Table AProvincial Public Drug Programs – Community

Prov/ Terr	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions ¹
BC	Fair Pharmacare	Catastrophic	Anyone without sufficient insurance	Voluntary Enrollment On-line No renewal needed	Family (dependent children are <19 or 19-24 in school, not married)	Ν	Y Up to 3% of net family income (Can apply to be distributed monthly if no insurance)	Y 30% Up to a maximum based on net family income	N	Ν
BC	Permanent Residents of LTC Plan B	Universal LTC/Home	Permanent Residents of Licensed Residential Care Facilities that are Plan B members	Automatic	Individual	Ν	N	Ν	N	N
BC	Income Assistance Plan C	Universal Low-Income	Community Services Recipients	Automatic through caseworker	Family	N	N	N	N	N
BC	Cystic Fibrosis Plan D	Disease	Provincial CF clinic patients	Automatic through CF clinic	Individual	N	N	N	N	CF drugs and supplies as per Plan F formulary only

¹ The coverage of drugs and supplies for each program is restricted to items approved and listed on the provincial formulary unless otherwise noted.

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
BC	Children in At-Home Program Plan F	Universal LTC/Home	Disabled children receiving medical or full financial help in the at-home care program	Automatic through caseworker	Individual	Ν	Ν	N	N	Ν
BC	Psychiatric Medications Plan G	Disease	Provincial Mental Health Clinic patients requiring psychiatric medicines who lack financial means to pay	Voluntary through prescribing physician or NP No renewal	Individual	Ν	Ν	N	N	One year of coverage only Psychiatric drugs as per Plan G formulary only
BC	Palliative Care Plan P	Universal LTC/Home	Persons at end of life receiving palliative care at home or hospice	Voluntary through palliative care physician or nurse	Individual	Ν	N	N	N	Palliative care drugs as per Plan P formulary only
BC	First Nations Health Authority Plan W	Universal Population	First Nations Individuals registered with FNHA ²	Automatic through FNHA	Family	N	N	N	N	N

² On October 1, 2017 the First Nations Health Authority in BC transitioned registered members from the NIHB to the provincial pharmacare system. A small number of drugs for some clients that are not on the BC Pharmacare formulary are still covered for them by NIHB. Enrollment and coverage oversight is conducted by the FNHA with processing and administration by BC Pharmacare.

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
AB	Seniors Plan	Government- subsidized insurance	Persons 65+ and their dependents who lack sufficient insurance	Voluntary	Individual or Family (dependent children are <21 and fully depedent or <25 and in school)	Ν	Ν	30% to a max of \$25 per Rx	N	N Cap on diabetic supplies of \$600/yr
AB	Non-Group Coverage	Government- subsidized insurance	Persons <65 and their dependents who lack sufficient insurance	Voluntary	Individual or Family (dependent children are <21 and fully depedent or <25 and in school)	Y \$63.50/mo Individual \$118/mo Family ³ Billed quarterly	Ν	30% to a max of \$25 per Rx	N	N Cap on diabetic supplies of \$600/yr
AB	Palliative Care	Universal LTC/Home	Persons at end of life receiving palliative care at home or hospice	Voluntary Application co-signed by palliative care physician or NP	Individual	Ν	Ν	30% to a max of \$25 per Rx Lifetime max \$1,000	Ν	N Palliative care drugs as per formulary in addition to usual formulary benefits

³ Applicants with a lower income can apply for a premium subsidy to reduce the monthly amount

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
AB	Human Services Assistance	Universal Low-Income	Community Services (Income Assistance) Recipients	Automatic through Alberta Works caseworker	Family	N	N	N	N	N
AB	Alberta Adult Health Benefit (AAHB)	Universal Low-Income	Low-Income Families not on Human Services Assistance or AISH who have high medication needs or pregnancy	Voluntary Application through Alberta Works	Family	Ν	Ν	N	N	Ν
AB	Alberta Child Health Benefit (ACHB)	Universal Low-Income	Persons <18 years or<20 years if in school in low-income families (<\$26k)	Voluntary Application through Alberta Works	Family	Ν	Ν	N	N	N
AB	Assured Income for the Severely Handicapped (AISH)	Universal LTC/Home	Persons with a permanent disability that impairs their ability to earn income	Automatic through AISH caseworker	Family	N	Ν	N	N	N

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary
SK	Supplementary Health Benefits	Universal Low-Income	Community Services Recipients	Automatic through caseworker	Family	N	N	\$2	N	Ν
SK	Family Health and Income Supplement Benefits	Universal Low-Income	Low-Income Families who don't qualify for Community Services	Voluntary	Family	N	\$100-\$200 semi-annual	35% of Rx cost up to \$25	N	N
SK	Seniors Drug Plan	Universal Population	Persons 65+ who qualify for age credit (individual income <\$65k net)	Voluntary Automatic renewal	Individual	Ν	N	Up to \$25	N	Ν
SK	Children's Drug Plan	Universal Population	Children 14 and under	Automatic	Individual	N	N	Up to \$25	N	N
SK	Special Support Program	Catastrophic	Any person with drug costs in excess of 3.4% of gross family income	Voluntary Automatic or voluntary renewal	Family	N	Scaled up to 3.4% of gross annual income	1% of drug cost	N	N
SK	Palliative Care Drug Plan	Universal LTC/Home	Persons at end of life receiving palliative care	Voluntary through palliative care physician or NP	Individual	Ν	N	Ν	N	N Includes common supportive drugs used in pall care

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
MB	Manitoba Pharmacare Plan	Catastrophic	Anyone without sufficient insurance	Voluntary	Family (dependents are < 18 yrs)	Ν	Y up to 6.9% of gross family income (can be paid monthly)	Ν	N	Ν
MB	Employment and Income Assistance (EIA)	Universal Low-Income	Community Services recipients	Automatic through caseworker	Family	Ν	N	Ν	N	Ν
MB	Manitoba Home Cancer Drug (HCD) Program	Disease	Anyone requiring at- home cancer drugs listed on provincial formulary	Automatic through cancer clinic staff ⁴	Individual	Ν	N	Ν	N	Ν
MB	Metis Program MMF	Universal Population	Metis Citizens who are 65+ and have an income <\$25k annually	Voluntary through MMF	Individual	Ν	N	Ν	N	Assists with insurance or pharmacare deductible ONLY
MB	Palliative Care Drug Access Program	Universal LTC/Home	Persons at end of life receiving palliative care	Voluntary through palliative care physician	Individual	Ν	N	Ν	N	Palliative Care drugs as per formulary only

⁴ The person must also be enrolled in Manitoba Pharmacare. Once completed the person fills the prescription at a pharmacy and it is billed to their Manitoba Pharmacare account as usual but any applicable deductible is removed and the patient pays \$0.

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
ON	Ontario Drug Benefit (ODB) Seniors	Universal Population	Over 65	Automatic	Individual	N	Y (\$100 annually unless low income)	Y (\$2-\$6.11)	N	N ⁵
ON	ODB Ontario Works or Disability Support	Universal Low-Income	Community Services recipients	Automatic through caseworker	Family	Ν	N	Y Up to \$2	N	Ν
ON	Trillium	Catastrophic	Anyone without sufficient insurance	Voluntary	Family	Ν	Y Up to 4% of adjusted family income Set	Y Up to \$2	N	N
ON	Long Term Care and Home Care	Universal LTC/Home	Ontario Home Care recipients and LTC residents	Automatic through care coordinator	Individual	N	quarterly N	N	N	N
ON	OHIP+	Universal Population	Youth under 25 year	Automatic with OHIP card	Individual	Ν	N	N	N	N

⁵ HIV and Palliative drugs are included in the ODB and Trillium programs (as per the provincial formulary) but the prescribers of these drugs need to be registered on the ODB's Facilitated Access Physician list for coverage to be approved.

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
QC	RAMQ	Government- subsidized insurance	All persons without adequate insurance (mandatory)	Automatic for 65+ and social assistance only	Individual (on tax return)	Y \$0-\$667 annually	Y \$19.45 per month	Y 34.8% (to monthly max of \$88.83)	N	N
NB	NB Drug Plan	Government- subsidized insurance	Anyone without sufficient insurance	Voluntary	Family	Y Scaled by income up to \$2,000/yr per adult (can be paid monthly)	N	30% to max \$5-\$30 based on income	N	N
NB	NB Seniors Health Program	Government- subsidized insurance	Any person 65+ years without an insurance plan	Voluntary	Individual	Y \$115/mo	N	Y \$15	N	N
NB	NB Prescription Drug Plan (PDP) Seniors	Universal Low-Income	Low-Income Seniors without insurance or Seniors Health Plan	Voluntary	N	N	N \$9.05	\$9.05 to annual max of \$500	N	N
NB	NB PDP Social Development	Universal Low-Income	Community Services recipients	Automatic through caseworker	N	N	N	Y \$4.00 up to annual max of \$250	N	N

Prov	Plan Name	Coveage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NB	NB PDP LTC	Universal LTC/Home	LTC residents	Automatic through facility	N	Ν	Ν	N	N	N
NB	NB PDP Special Care Homes	Universal LTC/Home	Special Care Home residents	Automatic through caseworker	N	Ν	N	Y \$4.00 up to annual max of \$250	N	N
NB	NB PDP Cystic Fibrosis	Universal Disease	Persons with CF who do not have insurance coverage for a drug that is on the PDP CF formulary	Voluntary	Individual	Y \$50	Ν	Y 20% to max \$20 per Rx and \$500 annual family max	N	Y CF formulary
NB	NB PDP Multiple Sclerosis	Universal Disease	Persons with MS who require a drug that is on the PDP MS formulary and are followed by a neurologist	Voluntary	Individual	Y \$50	Ν	Y % based on family income	Ν	Y MS formulary

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NB	NB PDP Transplant	Universal Disease	Persons who are undergoing a solid organ or bone marrow transplant who do not have insurance coverage for a drug that is on the PDP transplant formulary	Voluntary	Individual	Y \$50	Ν	Y 20% to max \$20 per Rx and \$500 annual family max	Ν	Y Transplant formulary
NB	NB PDP Growth Hormone Deficiency (GHD)	Universal Disease	Persons under 19 years with a growth hormone deficiency who do not have insurance coverage for a drug that is on the PDP GHD formulary	Voluntary	Individual	Y \$50	Ν	Y 20% to max \$20 per Rx and \$500 annual family max	Ν	Y GHD formulary
NB	NB PDP HIV	Universal Disease	Persons with HIV who do not have insurance coverage for a drug that is on the PDP HIV formulary	Voluntary through infectious disease specialist	Individual	Y \$50	Ν	Y 20% to max \$20 per Rx and \$500 annual family max	Ν	Y HIV formulary

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NS	Seniors Pharmacare	Universal Population	Persons 65+ who do not have an insurance plan	Voluntary	Individual	Y \$424 (reduced for low income)	N	Y 30% to annual max of \$382	N	Ν
NS	Family Pharmacare	Catastrophic	Anyone without sufficient insurance coverage	Voluntary	Family	N	Y Up to 20% of gross family income	Y 20% capped annually by income	Ν	Ν
NS	Community Services Pharmacare	Universal Low-Income	Community Services & Disability Program Recipients	Automatic through caseworker	Family	Ν	N	\$5 per Rx	Ν	Ν
NS	Drug Assistance for Cancer Patients (DACP)	Universal Disease	Persons diagnosed with cancer who lack an insurance plan AND income below gross annual \$25,500	Voluntary	Individual	Ν	N	N	Ν	Y DACP formulary

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NS	Low Income Pharmacare for Children	Universal Low-Income	Children in families receiving NS Child Tax Benefit	Voluntary through application mailed to Community Services	Family	Ν	Ν	\$5 per Rx	N	N
NS	Palliative Care Home Drug Program	Universal LTC/Home	Persons at end of life receiving palliative care	Voluntary through palliative care physician	Individual	Ν	N	N	N	Y Palliative Drug formulary
PE	Seniors Drug Program	Universal Population	Persons 65+	Automatic	Individual	N	Ν	Υ \$8.25	Y \$7.69	N
PE	Financial Assistance Drug Program	Universal Low-Income	Community Services recipients	Automatic through caseworker	Family	Ν	Ν	N	N	N
PE	Family Health Benefit Drug Program	Universal Low-Income	Children in low- income families who are under 18 or <25 and in school (scaled by family size)	Voluntary	Family	Ν	Ν	Ν	Y	Ν

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
PE	Catastrophic Drug Program	Catastrophic	Anyone without sufficient insurance coverage	Voluntary	Family	Ν	Y 3%-12% of gross income	Ν	N	Ν
PE	Generic Drug Program	Universal	Anyone under 65 years without an insurance plan	Voluntary	Individual	N	Ν	N	N	Y Caps price on generic drugs on formulary at \$19.95
PE	Institutional Pharmacy Program	Universal LTC/Home	Residents of government-run LTC and Special Care Homes ⁶	Automatic through facility	Individual	Ν	Ν	Ν	N	N
PE	High Cost Drug Program	Catastrophic Disease	Person requiring a specific drug on the High Cost formulary who does not have sufficient coverage	Voluntary	Individual	Ν	Y Scaled by family income	Ν	Y	Y High Cost Drug Formulary
PE	Diabetes Program	Universal Disease	Persons diagnosed with diabetes who meet clinical criteria and are registered with diabetes clinic	Voluntary through clinic	Individual	Ν	Ν	Y \$10-\$20	N	Y Diabetic Formulary and strips

⁶ In Prince Edward Island, residents of private LTC facilities must apply for drug coverage assistance through the Department of Community Services Social Assistance program

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NL	65+ Plan	Universal Population	Persons 65+ who confirm receipt of GIS	Automatic Plan is notified by Service Canada on GIS approval	Individual	Ν	Ν	Ν	Y \$6	N Includes reimbursement of 75% of cost of ostomy supplies on submission of receipts
NL	Foundation Plan	Universal Low-Income	Community Services Recipients	Automatic through caseworker	Family	N	N	N	N	N
NL	Access Plan	Universal Low-Income	Persons at low- income but not eligible for Foundation Plan	Voluntary	Family	N	N	20-70% based on family income & size	N	N
NL	Assurance Plan	Catastrophic	Anyone without sufficient coverage through insurance or	Voluntary	Family	Ν	Y Up to 10% of net family income	Ν	Ν	N Applicant must be aware of anticipated drug costs or have paid already (deductible based on % of income spent on Rx)

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NT	Extended Health Benefit Seniors	Universal Population	Persons 60+ who are non- Aboriginal or non-Indigenous Métis	Voluntary	Individual	Ν	Ν	N	N	Matched to NIHB formulary ⁷
NT	Métis Health Benefit	Universal Population	Registered Indigenous Métis	Voluntary	Individual	N	Ν	N	N	Matched to NIHB formulary
NT	Extended Health Benefit Specific Conditions	Universal Disease	Persons who are non- Aboriginal or non-Indigenous Métis and lack sufficient coverage for drug treatments for conditions listed here: <u>http://www.hss</u> .gov.nt.ca/en/se <u>rvices/supplem</u> <u>entary-health- benefits/extend</u> <u>ed-health- benefits- specified- <u>disease- conditions</u></u>	Voluntary	Individual	Ν	Ν	Ν	N	Matched to NIHB formulary

⁷ This program is administered by Alberta Blue Cross but formulary used in the program matches NIHB formulary and special authorization rules.

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
NU	Extended Health Benefit Seniors	Universal Population	Persons 65+, non-Indigenous	Voluntary	Individual	Ν	Ν	N	N	Matched to NIHB formulary
NU	Extended Health Benefit Specified Conditions	Universal Disease	Persons who are non- Indigenous and lack sufficient coverage for drug treatments for conditions listed here: <u>https://gov.nu.c</u> <u>a/health/inform</u> <u>ation/extended- health-benefits- <u>ehb-eligible-</u> <u>specified- conditions</u></u>	Voluntary	Individual	Ν	Ν	Ν	N	Matched to NIHB formulary
YT	Seniors Pharmacare	Universal Population	Persons 65+ or persons 60-64 who are married to someone 65+ who lack private insurance	Voluntary	Individual	N	N	N	N	N

Prov	Plan Name	Coverage	Eligibility	Enroll & Renewal	Individual or Family Application	Premium	Deduct	Со-рау	Disp Fee	Formulary Restrictions
YT	Children's Drug and Optical Program	Universal Population	Children of Low- income Families	Voluntary through physician or community nurse	Family	Ν	Up to \$250 per child or \$500 per family depending on income	Ν	Ν	N
YT	Chronic Disease Program	Catastrophic Disease	Persons with insufficient insurance coverage who need an eligible drug or supply for one of the conditions listed here: <u>http://www.hss</u> .gov.yk.ca/chro <u>nicdisease.php</u>	Voluntary through physician or community nurse Pre- approval required before purchase	Individual	Ν	Y varies	Ν	Ν	N Reimbursed costs

Table BProvincial Public Drug Programs – Hospital or Specialty Care

Province	Program Name	Disease Sites	Managed by	Eligibility	Enrollment	Dispensing
BC	BC Centre for	HIV	BC-CfE HIV Drug	Person has	Voluntary through	Designated
	Excellence		Treatment Program	documented HIV	prescribing physician	Hospital and
	(BC-CfE)			infection and meets		Community Clinic
	HIV Program			BC Therapeutic		Pharmacies
				Clinical Guidelines		
				for treatment		
BC	BC Cancer Drug	Cancer	BC Cancer Agency	Person is a	Automatic through	Regional Cancer
	Benefits and			registered patient at	Cancer Centre	Centre Pharmacies
	Compassionate			a BC Cancer Centre		
	Access Program					
AB	Outpatient	Cancer	Alberta Health	Patient must be	Automatic through	Regional Cancer
	Cancer Drug			registered with	Cancer Centre	Centre Pharmacies
	Benefit			regional cancer		
				centre		
AB	Specialized High	HIV	Alberta Health	Patient has	Automatic through	Designated
	Cost Drug	Transplant		confirmed diagnosis	prescriber	hospital
	Program	Cystic Fibrosis		and drug is		pharmacies
		GHD		prescribed by the		
		AMD		appropriate		
		(Visudyne)		specialist as per		
		PPH		Alberta Health		
		(Flolan)		formulary guidelines		
AB	RAPID	Retinal Diseases	Alberta Health and	Person has	Automatic through	Eye Clinic or
		requiring	Retinal Society of	documented retinal	prescribing physician	Specialist's office
		Anti-VEGF therapies	Alberta	disease and has		
		(Lucentis, Avastin,		been prescribed one		
		Eylea)		of the designated		
				prevention		
				treatments		

Province	Program Name	Disease Sites	Managed by	Eligibility	Enrollment	Dispensing
SK	Saskatchewan	Cancer	Saskatchewan Cancer	Patient must be	Automatic through	Designated Cancer
	Cancer Drug		Agency	registered with	Cancer Centre	Centre pharmacies
	Program			regional cancer		
				centre		
ON	Special Drugs	CF	Ontario Ministry of	Patient must be	Automatic	Designated
	Program	Thalassemia	Health and Long-term	under care of a	through hospital	Hospital
		Renal (Anemia)	Care	specialist at a	pharmacy	Pharmacies
		HIV		designated hospital		
		(Zidovudine)				
		Transplant				
		Human Growth				
		Hormone				
		Gaucher's Disease				
		Schizophrenia				
		(Clozapine)				
ON	Metabolic	Inherited Metabolic	Ontario Ministry of	Patient must be	Voluntary	Designated
	Disease	Diseases as per	Health and Long-term	under the care of a		Hospital
	Program	http://www.health.g	Care	specialist at a	Pre-approval needed	Pharmacies
		ov.on.ca/en/pro/pro		designated facility	Application	
		grams/drugs/funded		AND have eligible	completed and	
		drug/pdf/list_food.		disease AND have no	submitted by	
		<u>pdf</u>		insurance coverage	prescribing physician	
				for the prescribed		
				items		
ON	Eye Conditions	Eye Diseases	Ontario Ministry of	Patient must be	Voluntary	Designated
	Program	(Visudyne [®])	Health and Long-term	under the care of an	i oranicar y	Hospital
			Care	ophthalmologist	Pre-approval needed	Pharmacies
				AND have eligible	Application	dispense to
				disease	completed and	ophthalmologist
					submitted by	upon approval
					prescribing	
					ophthalmologist	

Province	Program Name	Disease Sites	Managed by	Eligibility	Enrollment	Dispensing
ON	RSV Prevention	RSV	Ontario Ministry of	Premature baby who	Voluntary	Prescribing
	Program for	(Synagis [®])	Health and Long-term	meets the treatment		physician supplied
	high-risk babies		Care	eligibility guidelines	Pre-approval needed	with up to 5 doses
					Application	for dispensing to
					completed by	patient during RSV
					prescribing physician	risk season
NS	High Cost Drug	HIV	NS Department of	Person prescribed	Automatic	Hospital pharmacy
	Program	Infectious Diseases	Health and Wellness	drug on program list	by hospital	
		Transplant		by a specialist	pharmacy	Patient pays
		Renal (anemia)				\$11.50 dispensing
		Prevention of febrile				fee (billed to them
		neutropenia in				by hospital)
		chemo patients				
		(G-CSF)				
NS	Anti-VEGF Drug	Retinal Diseases	NS Department of	Person prescribed	Automatic by eye	Designated eye
	Funding	requiring Anti-VEGF	Health and Wellness	Avastin or Lucentis	specialist or	clinics and
		therapy		by an eye specialist	clinic staff	specialist offices
					(only for those on a	
					Pharmacare	
					program)	
PE	HIV Program	HIV	PEI Public Health	Diagnosis of HIV,	Voluntary	Provincial Hospital
				AIDS, or needle stick	Pre-approval needed	Pharmacy
					Application	
					completed by	
					prescribing physician	
PE	Community	Mental Illness	PEI Pharmacare	Diagnosis of a	Automatic through	Provincial Hospital
	Mental Health	(Injectable		mental illness and a	Community Mental	Pharmacy
	Program	Anti-psychotics)		registered client of	Health Services	dispenses to
				Community Mental		Community Mental
				Health Services		Health Service

Province	Program Name	Disease Sites	Managed by	Eligibility	Enrollment	Dispensing
PE	Cystic Fibrosis Program	CF	PEI Pharmacare	Diagnosis of CF	Voluntary Pre-approval needed Application completed by prescribing physician	Provincial Hospital Pharmacy
PE	Renal Program	Anemia (renal) (EPO)	PEI Pharmacare	Diagnosis of Chronic Renal Failure or confirmation of dialysis	Voluntary Pre-approval needed Application completed by nephrologist or physician with attached nephrologist report	Designated hospital pharmacies
PE	Growth Hormone Drug Program	GHD or Turner Syndrome	PEI Pharmacare	Diagnosis of GHD or Turner Syndrome	Voluntary Pre-approval needed Application completed by endocrinologist	Provincial Hospital Pharmacy
PE	Hepatitis Program	Hepatitis	PEI Pharmacare	Diagnosis of Hepatitis or Confirmed Risk of Contact	Automatic through prescriber	Provincial Hospital Pharmacy
NL	Special Needs Program	CF GHD	NL Department of Health and Community Services	Diagnosis of CF or GHD	Automatic through hospital pharmacy	Provincial Hospital Pharmacy