



OHIP+: Children and Youth Pharmacare - For 24 years and younger

If you are not aware of changes to the OHIP coverage for 2018 plans and you are 24 years old or younger OR you know someone who falls in this age group, OHIP Plus now covers more than 4,400 drugs which do not need to go through any benefit plan coverage.

In order to be covered through the OHIP+ Ontario Drug Benefit program for eligible recipients, the following steps are required:

- You must be 24 years old or younger, or your dependant
- You must hold a valid OHIP/Ontario Health Card, and [the card must be presented on every visit to qualify](#)
- You must notify the pharmacist prior to filling your prescription on each and every visit, no dispensing fee, deductible or co-payment
 - antibiotics to treat infections
 - inhalers for asthma
 - various insulins, oral diabetic medications and diabetes test strips
 - epinephrine auto-injectors (e.g. EPIPENS®)
 - drugs to treat arthritis, epilepsy and other chronic conditions
 - medications to treat mental health conditions (e.g. antidepressants)
 - attention deficit hyperactivity disorder (ADHD) drugs
 - drugs to treat some childhood cancers and other rare conditions



You can check if your medication is covered through the ODB program at: www.ontario.ca/page/check-medication-coverage/

There are also other drugs, such as Exceptional Access Program (EAP) drugs, that will require your doctor (or in some cases a nurse practitioner) to fill out a form before OHIP+ will cover them. Also, if a drug is not available through the ODB program, it will not be covered through OHIP+.

These are generally specialized drugs that are only taken by a small percentage of people. If an EAP drug is still being prescribed to you or a dependent, contact your doctor (or nurse practitioner) to see if there is an alternative and suitable drug covered on the Ontario Drug Benefit formulary or ask them to make an EAP request.

If your drug is approved for funding through EAP, your physician will be notified and your pharmacist can process the drug through OHIP+. If your request is denied the drug *may* still be eligible under your Manulife plan and you will need to provide proof that your application for EAP drug coverage was denied through OHIP+.

Manulife is doing its best to communicate directly with those members who may currently be taking an EAP drug so their physician or nurse practitioner can submit any required paperwork. If you have a current benefits provider, OHIP+ is the first payer for eligible drug products.

If you or someone you know falls into this category, please visit the following websites for more details.

<https://www.ontario.ca/page/learn-about-ohip-plus> or www.ontario.ca/ohipplus

