

Public Drug Plan Coverage for Medications for Substance Use Disorder and to Provide Pharmaceutical Alternatives to the Contaminated Illegal Drug Supply

Updated: May 15, 2020

This chart provides an overview of public drug plan coverage for medication used as treatment for substance use disorder and as alternatives to the contaminated illegal drug supply in each province and territory for the purpose of reducing harms to people who use illegal substances and enabling them to self-isolate during the COVID-19 pandemic.

This information was compiled from public sources to respond to an urgent need for information. Embedded links in the chart allow viewers to connect with each provincial and territorial formulary. This chart is not exhaustive, and individuals should consult with their prescribers and reference their drug plan to determine options for their specific case.

It is important to note that some medications may not have on-label indications for substance use disorder, and this chart has been completed to document on-label coverage. Prescribing off-label is at the discretion of the medical practitioner, relying on their clinical judgement and evidence-based guidance and protocols from regulatory colleges, various levels of government and relevant organizations.

Additional information may be added to this list as it becomes available.

Legend
Y = Covered
N = Not Covered

	AB	BC	MB	NB	NL	NS	ON	PEI	QC	SK	NWT	NU	Yuko n	NIHB *
OPIOIDS														
Oral hydromorphone (Name)	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y	2mg Y
	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y	4mg Y

	<u>AB</u>	<u>BC</u>	<u>MB</u>	<u>NB</u>	<u>NL</u>	<u>NS</u>	<u>ON</u>	<u>PEI</u>	<u>QC</u>	<u>SK</u>	<u>NWT</u>	<u>NU</u>	<u>Yuko n</u>	<u>NIHB *</u>
Brand: Dilaudid (IR))	8mg Y	8mg Y	8mg Y	8mg Y	8mg N	8mg Y	8mg Y	8mg Y	8mg Y	8mg Y	8mg Y	8mg Y	8mg Y	8mg Y
Morphine Sustained Released (Name Brand: M-Eslon)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Injectable hydromorphoneⁱ	50mg/ mL Y 100mg /mL N	50mg/ mL N ⁱⁱ 100mg /mL N	50mg/ mL Y 100mg/ mL N	50mg/ mL Y 100mg /mL N	50mg/ mL N 100mg /mL N	50mg/ mL Y 100mg /mL N	50mg/ mL N 100mg /mL N	50mg/ mL Y 100mg /mL N	50mg/ mL Y 100mg /mL N	50mg/ mL Y 100mg /mL N	50mg/ mL N 100mg /mL N	50mg/ mL N 100mg /mL N	50mg/ mL Y 100mg/ mL N	50mg/ mL Y ⁱⁱⁱ 100mg /mL N
Slow Release Oral Morphine (SROM) (Name Brand: Kadian)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Diacetylmorphine (Name Brand: Diaphin i.v.)	N	N ^{iv}	N	N	N	N	N	N	N	N	N	N	N	N

This document is for informational purposes only. Please contact your drug plan to determine the coverage for your specific case.

** Non-Insured Health Benefits through Indigenous Services Canada*

	<u>AB</u>	<u>BC</u>	<u>MB</u>	<u>NB</u>	<u>NL</u>	<u>NS</u>	<u>ON</u>	<u>PEI</u>	<u>QC</u>	<u>SK</u>	<u>NWT</u>	<u>NU</u>	<u>Yukon</u>	<u>NIHB</u>
STIMULANTS														
Dextroamphetamine (Name brand: Dexedrine SR)	Y	Y*	Y <u>but with limitations</u>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with limitations	Y
Methylphenidate IR (Name brand: Ritalin)	Y	Y	Y <u>but with limitations</u>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with limitations	Y
Methylphenidate SR (Name brand: Ritalin SR)	Y	Y	Y <u>but with limitations</u>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with limitations	Y
BENZODIAZEPINES														
Diazepam (Brand name: Valium)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with limitations	Y
Alprazolam (Brand name: Xanax)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with limitations	Y
Clonazepam (Brand name: Klonopin)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y but with	Y

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													limitati ons	

ⁱ NOTE: All plans seemed to cover a lower strength version of this (10mg/mL and sometimes 20mg/mL)

ⁱⁱ HM 50mg/mL is not eligible for coverage for OAT – Special Authority coverage for this strength is specific for pain management and not for OAT.

ⁱⁱⁱ Effective January 22, 2020, hydromorphone injectable 50mg/mL is a limited use benefit for the treatment of severe opioid use disorder with ALL the following criteria found here: [https://provider.express-scripts.ca/documents/Pharmacy/Bulletins/NIHB Pharmacy Update - FINAL.pdf](https://provider.express-scripts.ca/documents/Pharmacy/Bulletins/NIHB%20Pharmacy%20Update%20-%20FINAL.pdf)

^{iv} Diacetylmorphine patients who wish to/are able to will continue to be provided with that drug.

^v Dextroamphetamine IR is also eligible for coverage