

Important Information for Interim Federal Health Program (IFHP) Providers New Vaccines

September 2014

Citizenship and Immigration Canada (CIC) wishes to advise providers that the following vaccines will be added to the IFHP Expanded Health Care Coverage (EHCC) and the coverage for persons detained under the Immigration and Refugee Protection Act effective September 1, 2014.

Description	Comments
Tetanus - Diphtheria Toxoid (Absorbed) (T,d)	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Poliomyelitis Vaccine (Inactivated, Absorbed) (T,d, IPV)	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) T,d,ap	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) D,T,aP	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Pertussis (Acellular) Poliomyelitis Vaccine (Inactivated) D,T,aP, IPV	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine - Haemophilus B Conjugate D,T,aP+(Hib)	Prescription: Required. Pre-authorization: Required.
Diphtheria - Tetanus Toxoid - Acellular Pertussis Vaccine - Inactivated Poliomyelitis Vaccine - Haemophilus B Conjugate D,T,aP, IPV+(Hib)	Prescription: Required. Pre-authorization: Required.
Haemophilus Influenzae Type B Conjugate Vaccine (Hib)	Prescription: Required. Pre-authorization: Required.
Hepatitis A Vaccine (inactivated)	Prescription: Required. Pre-authorization: Required.

Description	Comments
Hepatitis B Vaccine (Recombinant)	Prescription: Required. Pre-authorization: Required.
Hepatitis A & B Vaccine (combination)	Prescription: Required. Pre-authorization: Required.
Measles - Mumps - Rubella Virus Vaccine (Live, Attenuated)	Prescription: Required. Pre-authorization: Required.
Meningococcal Polysaccharide Vaccine (Men-A-C-Y-W-135)	Prescription: Required. Pre-authorization: Required.
Meningococcal Conjugate Vaccine (Men-C)	Prescription: Required. Pre-authorization: Required.
Pneumococcal Conjugate - (Pneu-C-10); (Pneu-C-13)	Prescription: Required. Pre-authorization: Required.
Pneumococcal polysaccharide - 23 valent (Pneu-P-23)	Prescription: Required. Pre-authorization: Required.
Poliomyelitis Vaccine (Inactivated)	Prescription: Required. Pre-authorization: Required.
Varicella Virus Vaccine	Prescription: Required. Pre-authorization: Required.
Influenzae Vaccine	Prescription: Required. Pre-authorization: Required.

Note: IFHP will cover immunizations as per NACI guidelines for children and adults with inadequate immunization records or risk factors. Claims must include rationale for immunization (i.e. Inadequate immunization record, unclear history of prior immunization or risk factors).

Should you have any questions or concerns, or require more information regarding the IFHP or Medavie Blue Cross, please call our Customer Information Centre at 1-888-614-1880 or e-mail CIC_Inquiry@medavie.bluecross.ca. You may also access the Medavie Blue Cross website at <https://provider.medavie.bluecross.ca> to view Guides, Bulletins and other important information regarding the Interim Federal Health Program.