



THE SCHOOL
OF PUBLIC POLICY



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Canadian Publicly Funded Prescription Drug Plans, Expenditures and an Overview of Patient Impacts

Prepared for Alberta Health

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Executive Summary:

Context: In Canada, prescription medications are generally financed through a combination of public funding (provincial/territorial and federal government) and non-government sources (third party private insurance or out-of-pocket). Publicly funded coverage varies across Canada. In this report, we compare publicly funded drug programs across Canada and determine where Alberta fits in comparison to the other provinces/territories with respect to its current publicly funded drug plans, drug access, expenditures, and patient-borne out-of-pocket costs.

Objectives: We provide an overview of populations covered and publicly funded drug plan rules and regulations across Canadian provinces. We describe total drug expenditures across Canada, including the proportion of expenditures that are government-funded vs private. Finally, we describe markers reflecting the quality and comprehensiveness of coverage of Canada's publicly funded formularies (with a focus on the western provinces) in the following areas: equity, access, patient-borne costs, and appropriate medication use.

Methods: We used a variety of data sources, including data from the Canadian Institute for Health Information (to compare drug expenditures), information from publicly available government websites (comparison of drug plans, and patient-borne costs), and the results of a recent survey of 1849 Western Canadians with chronic disease that explored issues around financial barriers, and appropriate drug access.

Results:

All provinces offer publicly funded drug insurance plans with no premiums to those on social assistance. For seniors and the general population, all provinces offer plans although several include premiums (Quebec and Nova Scotia for seniors and Alberta, Quebec and New Brunswick for the general population under age 65). For seniors, there are a variety of cost-sharing mechanisms employed across the provinces including fixed co-payments, co-insurance, deductibles, and maximum out of pocket limits. The plans for the general population under age 65 vary greatly across the provinces. Many use deductibles, generally a percentage of annual net income (range: 0-20%), and income-based maximum out of pocket limits. Two unique differences are worth noting. First, Quebec has mandated that all persons have drug insurance (either public or private), forcing complete population coverage. Second, both Manitoba and British Columbia intend there to be no differential plan for seniors; the plan will become entirely income based. Manitoba has already adopted a solely income-based plan, whereas British Columbia has frozen the year of birth of seniors to 1939, intending to move exclusively to an income-based plan as the population ages.

Generic payment rules and least cost alternative policies have been adopted by nearly all the provinces and territories. Reference pricing is used as a cost saving measure by British Columbia and New Brunswick. The use of government first payer policies (as used in Alberta) varies across the country; approximately half of the provinces and territories have a government-first payer policy.

Compared to the other provinces, Alberta spends a comparable percentage of their total provincial health expenditure on prescription drugs but the Alberta government covers a higher

share of total prescription drug expenditures (43.6% vs 36.5% for Canada overall). It is projected that for 2015, Alberta will spend 6.5% (\$1334M) of its total provincial health expenditure on prescription drugs, compared to \$387 M in 2000. While the percent of total provincial health expenditure on prescription drugs has remained relatively constant over time, the absolute expenditure on drugs has quadrupled. Of all the provinces and territories, Alberta has seen the largest growth in absolute expenditures since 2000, only in part due to population growth. Total prescription drug expenditure per capita is comparable to the other prairie provinces but much lower than Ontario, Quebec and Maritime provinces. However, Alberta has the second highest per capita provincial government prescription drug expenditure (\$318) of all the provinces (second only to Ontario). Alternatively, BC has the lowest total drug expenditures and public expenditures on drugs per capita.

Out of pocket costs vary widely across the country. In general, Alberta has modest out of pocket costs comparable with the other provinces, though this varies for individuals under age 65 (where costs borne by Albertans are similar or higher), and seniors (where out of pocket costs are similar for lower income Albertan seniors or lower for higher income Albertan seniors). For people with chronic diseases like diabetes, high blood pressure and heart disease, who are high users of prescription medications, Albertans were less likely to have publicly funded drug insurance, possibly because of the requirement to pay a premium to access drug insurance for those under age 65, and more likely to have private insurance than individuals from the other western provinces. Albertan seniors with chronic diseases faced lower out-of-pocket costs (\$513) compared with British Columbia (\$689), despite a similar likelihood of having private insurance across this age group. Statin use, a marker of appropriate drug use in these individuals with chronic diseases at high cardiovascular risk, was similar between Alberta, where 55% used statins, and BC, where 50% used statins. There was a trend towards more people stopping their preventive medications in BC (12.4%) compared with Alberta (7.5%).

Key messages

All Albertans have access to drug insurance albeit those under 65 and not on social assistance must pay a premium, whereas most other provinces have premium-free coverage for the entire population and employ other cost-sharing tools (deductibles, co-insurance). Seniors in Alberta (particularly those with average or higher income) have significantly lower out of pocket costs for medications in comparison to similar provinces, including BC. Alberta has the second highest per capita public expenditure on drugs, and the Alberta government covers the largest share, relative to all other provinces/territories of total prescription drug expenditure per capita. Since total per capita drug expenditures in Alberta appear similar to other provinces we speculate that public per capita drug expenditures are higher in Alberta compared with other provinces because of differences in three key policy areas: government as the first payer, the use of income tested cost-sharing in other provinces, and differences in copayment structures. The impact of any changes within these policies on plan effectiveness, costs, and equity requires further consideration.

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Chapter 1: Background to Canada’s publicly funded drug programs

Alberta Health offers several different prescription drug plans to its citizens, each plan varying based on the patient population that is targeted, and by its rules and regulations. All plans cover pre-existing health conditions and are administered by Alberta Blue Cross. There is some variation in the medications provided as a benefit across plans. These plans include *Coverage for Seniors* (a premium-free plan available to Albertans 65 years of age and older and their dependants), *Coverage for those on income support* (a premium-free plan that is provided by Alberta Works to people eligible for Income Support, the Alberta Adult Health Benefit, and the Alberta Child Health Benefit), and *Non-Group Coverage* (a premium-based plan available to Albertans under 65 years of age and their dependants).¹ Alberta Health also offers a variety of specialty prescription drug plans including an outpatient cancer drug benefit program (for Albertans with cancer receiving outpatient therapy),² and a program that covers prescription drugs and essential over-the-counter medications for adults who have a permanent disability that severely affects their ability to earn a livelihood.

While previous reports have shown that the Alberta government pays for a higher proportion of prescription drug costs compared with other provinces, it is unclear whether the differences in expenditure are due to different drug plan structures and rules, and whether the differences lead to better outcomes of interest – such as access to necessary medications, appropriate use of prescribed medications, and lower out-of-pocket costs for patients.³

Box 1: Common terms

- *Co-insurance*: a system where a patient pays a set percentage of the amount per drug or per prescription.
- *Copayment*: an amount per drug or per prescription that a patient pays.
- *Deductible*: a limit up to which a patient pays the full cost of the drug. After the deductible is reached, the patient either does not pay or has reduced payments for prescriptions.
- *Fixed copayment*: a system where a patient pays a fixed, or set, amount per drug or per prescription.
- *Maximum out-of-pocket limit*: A limit that is set as a fixed dollar amount or as a percentage of income after which the insurer pays 100% of the drugs. Copayments, co-insurance or deductibles are in place prior to the limit being reached.
- *Premium*: a fixed amount, not related to the number of prescriptions, that a beneficiary must pay to be eligible for prescription drug insurance.
- *Generic payment rules*: Most provinces either have mandatory generic provision (i.e. if a brand name is prescribed by a physician, the pharmacist must substitute with a less expensive bioequivalent generic product) or payment rules such that the provincial drug plan will only pay the cost of the lowest priced generic drug that is covered under the plan rules, with the beneficiary responsible for paying the difference.
- *Least cost alternative*: the lowest unit cost established for a drug within a set of interchangeable drug products with the same active ingredient or combination of active ingredients and the same strength. The beneficiary is responsible for paying the difference in price between the requested drug and the least cost alternative.
- *Reference pricing*: For drugs with different active ingredients that are therapeutically equivalent and used to treat the same conditions, one reference drug (or a group of drugs) is chosen. The price of the reference drug is reimbursed. The beneficiary is responsible for paying the difference in price between the reference drug and the more expensive drug.
- *Government first payer*: For people who have government-sponsored and private drug insurance, the Government plan covers the cost of prescribed medications, and the private payer will cover the cost of patient copayments.

Since health care falls under provincial jurisdiction, prescription drug coverage varies across Canada, with 18 different publicly funded drug formularies (provincial, territorial, and federal plans) – each having different systems to manage and seek value from drug expenditures.⁴ While this variation across jurisdictions raises concerns around appropriate access and equity, it also provides an opportunity to learn from differences across programs and best practices.

The prominent role of private insurance coverage through employment also adds variability to drug reimbursement programs. The 1984 *Canada Health Act* stipulates that there must be full public payment for medically necessary services provided by physicians and hospitals.* In contrast, “non-medicare” service categories like prescription drugs and other health professionals (dentists, physiotherapy) are financed through a combination of government funding and non-government sources (third-party private insurance or out-of-pocket). Around 55% of Canadians have third party insurance coverage,⁵ mostly through employment benefits, to cover the majority of drug costs for employed individuals under age 65. Alternatively, public payment for prescription drugs has traditionally been targeted to seniors and low-income Canadians. Unlike physician services and most hospital stays, prescription drug reimbursement through private or public plans involves copayments, deductibles or other out-of-pocket costs. It is notable that a recent review of publicly funded drug plans across all the OECD countries identifies Canada as being one of only five countries (Estonia, the United States, Israel and Mexico) that lacks universal drug insurance⁴, despite the fact that prescription drug expenditure in Canada is equivalent to expenditure on physician services reimbursement (approximately 16%).[†]

In this report, we compare publicly funded drug programs across Canada, and determine where Alberta fits in comparison to the other provinces/territories with respect to its current publicly funded drug plans, drug access, expenditures and patient-borne out-of-pocket costs. The objectives are to:

- provide an overview of populations covered, and of publicly funded drug plan rules and regulations across Canadian provinces and territories
- describe total drug expenditures across Canada, including the proportion of expenditures that are government funded vs private; and
- describe markers reflecting the quality and comprehensiveness of coverage of Canada’s publicly funded formularies (with a focus on the Western provinces) in the following areas: equity, access, patient-borne costs, and appropriate medication use.

* Total health expenditures in Canada average \$6106 per person (\$6966 in Alberta). Hospitals (29.5%), drugs (15.7%) and physician services (15.5%) account for more than 60% of total health spending.⁶ About 70% of total health expenditures are funded by the public sector.

[†] Drug expenditure is projected to be \$959 per person in Canada in 2015, an increase of only 0.7% compared to 2014. The restrained growth in drug expenditure in recent years has been due to jurisdictions introducing generic-pricing control policies, patent expirations and fewer new drugs emerging on the market.

To accomplish this, we use a variety of data sources, including data from the Canadian Institute for Health Information (to compare drug expenditures), information from publicly available government websites (to compare drug plans and patient-borne costs), and the results of a recent survey of 1849 western Canadians with chronic disease that explored issues related to financial barriers and appropriate drug access.

Chapter 2: Differences across provincial publicly funded drug programs

A synthesis of all provincial and territorial publicly funded drug plans was completed. Data were extracted from the public drug plans websites and other public source documents. Key data elements included the populations covered by the publicly funded plans, the cost sharing mechanisms and the cost-containment strategies used by each plan. All data are current to January 11, 2016, and the accuracy of the data abstracted was confirmed with provincial experts where possible.

Table 1 presents an overview of the characteristics of the publicly funded drug plans by province/territory. Broadly, all provinces and territories employ a substantial number of plans (range: 1-27) presumably to offer financial assistance for many drug categories across a wide range of populations. Other than the commonly targeted populations (seniors, those on social assistance and the general population under age 65), the most common programs targeted patients with specific diseases (i.e. cancer), low income families and those with a high drug burden.

We focused on publicly funded drug coverage for seniors, for those on social assistance and for the general population under age 65 to highlight differences across similar patient populations. All of the provinces offer plans with no premiums to those on social assistance. For seniors and the general population, all provinces and territories offer plans; Quebec and Nova Scotia offer plans to seniors with premiums, and Alberta, Quebec and New Brunswick offer plans to the general population with a premium. Two unique differences are worth noting: First, Quebec has mandated that all persons have drug insurance (either public or private). This is unlike all other provinces where insurance is optional. This policy compels complete population coverage in Quebec, even though many are required to pay a premium (which for some may constitute a financial burden). Second, both Manitoba and British Columbia intend there to be no differential plan for seniors – the plan for all populations is to become entirely income-based. Manitoba has already adopted a solely income-based plan. In British Columbia, seniors born after 1938 (i.e. who would have been less than 65 years of age at the time the current plan was adopted) are subject to the income-based plan, which will move B.C. towards a solely income-based plan as the population ages.

Generic payment rules and least cost alternative policies have been adopted by nearly all the provinces and territories. The use of reference pricing across the country was not clear as this information was not publicly available for all provinces. However, B.C. and New Brunswick have confirmed they use reference pricing to reduce government payment across several drug categories. The use of government first payer policies (as used in Alberta) varied across the country with approximately half of the provinces and territories having a non-government first payer policy. When the government is not the first payer, private insurance pays out first and then government contributes to the remaining total.

The provinces and territories all offer plans with no or very limited cost-sharing to those on social assistance (Table 2). For seniors, there are a variety of cost-sharing mechanisms employed including fixed copayments, co-insurance, deductibles, and maximum out-of-pocket limits (Table 3). The plans for the general population (under 65 years who do not receive social assistance) vary greatly across the provinces. Generally, for those plans that use deductibles, the deductibles are a percentage of annual net income (range: 0-20%); maximum out-of-pocket limits are also income-based (Table 4).

Table 1. Overview of Characteristics of Publicly Funded Drug Plans across Canadian Provinces/Territories

Province and Territory	Number of Plans	Common target populations for publicly funded drug plans (✓) and whether coverage is subject to a premium			Generic Payment Rules	Least Cost Alternative	Reference Pricing	Government First Payer
		General Population	Seniors ¹	Social Assistance/Low Income				
Alberta	10	Premiums	✓	✓	✓	✓	✗	✓
British Columbia	10	✓	Born before 1939	✓	✓	✓	✓	✓
Saskatchewan	11	✓	✓	✓	✓	✓	✓	✓
Manitoba	5	✓	Same as general population	✓	✓	✓	?	✗
Ontario	7	✓	✓	✓	✓	✓	?	✓
Quebec ²	1	Premiums	Premiums	✓	✓	✓	?	✓
Newfoundland and Labrador	5	✓	✓	✓	✓	✓	✗	✗
Nova Scotia	5	✓	Premiums	✓	✓	✓	✓	✗
New Brunswick	10	Premiums	Low income only	✓	✓	✓	✗	✗
Prince Edward Island	27	Combination of plans ³	✓	✓	✓	?	?	?
Yukon	3	Chronic disease plan	✓	✗	✓	✓	?	✗
Northwest Territories	3	Specified disease conditions	Over 60 yrs.	✗	✓	✓	?	✗
Nunavut	5	Chronic disease plan	✓	✗	✓	✓	?	✗

✓ = yes; ✗ = no; ? = unclear

¹ Over 65 years of age unless otherwise denoted.

² All persons are mandated to have insurance (private or public).

³ Prince Edward Island has a variety of disease- and drug-based plans for those under 65 years of age.

Table 2. Characteristics of Publicly Funded Drug Plans for those on Social Assistance/Low Income

	Name of Plan	Premium	Fixed Copayment	Co-Insurance	Deductible	Maximum Out-of-Pocket
Alberta	Alberta Adult Health Benefit (AAHB)	✗	✗	✗	✗	N/A
British Columbia	PharmaCare Plan C	✗	✗	✗	✗	N/A
Saskatchewan	Supplementary Health Program – Prescription Drugs	✗	Up to \$2 per prescription dispensed for adults	✗	✗	✗
Manitoba	Employment and Income Assistance (EIA) – Prescription Drugs Assistance for Participants	✗	✗	✗	✗	N/A
Ontario	Ontario Drug Benefit (ODB) Program	✗	\$2 per prescription dispensed	✗	✗	✗
Quebec	Public Prescription Drug Insurance Plan	✗	✗	✗	✗	✗
Newfoundland and Labrador	Foundation Plan (income support recipients)	✗	✗	✗	✗	N/A
	Access Plan (low income families and individuals)	✗	✗	20% - 70% of total prescription costs, varies with income	✗	✗
Nova Scotia	Pharmacare Benefit	✗	\$5 per prescription dispensed	✗	✗	✗
New Brunswick	Plan E (Adults in Licensed Residential Facilities)	?	\$4 per prescription dispensed	✗	?	\$250 annually
	Plan F (Social Development Clients)	?	\$4 per prescription dispensed for adults (> 18 yrs.) and \$2 for children (< 18 yrs.)	✗	?	\$250 per family unit annually
	Plan G (Special needs children and children in care of the Minister of Social Development)	✗	✗	✗	✗	N/A
Prince Edward Island	Financial Assistance Drug Program	✗	✗	✗	✗	N/A
Yukon	--	--	--	--	--	--
Northwest Territories	--	--	--	--	--	--
Nunavut	--	--	--	--	--	--

✗ = no; N/A = not applicable; -- = not covered; ? = unclear

Table 3. Characteristics of Publicly Funded Drug Plans for Seniors

	Name of Plan	Premium	Fixed Copayment	Co-Insurance	Deductible	Maximum Out-of-Pocket
Alberta (Over age of 65)	Coverage for Seniors	✘	✘	30% of the cost of the prescription dispensed.	✘	\$25 maximum per prescription dispensed
British Columbia (Born before 1939)	Fair Pharmacare	✘	✘	After deductible, 25% of the cost of the prescription dispensed	Annually 0-2% of net income, varies with income	Annually 1.25-3% of net income, varies with income
Saskatchewan (Over age of 65)	Seniors' Drug Plan	✘	Maximum \$20 per prescription drug dispensed	✘	✘ (Unless GIS recipient, Seniors Income Plan [SIP], or supplemented with Special Support Program)	N/A
Manitoba	Same as general population. No age-based plan					
Ontario (Over age of 65)	Ontario Drug Benefit (ODB) Program	✘	\$2 per prescription dispensed if income <\$16,018 (single), <\$24,175 (couple) Maximum \$6.11 per prescription dispensed otherwise	✘	\$0 if income <\$16,018 (single), <\$24,175 (couple) \$100 otherwise	N/A
Quebec (Over age of 65, not eligible for private insurance)	Public Prescription Drug Insurance Plan	Annually \$0 - \$607, varies with income	✘	After deductible, 34% of the cost of the prescription dispensed	\$18 monthly	Monthly: \$85.75 Annual: \$1029
Newfoundland and Labrador (Over age of 65 and receiving Old Age Security Benefits and Guaranteed Income Supplement)	65Plus Plan	✘	Maximum \$6 of dispensing fee per prescription	✘	✘	✘
Nova Scotia (Over age of 65)	Senior's Pharmacare	Annually \$0-\$424, varies with income	✘	30% of the cost of the prescription dispensed	✘	Annual limit including premium and copayments \$382-\$806, varies with income
New Brunswick	New Brunswick	✘	GIS recipients:	✘	✘	Annual for GIS

	Name of Plan	Premium	Fixed Copayment	Co-Insurance	Deductible	Maximum Out-of-Pocket
	Seniors Plan A (Over 65 yrs. and receiving Guaranteed Income Supplement (GIS) or are low income)		Maximum \$9.05 per prescription dispensed \$15 per prescription dispensed otherwise			recipients: \$500 No maximum otherwise
	Medavie Blue Cross Seniors Prescription Drug Program (over 65 yrs. of age)	\$115 monthly	Up to \$15 per prescription dispensed	✘	✘	✘
Prince Edward Island (Over age of 65)	Seniors' Drug Cost Assistance Program	✘	Maximum \$8.25 per prescription dispensed plus pharmacy professional fee up to \$7.69	✘	✘	✘
Yukon (Over age of 65 or over 60 and married to someone over 65)	Pharmacare	✘	✘	✘	✘	N/A
Northwest Territories (Over age of 60)	Extended Health Benefits Seniors' Program	✘	✘	✘	✘	N/A
Nunavut (Over age of 65)	Seniors Full Coverage Plan	?	✘	✘	?	?
	Seniors Additional Assistance Plan	?	✘	✘	?	?

✘ = no; N/A = not applicable; -- = not covered; ? = unclear

Table 4. Characteristics of Publicly Funded Drug Plans for the General Population Under Age 65

	Name of Plan	Premium	Fixed Copayment	Co-Insurance	Deductible	Maximum Out-of-Pocket
Alberta (AB resident, under 65 yrs. of age)	Non-Group Coverage	Monthly premium Single = \$63.50 Family = \$ 118 Billed quarterly	✘	30% of the cost of the prescription dispensed	✘ (deductible applies to other health benefits, excludes drugs)	\$25 maximum per prescription dispensed
British Columbia (BC resident)	Fair Pharmacare	✘	✘	After deductible, 30% of the cost of the prescription dispensed	Annually 0-3% of net family income, varies with income	Annually 2-4% of net family income, varies with income
Saskatchewan (Sask. resident)	Special Support Program	✘	✘	Before deductible, varies with income and monthly drug expenditures After deductible, 35% of prescription dispensed	3.4% of net family income Paid semi-annually	✘
Manitoba (MB resident)	Pharmacare Program	✘	✘	✘	Annually 2.97-6.73% of net income, varies by income, minimum of \$100	N/A
Ontario (ON resident, no or limited private insurance)	Trillium Drug Program	✘	After deductible, maximum \$2 per prescription dispensed	✘	Annually ~4% of net income Paid quarterly.	✘
Quebec (those not eligible for private insurance)	Public Prescription Drug Insurance Plan	Annual premium \$0 - \$660, varies with income	✘	After deductible, 34% of the cost of the prescription dispensed	\$18 monthly	Monthly: \$85.75 Annual: \$1029
Newfoundland and Labrador (NFLD resident, experience high drug costs)	Assurance Plan	✘	✘	Rate= (family income*cap rate)/total drug expenditure of family	✘	Annually 5-10% of net income, varies with income
Nova Scotia (NS resident)	Family Pharmacare	✘	✘	20% of the cost of the prescription dispensed	Annually 1-20% of net income, varies by income	Annually 6-35% of net income, varies by income
New Brunswick (NB resident, no or	New Brunswick Drug Plan	Annual premium \$200-\$2,000,	✘	30% of the cost to a maximum of \$5-\$30 per	✘	✘

	Name of Plan	Premium	Fixed Copayment	Co-Insurance	Deductible	Maximum Out-of-Pocket
limited private insurance)		varies with income		prescription dispensed, varies with income		
Prince Edward Island (PEI residents, no private insurance)	Generic Drug Program, 8 disease-based drug plans, 4 drug-specific plans and 2 high-cost drug plans. Limited details of coverage available.					
Yukon (Yukon resident with a chronic disease or serious functional disability)	Chronic disease program	?	?	?	?	?
Northwest Territories (NWT resident and under the care of physician/nurse practitioner for a specified list of diseases)	Extended Health Benefits for Specified Disease Conditions	✘	✘	✘	✘	N/A
Nunavut (Nunavut resident with a chronic disease)	Extended Health Benefit (Chronic Illness Plan)	✘	✘	✘	✘	N/A

✘ = no; N/A = not applicable; -- = not covered; ? = unclear

Chapter 3: Drug expenditures across Canada

We compared prescription drug expenditures within each province/territory from 2000 to 2015 using data collected for the *National Health Expenditure Trends, 1975 to 2015 Report* produced by the Canadian Institute for Health Information (CIHI, Data tables Series D4-2015 and Series G-2015). The National Health Expenditure Trends (NHEX) report provides an overview of annual health care expenditure for all Canadians.

The NHEX report collects provincial/territorial government health expenditure data from provincial/territorial government public accounts. Programs and/or program items are classified into health expenditure categories (e.g. prescription drugs) according to accepted and standardized methods and definitions used in estimating national health expenditure. Data from the public accounts are supplemented with information from provincial/territorial government department annual reports and annual statistical reports when available, as well as information provided by provincial/territorial government department officials.

Total provincial/territorial government health spending figures include spending for health services reported by the provincial/territorial ministries responsible for health, as well as by other departments that report spending on health according to national health accounts definitions. The prescription drug expenditures do not include the cost of drugs dispensed in hospitals or in other institutions (these are included in the category “hospitals or other institutions” in the NHEX report). Lastly, patient-borne out-of-pocket costs are not included in the NHEX report.

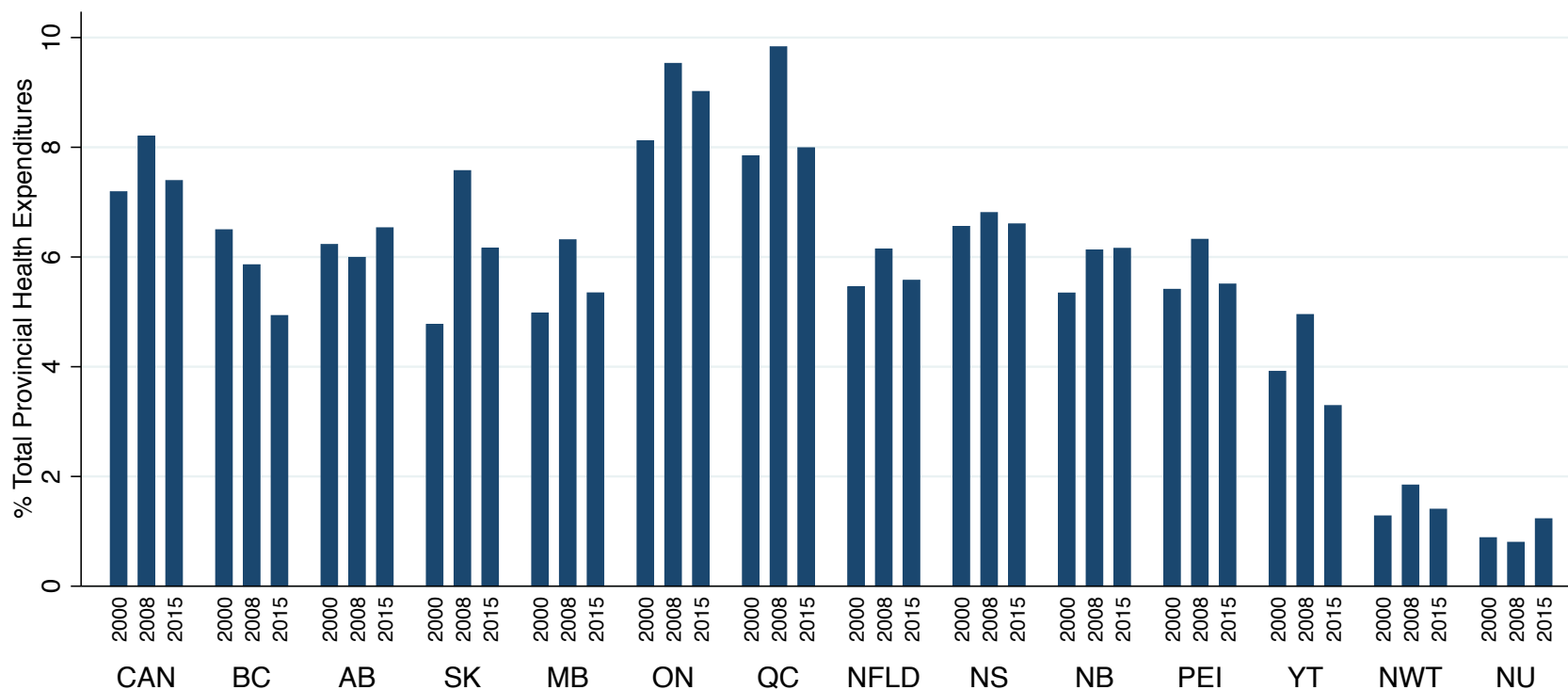
Given that not all of the 2015 provincial/territorial health budgets were completed at the time of the NHEX report, the 2015 data were provided as forecasts based on the growth rates of major programs reported in provincial/territorial government main estimates and budgets.

Compared to the other provinces, the Alberta government spends a comparable percent of its total health expenditure on prescription drugs (Figure 1), but covers a higher share of the total prescription drug expenditures (43.6% vs 36.5% for Canada overall) (Table 5).

It is projected that for 2015 Alberta will spend 6.5% of its total provincial health expenditure on prescription drugs, compared to 6.2% in 2000 (Figure 1). However, this equates to a projected \$1334.1 M in provincial total drug expenditures compared to \$387.1 M in 2000 (Table 5). While the percent of total provincial health expenditure on prescription drugs has remained relatively constant over time, the absolute expenditure has quadrupled. Of all the provinces and territories, Alberta has seen the largest growth in absolute expenditures since 2000, only in part due to population growth since per capita expenditures have increased significantly as well (Tables 5 and 6).

Total prescription drug expenditure per capita in Alberta is comparable to the other prairie provinces but is considerably lower than the national average and all provinces east of Manitoba (except P.E.I.) (Figure 2). However, Alberta has the second highest per capita *provincial government* prescription drug expenditure (\$318) of all the provinces, surpassed only by Ontario (Figure 2). B.C. has the lowest total prescription drug expenditures and public expenditures on drugs per capita (Table 6).

Figure 1. Provincial/Territorial Government Prescription Drug Expenditures as a Percentage of Total Provincial/Territorial Government Health Expenditures



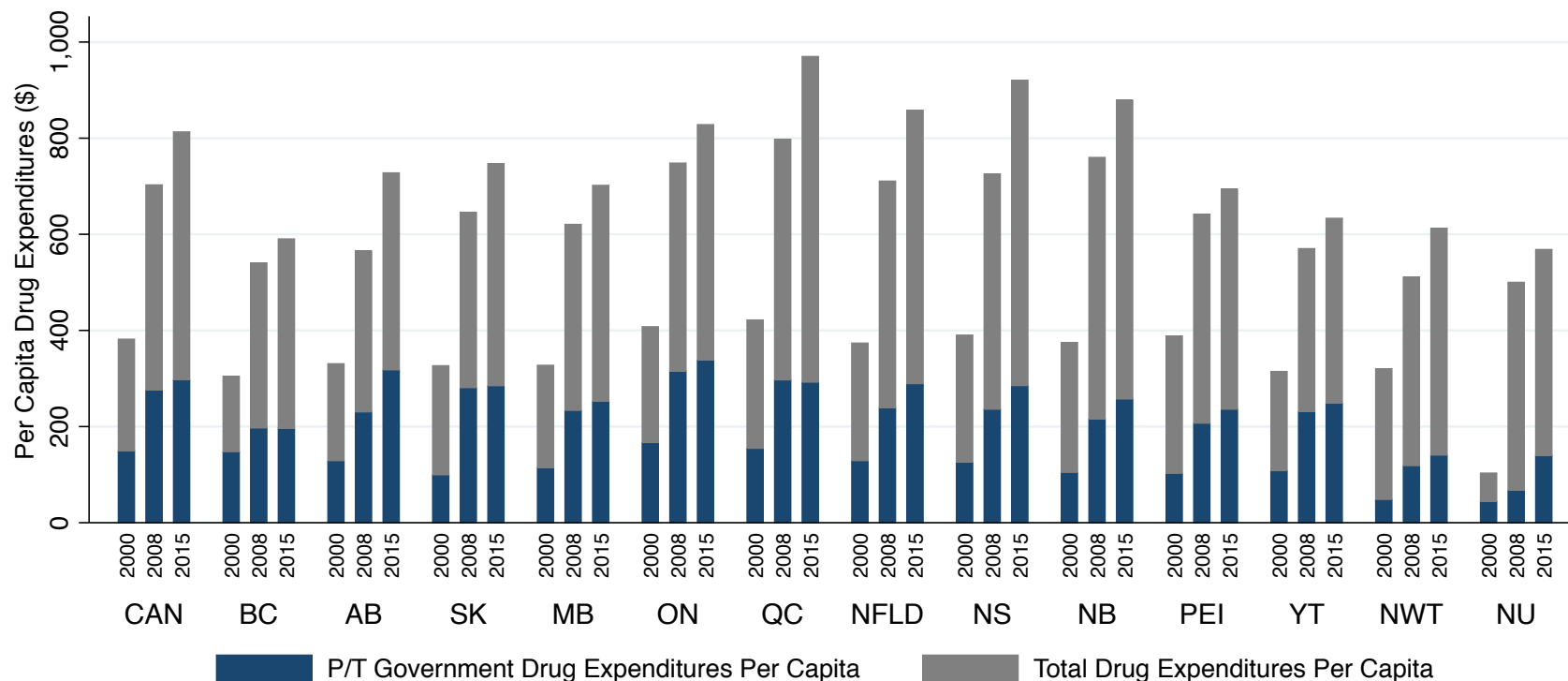
Year	CAN	BC	AB	SK	MB	ON	QC	NFLD	NS	NB	PEI	YT	NWT	NU
2000	7.2%	6.5%	6.2%	4.8%	5.0%	8.1%	7.8%	5.5%	6.1%	5.6%	6.6%	6.2%	5.5%	3.3%
2008	8.2%	5.9%	6.0%	7.6%	6.3%	9.5%	9.8%	6.1%	6.8%	6.1%	6.36%	5.0%	1.8%	0.8%
2015	7.4%	4.9%	6.5%	6.2%	5.4%	9.2%	8.0%	5.6%	6.6%	6.2%	5.5%	3.3%	1.4%	1.2%

Table 5. Provincial/Territorial Government Prescription Drug Expenditures and % of Total Prescription Drug Expenditure by Province/Territory

	2000		2008		2015		% Change in P/T Prescription Drug Expenditure as Percent of Total Prescription Drug Expenditures (2000 to 2015)
	P/T Government Expenditures on Prescription Drugs (\$ Million)	% of Total Prescription Drug Expenditures ¹ (%)	P/T Government Expenditures on Prescription Drugs (\$ Million)	% of Total Prescription Drug Expenditures ¹ (%)	P/T Government Expenditures on Prescription Drugs (\$ Million)	% of Total Prescription Drug Expenditures ¹ (%)	
Canada	4,577.3	39.0	9,163.1	39.2	10,664.9	36.5	0.3
British Columbia	595.4	48.4	856.0	36.4	922.4	33.3	-15.1
Alberta	387.1	38.9	827.7	40.7	1334.1	43.6	4.7
Saskatchewan	100.2	30.4	285.5	43.5	322.5	38.1	7.7
Manitoba	130.9	34.8	279.6	37.6	326.8	35.9	1.1
Ontario	1943.4	40.7	4063.1	42.1	4672.6	40.8	0.1
Quebec	1136.4	36.6	2303.6	37.2	2416.5	30.1	-6.5
Newfoundland and Labrador	68.0	34.4	122.3	33.69	151.3	33.7	-0.7
Nova Scotia	117.3	51.6	220.8	52.2	269.2	47.6	-4.0
New Brunswick	78.4	27.8	160.9	28.3	194.2	29.3	1.5
Prince Edward Island	14.0	26.3	28.7	32.2	34.9	34.0	7.3
Yukon	3.3	34.3	7.6	40.5	9.1	39.2	4.9
Northwest Territories	1.9	15.0	5.1	23.2	6.1	23.0	8.0
Nunavut	1.2	42.3	2.1	13.5	5.2	24.6	-17.7

¹Total Prescription Drug Expenditures: total of public and private sectors excluding patient out-of-pocket costs for the entire population (adults and children). Public sector includes funding from the provincial/territorial government, federal government, Workers' Compensation Board (WCB), and drug insurance funds (premium component). Private sector funds include private health insurance and patient out-of-pocket costs; however estimates for each of these components was not provided in the estimate of total private sector funds.

Figure 2. Per Capita Provincial/Territorial Government Drug Expenditures vs. Per Capita Total Prescription Drug Expenditures



Year	CAN	BC	AB	SK	MB	ON	QC	NFLD	NS	NB	PEI	YT	NWT	NU
2000	39.0%	48.4%	38.9%	30.4%	34.8%	40.8%	36.6%	34.5%	32.1%	27.8%	26.3%	34.3%	15.0%	42.3%
2008	39.2%	36.4%	40.7%	43.5%	37.6%	42.1%	37.2%	33.6%	32.5%	28.3%	32.2%	40.5%	23.2%	13.5%
2015f	36.5%	33.3%	43.6%	38.1%	35.9%	40.8%	30.1%	33.7%	31.0%	29.3%	34.0%	39.2%	22.9%	24.6%
% Change (2000 to 2015)	-2.5%	-15.1%	4.7%	7.7%	1.1%	0.1%	-6.5%	-0.8%	-1.2%	1.4%	7.6%	5.0%	7.9%	-17.7%

Table 6. Per Capita Provincial Government Drug Expenditures, and % of Per Capita Total Prescription Drug Expenditures in 2015

	2000		2008		2015		% Change of Per Capita P/T Prescription Drug Expenditures (2000 to 2015)
	Per Capita P/T Government Prescription Drug Expenditures (\$)	Per Capita Total Prescription Drug Expenditures (\$)	Per Capita P/T Government Prescription Drug Expenditures (\$)	Per Capita Total Prescription Drug Expenditures (\$)	Per Capita P/T Government Prescription Drug Expenditures (\$)	Per Capita Total Prescription Drug Expenditures (\$)	
Canada	149.15	382.04	275.62	703.10	297.09	813.27	199.2
British Columbia	147.40	304.64	196.81	540.43	196.48	590.68	133.3
Alberta	128.81	330.88	230.18	565.67	317.63	728.10	246.6
Saskatchewan	99.38	326.83	280.68	645.53	284.68	746.83	286.5
Manitoba	114.11	327.68	233.40	620.92	252.32	702.08	221.1
Ontario	166.31	407.94	315.40	748.36	338.28	828.37	203.4
Quebec	154.46	422.07	296.80	797.90	292.10	970.18	189.1
Newfoundland and Labrador	128.84	373.96	239.06	710.97	288.88	858.10	224.2
Nova Scotia	125.55	390.56	235.93	725.32	284.94	920.37	226.9
New Brunswick	104.41	375.25	215.48	760.20	257.11	879.02	246.3
Prince Edward Island	102.36	388.67	206.73	642.00	235.81	694.03	230.4
Yukon	107.91	314.79	230.96	570.51	248.59	633.66	230.4
Northwest Territories	48.07	320.51	118.36	511.07	140.42	612.84	292.1
Nunavut	43.76	103.47	67.35	500.39	139.75	568.69	319.3

Chapter 4: Out-of-pocket costs borne by patients across Canada

To demonstrate the impact of the differences in plan design across Canada on out-of-pocket costs for seniors, those on social assistance and the general population, we completed five case studies. In the case studies we assumed that individuals were enrolled in the available publicly funded drug insurance plans and paid any applicable premiums, which have been accounted for in the cost analysis. Previously-published work identified four scenarios of common diseases among different types of beneficiaries (those on social assistance, seniors and the general population) and the drugs that could be used to manage them.⁷ To demonstrate the out-of-pocket burden for individuals requiring high-cost drugs, we also included a fifth scenario for an individual with receiving a high cost drug (biologic agent for rheumatoid arthritis). In all scenarios, it was assumed that the individual had no additional private insurance. The scenarios are:

Scenario 1: Low-income senior receiving the maximum governmental support

A 77-year-old female with diabetes, high blood pressure and insomnia. Her annual income is \$23,315 and she receives the federal Guaranteed Income Supplement (GIS). Her prescription drugs are metformin (850 mg twice daily), lorazepam (0.5 mg at bedtime), hydrochlorothiazide (25 mg/d), perindopril (4mg/d) (a brand-name blood pressure lowering drug) and acetylsalicylic acid (81mg/d).

Scenario 2: Senior with average income

A 77-year-old male who has coronary artery disease, heart failure and hyperlipidemia. His annual income is \$44,806. His prescription drugs are furosemide (20 mg twice daily), clopidogrel (75 mg/d), metoprolol (50 mg twice daily), atorvastatin (40 mg/d), perindopril (4 mg/d) and digoxin (0.125 mg/d).

Scenario 3: Individual under age 65 with average income

A 23-year-old female with hypothyroidism and hyperlipidemia. Her annual income is \$45,000. Her prescription drugs are levothyroxine sodium (0.075 mg/d) and atorvastatin (40 mg/d).

Scenario 4: Individual receiving social assistance from the government

A 40-year-old man with high blood pressure and hyperlipidemia. He is an income security recipient. His prescription drugs are hydrochlorothiazide (25 mg/d), trandolapril (2mg/d) (a brand-name blood pressure lowering drug) and atorvastatin (40 mg/d).

Scenario 5: Individual under age 65 with high drug costs

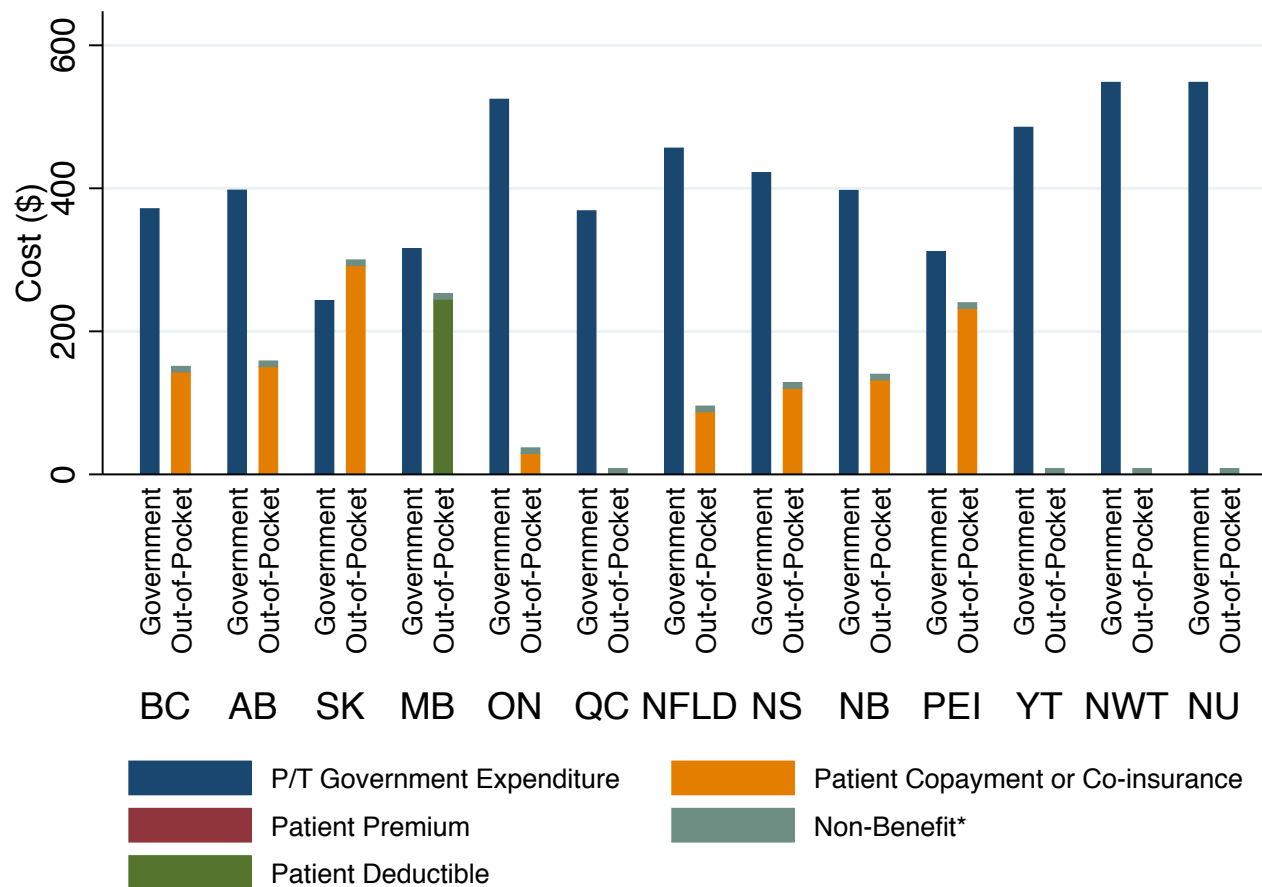
A 55-year-old female with rheumatoid arthritis. Her annual income is \$20,000. Her prescription drugs are adalimumab (40 mg every 2 weeks) and methotrexate tab 2.5mg (25mg weekly).

For each of the five scenarios, we calculated the annual out-of-pocket costs for patients taking the noted drugs under each provincial and territorial drug plan. To ensure that the differences in out-of-pocket costs were due to the different cost-sharing mechanisms employed in each plan (and not different drug prices across the provinces), we used Alberta-specific drug costs for all provinces and territories.

Out of pocket costs varied widely across the country (Figures 3 to 7). In general, Alberta has modest out of pocket costs comparable with the other provinces. But of note, in Scenario 3 where the person is <65 years of age and not receiving social assistance (and therefore has the general population plan), and the total drug cost is low, the out of pocket costs are among the highest in the country due to the requirement to pay a premium. In such a situation, the patient would have lower costs if they were not enrolled in the program and simply paid the entire drug cost out of pocket. It only becomes advantageous for this patient to pay the premium and enrol in the Non-Group government sponsored drug plan in Alberta when their overall drug cost is expected to exceed \$762 (greater than then annual premium).

By contrast, the individual in Scenario 2 (the average income senior), would pay considerably less in Alberta due to the premium-free insurance provided to seniors. This is notably different than the situation in provinces which have moved to a predominantly income-based system with fewer age-based benefits (i.e. B.C., Manitoba and Quebec).

Figure 3. Scenario 1: Low income senior receiving the maximum governmental support who has diabetes, high blood pressure, and insomnia



*Non-Benefit indicates that one or more of the prescription drugs for this patient is (are) not covered under the provincial/territorial formulary. Therefore the cost of the drug(s) must be borne by the patient (i.e. out-of-pocket).

Figure 4. Scenario 2: Senior with average income who has heart failure and hyperlipidemia

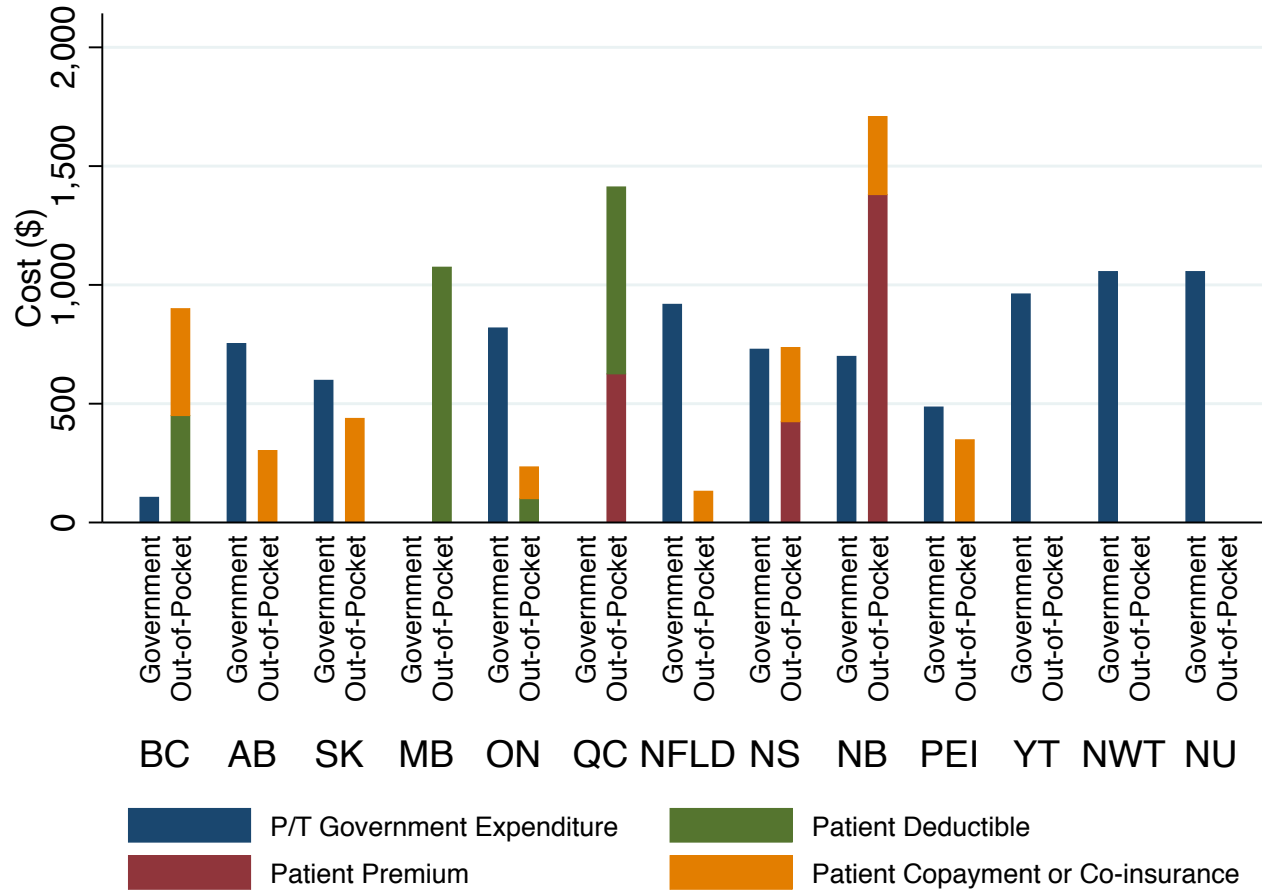
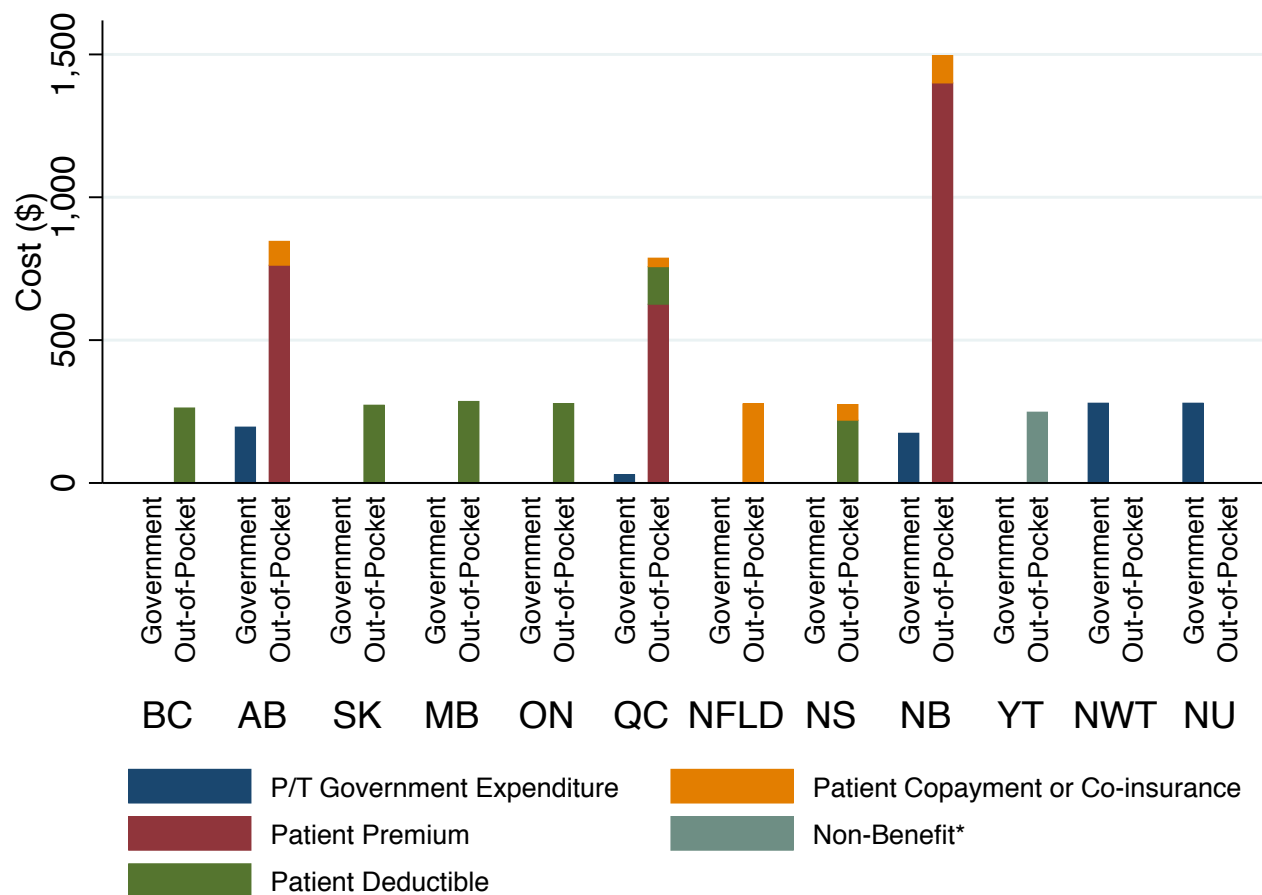
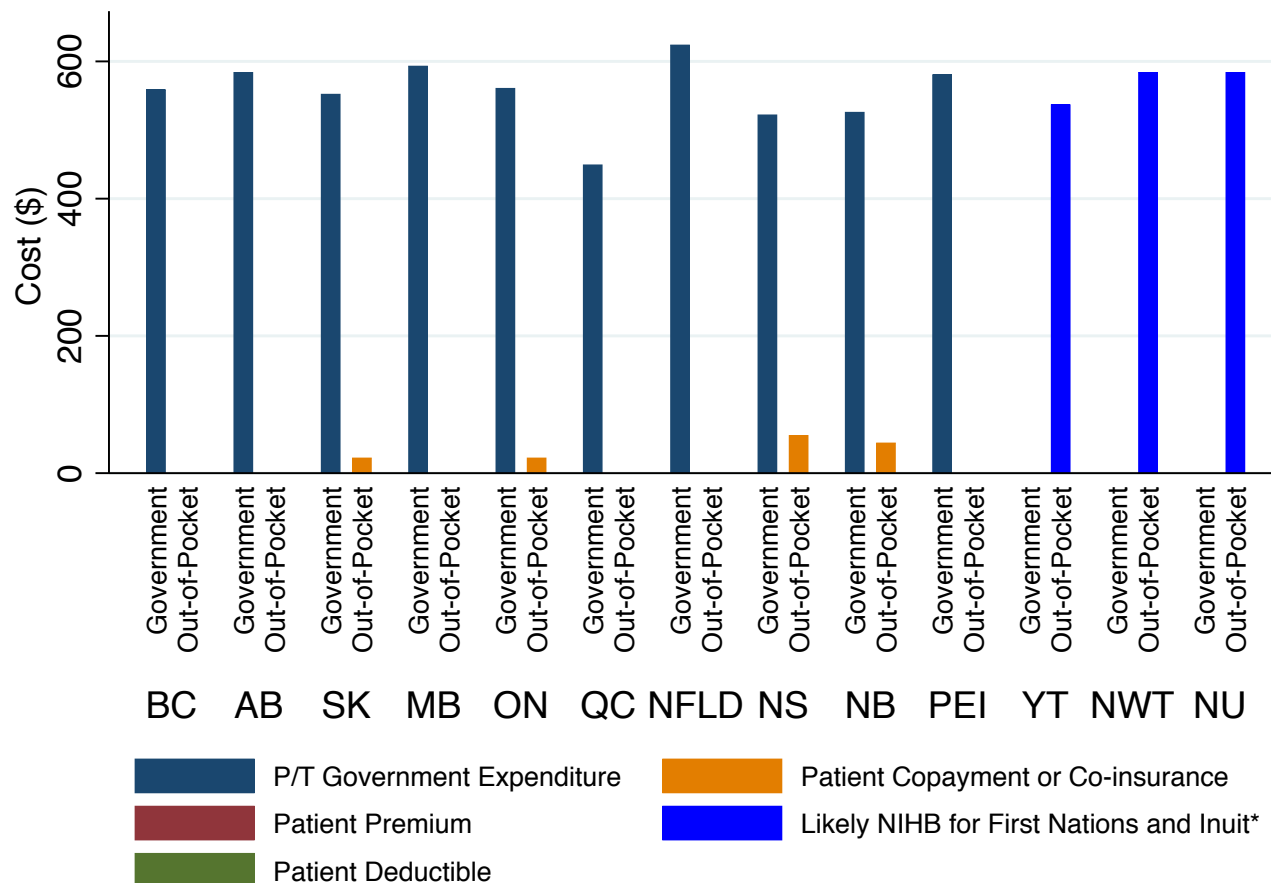


Figure 5. Scenario 3: Individual under age 65 with average income hypothyroidism and hyperlipidemia



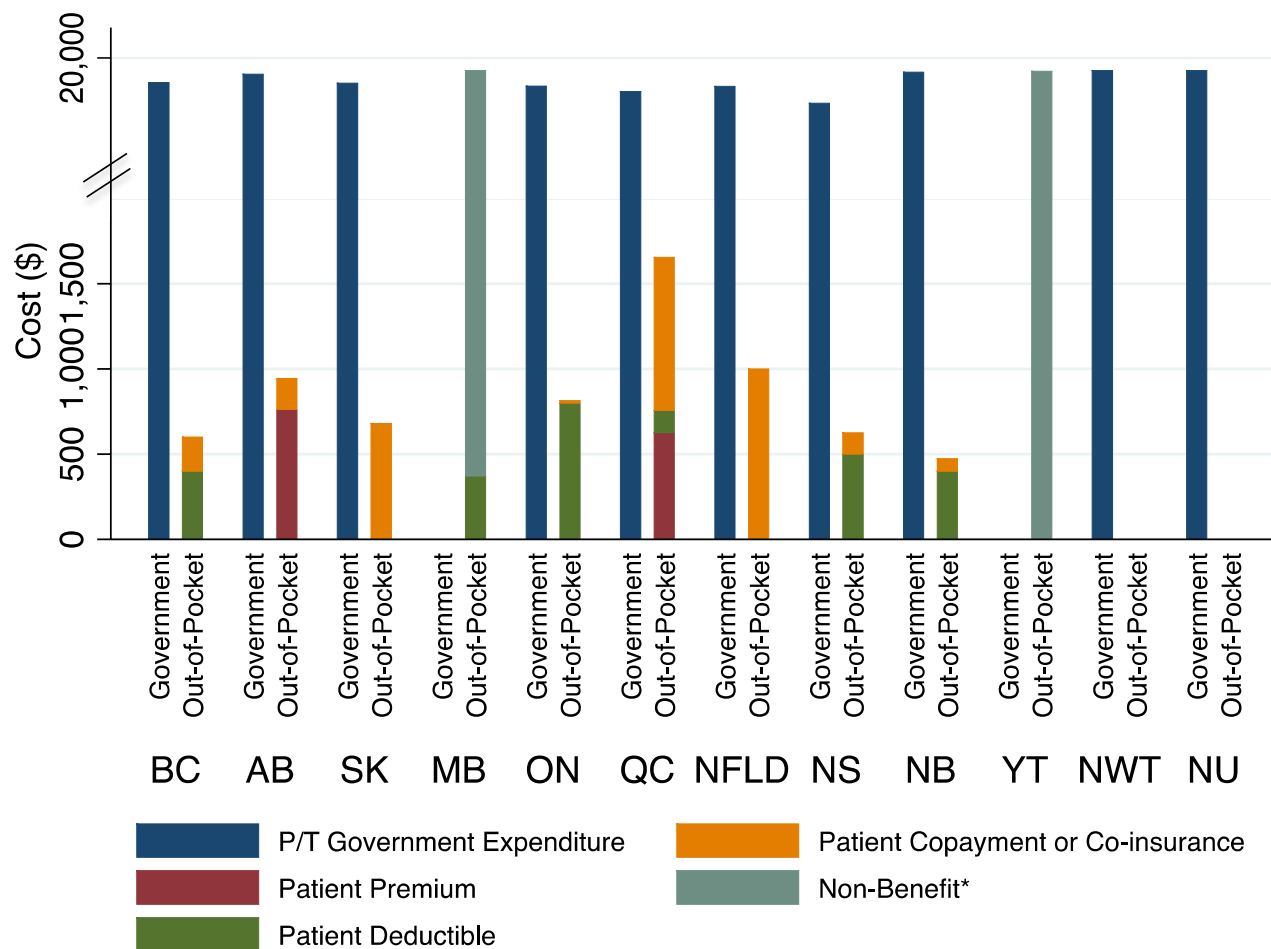
*Non-benefit indicates that 1 or more of the prescription drugs for this patient is not covered under the provincial/territorial formulary. Therefore the cost of the drug(s) must be borne by the patient (i.e. out-of-pocket). **P.E.I. is excluded from this figure due to lack of information on publicly funded drug plans**

Figure 6. Scenario 4: Individual Receiving Social Assistance from the Government who has high blood pressure and hyperlipidemia



*There is no territorial government sponsored drug program for this patient in Nunavut, the Northwest Territories or the Yukon, therefore the entire cost of these drugs is described as out-of-pocket. However, it is likely that this cost is covered through other federal government assistance programs such as the Non-Insured Health Benefits for First Nations and Inuit.

Figure 7. Scenario 5: Individual under age 65 who has rheumatoid arthritis (High drug costs)



*Non-benefit indicates that 1 or more of the prescription drugs for this patient is (are) not covered under the provincial/territorial formulary. Therefore the cost of the drug(s) must be borne by the patient (i.e. out-of-pocket). **PEI is excluded due to lack of information on publicly funded drug plans**

Subsequently, we compared the overall costs of medications (regardless of the payer) across Canada. We calculated the annual cost for drugs for each scenario based on the drug prices and professional fees within each province and territory. If no province-specific drug cost at the correct dose was available, we imputed the drug cost using Alberta data (all drugs for the Northwest Territories and Nunavut; metformin for Ontario; perindopril, digoxin, levothyroxine sodium, trandolapril and adalimumab for Manitoba and Prince Edward Island) (Figure 8).

The annual costs and dispensing fees for the five drug scenarios were similar across Canada. Due to the reference pricing policy in British Columbia, overall costs for drugs subject to reference pricing (i.e. Scenarios 1 and 2) were the lowest in the country. For example, in Scenario 1, perindopril (a brand name angiotensin converting enzyme inhibitor), is priced in reference to all other less expensive Angiotensin converting enzyme (ACE) inhibitors. Thus, the patient is only reimbursed to a maximum of the set price for perindopril, and if the patient wishes to receive this particular ACE inhibitor, then they must pay the remainder of the cost. The goal of this policy is to encourage patients to use less expensive medications within therapeutic medication classes deemed to be therapeutically equivalent. Similar policies are in place in New Brunswick.

Lastly, to compare the out-of-pocket costs across different populations (i.e. seniors, those on social assistance, and those under age 65 in the general population) within Alberta, we compared the annual out-of-pocket costs associated with scenarios 1, 4 and 5. The goal of this analysis was to determine equity for people with different characteristics across Alberta, and to highlight the assistance offered by the government for the same disease burden across age and income characteristics (Figure 9). There is similar support across the senior and general population among those who purchase publicly funded drug insurance. However, the premium associated with the general population plan may represent an unmanageable financial burden for some Albertans. Those on social assistance, regardless of their disease, experience no out-of-pocket expense.

Figure 8. The Annual Cost of Prescription Drugs and Dispensing Fees Across Canadian Provinces and Territories, across a variety of baskets of pharmaceuticals

Scenario 1 (Panel A): metformin (850 mg twice daily), lorazepam (0.5 mg at bedtime), hydrochlorothiazide (25 mg/d), perindopril (4mg/d) and acetylsalicylic acid (81mg/d).

Scenario 2 (Panel B): furosemide (20 mg twice a day), clopidogrel (75 mg/d), metoprolol (50 mg twice daily), atorvastatin (40 mg/d), perindopril (4 mg/d) and digoxin (0.125 mg/d).

Scenario 3 (Panel C): levothyroxine sodium (0.075 mg/d) and atorvastatin (40 mg/d).

Scenario 4 (Panel D): hydrochlorothiazide (25 mg/d), trandolapril (2mg/d) and atorvastatin (40 mg/d).

Scenario 5 (Panel E): adalimumab (40 mg every 2weeks) and methotrexate tab 2.5mg (25mg weekly).

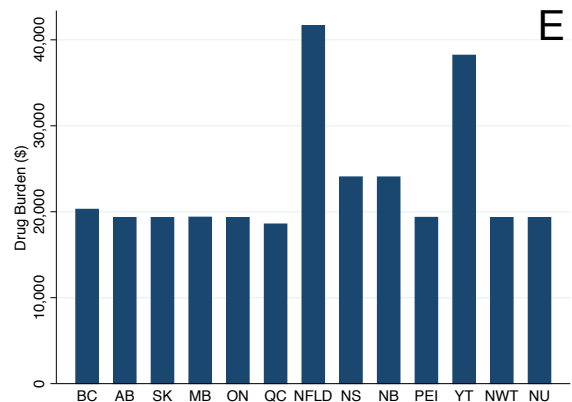
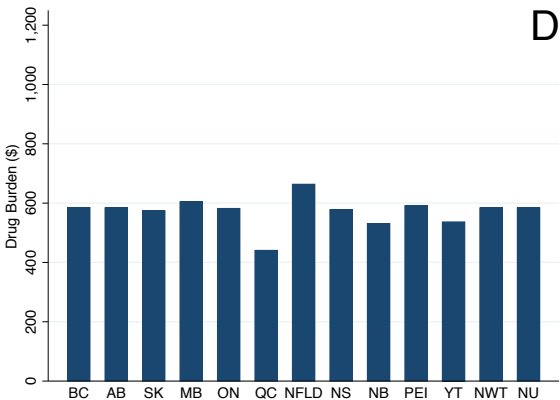
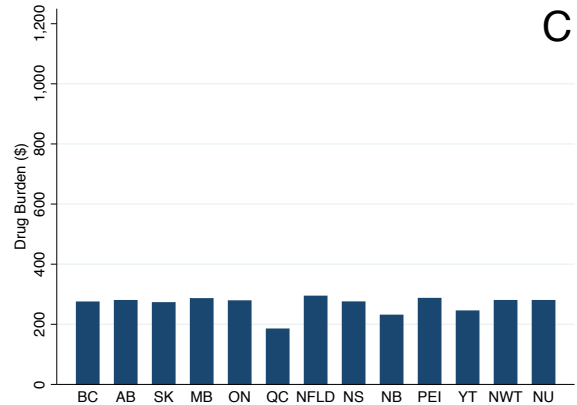
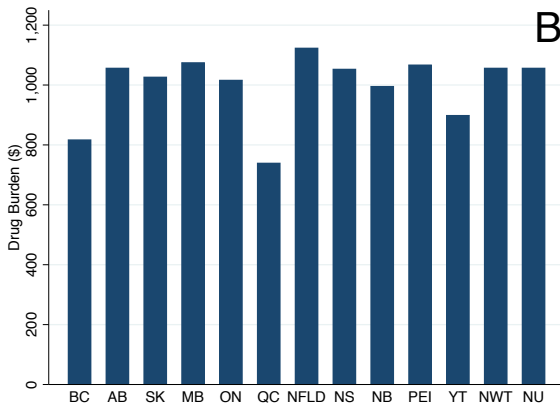
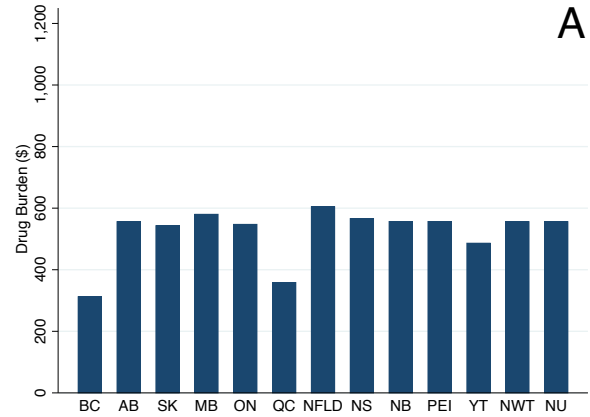
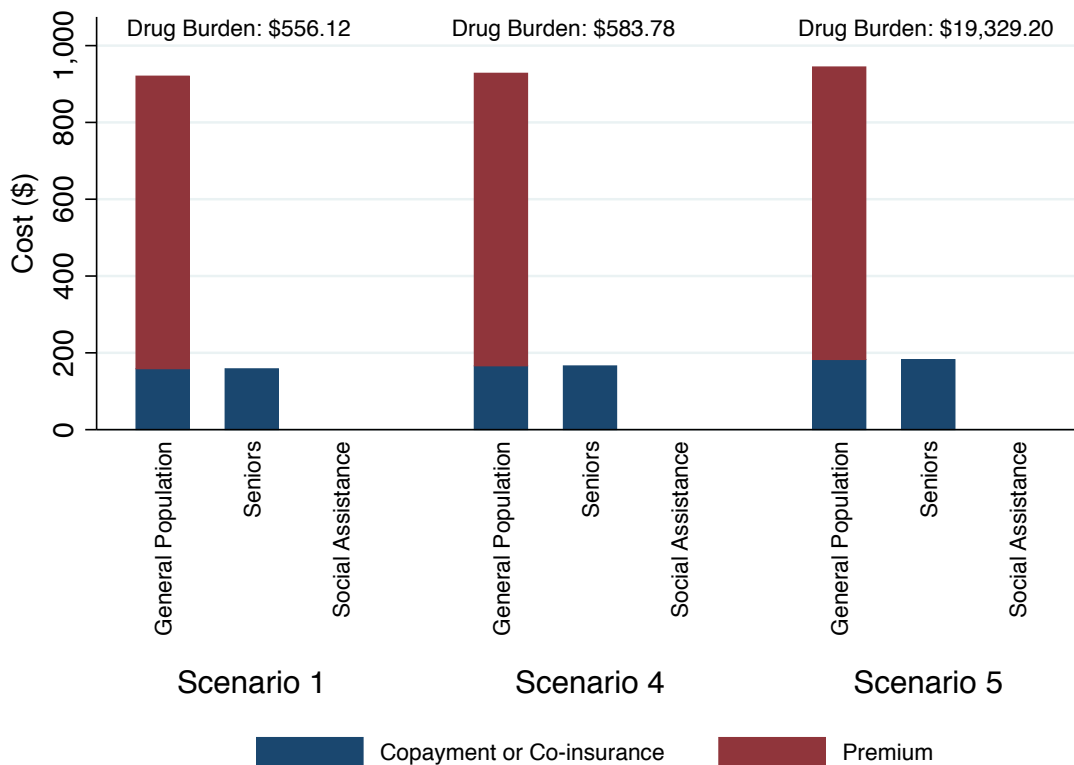


Figure 9. Comparison of Alberta Drug plans: clinical conditions and prescription drugs in scenarios 1, 4 and 5 regardless of age and income level.



Chapter 5: Appropriate drug use and financial barriers in people with chronic diseases across Canada's western provinces

The Interdisciplinary Chronic Disease Collaboration recently conducted a survey in conjunction with Statistics Canada entitled *Barriers to Care for People with Chronic Health Conditions*.⁸ This survey was a targeted telephone survey of western Canadian respondents to the 2011 Canadian Community Health Survey who were identified as having one or more chronic conditions (high blood pressure, diabetes, heart disease and stroke). The survey had a series of broad research objectives focusing on various aspects of health care delivery, and it measured the frequency of a series of potentially reversible barriers to optimal care. Since it was administered across four provinces with differing drug coverage plans, the survey provides information that is relevant to the performance of publicly funded drug programs across western Canada.

The survey included 1,849 respondents to the 2011 Canadian Community Health Survey who resided in Alberta, British Columbia, Manitoba or Saskatchewan, who were at least 40 years of age, and who self-identified as having high blood pressure, diabetes, heart disease, or stroke. The survey was administered between February and April of 2012. The overall response rate among eligible individuals was excellent (80%).

In this survey, the frequency of a variety of financial barriers to accessing care was determined.⁹ Of particular relevance, patients were asked about financial barriers to drugs, whether they had drug insurance (publicly funded or private insurance) and their out of pocket expenditures on medications (which excluded premiums).

We assessed whether patients with financial barriers were less likely to take indicated medications (e.g. statins), or were more likely to stop using prescribed preventive medications. We measured statin use as an indicator of appropriate medication use since these medications have been shown to prevent heart attacks and stroke for people with high blood pressure, diabetes, heart disease and past stroke (and since they are widely recommended by clinical practice guidelines).

The majority of survey respondents were white (87%), urban dwellers (83%), married or in common-law relationships (67%), post-secondary and/or university graduates (50%) and aged 65 or older (51%). Males and females were equally represented. The largest number of respondents were from British Columbia (45%), followed by Alberta (32%), Manitoba (13%) and Saskatchewan (11%). Patient characteristics were similar across the provinces.

Among respondents, Albertans were less likely to report that they have no drug insurance, public or private, (6.5%) compared with the other provinces (17%)⁸ – this was an interesting finding given that British Columbia, Saskatchewan and Manitoba have premium-free public insurance plans with no restrictions on eligibility. It is possible that due to the deductibles in place for all those plans, individuals may not have perceived that they had drug insurance (or they may not have been on medications). Albertans were more likely than residents of BC and Saskatchewan to report having private insurance coverage (56% vs. 40%). This difference was most notable among individuals under age 65 (Table 7).

Given that use of private insurance was similar among Albertan and British Columbian seniors, we focus discussion of the remaining results on comparison of seniors in Alberta and British Columbia, though additional information is provided for individuals under age 65 in Table 7. Albertan seniors with chronic diseases faced lower out-of-pocket costs (\$513) compared with British Columbian seniors (\$689). The use of statin medications, commonly used as a marker of appropriate drug use in patients at high cardiovascular risk (as these patients were), was noted to be similar between Albertan seniors, where 55% of respondents used statins, and B.C., where 50% of seniors used statins. There was a trend towards more people stopping their preventive medications in B.C. seniors (12.4%) compared to Alberta seniors (7.5%). Financial burden of drugs may contribute to this trend although other personal and health system factors, including social context, may also contribute. Approximately 4% of western Canadians overall noted they were unable to access required drugs due to cost in the preceding year. This number was substantially higher among non-seniors (6%) than among seniors (2%).

Table 7: Insurance use, financial barriers to drugs, out of pocket costs, and preventive medication use in western Canadians with chronic disease

	Province	Overall	Age		Income	
			Age>65	Age<65	<30,000	>30,000
Financial barrier to drugs	Overall	3.9%	1.9%	5.9%	3.2%	4.1%
Lack of drug insurance	AB	6.5%	2.8%*	9.6%	4.5%*	7.0%
Private drug insurance	BC	40.2%	23.5%	61.2%	18.9%	46.8%
	AB	55.8%	31.0%	76.4%	20.7%	63.9%
	SK	40.6%	19.4%	65.5%	20.7%	46.8%
	MB	53.6%	34.3%	70.8%	24.4%	61.7%
Current use of statin medication	BC	49.4%	50.2%	48.0%	45.2%	50.7%
	AB	48.6%	54.6%	41.8%	45.7%	49.4%
	SK	48.9%	51.9%	44.4%	42.8%	50.8%
	MB	42.8%	56.3%	29.5%	45.3%	42.1%
Percentage if individuals who stopped using prescription medication in past year	BC	16.0%	12.4%	20.9%	14.9%	16.4%
	AB	12.1%	7.5%	16.1%	7.7%	13.2%
	SK	11.1%	9.3%	13.4%	15.6%	9.9%
	MB	5.8%	5.5%*	6.1%*	6.5%*	5.6%
Average annual out-of-pocket spending	BC	\$581	\$689	\$462	\$545	\$591
	AB	\$438	\$513	\$380	\$501	\$426
	SK	\$627	\$516	\$750	\$505	\$657
	MB	\$571	\$791	\$406	\$533	\$581

* The estimates marked with an asterisk do not meet Statistics Canada's quality standards. Conclusions based on these data will be unreliable, and most likely invalid due to small sample sizes.

Chapter 6: Synthesis of information

While Canada has full public payment for services deemed ‘medically necessary’ provided by physicians and/or in hospitals, prescription drugs are not an included benefit, but instead are financed through a combination of government funding and non-government sources (third party private insurance or out-of-pocket). While the total prescription drug expenditure per capita is similar between Alberta and other provinces, in 2015 the Alberta government covered the largest share of the total prescription drug expenditure per capita (43.6%) compared to the Canadian average (36.5%).

Do Albertans get value for this additional public expenditure? Compared to other jurisdictions, Alberta provides similar coverage to people who receive social assistance. In comparison to provinces such as British Columbia (which is phasing out age-based drug insurance in favour of income-tested coverage), coverage appears more generous for Albertan seniors. For instance, Alberta seniors with at least average incomes face lower out-of-pocket expenditures compared to some provinces (B.C., Manitoba, New Brunswick and Quebec), but similar to those experienced by seniors in Ontario and Saskatchewan. Low-income Alberta seniors have similar out-of-pocket expenditures compared to other provinces.

With respect to coverage for the general population under age 65, Albertans with total drug expenditures over \$762/year who purchase publicly funded drug insurance pay similar out-of-pocket costs to those in other provinces. But for Albertans under age 65 with a drug burden of less than \$762 (i.e. less than the cost of annual premiums) it is more financially advantageous to remain uninsured. In other provinces that offer premium-free deductible-based plans, patients do not receive any government funding for their medications until they reach a deductible limit, which is typically related to income. For example, in Ontario, a person with an income of \$19,050 would experience a deductible of \$760 (4% of their annual income); the amount the person would pay after which they would pay a small proportion of the drug costs with the government cost sharing the remainder). Similarly in British Columbia, a person with an income of \$30,000 would experience a deductible of \$900 before the government shares the cost of drug expenses. These differences are reflected in out-of-pocket expenditures as well.

The largest gap in medication coverage across the country is the under-65 population who are not receiving social assistance. Most provincial plans offer the least amount of support for this population; in many provinces this population experiences a high deductible and a high maximum out-of-pocket limit, or they must pay a premium to receive drug insurance.

In provinces where cost-sharing is related to income, the financial burden may be more equitably distributed across citizens than in Alberta, where cost-sharing for seniors and the general population is not income-related. However, it is worth noting if a province were to move to an income-based plan and reduce the total expenditure from the government, such as BC did, the financial burden across the population will increase. Researchers who conducted a detailed evaluation of the 2003 BC policy change from age-based to income based cost sharing raised concerns that the policy change actually adversely affected equity. Using indices designed to measure the impact on equity¹⁰, they noted an adverse impact on equity largely because one of

the goals of the 2003 policy shift was to reduce government spending, shifting a disproportionate amount of drug expenditures from the public payer to individual patients.¹¹ The authors noted that if the public financing of pharmaceuticals were maintained or increased (during the prior B.C. policy change), a change from age-based to income-based eligibility should have improved equity.¹¹

Using survey data from a cohort of western Canadians with chronic diseases, where long-term medication use is common, we explored whether additional government expenditures on drugs (due to differences in plan rules and regulations) impact care and outcomes for Albertans. Although the survey was designed for a different purpose, it confirmed that out-of-pocket expenditures are significantly lower for Alberta seniors compared to seniors in B.C. It is unclear whether this difference was exclusively due to the nature of publicly funded drug insurance, though private insurance use by seniors in Alberta and BC was similar. We noted small differences in statin use and stopping medications due to financial barriers, both favoring Alberta, but neither was statistically significant.

Quebec is the only province that has mandated all persons have insurance (private or public). This forces complete population coverage and could be argued represents universality in drug coverage (i.e. every resident has drug coverage). This approach may be viewed positively by private insurers as it forces lower risk individuals into the risk pool and balances the risk profile of the insured population. However, the impact of mandatory health insurance on the insurance market and on individual financial burden would warrant further consideration.

Since overall per capita drug expenditures in Alberta appear similar to other provinces,[‡] we speculate that public per capita drug expenditures are higher in Alberta compared with other provinces because of differences in three key policy areas: government as the first payer, the use of income tested cost-sharing in other provinces, and differences in copayment structures.

Several provinces, including Alberta, have adopted a government first payer policy. In these provinces, the government pays first and any additional private insurance pays based on the remaining expense. In the case of very high-cost drugs, the adoption of a second payer policy could reduce the government's share of the cost by shifting the primary cost burden to private insurance. This would still enable equitable access to high-cost drugs as those patients with no additional private insurance would continue to have financial assistance from the government.

Several provinces use means-based deductibles within their drug plans for individuals under age 65 (Ontario, B.C., Saskatchewan, Manitoba and Quebec), and for seniors (B.C., Manitoba, and Quebec). As noted above, in deductible based plans, patients do not receive government funding for their medications until they reach a deductible limit, usually related to income, after which the patient is subject to copayments. While some studies suggest that small deductibles may not have a significant impact on medication use and adherence overall, some studies have reported that individuals facing a deductible were only half as likely to adhere to their medications.^{12,13} The impact of deductibles (and copayments) on medication use and adherence is higher among people with low income.

[‡] While per capita drug expenditures are similar between Alberta and other provinces, we were not able to control for differences in demographics, or the frequency of chronic conditions.

Copayment structures also vary across provinces for seniors and the general population under age 65. In Alberta, patients who purchase Non-Group coverage have a 30% co-insurance, up to a maximum of \$25 per prescription, whereas several provinces have copayments ranging from 25-35% of the prescription cost, with annual maximum out-of-pocket expenditures based on income rather than a maximum per prescription. The copayment structure in Alberta, which does not vary by income (for individuals not on social assistance), raises equity concerns. For instance, an individual with an income of \$30,000 receives the same government cost-sharing as an individual with an income of \$100,000 (for seniors and those under age 65 who purchase publicly-funded drug insurance). In other provinces, the plans are income-based, meaning that those with lower income face lower absolute out of pocket costs. Because of this, Alberta's drug insurance is generous to high-income seniors in comparison to other provinces.

A recent review of international publicly funded drug plans revealed many unique and innovative features being used internationally that Canadian provinces could potentially adopt. Of course, all of these features have their advantages and disadvantages. For example, the use of copayments that vary by condition, disease or socio-economic status has been justified by some governments on the basis of cost-containment, or to reduce barriers for particular patient groups. It is true that such variation creates inequities in access as different groups receive different benefits, but evidence also suggests that lowering copayments, particularly among people with chronic diseases and for specified very effective medications, may improve adherence and might improve clinical outcomes.¹⁴ In addition to such evidence, societal values must be understood in order to understand the trade-offs that societies are willing to accept with regard to health care (so it is with public policy generally).

Canada is unique in that it is the only country with publicly funded drug insurance plans that vary across provincial (and other) jurisdictions. There are other countries with localized health care administration (like Canada) but national drug coverage. National drug coverage offers many advantages such as increased buying power, which could lower drug costs, reduce duplication, lower administration costs and reduce inequitable access to drugs across the country.¹⁵ While there are many hurdles, Canada could learn from those countries that have operational national drug coverage and localized health care administration.

Summary

Alberta's publicly-funded drug plans share some characteristics with other provinces and territories. All Albertans have access to drug insurance albeit those under 65 and not on social assistance must pay a premium, whereas most other provinces have coverage for the entire population and employ other cost-sharing tools (deductibles, co-insurance). Seniors in Alberta (particularly those with higher than average income) have significantly lower out of pocket costs for medications in comparison to similar provinces, including BC. Alberta has the second highest per capita public expenditure on drugs, and the Alberta government covers the largest share of total prescription drug expenditure per capita. Since overall per capita drug expenditures in Alberta appear similar to other provinces we speculate that public per capita drug expenditures are higher in Alberta compared with other provinces because of differences in three key policy areas: government as the first payer, the use of income tested cost-sharing in other provinces, and differences in copayment structures. The impact of any changes within these policies on plan effectiveness, costs, and equity requires further consideration.

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Appendix 1: Description of all Provincial and Territorial Drug Plans

Province and Territory	Name of Drug Plan	Description
Alberta	<p data-bbox="426 367 716 399">Non-group Coverage</p> <p data-bbox="426 748 716 781">Coverage for Seniors</p> <p data-bbox="426 1130 835 1162">Palliative Care Drug Coverage</p>	<p data-bbox="867 367 2007 513">The Government of Alberta offers Non-Group Coverage to ensure that all Albertans have access to an economical supplementary health benefits program that provides coverage for a variety of health-related services not covered by the Alberta Health Care Insurance Plan (AHCIP).</p> <p data-bbox="867 513 1388 545">To qualify for this program, you must:</p> <ul data-bbox="919 553 1703 740" style="list-style-type: none"> • Be a resident of Alberta • Be under the age of 65 years or their dependents • Be registered with the AHCIP • Not be in arrears (not owing past premiums) • Not be eligible to receive the Alberta Widows' Pension <p data-bbox="867 748 2007 854">The Government of Alberta provides premium-free Alberta Blue Cross Coverage for Seniors for health-related services not covered by the Alberta Health Care Insurance Plan (AHCIP).</p> <p data-bbox="867 862 1388 894">To qualify for this program, you must:</p> <ul data-bbox="919 902 2018 1122" style="list-style-type: none"> • Be a resident of Alberta • Be 65 years of age or older or their dependents • Be registered with the AHCIP, and • Have submitted proof of age documentation to Alberta Health (such as a birth certificate, old age pension entitlement, passport, immigration record, or naturalization or citizenship certificate). <p data-bbox="867 1130 2028 1422">Palliative coverage is a benefit offered to Albertans who have been diagnosed as being palliative (i.e. patients who have been diagnosed by a physician or nurse practitioner as being in the end stage of a terminal illness or disease, are aware of their diagnosis and have made a voluntary informed decision related to resuscitation, and for whom the focus of care is palliation and not treatment aimed at a cure). The program is open to residents of Alberta who are registered with the Alberta Health Care Insurance Plan and who have been diagnosed as being palliative. The program excludes those patients whose residence provides publicly funded</p>

Diabetic supply coverage	<p>drugs, diabetic supplies and ambulance services; these include long-term care facilities, acute care hospitals and psychiatric hospitals.</p> <p>Albertans using insulin to treat diabetes are now eligible for diabetic supply coverage, up to \$600 per year. To be eligible, you must be an insulin-treated diabetic who is registered with one of Alberta's supplementary health benefit plans:</p> <ul style="list-style-type: none"> • Alberta Health supplementary health benefit plan administered by Alberta Blue Cross • Coverage for Seniors • Non-Group Coverage • Palliative Care Drug Coverage • Alberta Human Services assistance program
Outpatient Cancer Drug Benefit Program	<p>Alberta Health Services, through the Outpatient Cancer Drug Benefit Program, provides select medications, used in the direct treatment of cancer, to patients at no cost.</p> <p>To qualify for this program, you must:</p> <ul style="list-style-type: none"> • Be a resident of Alberta • Be registered with the Alberta Health Care Insurance Plan and have not opted out of the plan • Be registered in the Cancer Registry with a disease classified in the International Classification of Diseases for Oncology, and • Require drugs to treat cancer • Benefits under this program
Specialized High Cost Drug Program	<p>The Schedule of Cancer Drugs defines the drug products covered by the Outpatient Cancer Drug Benefit Program.</p> <p>The Specialized High Cost Drug Program (a component of Province Wide Services) provides funding for drugs used in highly specialized procedures, such as organ transplants and major heart surgeries. Province Wide Services are available to all Albertans in addition to basic health services.</p> <p>To qualify for this program, you must:</p> <ul style="list-style-type: none"> • Be a resident of Alberta • Be registered with the Alberta Health Care Insurance Plan and have not opted out of the plan, and

- Require the high cost drug to treat an eligible medical condition specified in the Program.
- Benefits under this program

The Specialized High Cost Drug Program provides for high cost drugs such as:

- Transplant Drugs – Transplant patients are eligible for immunosuppressants.
- HIV Drugs – Drugs for the treatment of patients with human immunodeficiency virus type 1 (HIV-1) infection are dispensed through the Southern and Northern Alberta Clinics.
- Other Drugs – Other drugs funded include Pulmozyme (for cystic fibrosis), human growth hormone (for pediatric growth hormone deficiency and chronic renal failure), Flolan (for primary pulmonary hypertension) and Visudyne (for the classic form of wet age-related macular degeneration).

Disease Control and Prevention – for the treatment of tuberculosis and sexually transmitted disease.

Disease Control and Prevention provides prescription drugs for the treatment of tuberculosis and sexually transmitted disease, at no direct cost to the patient. Under the authority of the Medical Officer of Health, the Alberta Health Services Communicable Disease Control program is responsible for the public health prevention and control of communicable diseases which are notifiable under the Communicable Disease Regulations of the Public Health Act of Alberta.

Public health strategies to control notifiable communicable diseases include:

- Preventing infection through education and/or prophylaxis, including immunization.
- Minimizing transmission of infection through prompt investigation and follow-up of notifiable communicable diseases incidents and implementation of protective measures.
- Providing epidemiologic data for reporting and public health response measures.
- Continuous monitoring and surveillance of communicable diseases incidence in the community to readily identify and respond to emerging illnesses or outbreaks of disease.

Retina Anti-Vascular Endothelial Growth Factor Program

The new Retina Anti-Vascular Endothelial Growth Factor Program for Intraocular Disease pilot project allows physicians to now prescribe the drug Avastin – in addition to the drug Lucentis – for Albertans with certain eye conditions. Both medications help to slow vision loss.

More than 7,000 Albertans are eligible to participate in the pilot project and all patients will be monitored for the safety and effectiveness of their treatment. The cost of both drugs will be covered and there will be no co-payment. This will save seniors \$25 per treatment, or \$300 per year for most patients.

The cost of Lucentis will continue to be covered for patients who are members of a government-sponsored drug plan and are treated by a physician who is not a member of the Retina Society of Alberta.

- The pilot project begins October 1.
- All Albertans, with valid Alberta Health Care coverage, will be eligible for the pilot project at no cost.
- Treatment decisions will continue to be made by physicians.
- Patients and their physicians may choose whether they wish to use Avastin or Lucentis.

Alberta Adult Health Benefit (AAHB)

The Alberta Adult Health Benefit program supports Albertans in low income to ensure they have access to prescription drugs, dental services, optical services, emergency ambulance and diabetic supplies that are essential to health and well-being. Knowing your health and your family’s health is cared for will bring peace of mind.

You and your family may qualify for the AAHB if:

- You are pregnant and you have limited income
- You have high ongoing prescription drug needs, and limited income
- You leave Income Support and you have income from employment, self-employment, or the Canada Pension Plan Disability program
- You leave Assured Income for the Severely Handicapped (AISH) and you have income from employment, self-employment, or the Canada Pension Plan Disability program.

Alberta Child Health Benefit (ACHB)

The Alberta Child Health Benefit plan pays for health services, such as eyeglasses, prescription drugs and dental care, that are not available through standard Alberta Health Care Insurance. The health plan is for children up to age 18, and up to age 20 if they live at home and are attending high school up to grade 12. There are no fees to sign up. The Alberta Child Health Benefit plan is for families with limited incomes (i.e. your family makes \$26,023 or less per year).

British

Fair PharmaCare

B.C.'s publicly-funded health care system ensures that all eligible B.C. residents have

Columbia	<p>access to medically necessary health care services through the Medical Services Plan and to eligible prescription medications, medical supplies, and pharmacy services through the PharmaCare program.</p> <p>To be eligible for Fair PharmaCare, you must have:</p> <ul style="list-style-type: none"> • Valid B.C. Medical Services Plan (MSP) coverage; and • Filed an income tax return for the relevant taxation year (that is, two years ago).
Permanent Residents of Licensed Residential Care Facilities (Plan B)	<p>PharmaCare covers the full cost of eligible prescription drugs and designated medical supplies for permanent residents of licensed residential care facilities as long as the facility has asked PharmaCare to add it to the list of Plan B facilities.</p> <p>If it has been added as a Plan B facility, individuals who become permanent residents of the facility will be automatically covered under PharmaCare Plan B.</p>
Recipients of B.C. Income Assistance (Plan C)	<p>This plan provides 100% coverage of eligible prescription costs for B.C. residents receiving medical benefits and income assistance through the Ministry of Social Development. The Ministry of Social Development and Social Innovation sends eligibility information to PharmaCare on their clients' behalf - you do not need to apply separately to PharmaCare.</p>
Cystic Fibrosis (Plan D)	<p>Individuals with cystic fibrosis who are registered with a provincial cystic fibrosis clinic receive coverage of digestive enzymes and other products listed in the Cystic Fibrosis Formulary. The Cystic Fibrosis Clinic arranges this coverage for their patients. Patients do not need to apply separately to PharmaCare.</p>
Children in the At Home Program (Plan F)	<p>The At Home program of the Ministry of Children and Family Development provides community-based, family-style care for severely handicapped children who would otherwise become reliant on institutional care.</p> <p>Children receiving full benefits or medical benefits through the program qualify for 100% coverage of eligible prescription drugs and designated medical supplies.</p>
No-Charge Psychiatric Medication Plan (Plan G)	<p>The No-Charge Psychiatric Medication Plan (Plan G) is available to individuals of any age who are registered with a mental health services centre and who demonstrate clinical and financial need. The plan provides coverage of certain psychiatric medications.</p> <p>Eligibility is determined by individuals' physicians and the local mental health services centre. If you are eligible, the physician will submit an application form on the patients' behalf. Coverage is provided for up to one year.</p>

	<p>Medication Management Services (Plan M)</p> <p>BC Palliative Care Drug Plan (Plan P), part of the BC Palliative Care Benefits Program</p> <p>Nicotine replacement therapies under the Smoking Cessation Program (Plan S)</p> <p>Antiretroviral medications through the BC Centre for Excellence in HIV/AIDS (Plan X)</p>	<p>Covers individuals for eligible medication management services (e.g., clinical services, medication review services and publicly funded vaccinations) provided by pharmacies</p> <p>BC Palliative Care Benefits support BC residents of any age who have reached the end stage of a life-threatening disease or illness and who wish to receive palliative care at home. "Home" is defined as wherever the person is living, whether in their own home, with family or friends, in a supportive/assisted living residence, or in a hospice unit at a residential care facility (e.g. a community hospice bed that is not covered under PharmaCare Plan B).</p> <p>Eligible patients receive:</p> <ul style="list-style-type: none"> • 100% coverage of eligible costs for medications used in palliative care through the PharmaCare BC Palliative Care Drug Plan (Plan P), and • Medical supplies and equipment through the local health authority. <p>Physicians or nurse practitioners submit a registration form to PharmaCare for their patients. The single registration form is used to notify both PharmaCare and the health authority of the patient's eligibility for the benefits.</p> <p>The B.C. Smoking Cessation Program helps eligible B.C. residents who wish to stop smoking or using other tobacco products by:</p> <ul style="list-style-type: none"> • Covering 100% of the cost of nicotine replacement therapy (NRT) products (specific nicotine gum, lozenges, patches, inhaler), or • Contributing to the cost of specific smoking cessation prescription drugs <p>Eligible residents can be covered for one of the following two treatment options: Option 1—NRT products (gum, lozenges, patches or inhaler) Option 2—Prescription smoking cessation drugs:</p> <ul style="list-style-type: none"> • Bupropion (brand name Zyban®), or • Varenicline (brand name Champix®) <p>Antiretroviral medications and other drugs for management of HIV/AIDS are provided at no cost to medically eligible patients through the BC Centre for Excellence in HIV/AIDS (BC-CfE) Drug Treatment Program.</p>
Saskatchewan	Saskatchewan Drug Plan	Saskatchewan residents with valid Saskatchewan health coverage may be eligible for drug plan benefits. Costs of prescriptions vary depending on the type of benefits individuals receive.

Children's Drug Plan	<p>The Drug Plan was established to:</p> <ul style="list-style-type: none"> • Provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness • Reduce the direct cost of prescription drugs to Saskatchewan residents • Reduce the cost of drug materials • Encourage the rational use of prescription drugs <p>The program allows families to pay \$20 per prescription for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Children 14 and under are automatically eligible for coverage; • Your pharmacy will be aware of policy regarding coverage; • You are not required to show proof of eligibility; • Children covered under Federal Government programs are not eligible for this coverage, such as the Federal Non-Insured Health Benefits Program.
Saskatchewan Insulin Pump Program	<p>The Saskatchewan Insulin Pump Program helps to eliminate some financial barriers for people 25 years old or under who require an insulin pump to manage their Type 1 diabetes.</p> <p>Eligibility</p> <ul style="list-style-type: none"> • Must be 25 years old or under. • Must have Type 1 diabetes and require a pump to adequately stabilize blood glucose levels. • Must not be eligible for benefits under a Federal Government program such as the Non-Insured Health Benefits Program
Emergency Assistance for Prescription Drugs	<p>For residents who require immediate treatment with covered prescription drugs and are unable to cover their share of the cost may access this one-time emergency assistance.</p> <p>An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. The level of assistance provided is in accordance with the consumer's ability to pay.</p>
Palliative Care Drug Plan Program	<p>This program covers the costs of prescription drugs for palliative care patients who are in the late stages of terminal illnesses. The Drug Plan manages this program.</p> <p>A palliative care patient is a person who:</p>

Saskatchewan Aids to Independent Living (SAIL)

- Has a terminal illness with a life expectancy measured in months;
- Does not have appropriate treatment options to cure their illness or to prolong their life; and
- Requires care to improve or maintain their quality of life, including managing symptoms such as pain, nausea, and stress

Saskatchewan Aids to Independent Living (SAIL) provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions.

To be eligible for SAIL, you must:

- Be a resident of Saskatchewan (check your eligibility for health benefits in Saskatchewan);
- Possess a valid Saskatchewan Health Services Number;
- Be referred for service by an authorized health care professional;
- Use a service in Saskatchewan, unless pre-authorized by Saskatchewan Health; and
- Not receive benefits from other government agencies such as Saskatchewan Government Insurance (SGI), Worker's Compensation Board, Health Canada (Non-Insured Health Benefits Program), or Department of Veterans Affairs

Seniors' Drug Plan

Eligible seniors 65 years and older pay a maximum of \$20 for prescription drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status.

Eligibility is determined by age and the income reported on your income tax return filed with the Canada Revenue Agency. You must:

- Be a Saskatchewan resident 65 years of age or older with a valid Saskatchewan Health card.
- Be eligible for the federal age credit, which is based on the annual net income you reported on Line 236 of your income tax form in the previous year.
- Seniors who are covered under federal government programs, such as the federal Non-Insured Health Benefits Program or Veterans Affairs are not eligible for the Seniors' Drug Plan.

Supplementary Health Benefits

Qualified individuals are eligible for a number of health services and products in addition to the universal health benefits.

This program provides assistance with non-insured health service to:

- Government wards;
- Inmates of provincial correctional institutions;
- Residents of special care facilities who are eligible for the Senior's Income Plan;
- Those enrolled in the following income support programs:
- Saskatchewan Assured Income for Disability (SAID)
- Saskatchewan Assistance Program (SAP)
- Transitional Employment Allowance (TEA)
- Provincial Training Allowance (PTA)

Family Health Benefits

A range of health benefits (including prescription drugs) are available for low-income working families who meet the standards of an income test or are receiving the Saskatchewan Employment Supplement or the Saskatchewan Rental Housing Supplement.

Income Supplements

Ministry of Social Services determines the eligibility for these benefits.

Residents qualifying for the federal Guaranteed Income Supplements (GIS) and the Seniors' Income Plan (SIP) in Saskatchewan also receive health benefits.

Guaranteed Income Supplement—Canadians 65 and older must apply for this federal government program and meet the criteria.

For these people, the following health benefits are available:

- If living in the community, the semi-annual deductible for prescription drugs is \$200, with a 35 per cent co-payment thereafter;
- If residing in a special care home, the semi-annual deductible is \$100 for prescription drugs with a 35 per cent co-payment thereafter; and
- Residents may be eligible for additional drug coverage through the Special Support Program.

Seniors' Income Plan—Saskatchewan residents 65 and older who have been accepted for the Guaranteed Income Supplement automatically qualify for the Seniors' Income Plan (formerly the Saskatchewan Income Plan), based on their Guaranteed Income Supplement level.

Special Support Program

This is an income-tested program that helps residents with high drug costs in relation to their income. Eligible applicants will receive a deductible and/or a co-payment on

their prescription drugs for each calendar year. The Ministry of Health determines the eligibility for this program based on the income information provided in the application and the Ministry's records. Any individual or family may apply for this program. Families who receive the Guaranteed Income Supplement (GIS), Saskatchewan Income Plan (SIP) or Family Health Benefits may also apply for this program.

Manitoba	Pharmacare	<p>Pharmacare is a drug benefit program for eligible Manitobans, regardless of disease or age, whose income is seriously affected by high prescription drug costs. Pharmacare coverage is based on both your total family income and the amount you pay for eligible prescription drugs. The total family income is adjusted to include a spouse and the number of dependents, if applicable. You qualify for the Manitoba Pharmacare program if you meet all of the following criteria:</p> <ul style="list-style-type: none"> • You are eligible for Manitoba Health, Healthy Living and Seniors coverage. • Your prescriptions are not covered by other provincial or federal programs.
	<p>Employment and Income Assistance (EIA) – Prescription Drugs Assistance for Participants</p>	<p>The Employment and Income Assistance Program (EIA) provides financial help to Manitobans who have no other way to support themselves or their families. For people who are able to work, EIA will help them go back to work by providing supports to employment. EIA recipients also get Rent Assist if they need help with their shelter and utility costs.</p>
	<p>Personal Care Home/Nursing Homes</p>	<p>Personal care services assist Manitobans who can no longer remain safely at home because of a disability or their health care needs. Personal care services¹ are offered throughout Manitoba. These services include:</p> <ul style="list-style-type: none"> • meals (including meals for special diets); • assistance with daily living activities like bathing, getting dressed and using the bathroom; • necessary nursing care; • routine medical and surgical supplies; • prescription drugs eligible under Manitoba's Personal Care Home Program; • physiotherapy and occupational therapy, if the facility is approved to provide these services; • routine laundry and linen services. <p>The cost of these services is shared by the provincial government (Manitoba Health,</p>

Palliative Care Drug Access Program	<p>Healthy Living and Seniors) and the client who needs the services. Manitoba Health, Healthy Living and Seniors pays the majority of the cost through the regional health authorities. The personal care service client pays the other portion of the cost. This cost is a daily charge based on income.</p> <p>The Palliative Care Drug Access Program respects the dignity of people in the final stages of life by supporting their decision to choose where they would prefer to spend their final days.</p> <p>This program is designed for people at the end stages of their illness, when the focus of care is on comfort. By covering the cost of eligible drugs for use in the home or in another residence, a major financial burden is removed for the patient and their family.</p>
Manitoba Home Cancer Drug Program	<p>The Home Cancer Drug (HCD) Program is a program for Manitobans diagnosed with cancer that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient. Covering the cost of eligible drugs removes what can sometimes be a major financial burden.</p> <p>Who is eligible?</p> <ol style="list-style-type: none"> 1. Patients must be identified by CancerCare Manitoba (CCMB) as receiving or being scheduled to receive eligible outpatient oral cancer and specific supportive drugs, and 2. Patients must be registered with Manitoba Health's Pharmacare Program. This includes meeting the following criteria: <ul style="list-style-type: none"> • being eligible for Manitoba Health coverage, and • prescriptions for eligible outpatient oral cancer and specific supportive drugs not being covered by other provincial or federal programs.
Manitoba Pediatric Insulin Pump Program	<p>Patients managed by Cancer Care Manitoba (CCMB), Community Cancer Program Network, or community oncologists affiliated with CCMB are eligible. Enrolment is managed through CCMB.</p> <p>The New Brunswick Pediatric Insulin Pump Program (PIPP) supports New Brunswick children living with diabetes whom are medically eligible for insulin pump therapy. The program seeks to assist families to obtain fair and affordable access to a range of insulin pump devices and the basic operating supplies.</p> <p>The family is responsible for a portion of the equipment and supplies based on family income. The calculation for the family contribution considers family income, family</p>

size and the selected device.

New Brunswick children under the age of 19, who wish to use insulin pump therapy, must meet the medical criteria and complete a PIPP Approval Authority Form together with their pediatrician.

Ontario	Ontario Drug Benefit Program (ODB)	The Ontario Drug Benefit (ODB) Program covers most of the cost of 4,300 prescription drug products, some nutrition products and some diabetic testing agents. The list of products covered by the ODB program is called the "Formulary". Some products listed on the Formulary will only be funded in limited circumstances and/or for a limited duration in time.
	Trillium Drug Program	Eligible for ODB program benefits: <ul style="list-style-type: none">• Live in Ontario, you have a valid Ontario health card and at least one of these statements applies:<ul style="list-style-type: none">○ 65 years of age or older○ Live in a Long-Term Care Home or a Home for Special Care○ Enrolled in the Home Care program○ Have high drugs costs relative to my income and am registered in the Trillium Drug Program○ Receive social assistance through Ontario Works or the Ontario Disability Support Program. The TDP helps people who have high prescription drug costs relative to their household income. It covers all drugs approved under the Ontario Drug Benefit (ODB) program. For drug products that are not on the list of approved ODB products, your doctor may apply for special approval through the Exceptional Access Program (EAP). A person may qualify for the TDP if they: <ul style="list-style-type: none">• Have a valid Ontario health card• Live in Ontario• Are not covered under ODB as:<ul style="list-style-type: none">○ A senior over 65 years of age○ Someone who receives financial help through Ontario Works or the Ontario Disability Support Program○ A resident of a long-term care home or home for special care○ Someone who receives home care services• Do not have private health insurance or private insurance does not cover

100% of their prescription drug costs

Special Drugs Program (SDP)	<p>The Special Drugs Program (SDP) covers the full cost of certain outpatient drugs used to treat a number of serious conditions. These include:</p> <ul style="list-style-type: none">• cystic fibrosis (a lung disease)• thalassaemia (a blood disease)• Zidovudine and pentamidine for HIV infection (a disease of the immune system)• Erythropoietin for anemia due to end stage kidney disease• Cyclosporine after solid organ or bone marrow transplant• children with growth failure• Clozapine for schizophrenia• Gaucher's disease (a genetic disorder). <p>The drugs covered must be prescribed by a doctor, and must be obtained from a designated treatment centre.</p> <p>To qualify, all of these statements must apply to you:</p> <ul style="list-style-type: none">• I live in Ontario and have a valid health card which shows that I am entitled to health care services paid for by OHIP, and• I am a patient with one of the diseases or conditions covered, and• I am under the care of an Ontario doctor at a designated treatment centre for this disease or condition, and• the doctor has confirmed that my condition needs the drug(s) covered by the SDP.
New Drug Funding Program for Cancer Care (NDFP)	<p>The NDFP covers 100% of certain approved intravenous cancer drugs administered in hospitals.</p> <p>Individuals' doctors will fill out the forms on your behalf. Those eligible must live in Ontario, have a valid Ontario Health Insurance (OHIP) and have the type of cancer for which the drug is approved.</p>
Inherited Metabolic Diseases Program (IMD)	<p>The IMD program covers the full cost of certain outpatient drugs, supplements and specialty foods used to treat metabolic disorders.</p> <p>The program covers prescribed:</p> <ul style="list-style-type: none">• Drugs and supplements

- Modified L-Amino Acid mixtures (“medical foods”)
- Special low protein foods
- Other supplements
- Infant feeds
- Complete enteral feeds.

IMD covers only the metabolic disorders and funded products included in the List of Disorders, Covered Drugs, Supplements and Specialty Foods.

To ensure that IMD patients receive the right treatments, the ministry has designated a small number of treatment centres to distribute IMD products. Decisions about which products to fund are made by the Executive Officer of Ontario Public Drug Programs. The Executive Officer acts on advice from an expert advisory committee.

Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program (RSV)

This program covers the full cost of the drug palivizumab used to prevent a serious lower respiratory tract infection in certain high risk infants. The infection is caused by the Respiratory Syncytial Virus (RSV).

To qualify, a child(ren) must live in Ontario, must have a valid health card to show that he or she is entitled to health care services paid for by OHIP, and meets the treatment guidelines that the ministry sets at the beginning of each RSV season. The RSV program funds treatment during the active RSV season only. In general, the active RSV season is from November to April in Ontario but will vary depending on where you live.

Visudyne Program

This program covers the full cost of the drug verteporfin, used to slow the advance of age-related macular degeneration (an eye condition). The drug must be provided under specific circumstances.

To qualify, you must:

- Live in Ontario and must have a valid health card to show that you are entitled to health care services paid for by OHIP
- Meet the criteria defined in Section 8. (2.1) of Regulation 552 of the Health Insurance Act

Pharmacy Smoking Cessation Program

The objectives of the Pharmacy Smoking Cessation program include:

- To align with the principles of other smoking cessation programs in primary health care and community settings to provide smokers with a continuum of care.
- To communicate to the public regarding the value of smoking cessation

		<p>services by community pharmacists and promotion of availability of services</p> <ul style="list-style-type: none"> • To improve access to and choice of stop smoking services, including advice on smoking cessation therapy and options, support tools, resources and follow-up. • To provide patients with a consistent, evidence-based standard of care based on a screening mechanism, cessation counselling, structured documentation and support <p>The smoking cessation program is available for reimbursement to Ontario Drug Benefit (ODB) recipients who smoke, future consideration may be given to expanding program eligibility to non-ODB patients based on the experiences and outcomes of the program.</p> <p>Currently, ODB recipients may enrol in the program once per year from the date of the patient's first meeting with the pharmacist at which time they have agreed to work together on a stop smoking strategy.</p>
Quebec	Public Prescription Drug Insurance Plan	<p>In Québec, everyone must be covered by prescription drug insurance. The Public Prescription Drug Insurance Plan is administered by the Régie de l'assurance maladie du Québec and is intended for persons who are:</p> <ul style="list-style-type: none"> • Not eligible for a private group insurance plan covering prescription drugs • For persons age 65 or over • For recipients of last-resort financial assistance and other holders of a claim slip (carnet de réclamation) • Children of persons registered for the public plan are also covered by that plan
Newfoundland and Labrador	Foundation Plan	<p>The Foundation Plan provides 100 per cent coverage of eligible prescription drugs for those who need the greatest support. This includes persons and families in receipt of income support benefits through the Department of Advanced Education and Skills, and certain individuals receiving services through the regional health authorities, including children in the care of Child, Youth and Family Services, and individuals in supervised care.</p>
	65Plus Plan	<p>This plan provides coverage of eligible prescription drugs to residents 65 years of age and older who receive Old Age Security Benefits (OAS) and the Guaranteed Income Supplement (GIS). Beneficiaries will be responsible for payment of the dispensing fee up to a maximum of \$6.</p>
	Access Plan	<p>The Access Plan gives individuals and families with low incomes access to eligible</p>

		<p>prescription medications. The amount of coverage is determined by net income level and family status.</p> <p>The program is available to:</p> <ul style="list-style-type: none"> • families with children, including single parents, with net annual incomes of \$42,870 or less; • couples without children with net annual incomes of \$30,009 or less; • single individuals with net annual incomes of \$27,151 or less. <p>This plan provides prescription drug coverage to individuals/families where eligible drug costs exceed:</p> <ul style="list-style-type: none"> • 5% of net income for those who earn below \$40,000 • 7.5% of net income for those who earn from \$40,000 to under \$75,000 • 10% of net income for those who earn from \$75,000 to under \$150,000 <p>Qualifying applicants will be responsible for a co-payment depending on their income levels and drug costs.</p> <p>For example, a family with a net income of \$30,000 had \$5,000 in eligible drug costs in the previous year. As their drug costs exceed 5% of their net income (\$1,500) they would be eligible for the Assurance plan. They would be responsible for paying \$1,500 of their drug costs, with the Assurance Plan paying the remainder, resulting in a co-payment rate of 30%. Eligibility and co-payment rate are re-assessed every six months using the most recent income and drug cost data available.”</p>
	Assurance Plan	
	Select Needs Plan	<p>The Select Needs Plan provides 100 per cent coverage for disease specific medications and supplies for residents with Cystic Fibrosis and Growth Hormone Deficiency. These benefits are supplied through an exclusive arrangement with Eastern Health.</p>
Nova Scotia	Drug Assistance for Cancer Patients	<p>The Drug Assistance for Cancer Patients Program is a provincial 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.</p> <p>The Drug Assistance for Cancer Patients Program pays for drugs and devices which are indicated as benefits in the Nova Scotia Formulary.</p> <p>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</p>

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.

You may apply if you have been diagnosed with cancer and:

- are a permanent resident of Nova Scotia with a valid Nova Scotia Health Card,
- have a gross family income no greater than \$15,720 per year, and
- do not have drug coverage under any other drug program, except Family Pharmacare.

Department of Community Services - Pharmacare Benefits

The Department of Community Services Pharmacare Benefits Program provides prescription drug coverage, known as Pharmacare, to

- Income Assistance clients (which includes Extended Pharmacare and Transitional Pharmacare clients)
- Services for Persons with Disabilities clients
- Children in the care of child welfare through either a district office of the Department of Community Services or a Children's Aid Society/Family and Children's Services agency
- Low Income Pharmacare for Children clients

Family Pharmacare Program

The Nova Scotia Family Pharmacare Program is 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 pays for drugs and devices which are indicated as benefits in the Nova Scotia Formulary.

To be eligible for the Family Pharmacare Program, you must:

- Be a permanent resident of Nova Scotia with a valid Nova Scotia Health Card
- Agree to family income verification through Canada Revenue Agency each year
- Agree to provide family size information each year

A resident who meets these criteria is not eligible for benefits under the Family Pharmacare Program if they are receiving drug coverage through the:

- Nova Scotia Seniors' Pharmacare Program,
- Nova Scotia Diabetes Assistance Program,
- Under 65-Long Term Care Pharmacare Plan, or

Seniors' Pharmacare Program	<ul style="list-style-type: none"> • Any Nova Scotia Department of Community Services Pharmacare Benefits <p>The Nova Scotia Seniors' Pharmacare Program is a provincial drug insurance plan that helps eligible seniors with the cost of their prescription drugs. As of April 1, 2016, Seniors' Pharmacare members will pay 20% of the cost of their prescription at the counter; this copayment is down from 30%. After a member's copayments total \$382, they will no longer make a copayment until the start of the next fiscal year (April 1 to March 31). Seniors' Pharmacare members' premiums will be determined by their income. To be eligible for benefits under the Program, an individual must:</p> <ul style="list-style-type: none"> • Be a permanent resident of Nova Scotia, • Be age sixty-five (65) years and over, • Have a valid Nova Scotia Health Card, and • Not have prescription drug coverage under any other plan or program.
Palliative Home Care Drug Coverage Program	<p>The Palliative Home Care Drug Coverage Program was introduced to cover the full cost of drugs intended for use in end of life care at home. The goals of the Program are to ensure costs of palliative care medications are not a barrier to symptom control and to minimize financial burden to assist palliative patients to receive end of life care at home if they choose to do so. The list of drugs covered under the Program is based on the pan-Canadian Gold Standards for Palliative Care. Coverage is also provided for the following insured professional services, in the same manner as other Pharmacare Programs: Basic Medication Review and Prescription Adaptation. In order to be eligible for the Program, patients must reside in Nova Scotia and have a valid Nova Scotia Health Card number. Eligibility will be determined by Palliative Care Teams in each District Health Authority. In order to qualify, patients must meet the follow eligibility criteria:</p> <ul style="list-style-type: none"> • Reside in Nova Scotia and have a valid Nova Scotia Health Card number • Be diagnosed with a life-threatening illness by a physician • Accepted into a DHA/IWK Palliative Care Program • Assessed by the DHA/IWK Palliative Care Program Team to be within six months of anticipated death • Living at home, where home is defined as wherever the person is living, whether in their own home, living with family or friends, or living in a

New
Brunswick

Seniors (Plan A)

supportive living residence, but does not include a hospital setting or a palliative care unit

The Seniors Plan is a provincial drug plan that helps eligible New Brunswick seniors with the cost of prescription drugs.

New Brunswick seniors 65 years of age or older are eligible for drug coverage from the New Brunswick Prescription Drug Program (NBPDP) if they meet one of the following:

(1) Receive the Federal Guaranteed Income Supplement (GIS) from Employment and Social Development Canada.

(2) Qualify through the Declaration of Income based on total annual income as follows:

- a single person (65 years of age or older) with an annual income of \$17,198 or less;
- a couple with both persons 65 years of age or older, with a combined annual income of \$26,955 or less;
- a couple with one person who is 65 years of age or older, and the other person is under 65 years of age, with a combined annual income of \$32,390 or less.

An application package is automatically sent to every New Brunswick resident 60 days before their 65th birthday and must be completed and forwarded to the program in order for coverage to be considered.

Seniors can apply if they:

- are age 65 years of age or older,
- are a permanent resident of New Brunswick
- have a valid NB Medicare card, and
- do not have coverage from another drug plan.

Coverage will remain in effect as long as the beneficiary continues to meet the eligibility requirements and resides in New Brunswick.

Cystic Fibrosis Plan (Plan B)

The Cystic Fibrosis Plan is a provincial drug plan that helps eligible New Brunswick residents with the cost of certain Cystic Fibrosis drugs.

New Brunswick residents diagnosed with cystic fibrosis can apply for the Cystic Fibrosis Plan if they:

- have a valid New Brunswick Medicare card, and
- do not have coverage for any portion of the cost of Cystic Fibrosis drugs from

Adults in Licenced Residential Facilities (Plan E)	<p>any other drug plan.</p> <p>Individuals who reside in a licenced adult residential facility are eligible for this plan. Eligibility for drug coverage through this plan is determined by the Department of Social Development.</p>
Social Development Clients (Plan F)	<p>Individuals who hold a valid health card issued by the Department of Social Development are eligible for this plan. Eligibility for drug coverage through this plan is determined by the Department of Social Development.</p>
Children in Care of Minister of Social Development and Special Needs Children (Plan G)	<p>Children in care of the Minister of Social Development and special needs children. Eligibility for drug coverage through this plan is determined by the Department of Social Development. (see Related Links below)</p>
Multiple Sclerosis Plan (Plan H)	<p>The Multiple Sclerosis Plan is a provincial drug plan that helps eligible New Brunswick residents with the cost of certain MS drugs. New Brunswick residents diagnosed with multiple sclerosis can apply for the Multiple Sclerosis Plan if they have:</p> <ul style="list-style-type: none"> • a valid New Brunswick Medicare card, and • a prescription written by a neurologist for one of the eligible drugs that are covered under the MS Plan.
Organ Transplant Plan (Plan R)	<p>The Organ Transplant Plan is a provincial drug plan that helps eligible New Brunswick residents who are recipients of a solid organ or bone marrow transplant with the cost of certain anti-rejection drugs. New Brunswick residents who have received (or are on the active waiting list to receive) a solid organ or bone marrow transplant can apply for the Organ Transplant Plan if they:</p> <ul style="list-style-type: none"> • have a valid Medicare card, and • do not have coverage for any portion of the cost of anti-rejection drugs from any other drug plan.
Growth Hormone Deficiency Plan (Plan T)	<p>The Growth Hormone Deficiency Plan is a provincial drug plan that helps eligible New Brunswick residents with the cost of certain Growth Hormone Deficiency drugs. New Brunswick residents, under the age of 18, diagnosed with Growth Hormone Deficiency can apply for the Growth Hormone Deficiency Plan if they:</p> <ul style="list-style-type: none"> • have a valid Medicare card, and

		<ul style="list-style-type: none"> do not have coverage for any portion of the cost of Growth Hormone Deficiency drugs from any other drug plan.
	HIV/AIDS (Plan U)	<p>Individuals diagnosed with HIV/AIDS and registered to the plan by a New Brunswick infectious disease specialist, who are not entitled to receive similar benefits from any other source. Individuals must be registered with New Brunswick Medicare in accordance with the Medical Services Payment Act.</p> <p>Coverage will remain in effect as long as the beneficiary continues to meet the eligibility requirements and resides in New Brunswick.</p>
	Nursing Home Residents (PlanV)	<p>Individuals who reside in a registered nursing home are eligible for this plan. Eligibility for drug coverage through this plan is determined by the Department of Social Development.</p>
	New Brunswick Drug Plan	<p>The New Brunswick Drug Plan is a prescription drug plan that provides drug coverage for New Brunswickers without drug insurance.</p> <p>New Brunswickers with a valid Medicare card can enrol in the plan. The plan covers drugs listed on the New Brunswick Drug Plan Formulary.</p> <p>The New Brunswick Drug Plan is available to all New Brunswick residents who:</p> <ul style="list-style-type: none"> have an active Medicare Card; do not have existing drug coverage (through a private plan or a government program); or have existing drug coverage but it does not cover a specific drug that is included in the drug plan formulary or the resident has reached their yearly or lifetime maximum for drug coverage.
	Medavie Blue Cross Seniors' Prescription Drug Program	<p>This program is available to residents of New Brunswick and qualifying spouses who are 65 years of age or older and currently registered with New Brunswick Medicare. The program provides coverage for those drugs purchased in New Brunswick that have been approved by the New Brunswick Department of Health.</p> <p>Those eligible for Medavie Blue Cross Seniors's</p>
Prince Edward Island	AIDS/HIV Drug Program	<p>The AIDS/HIV Drug Program covers the full cost for eligible AIDS/HIV medications. An individual may be eligible for the program if they have a PEI Health Card and:</p> <ul style="list-style-type: none"> test positive for human immunodeficiency virus (HIV); are diagnosed with acquired immune deficiency syndrome (AIDS); or have a non-work related needle-stick injury and do not have private medical insurance.

Catastrophic Drug Program	<p>The Catastrophic Drug Program caps the amount of money an individual pays in one year for prescription medications, based on their household income. If the cost of an individual's prescription medication is making it hard for them to pay other essential life expenses, they may qualify for coverage of certain medications through the Catastrophic Drug Program.</p> <p>Islanders who currently have coverage through other public drug programs such as the Seniors' or Diabetes programs also qualify for benefits through the Catastrophic Drug Program, should they spend more than their household cap on eligible prescription costs.</p>
Children in Care Drug Program	<p>For children under the care of the Director of Child Protection, either temporarily or permanently, approved prescription and non-prescription medications are covered under the Children in Care Drug Program.</p> <p>A child is eligible for medication coverage if they are:</p> <ul style="list-style-type: none"> • in the custody of the Director of Child Protection, either temporarily or permanently; and • eligible for coverage through PEI Medicare.
Community Mental Health Drug Program	<p>The Community Mental Health Drug Program covers the full cost of long-acting injectable antipsychotic medication for approved patients.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • are a long-term psychiatric patient living in the community.
Cystic Fibrosis Drug Program	<p>The Cystic Fibrosis Drug Program covers the full cost of approved prescription and non-prescription medications for those diagnosed with cystic fibrosis.</p> <p>Individuals are eligible for the program if they have:</p> <ul style="list-style-type: none"> • a PEI Health Card; and • been diagnosed with cystic fibrosis.
Diabetes Drug Program	<p>The Diabetes Drug Program provides assistance toward the cost of approved medications and supplies including insulin products, oral medications, urine-testing materials, and blood strips for those diagnosed with diabetes.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; • have been diagnosed with diabetes; and • are registered with the Provincial Diabetes Program.

Erythropoietin Drug Program	<p>The Erythropoietin Drug Program covers the cost of treatment for anemia so that individuals with chronic renal failure or who are on kidney dialysis will not require frequent blood transfusions.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; • have been diagnosed with chronic renal failure; or • are receiving kidney dialysis.
Family Health Benefit Drug Program	<p>The Family Health Benefit Drug Program supports low-income families by helping to cover the cost of approved prescription medications for families with children under the age of 18, or under the age of 25 if a child is a registered full time student.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • are a low-income family supporting at least one child in the approved age categories.
Financial Assistance Drug Program	<p>The Financial Assistance Drug Program covers the cost of approved prescription and non-prescription medications for clients receiving Social Assistance.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • have been approved under the Social Assistance Act.
Generic Drug Program	<p>The Generic Drug Program is for Islanders under the age of 65 who do not have insurance. The program is designed to limit out-of-pocket costs for eligible generic prescription drugs to a maximum cost of \$19.95.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have no private drug insurance coverage; • hold a valid PEI Health Card; and • have completed an application and have been approved for coverage.
Growth Hormone Drug Program	<p>The Growth Hormone Drug Program covers the cost of approved growth hormone supplements for approved clients.</p> <p>A child is eligible for the program if they have a PEI Health Card, and have been diagnosed by an endocrinologist with:</p> <ul style="list-style-type: none"> • a proven growth hormone deficiency; or • Turner syndrome.

Hepatitis Drug Program	The Hepatitis Drug Program covers the cost of approved medications for approved individuals diagnosed with hepatitis, or in close contact to someone who has hepatitis.
High Cost Drug Program	<p>The High Cost Drug Program helps pay for approved medications of certain illnesses. Coverage is based on household income.</p> <p>The program assists individuals who have a PEI health card and have been diagnosed with one of the following medical conditions:</p> <ul style="list-style-type: none"> • Ankylosing Spondylitis; • Cancer; • Crohn’s Disease; • Multiple Sclerosis; • Plaque Psoriasis; • Pulmonary Hypertension; • Psoriatic Arthritis; • Rheumatoid Arthritis; and • Wet Age-Related Macular Degeneration.
Home Oxygen Program	<p>The Home Oxygen Program subsidizes the cost of eligible expenses related to using prescribed oxygen at home.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; • meet the clinical criteria; and • a specialist has prescribed you oxygen.
Immunization Program	<p>The Immunization Program provides Public Health Nursing with vaccinations for children to assist in the prevention of communicable diseases.</p> <p>A child is eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; • are under the age of 18; and • are at risk of exposure to a communicable disease.
Institutional Pharmacy Program	<p>The Institutional Pharmacy Program provides coverage of medications for residents in any government manor.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and

Insulin Pump Program	<ul style="list-style-type: none"> • are a resident in a government long-term care nursing home or manor. <p>The Insulin Pump Program assists with the costs associated with approved insulin pumps and supplies for children and youth who are 18 years of age or younger and are living with type 1 diabetes.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • are 18 years old or younger, • have a valid PEI Health Card, • have been referred to the Provincial Diabetes Program, and • are diagnosed with type 1 diabetes.
Meningitis Drug Program	<p>Individuals diagnosed with meningitis, or are at risk of infection, may be eligible for coverage of approved prescription medication costs through the Meningitis Drug Program.</p> <p>Individuals are eligible for this program if they have a PEI Health Card, and:</p> <ul style="list-style-type: none"> • have been diagnosed with meningitis; • have come in close contact with someone who has been diagnosed with meningitis; or • are at an increased risk of infection.
Nursing Home Drug Program	<p>The Nursing Home Drug Program provides coverage of approved medications for residents in any community care facility.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; • are a permanent resident in a private nursing home; and • qualify for financial assistance through the Social Assistance Program.
Nutrition Services Program	<p>The Nutrition Services Program provides coverage of approved vitamin and mineral supplements for pregnant women approved through this program.</p> <p>Individuals are eligible for this program if they have a PEI Health Card, and:</p> <ul style="list-style-type: none"> • high-risk pregnant woman receiving service from a community nutritionist; or • low-income pregnant woman receiving, or in need of, financial assistance.
Phenylketonuria (PKU) Supplement Program	<p>The Phenylketonuria (PKU) Supplement Program provides coverage of approved nutritional supplements to treat PKU through a community nutritionist.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and

Quit Smoking Drug Program	<ul style="list-style-type: none"> • been diagnosed with phenylketonuria. <p>The Quit Smoking Drug Program provides coverage of approved medications through the Smoking Cessation Program.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • are taking part in the Smoking Cessation Program through Addiction Services.
Rabies Vaccine Program	<p>The Rabies Vaccine Program provides coverage of rabies vaccinations at all hospitals across Prince Edward Island.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • been exposed to (or at an increased risk of exposure) to rabies from an animal bite.
Seniors' Drug Program	<p>The Seniors' Drug Program provides coverage of approved medications for seniors age 65 and older.</p> <p>Individuals are eligible for the program if they:</p> <ul style="list-style-type: none"> • have a PEI Health Card; and • are age 65 or older.
Sexually Transmitted Disease Drug Program	<p>The Sexually Transmitted Disease Drug Program covers the cost for approved medications to treat sexually transmitted diseases.</p> <p>Individuals are eligible for the program if they have been:</p> <ul style="list-style-type: none"> • diagnosed with a sexually transmitted disease; or • in close contact with someone diagnosed with a sexually transmitted disease.
Transplant Anti-rejection Drug Program	<p>The Transplant Anti-rejection Drug Program will cover the cost of approved immunosuppressant medications for transplant patients.</p> <p>Individuals are eligible for this program if they have a PEI Health Card, and:</p> <ul style="list-style-type: none"> • a bone marrow transplant; or • a solid organ transplant.
Tuberculosis Drug Program	<p>The Tuberculosis Drug Program will cover the cost of approved medications to treat and prevent tuberculosis.</p> <p>Individuals are eligible for this program if they have a PEI Health Card, and:</p> <ul style="list-style-type: none"> • have a confirmed Tuberculosis (TB) diagnosis; or • are at increased risk due to exposure to tuberculosis.

Yukon	Pharmacare	<p>The Pharmacare and Extended Health Benefits programs are designed to assist registered senior citizens with the cost of prescription drugs, dental care, eye care, and medical-surgical supplies and equipment.</p> <p>To be eligible for benefits an individual must be registered with the Yukon Health Care Insurance Plan (YHCIP). You must be a Yukon resident at least 65 years of age or aged 60 and married to a living Yukon resident who is at least 65 years of age.</p> <p>The Pharmacare program will pay the total costs of the lowest priced generics of all prescription drugs listed in the Yukon Pharmacare Formulary, including the dispensing fee.</p>
	Chronic Disease Program	<p>The Chronic Disease and Disability Benefits Program provides benefits for Yukon residents who have a chronic disease or a serious functional disability.</p> <p>A chronic disease is defined as a health condition or disease marked by a long duration or frequent recurrence.</p> <p>A disability is defined as a serious functional impairment and includes partial and complete paralysis, amputation, brain damage and intellectual disabilities. It does not include sensory impairment such as poor vision or hearing deficits, except significant hearing loss in children under 16 years of age.</p> <p>Financial assistance is provided for prescription drugs, medical surgical supplies, medical equipment, food supplements or prostheses that are medically required for the management of a condition, and are recommended by a medical practitioner licensed to practice in the Yukon.</p> <p>The physician must apply for benefits on behalf of the patient. In communities without a resident physician, a community health nurse can make the application. Applications for benefits are normally made before a purchase is made although some circumstances may not permit prior approval.</p>
	Children's drug and optical program	<p>The Children's Drug and Optical Program is designed to assist low income families with the cost of prescription drugs and eye care for children under the age of 19.</p> <p>The physician must apply for benefits on behalf of the patient. In communities without a resident physician, a community health nurse can make the application. Applications for benefits are normally made before a purchase is made although some circumstances may not permit prior approval.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Low-income families with children ages 0 to 18 years are eligible.

North West Territories	Extended Health Benefits for Specified Disease Conditions	<ul style="list-style-type: none"> • If the family has other insurance, that insurance must be used first. • A benefit card will be issued for each eligible child. • The card will be effective from the date of enrolment to March 31 of the same fiscal year. • Families must reapply each fiscal year. • The benefit card must be presented to the pharmacists or optometrist and the program will be billed for services provided.
		<p>The Government of the Northwest Territories (GNWT) sponsors the Extended Health Benefits program to provide non-Native and Métis residents of the Northwest Territories who have specified disease conditions with certain benefits not covered by hospital and medical care insurance.</p> <p>Through this program, individuals receive coverage for eligible prescription drugs, medical supplies and equipment. Individuals may also receive benefits related to medical travel such as meals, accommodation and ambulance services.</p> <p>In order to qualify for this program, an individual must be:</p> <ul style="list-style-type: none"> • non-Native or Métis • a permanent resident of the NWT • registered with the NWT Health Care Plan • under the care of a physician or nurse practitioner for one of the following disease conditions.
	Extended Health Benefits Seniors' Program	<p>The Government of the Northwest Territories (GNWT) sponsors the Extended Health Benefits for Seniors Program to provide non-Native and Métis residents of the Northwest Territories who are 60 years of age and over access to a range of benefits not covered by hospital and medical care insurance.</p> <p>Through this program, individuals receive coverage for eligible prescription drugs, dental services, vision care, medical supplies and equipment. Individuals also receive benefits related to medical travel such as meals, accommodation, travel and ambulance services.</p> <p>In order to qualify for this program, an individual must be:</p> <ul style="list-style-type: none"> • non-Native or non Indigenous Métis • 60 years of age or over • a permanent resident of the NWT

		<ul style="list-style-type: none"> • registered with the NWT Health Care Plan. <p>Alberta Blue Cross administers benefits for Seniors on behalf of the GNWT. This program provides you with 100 per cent coverage for eligible prescription drug products as defined in Health Canada’s Non-Insured Health Benefit (NIHB) Drug Benefit List, when the drug is prescribed by a recognized health care professional and dispensed by a licensed pharmacist.</p> <p>The Government of the Northwest Territories (GNWT) sponsors the Métis Health Benefits program to provide registered Indigenous Métis residents of the Northwest Territories access to a range of benefits not covered by hospital and medical care insurance.</p> <p>Through this program, individuals receive coverage for eligible prescription drugs, dental services, vision care, medical supplies and equipment. Individuals may also receive benefits related to medical travel such as meals, accommodation and ambulance services.</p> <p>In order to qualify for this program, an individual must be:</p> <ul style="list-style-type: none"> • a registered Indigenous Métis • a permanent resident of the NWT • registered with the NWT Health Care Plan.
	Métis Health Benefits	
Nunavut	Full Coverage Plan	<p>The Extended Health Benefits (EHB) Full Coverage Plan for Chronic Health Conditions offers insurance coverage in the following areas:</p> <ul style="list-style-type: none"> • Medical Travel • Prescription Drugs • Medical Supplies and Equipment <p>To be eligible for the EHB Full Coverage Plan for Chronic Health Conditions, individuals need to be enrolled with the Nunavut Health Care Plan and be a non-beneficiary Nunavut resident with a chronic disease or illness and no other insurance plan.</p> <p>If an individual has insurance through work or any other insurance, they must use those insurance plans before applying for repayment from Extended Health Benefits. Conditions eligible for EHB coverage:</p> <ul style="list-style-type: none"> • Alzheimer’s Disease • Asthma • Cancer

- Cerebral Palsy
- Certain Disorders of Blood & Immune System
- Chronic Obstructive Lung Disease
- Chronic Psychosis
- Cleft Lip / Palate
- Congenital Anomalies & Chronic Disease of the Urinary System
- Congenital Cytomegalovirus Infection
- Congenital Heart Disease
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Diabetes Insipidus
- Diabetes Mellitus
- Head Injury
- HIV Infection
- All other HIV Related Diseases
- Hypertension (Subject to certain BP levels)
- Ischemic Heart Disease
- Lupus Erythematosus
- Multiple Sclerosis
- Muscular Dystrophy
- Psoriasis
- Rheumatic Fever
- Rheumatoid Arthritis
- Scleroderma
- Scoliosis
- Spina Bifida
- Spinal Cord Injury
- Tuberculosis
- Ulcerative Colitis
- Wegeners Granulomatosis

- Special Approval Case – Prior Approval Required

Conditions eligible for drug benefits only:

- Celiac Disease
- Epilepsy
- Osteoarthritis
- Pernicious Anemia
- Phenylketonuria
- Rickets

Additional Assistance Plan

The Extended Health Benefits (EHB) Additional Assistance Plan for Chronic Health Conditions offers coverage in the following areas:

- Medical Travel
- Prescription Drugs
- Medical Supplies and Equipment

To be eligible for the EHB Additional Assistance Plan for Chronic Health Conditions, individuals need to be enrolled with the Nunavut Health Care Plan and be a non-beneficiary Nunavut resident with a chronic disease or illness.

The same conditions listed under the full coverage plan apply here.

If an individual has insurance through work or any other insurance, they must use those insurance plans before applying for repayment from Extended Health Benefits.

Seniors Full Coverage Plan/
Seniors Additional Assistance
Plan

The Extended Health Benefits (EHB) Full Coverage Plan for people 65 years or older offers insurance coverage in the following areas:

- Medical Travel
- Prescription Drugs
- Medical Supplies and Equipment
- Dental Services
- Hearing Aids
- Vision Services

To be eligible for the EHB Full Coverage Plan for Seniors, individuals need to be enrolled with the Nunavut Health Care Plan and be a non-beneficiary 65 years or older with no other insurance plan.

If an individual has insurance through work or any other insurance, they must use those insurance plans before applying for repayment from Extended Health Benefits.

Medical Travel Options

The Extended Health Benefits (EHB) Medical Travel Options Plan is for people who have either used up their other insurance options through private or employer coverage or who do not have a medical travel insurance plan. This EHB plan offers insurance coverage for medical travel. To be eligible for the EHB, individuals need to be enrolled with the Nunavut Health Care Plan and have no other insurance options either because they have used up their other plan, or because they do not have an insurance plan.