

MANITOBA

Research conducted by the Office of Public Policy and Government Relations indicates this information was accurate at time of publication. However, government policies are subject to change; the data may be used as a starting point but coverage for specific circumstances should be verified with provincial or territorial government health program personnel.

Part I PROVINCIAL COVERAGE PROVISIONS	
Deductibles and co-payments (Pharmacare)	<ul style="list-style-type: none"> ➤ The annual Pharmacare deductible is based on Adjusted Family Income (which is total family income less \$3,000 for spouse and each dependent under 18). Adjusted family income <\$15,000: deductible is 2.69%of total. Adjusted family income >\$15,000 and < or equal to \$40,000: deductible is 4.02%of total. Adjusted family income >\$40,000 and < or equal to \$75,000: deductible is 4.63%of total Adjusted Family income >\$75,000: deductible is 5.79%of total ➤ Social assistance: through Provincial Assistance (Employment & Income Assistance). Must meet with worker to determine level of assistance required, and supply all information such as prescriptions, etc.
Emergency assistance	<ul style="list-style-type: none"> ➤ A monthly payment program has been implemented for the annual Pharmacare deductible for individuals whose monthly expense for eligible medications equals or exceeds 25% of their monthly income.
Formulary status of diabetes drugs	<ul style="list-style-type: none"> ➤ Listed: acarbose (Prandase, Glucobay) / chlorpropamide / gliclazide (Diamicron MR) glyburide / insulins (regular) / insulin aspart (Novo Rapid) / insulin lispro (Humalog) / metformin / tolbutamide/ rosiglitazone (Avandia) ➤ Restricted: glimepiride (Amaryl) / repaglinide (GlucoNorm) / (pioglitazone (Actos) ➤ Not listed: nateglinide (Starlix)/ rosiglitazone maleate & metformin HCL (Avandamet) <p>NOTE: Physicians can request benefit coverage for “not listed” drugs by writing to the Appeals Committee of the Manitoba Drug Standards and Therapeutics Committee. This committee meets monthly.</p>

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Part 2 ACCESS TO MEDICATION AND SUPPLIES					
(✓) indicates access is available, subject to income, age, or other provisions or restrictions listed in Part 1. (✗) indicates access is not available. (*) indicates special circumstances. See Comment column.					
	Individuals & Families	Seniors	Low income	Social Assistance	Comment
Prescription medication					
• Insulin	✓	✓	✓	✓	
• Oral agents:	✓	✓	✓	✓	
Testing supplies					
• Lancets	✓	✓	✓	✓	
• Monitors/meters	✗	✗	✗	✓ (paid by voucher)	
• Test strips (BG)	✓	✓	✓	✓	Cap of 4,000 strips per year. Over that amount apply using Part 3 EDS. ¹
• Test strips (Ketone)	✓	✓	✓	✓	
Insulin delivery					
• Pen needles	✓	✓	✓	✓	
• Pumps	✗	✗	✗	✗	
• Pump supplies	✓	✓	✓	✓	Some pump supplies are covered such as infusion sets, cannulae and cartridges
• Syringes	✓	✓	✓	✓	

¹ EDS: EXCEPTION DRUG STATUS