but insurance must be used first. The provincial plan is <u>always</u> the payer of last resort.</p> <p>http://www.health.gov.nl.ca/health/prescription/covered.html</p> <p>For more information: Deborah Kelly: 709-777-7903</p> | No restriction on prescriber | Any pharmacy can dispense ARVs (Currently the NLPDP needs to be informed to allow a community pharmacy to electronically bill the program) |
| Northwest Territories | <p>All residents of the Northwest Territories are eligible to register for the "Government of the Northwest Territories health care plan" and obtain coverage of their ARVs through an application to the Extended Health Benefits for Specific Disease Conditions if they are non-indigenous, Métis, or a permanent resident of the Northwest Territories with a valid NT healthcard.</p> <p>The prescription drug benefits are administered through Alberta Blue Cross on behalf of the government of the Northwest Territories and provides up to 100% coverage for drugs listed on the drug benefit list (the Non-Insured Health Benefits formulary). There is no deductible or co-payment regardless of age or income. Any drug not covered by the NIHB formulary can be requested through an "Exception Drug Request form" that is sent to Alberta Blue Cross.</p> <p>The Extended Health Benefits program is the payment agency of last resort. Private insurance must be accessed first.</p> <p>Those registered as First Nations or Inuit can access their ARVs through the Non-Insured Health Benefits Program.</p> <p>http://www.hc-sc.gc.ca/fniiah-spnia/nihb-ssna/provide-fourmir/pharma-prod/med-list/index-eng.php</p> <p>For more information: Larry Ring: 867-874-6744</p> | No restrictions on prescriber | Any pharmacy can dispense |

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| Nova Scotia | <p>A Nova Scotia resident with a Nova Scotia Health Card (MSI) qualifies for ARV coverage</p> <p>ARVs are covered by the Department of Health and Wellness through the Provincial High Cost Drug Program with the requirement of a fixed \$11.95 user fee for a 3 month supply per drug if they do not have private insurance.</p> <p>If client has private insurance but significant co-pay, eg. 20%, the fee can be charged back to the Provincial High Cost Program; however, a user fee of \$11.95 for a 3-month supply per drug will be charged.</p> <p>http://www.gov.ns.ca/health/Pharmacare/formulary.asp</p> <p>For more information: Tasha Ramsey: 902-473-6829</p> | <p>MD in HIV clinic only and a few additional primary care providers approved by the high cost drug program</p> | <p>For clients with private insurance: Any pharmacy can order and dispense ARVs</p> <p>For clients without private insurance ARVs are dispensed by designated hospital pharmacy eg. Victoria General Hospital Pharmacy in Halifax (refills can be mailed to client)</p> |
| Nunavut | <p>A permanent resident of Nunavut or a person holding an employment or student visa valid for one year or more is eligible and covered under the Nunavut Health Care plan.</p> <p>Extended Health Benefit program offers coverage for those with a chronic disease and covers the full cost of ARVs listed in the NIHB formulary</p> <p>Non Insured Health Benefits (NIHB) is available to eligible Land Claim Beneficiaries and covers the full cost of ARVs listed in the NIHB formulary</p> <p>http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fourmir/pharma-prod/med-list/index-eng.php</p> <p>Claims must be made through the third party insurance program before making a claim through any government insurance program.</p> | <p>Any physician may prescribe</p> | <p>Any pharmacy can dispense</p> |
| Ontario | <p>There are 5 plans under the Ontario Drug Program that individuals may qualify for to cover antiretrovirals.</p> <p>1. Trillium Drug Program -family drug program with a yearly deductible (~4% of net household income), then \$2 per prescription -can be used to help with remainder of cost not covered by private insurance</p> <p>Social Assistance 2. Ontario Works (OW) program - \$2 co-pay for every prescription (often waived by pharmacies)</p> <p>3. Ontario Disability Support program (ODSP) - \$2 co-pay for every prescription (often waived by pharmacies)</p> <p>4. OHIP+ (automatic enrolment) -for <i>uninsured</i> children and youth under 25 years of age -no deductible or co-payment</p> <p>5. Seniors, age 65+ (automatic enrolment) - high-income senior - \$100 deductible, the \$6.11 co-pay per prescription - low-income senior – no deductible, \$2 co-pay per prescription</p> <p>A person enrolled in the Home Care system would also receive drug coverage through the Ontario Drug Benefit program</p> <p>http://www.health.gov.on.ca/english/providers/program/drugs/odbf_eformulary.html</p> <p>For more information: Deborah Yoong: 416-864-6060 ext.6140</p> | <p>Prescriber must be on the Facilitated Access to HIV/AIDs drugs access list. This is not enforced.</p> | <p>Any pharmacy can dispense</p> <p>ARVs obtained through the Ontario Drug Distribution and Monitoring program (eg. AZT) must be obtained from designated hospital pharmacy (416-480-6146)</p> |
| Prince Edward Island (PEI) | <p>To obtain coverage of antiretrovirals in PEI, the physician must submit a request for the patient to be registered in the "AIDS/HIV Program" of PEI Medicare.</p> <p>Antiretrovirals are 100% covered by the program (see chart for exceptions), with no deductibles or co-payments regardless of age or income.</p> | <p>No restrictions on prescriber</p> | <p>All provincially covered ARVs must be filled at: (patient pays for delivery of meds)</p> <p>The Provincial Pharmacy 16 Fitzroy Street</p> |

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| | <p>http://healthpei.ca/formulary</p> <p>For more information: Melinda Currie: 902.368-5408 or Bonnie Corish 902.368-6711</p> | | Charlottetown, PEI 902-368-4947 |
| Quebec | <p>In Quebec, everyone must be covered by prescription drug insurance. If a patient does not have private insurance, application can be made to the public plan, Régie de l'assurance maladie du Québec (RAMQ) by phone or internet. If the patient has private insurance through their work, they are obliged to use this insurance. Their spouse and children must also use this private insurance.</p> <p>For people covered under the provincial plan (ie. no access to a private insurance plan) there is no costs for the following populations :</p> <ul style="list-style-type: none"> -holders of a valid claim slip (eg. patient receiving social assistance) -persons age 65 or older receiving 94-100% of guaranteed income supplement -children under age 18 -adults 18-25, that are full time students in an educational institution recognized by the Ministère du Travail, de l'Emploi et de la Solidarité sociale, without a spouse, and living with their parents -persons with a functional impairment that occurred before age 18 (specified in the Regulation respecting the basic prescription drug insurance plan), not receiving last-resort financial assistance, spouseless and living with their parents or tutor <p>For persons age 65 or older receiving 1 to 93% of guaranteed income supplement, there is a deductible (\$21.75) and co-insurance charge (Total cost of prescription -21.75) x 37% to a maximum of \$54.08/month (or \$649/year).</p> <p>For everyone else in the public plan, there is a deductible (21.75\$) and co-insurance charge (Total cost of prescription -21.75) x 37% to a maximum of \$93.08/month (or \$1177/year).</p> <p>There is also a yearly premium collected by Revenue Quebec based on net family income when taxes are filed (between \$0 - \$636 per person).</p> <p>The maximum monthly and annual contributions are revised on July 1st of every year.</p> <p>http://www.ramq.gouv.qc.ca/en/citizens/health-insurance/Pages/health-insurance.aspx</p> <p>For more information: 514-934-1934 ext 32191 (pharmacist at the Chronic Viral Illness Service)</p> | No restrictions on prescriber | Any pharmacy can dispense |
| Saskatchewan | <p>There are two systems to obtain ARV coverage in Saskatchewan:</p> <ol style="list-style-type: none"> 1. The Saskatchewan Drug Plan As of April 10, 2018, the province provides universal coverage for antiretrovirals. 2. Non-Insured Health Benefits Plan (NIHB) For patients who are treaty or status; no co-pays. (see Northwest Territory column for ARVs covered by NIHB; however, in Saskatchewan, Truvada is available as an open benefit, not requiring prior approval unless supply requested exceeds \$1000. Additionally, in Saskatchewan, lifetime approvals are granted for limited use benefit antiretrovirals vs. approval to a specific pharmacy for duration of the prescription <p>All ARVs listed in the chart are covered by the Saskatchewan Drug Plan but require Exceptional Drug Status (EDS) approval where certain criteria must be met. The criteria for most ARVs are "if used for the treatment of HIV under the guidance of an ID specialist".</p> <p>http://formulary.drugplan.health.gov.sk.ca/</p> <p>For more information: Mike Stuber: 306-766-0717</p> | <p>Prescriber must be an ID specialist, has had a discussion with a specialist, or has pre-approval status.</p> <p>Designated physician can have pre-approval status and do not need to call for ARV coverage approval</p> | Any pharmacy can order and dispense ARVs |
| Yukon | <p>There are 4 drug programs that a patient living in the Yukon may qualify for to cover ARVs:</p> <ol style="list-style-type: none"> 1. Chronic Disease Program - physician must apply for benefits on behalf of patient; annual deductible of \$250 | Based on recommendation by ID specialist | Any pharmacy can dispense ARVs |

(max \$500/family) which can be reduced or waived based on income and family size

2. Pharmacare Program

- persons at least 65 years of age and spouse aged 60 years or older; automatic enrolment with no deductible

3. Children Drug and Optical Program (CDOP)

- for children under 19 years of age; automatic enrolment with no deductible

4. Non-Insured Health Benefits program

- for registered First Nations and recognized Inuit; see Northwest Territory column for ARVs covered by NIHB

Those who have prescription drug costs covered by private insurance must use that plan first
Many ARVs are considered case-by-case as the jurisdiction is too small to review every drug for formulary and decisions are often made after a request for a specific drug for a patient is made. Recommendations from The Common Drug Review (<http://www.cadth.ca/en/products/cdr>) are often followed.

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

For more information:
Josianne Gauthier: 867-393-8981

Summary of characteristics of public drug benefit programs in Canada for coverage of antiretrovirals

| Province/ Territory | Public drug program for coverage of antiretrovirals (general population) | Deductible | Co-payment/ Co- insurance | out of pocket limit | Out of pocket limits or additional comments |
|------------------------------|---|-------------|------------------------------|---------------------------|---|
| Alberta | Alberta Health Care Insurance Plan, Specialized High Cost program | No | No | N/A | No out-of-pocket costs regardless of age or income |
| British Columbia | British Columbia Centre for Excellence HIV Drug Treatment Program | No | No | N/A | No out-of-pocket costs regardless of age or income |
| Manitoba | Manitoba Health, Pharmacare program | Yes (%) | No | Yes | No out-of-pocket costs for residents who receive social assistance |
| New Brunswick | New Brunswick Prescription Drug Program – HIV/AIDS (Plan U) | No | Yes (%)* | Yes* | *Co-payment under Plan U is not collected |
| Newfoundland and Labrador | Newfoundland and Labrador Prescription Drug Program, Access and Assurance Plan | No | Yes (%) | No | Separate program for seniors and social assistance recipients |
| Northwest Territories | Government of the Northwest Territories, Extended Health Benefits for Specific Disease Conditions | No | No | N/A | No out-of-pocket costs regardless of age or income |
| Nova Scotia | Provincial High Cost Drug Program | No | Yes (fixed) | Yes | |
| Nunavut | Extended Health Benefit program | No | No | N/A | No out-of-pocket costs regardless of age or income |
| Ontario | Trillium Drug Program | Yes (%) | Yes (fixed) | Yes | Separate program for youth, seniors and social assistance recipients |
| Prince Edward Island | AIDS/HIV Program | No | No | N/A | No out-of-pocket costs regardless of age or income |
| Quebec | Regie de l'assurance maladie du Quebec | Yes | Yes (%) | Yes | An annual premium (between \$0-636) is also required of participants when filing their Québec income taxes. Monthly out-of-pocket limit may differ based on age and socio-economic status. |
| Saskatchewan | The Saskatchewan Drug Plan, Special Support | No | No | N/A | No out-of-pocket costs regardless of age or income |
| Yukon | Chronic Disease Program | Yes (fixed) | No | Yes | Separate program for seniors |

Deductible – the amounts that patients must pay out-of-pocket towards their prescription over a specific period before drug costs become payable by the government. Deductible may be a fixed dollar amount (eg. CAD \$1000 per year) or a percentage of income (eg. 3% of household income)

Co-payment/co-insurance – amount shared for each prescription filled which may take the form of a fixed co-payment (eg. \$2.00 per prescription) or co-insurance (eg. 20% of the cost of each prescription)