

## Non-Eligible Items

The following medical equipment and supplies are **not** covered by DIAND.

This list is provided only as a general guide and is not to be considered all-inclusive. When in doubt regarding the eligibility for coverage of specific equipment and supplies, contact your Funding Services Officer for clarification.

<b>Aids to Daily Living</b>	The following are not covered: <ul style="list-style-type: none"> <li>• reachers</li> <li>• recreational equipment</li> <li>• exercise equipment</li> <li>• special eating utensils</li> <li>• food preparation equipment</li> <li>• automatic hand controls</li> <li>• dressing aids</li> <li>• grooming aids</li> <li>• housekeeping aids</li> <li>• swimming aids</li> <li>• zipper pulls</li> </ul>
<b>Air Casts</b>	Not covered
<b>Allergy Serum</b>	Covered through PharmaCare
<b>Anakit Insect Sting Kit</b>	Covered through PharmaCare
<b>Braces</b>	Not covered if intended primarily for sporting activities
<b>Clothing</b>	The following are not covered: <ul style="list-style-type: none"> <li>• bibs</li> <li>• plastic shoe cases</li> <li>• plastic pants</li> <li>• customized clothing</li> <li>• swimming suits</li> <li>• mastectomy bras</li> </ul>
<b>Communications Aids</b>	The following are not covered: <ul style="list-style-type: none"> <li>• telephones</li> <li>• emergency response systems</li> <li>• lifeline home monitoring systems</li> <li>• medic alert bracelets</li> <li>• hearing aids (outside of normal policy)</li> <li>• telephone amplifying systems</li> <li>• Bliss Boards</li> <li>• sound amplification equipment</li> <li>• telephone flippers, dialling sticks, holders</li> <li>• pen grips, writing aids</li> </ul>

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	<ul style="list-style-type: none"> <li>• communication boards</li> <li>• computer software and accessories</li> </ul>
<b>Conventional Footwear</b>	<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>• runners</li> <li>• oxfords</li> <li>• boots</li> <li>• slippers</li> </ul>
<b>Diabetic Supplies</b>	<p>The following are covered through PharmaCare only if the patient is in receipt of a recognized testing certificate:</p> <ul style="list-style-type: none"> <li>• insulin</li> <li>• syringes</li> <li>• test strips</li> </ul>
<b>Dialysis Equipment</b>	Home haemodialysis equipment is supplied by the Kidney Dialysis Service of the Ministry of Health
<b>Electrolysis</b>	Not covered
<b>Elevator Systems</b>	Not covered
<b>Epipen Insect Sting Kit</b>	Covered through PharmaCare
<b>Environmental Controls</b>	<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>• HEPA filters</li> <li>• humidifiers</li> <li>• mattress covers</li> <li>• pillow covers</li> <li>• air filtration systems</li> <li>• air conditioners</li> <li>• water filtration systems</li> </ul>
<b>Fibreglass casts</b>	If the attending physician indicates that a fibreglass cast is medically essential, hospital programs must cover it
<b>Household Items or Renovations</b>	<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>• drapes and/or blankets</li> <li>• easy-lift chairs</li> <li>• specialized shower stalls</li> <li>• elevators, ramps, or wheelchair lifts</li> <li>• regular (non-hospital) beds or mattresses</li> <li>• waterbeds</li> <li>• therapy tables</li> <li>• regular chairs</li> <li>• whirlpool baths</li> </ul>
<b>Juvenile Bracing</b>	<p>The following are covered through PharmaCare:</p> <ul style="list-style-type: none"> <li>• Milwaukee or Boston brace</li> <li>• above-knee leg brace</li> <li>• below-knee leg brace</li> <li>• body jacket</li> </ul>

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<b>Light Therapy Lamps</b>	Not covered, along with other equipment used by a person with Seasonal Affective Disorder
<b>Ostomy Supplies</b>	<p>The following are covered through PharmaCare:</p> <ul style="list-style-type: none"> <li>• adhesive disposable plastic bags and drains</li> <li>• colostomy appliances and parts, including belts, etc.</li> <li>• colostomy irrigation sets</li> <li>• colostomy bags, colostobelts</li> <li>• Karaya products: powder, washers, sheets, paste appliance adhesive: Colly seals, double-sided adhesive pads, foam pads</li> <li>• skin cements, skin barrier preparations</li> <li>• cement removers, solvent</li> <li>• deodorants (oral only)</li> <li>• tapes (Micropore-type only)</li> <li>• ileostomy appliances and parts, including belts</li> </ul>
<b>Over-the-counter Drugs</b>	<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>• acetaminophen (Tylenol)</li> <li>• analgesic creams</li> <li>• antacid</li> <li>• antihistamines (Actifed, Hismanal, Seldane, etc.)</li> <li>• antiseptic</li> <li>• ASA aspirin (Anacin, Bufferin, Excedrin)</li> <li>• caffeine tablets</li> <li>• cough drops</li> <li>• decongestants (Contac-C, Dristan, Drixoral, Sudafed)</li> <li>• dental swabs</li> <li>• dietary supplement (protein powders, royal jelly, red ginseng)</li> <li>• disinfectant (unless connected with other essential, approved items)</li> <li>• hand creams</li> <li>• laxatives (unless connected with para or quad supplies)</li> <li>• Metamucil</li> <li>• mouthwashes</li> <li>• oral rinses</li> <li>• over-the-counter antibiotic ointments (Polysporin, Neosporin)</li> <li>• pregnancy tests</li> <li>• regular shampoos</li> <li>• skin cleaners (not connected with a specific condition)</li> <li>• sun screen</li> <li>• sweetening agents</li> <li>• tonics</li> <li>• toothpaste</li> <li>• weight loss aids</li> </ul>
<b>Oxygen</b>	Oxygen and oxygen equipment for home use is supplied by the Ministry of Health Home Services Oxygen Program through local health units, when requested by a client's physician. The supply of oxygen and related equipment (e.g., oximeters) shall never be authorized or supplemented by the administering authority.

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**Permanent Prosthesis,  
Repairs, and  
Replacements**

The following are covered through PharmaCare:

- below-knee prosthesis, including post-operative and temporary
- Symes appliance
- knee-bearing appliance
- hip level of hemi-pelvectomy appliance
- below-elbow appliance
- elbow disarticulation appliance
- above-elbow appliance
- shoulder disarticulation
- artificial hand or hook
- lymphoedema arm sleeve (two each year)
- stump socks
- artificial eye
- breast prosthesis to a maximum of \$350

**Note:** Replacement of mastectomy forms by PharmaCare is normally limited to once every 24 months. Surgical brassieres may be provided on a one-time-only (post-surgical) basis by PharmaCare.

**Routine Food Supply**

Except for those diets or medical conditions covered in **chapter 9.4, Diet Allowance**, no additional funds are to be issued for dietary needs. Clients are expected to cover these through their regular support allowance.

Examples of ineligible diet needs include the following:

- health foods
- low salt, sugar, sodium, fat, etc., diets
- high fibre diets
- alternative lifestyle foods
- weight reduction supplements or diets

**Smoking Cessation  
Aids**

The following are not covered:

- smokers' gum (e.g., Nicorette gum)
- nicotine patches
- "stop smoking" clinics and workshops

**Surgical Tray Fees**

Not covered

**Therapeutic Injections**

The following are not covered:

- Synvisc (for joint pain)
- botulinum (for wrinkle reduction, facial muscle tension)

**Therapies, alternate**

Only massage, chiropractic and physiotherapy services may be funded by the administering authority.

Examples of therapies not covered include:

- homeopathic treatment
- aquatic therapy
- music therapy

	<ul style="list-style-type: none"><li>• art therapy</li><li>• psychological counselling</li><li>• electrolysis</li><li>• riding therapy</li><li>• light therapy</li><li>• acupuncture</li><li>• pain therapy</li></ul>
<b>Vans, Van Lifts</b>	Not covered
<b>Vision Devices</b>	The following are not covered: <ul style="list-style-type: none"><li>• low-vision aids</li><li>• telescopes</li><li>• reading microscopes</li><li>• closed-circuit television systems</li><li>• magnifying glasses</li><li>• special devices</li></ul>
<b>Vitamins and Minerals</b>	The following are not covered: <ul style="list-style-type: none"><li>• calcium supplements</li><li>• iron supplements</li><li>• multi-vitamins</li></ul>
<b>Wheelchair Lifts-Home</b>	Not covered
<b>Wigs</b>	Not covered

