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1. Introduction

This document updates information previously made available in *PharmaCare Trends* and the *Pharmaceutical Services Division Annual Performance Reports* published by the B.C. Ministry of Health. It provides information on the PharmaCare program to health researchers, government officials, and the public.

Data in this publication are provided for the fiscal year.

1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: *PharmaCare Trends 2011/12*, Pharmaceutical Services Division, BC Ministry of Health, Victoria, BC. (2011/12).

1.2 Comments and Inquiries

Please direct comments and inquiries:

- by e-mail to pharma@gov.bc.ca; or
- by mail to Policy, Outcomes Evaluation & Research Branch, Pharmaceutical Services Division, Ministry of Health, PO Box 9652, Victoria BC V8W 9P4

1.3 Data Sources

Unless otherwise noted, data in this publication was drawn from the Ministry of Health, PharmaNet/HealthIdeas Data.

2. PharmaCare Plans

2.1 Fair PharmaCare (Plan I)

The Fair PharmaCare plan took effect May 1, 2003, and is the largest of the drug coverage plans under the B.C. PharmaCare program. Assistance for individuals is based on their annual net income. For families, assistance is based on the combined annual net income of both spouses. At the end of March 2012, 1,211,692¹ families were registered for Fair PharmaCare.

2.2 Permanent Residents of Licensed Residential Care Facilities (Plan B)

B.C. provides dedicated coverage of prescription medications for permanent residents of licensed residential care facilities. Individuals in residential care receive 100% coverage of eligible prescription costs. They are not required to meet a deductible or make co-payments and coverage is provided automatically beginning the first day the patient becomes a resident at a facility. In 2011/12, approximately 28,000 British Columbians benefited from this coverage.

2.3 Recipients of B.C. Income Assistance (Plan C)

The B.C. drug plan for recipients of provincial income assistance does not require them to meet a deductible or make any co-payments.

PharmaCare coverage (100% of eligible prescription costs) has been available to recipients of B.C. income assistance from the Ministry of Social Development since the 1970s. In 2003, when Fair PharmaCare was introduced, Plan C was expanded to include all seniors receiving income assistance.

Registration in Plan C is automatic and coverage remains in place until a person's income assistance ends, at which time they can receive coverage under the income-based Fair PharmaCare plan.

In 2011/12, Plan C expenditures represented just over 75% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 179,000 residents.

2.4 Patients Registered with a Provincial Cystic Fibrosis Clinic (Plan D)

Since 1995, individuals with cystic fibrosis who register with a provincial Cystic Fibrosis Clinic have received coverage of eligible digestive enzymes. PharmaCare pays 100% of the drug cost (up to the maximum price recognized by PharmaCare) and the dispensing fee, up to the accepted maximum.

In 2011/12, over 290 individuals with cystic fibrosis received coverage under this plan. Only four other provinces have designated plans for cystic fibrosis.

¹ Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 29, 2012, HealthIdeas Data.

2.5 Children Eligible Through the At Home Program of the Ministry of Children and Family Development (Plan F)

The At Home Program provides community-based, family-style care for children with disabilities age 18 or under who would otherwise become reliant on institutional care.

Plan F provides eligible benefits—at no charge—to children eligible for “full” or “medical only” benefits under the At Home Program. Both the dispensing fee and 100% of the eligible drug cost are covered. In 2011/12, there were 2,721 children eligible for this plan.

2.6 No-Charge Psychiatric Medication Plan (Plan G)

B.C. PharmaCare delivers a plan dedicated to assisting mental health patients. In 2011/12, approximately 29,000 patients who were registered with a mental health services centre, and who demonstrated clinical and financial need, qualified for 100% coverage of the eligible cost of certain psychiatric medications. Mental health services centres determine individual patient eligibility.

2.7 Palliative Care Drug Plan (Plan P)

PharmaCare funds and administers the drug plan portion of the B.C. Palliative Care Benefits Program. Local health authorities retain full responsibility for provision of medical supplies and equipment covered by the program. The drug program is called the B.C. Palliative Care Drug Plan (“Plan P”).

All B.C. residents enrolled in the Medical Services Plan are eligible for the BC Palliative Care Benefits Program if they:

- are living at home (defined as wherever the person is living, whether in their own home, with family or friends, or in a supportive living residence or hospice not covered under PharmaCare Plan B);
- have been diagnosed with a life-threatening illness or condition;
- have a life expectancy of up to six months; and
- consent to the focus of care being palliative rather than treatment aimed at cure.

The individual’s physician determines their medical eligibility under these criteria.

Roughly 11,000 patients received coverage under this plan in 2011/12.

2.8 Smoking Cessation—Nicotine Replacement Therapies (Plan S)

The Smoking Cessation Program, introduced on September 30, 2011, covers smoking cessation products for eligible B.C. residents who wish to stop smoking or using other tobacco products.

Individuals are covered for eligible prescription smoking cessation drugs under the rules of their primary PharmaCare plan (including any annual deductible or family maximum requirement).

Eligible nicotine replacement therapy products are provided at no cost to all eligible individuals regardless of the rules of their primary PharmaCare plan.

In 2011/12, the program provided 50,000 patients with free nicotine replacement therapy.

2.9 B.C. Centre for Excellence in HIV/AIDS Expenditures

Established in 1992, the B.C. Centre for Excellence in HIV/AIDS is Canada's largest HIV/AIDS research and treatment facility. It provides support and treatment services for persons living with HIV.

Residents of B.C. infected with HIV who are eligible for health care services and benefits receive all anti-HIV medications at no cost through the centre's drug treatment program.

Since 2001, the Centre for Excellence has received funding for its drug treatment program from PharmaCare. Funding for administration and research flows through the Provincial Health Services Authority.

For more information on PharmaCare programs and policies, visit our website at www.health.gov.bc.ca/pharmacare.

3. PharmaCare History

Since PharmaCare's inception in 1974, the Ministry of Health has delivered high quality prescription drug coverage that is responsive to the needs of British Columbians.

1974	BC PharmaCare Program becomes operational under the Ministry of Human Resources.
	BC PharmaCare Plan A established to provide coverage for seniors. Plan B becomes the prescription drug subsidy plan for low-income individuals not on B.C. income assistance. Plan C introduced for B.C. income assistance clients.
1977	Plan B replaced by universal plan for residents under 65 (Plan E).
	BC PharmaCare expanded to provide services to long-term care facilities and private hospitals (Plan B).
1978	A drug usage review program established to monitor drug utilization and educate practitioners.
1987	Administration of BC PharmaCare transferred to the Ministry of Health.
	Plan A (seniors) co-payment scheme introduced.
1989	Plan F introduced, allowing severely disabled children to live at home by assisting the children's families with the cost of their drugs.
1990	Triplicate Prescription Program and Rural Incentive Program begin.
1993	Trial Prescription Program begins.
1994	The Low Cost Alternative (LCA) Program introduced to encourage the use of equally effective lower cost drugs.
	Drug Benefit Committee established.
	Therapeutics Initiative established at the University of BC.
1995	Reference Drug Program (RDP) launched.
	Pharmacoeconomic Initiative established at the University of BC.
1996	PharmaNet (province-wide network for prescription claim processing) implemented.
	Maximum Days' Supply policy introduced.
1997	RDP expanded to ACE inhibitors and Calcium Channel Blockers. RDP evaluations begin.
	Plan G coverage of psychiatric medications begins.
1999	Hospital Emergency Departments Access to PharmaNet launched.
2000	Medical Practice Access to PharmaNet pilot project begins.
2001	Responsibility for all drugs acting on cancerous tumours transferred to the BC Cancer Agency.
2002	Plan A splits into two components - regular Plan A and Plan A1 for seniors receiving Premium Assistance for their Medical Services Plan payments.
	Coverage of Early Fills Policy is introduced.
2003	Income-based Fair PharmaCare Plan introduced focusing resources on BC families who are most in need. Fair PharmaCare replaces both the Universal Plan (Plan E) and the Seniors Plan (Plan A).

2005	Fair PharmaCare Monthly Deductible Payment Option introduced to help families distribute their expenses over the course of the year.
	Health Insurance BC becomes the alternate service delivery provider for BC PharmaCare and Medical Services Plan operations.
	Medical Practice Access to PharmaNet implemented.
	BC PharmaCare assumes responsibility for funding and administering the BC Palliative Care Drug Plan, the drug plan portion of the B.C. Palliative Care Benefits program.
2007	Alzheimer's Drug Therapy Initiative (ADTI) launched.
	Hospital Access to PharmaNet launched.
2008	Provincial Academic Detailing launched.
	The Province and BC Pharmacy Association sign an Interim Agreement to implement the drug procurement patient care options recommended in the report of the Pharmaceutical Task Force.
	Travel Supply Policy introduced.
	Expanded scope of practice for pharmacists takes effect (prescription renewal and adaptation)
2009	Interim Multi-Source Generics Pricing policy implemented.
	Interim policy introduced to support clinical services fees associated with prescription renewals and adaptations.
	Frequency of Dispensing policy introduced.
	Expansion of pharmacists' scope of practice and PharmaCare payment to include the administration of vaccines by pharmacists.
	Drug Benefit Committee reconstituted as the "Drug Benefit Council" (DBC) to more appropriately reflect the arms-length role expected in carrying out the drug review process. DBC modified to include the participation of three public members.
2010	The Province, the BC Pharmacy Association and the Canadian Association of Chain Drug Stores sign the Pharmacy Services Agreement initiating changes to BC PharmaCare fees and policies.
	The Province establishes a maximum accepted list price for all generic drugs subject to the LCA Program. Interim Multi-Source Generics Pricing policy discontinued.
	Full Payment Policy introduced.
	Medication Management pilot project begins.
	PharmaCare begins accepting public input to drug coverage reviews through the Your Voice website.
	BC PharmaCare online Formulary Search launched.
	Updated Rural Incentive Program for pharmacies introduced.
2011	Province covers smoking cessation products.
	PharmaCare Payment for medication review services begins.
2012	Medication Management pilot project ends.
	Pharmaceutical Services Act comes into force.

4. PharmaCare Plan Expenditures, 2005/06 to 2011/12

4.1 Interpreting PharmaCare Data

The following data regarding costs, expenditures and paid amounts refer only to PharmaCare plan expenditures—i.e., costs associated with Plans B, C, D, F, G, P, S and Fair PharmaCare (indicated in the tables as “Plan I”). Expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS and additional pharmacy expenditures are captured only in Section [4.2](#), Table A under “Additional Payments and Recoveries.”

In addition, claims expenditures are based only on claims submitted by community pharmacies and do not include hospital in-patient prescription drug expenditures.

Subject to general PharmaCare coverage rules and the rules of their particular PharmaCare plan, beneficiaries may be responsible for paying some of their prescription costs. Thus, the claims data refer only to claims to which PharmaCare contributed a portion of the cost.

Significant policy changes to PharmaCare Plans

Significant changes in plan coverage policies affecting PharmaCare expenditure data, such as the introduction of Fair PharmaCare and the [Frequency of Dispensing Policy](#) are noted in Section [3](#), PharmaCare History.

Data Quality Note

Data were extracted from the Ministry of Health HealthIdeas database and may not reconcile exactly with previous reports due to data quality improvements.

Definitions

Claim(s)	A request to PharmaCare for payment of the cost of processing a prescription. For example, a prescription for a 90-day supply of medication, dispensed at 30-day intervals, would count as three claims.
Days' Supply	The length of time a supply of medication dispensed will last based on the dosage prescribed (e.g., 60 tablets at a dosage of one tablet twice daily would equal a 30-day supply).
Dispensing fee/ Professional fee	The fee a pharmacy charges to process a prescription.
Ingredient cost paid / Professional fee paid / Total paid costs	Amounts paid by PharmaCare (i.e., excluding amounts paid by beneficiaries).

4.2 PharmaCare Plan Expenditure Tables

Table A—Total Claims Expenditures: All Plans (B, C, D, F, G, I, P and S)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	20.20	21.85	24.08	26.14	26.69	28.03	29.77
Number of beneficiaries (millions)	0.83	0.81	0.79	0.77	0.78	0.79	0.82
Ingredient costs paid (millions)	\$646.91	\$673.01	\$690.55	\$723.16	\$769.36	\$784.36	\$767.47
Professional + capitation fees paid (millions)	\$143.55	\$157.19	\$171.20	\$182.63	\$170.33	\$187.94	\$215.29
Total amount paid (millions)	\$790.45	\$830.20	\$861.75	\$905.79	\$939.69	\$972.30	\$982.76
Avg number of claims per beneficiary	24.41	27.12	30.44	33.82	34.24	35.49	36.49
Avg total paid cost per beneficiary	\$955.28	\$1,030.20	\$1,089.61	\$1,171.66	\$1,205.55	\$1,231.17	\$1,204.64
Avg professional fees paid per claim	\$7.11	\$7.19	\$7.11	\$6.99	\$6.38	\$6.71	\$7.23
Avg ingredient cost paid per claim	\$32.03	\$30.80	\$28.68	\$27.66	\$28.83	\$27.99	\$25.78
Avg total amount paid per claim	\$39.14	\$37.99	\$35.79	\$34.65	\$35.21	\$34.69	\$33.02
Avg days' supply per claim	30.61	28.66	26.38	24.23	24.20	23.51	22.40
Additional Payments and Recoveries (millions) [^]	\$76.58	\$83.21	\$85.03	\$83.38	\$92.41	\$120.97	\$126.35
Total Annual Expenditure (millions)	\$867.03	\$913.41	\$946.78	\$989.17	\$1,032.10	\$1,093.27	\$1,109.11

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Notes:

* Includes both dispensing fees and residential care facility capitation fees.

[^] Includes additional payments that are not adjudicated in the same manner as regular prescription claims in PharmaNet. These include—but are not limited to—payments and reimbursements to the BC Centre for Excellence, methadone interaction fees, multisource generic pricing policy, audit recoveries, pharmacist injections, rural incentive program, and through various contracts.

Table B—PharmaCare Claims Expenditures: Plan B (Permanent Residents of Licensed Residential Care Facilities)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	1.60	1.90	2.57	3.28	3.72	3.99	4.23
Number of beneficiaries (millions)	0.02	0.02	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$32.48	\$32.82	\$33.42	\$35.26	\$37.59	\$37.37	\$34.36
Capitation fees paid (millions)	\$6.72	\$8.15	\$8.15	\$8.58	\$8.96	\$9.64	\$11.59
Total amount paid (millions)	\$39.20	\$40.98	\$41.57	\$43.84	\$46.55	\$47.01	\$45.96
Avg number of claims per beneficiary	66.14	77.94	101.85	122.31	135.00	141.52	148.91
Avg total paid cost per beneficiary	\$1,622.63	\$1,678.77	\$1,646.95	\$1,634.41	\$1,688.64	\$1,668.57	\$1,618.48
Avg professional fees paid per claim	\$4.21	\$4.29	\$3.17	\$2.62	\$2.41	\$2.42	\$2.74
Avg ingredient cost paid per claim	\$20.33	\$17.25	\$13.00	\$10.75	\$10.10	\$9.37	\$8.13
Avg total amount paid per claim	\$24.53	\$21.54	\$16.17	\$13.36	\$12.51	\$11.79	\$10.87
Avg days' supply per claim	21.54	18.40	14.04	11.49	10.61	10.07	9.69

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Notes:

* Plan B does not have a professional fee; pharmacies are paid a monthly capitation rate. This amount is included in the above table.

In 2006, PharmaCare changed its payment policy for pharmacy services to residential care facilities. Before 2006, Plan B monthly capitation payments were based on the number of recognized beds a pharmacy had serviced in the previous month. As of January 1, 2006, the pharmacy monthly capitation rate was changed to \$35 per patient registered for Plan B. However, the capitation rate has since returned to the previous “per bed” policy.

Table C—PharmaCare Claims Expenditures: Plan C (Recipients of B.C. Income Assistance)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	6.72	7.32	8.16	8.99	9.31	10.02	10.92
Number of beneficiaries (millions)	0.15	0.15	0.15	0.16	0.17	0.18	0.18
Ingredient costs paid (millions)	\$164.44	\$169.82	\$177.24	\$190.61	\$207.26	\$214.09	\$206.33
Professional fees paid (millions)	\$55.55	\$60.92	\$68.52	\$74.97	\$70.63	\$79.93	\$93.18
Total amount paid (millions)	\$219.99	\$230.75	\$245.76	\$265.58	\$277.90	\$294.01	\$299.51
Avg number of claims per beneficiary	44.49	50.32	55.41	57.84	54.51	56.45	61.19
Avg total paid cost per beneficiary	\$1,457.44	\$1,586.86	\$1,669.53	\$1,709.58	\$1,627.59	\$1,656.81	\$1,677.88
Avg professional fees paid per claim	\$8.27	\$8.33	\$8.40	\$8.34	\$7.59	\$7.98	\$8.53
Avg ingredient cost paid per claim	\$24.49	\$23.21	\$21.73	\$21.21	\$22.27	\$21.37	\$18.89
Avg total amount paid per claim	\$32.76	\$31.54	\$30.13	\$29.56	\$29.86	\$29.35	\$27.42
Avg days' supply per claim	17.02	15.86	14.84	14.11	14.71	14.42	13.80

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Table D—PharmaCare Claims Expenditures: Plan D (Cystic Fibrosis)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims	1,565	1,547	1,724	1,788	1,779	1,830	1,985
Number of beneficiaries	274	280	277	275	282	289	294
Ingredient costs paid (millions)	\$0.84	\$0.88	\$1.00	\$1.00	\$1.11	\$1.12	\$1.28
Professional fees paid	\$12,977.02	\$12,880.76	\$14,577.95	\$15,153.90	\$14,903.63	\$15,954.04	\$18,859.26
Total amount paid (millions)	\$0.85	\$0.89	\$1.01	\$1.01	\$1.12	\$1.14	\$1.30
Avg number of claims per beneficiary	5.71	5.53	6.22	6.50	6.31	6.33	6.75
Avg total paid cost per beneficiary	\$3,103.87	\$3,184.64	\$3,650.65	\$3,679.03	\$3,977.92	\$3,944.55	\$4,410.73
Avg professional fees paid per claim	\$8.29	\$8.33	\$8.46	\$8.48	\$8.38	\$8.72	\$9.50
Avg ingredient cost paid per claim	\$535.13	\$568.08	\$578.10	\$557.37	\$622.19	\$614.22	\$643.78
Avg total amount paid per claim	\$543.43	\$576.41	\$586.56	\$565.85	\$630.56	\$622.94	\$653.28
Avg days' supply per claim	46.71	47.40	43.20	40.18	41.53	41.36	39.42

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Table E—PharmaCare Claims Expenditures: Plan F (At Home Children)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims	33,852	36,546	38,389	39,574	39,598	42,314	45,257
Number of beneficiaries	2,287	2,328	2,390	2,441	2,490	2,625	2,721
Ingredient costs paid (millions)	\$3.75	\$3.85	\$3.96	\$3.92	\$4.22	\$4.45	\$4.80
Professional fees paid (millions)	\$0.27	\$0.29	\$0.31	\$0.33	\$0.32	\$0.37	\$0.42
Total amount paid (millions)	\$4.02	\$4.15	\$4.27	\$4.25	\$4.54	\$4.81	\$5.22
Avg number of claims per beneficiary	14.80	15.70	16.06	16.21	15.90	16.12	16.63
Avg total paid cost per beneficiary	\$1,755.65	\$1,781.22	\$1,787.50	\$1,739.79	\$1,825.07	\$1,834.02	\$1,916.75
Avg professional fees paid per claim	\$7.95	\$8.03	\$8.18	\$8.21	\$8.11	\$8.65	\$9.28
Avg ingredient cost paid per claim	\$110.66	\$105.43	\$103.11	\$99.10	\$106.65	\$105.13	\$105.96
Avg total amount paid per claim	\$118.61	\$113.46	\$111.29	\$107.31	\$114.76	\$113.78	\$115.24
Avg days' supply per claim	31.81	30.87	30.37	29.98	30.79	30.43	30.03

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Table F—PharmaCare Claims Expenditures: Plan G (No-Charge Psychiatric Medication Plan)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	0.43	0.47	0.50	0.53	0.54	0.60	0.69
Number of beneficiaries (millions)	0.02	0.02	0.02	0.02	0.02	0.03	0.03
Ingredient costs paid (millions)	\$17.00	\$17.51	\$16.91	\$17.45	\$18.05	\$19.38	\$19.11
Professional fees paid (millions)	\$3.57	\$3.94	\$4.24	\$4.44	\$4.32	\$5.06	\$6.15
Total amount paid (millions)	\$20.57	\$21.44	\$21.15	\$21.89	\$22.37	\$24.44	\$25.27
Avg number of claims per beneficiary	20.02	21.34	23.35	23.87	22.86	22.87	23.59
Avg total paid cost per beneficiary	\$954.08	\$970.77	\$981.30	\$993.24	\$943.43	\$924.24	\$869.22
Avg professional fees paid per claim	\$8.28	\$8.35	\$8.42	\$8.44	\$7.97	\$8.37	\$8.97
Avg ingredient cost paid per claim	\$39.38	\$37.14	\$33.61	\$33.18	\$33.30	\$32.04	\$27.87
Avg total amount paid per claim	\$47.66	\$45.49	\$42.03	\$41.61	\$41.27	\$40.41	\$36.84
Avg days' supply per claim	24.64	23.70	22.88	22.32	23.23	23.05	22.73

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Table G—PharmaCare Claims Expenditures: Plan I (Fair PharmaCare)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	11.15	11.83	12.49	12.97	12.71	12.98	13.35
Number of beneficiaries (millions)	0.65	0.63	0.61	0.58	0.57	0.57	0.57
Ingredient costs paid (millions)	\$419.15	\$438.43	\$448.17	\$464.10	\$489.02	\$494.71	\$479.81
Professional fees paid (millions)	\$75.29	\$81.47	\$87.36	\$91.49	\$83.33	\$89.83	\$99.34
Total amount paid (millions)	\$494.44	\$519.91	\$535.53	\$555.59	\$572.35	\$584.55	\$579.15
Avg number of claims per beneficiary	17.19	18.76	20.39	22.17	22.15	22.60	23.57
Avg total paid cost per beneficiary	\$762.22	\$824.32	\$874.46	\$949.89	\$997.44	\$1,017.83	\$1,022.47
Avg professional fees paid per claim	\$6.75	\$6.89	\$6.99	\$7.05	\$6.56	\$6.92	\$7.44
Avg ingredient cost paid per claim	\$37.58	\$37.05	\$35.88	\$35.78	\$38.47	\$38.12	\$35.94
Avg total amount paid per claim	\$44.33	\$43.94	\$42.88	\$42.84	\$45.03	\$45.04	\$43.38
Avg days' supply per claim	40.65	38.74	36.85	34.76	35.40	34.91	33.62

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Notes:

- Deductibles and annual family maximums are based on a family's net annual income. Registrants born in or before 1939 are eligible for enhanced assistance:
 - Individuals and families registered for Fair PharmaCare pay full drug costs and dispensing fees until they reach their deductible. Once the deductible is met, PharmaCare pays **70%** of eligible costs until they reach their annual family maximum. Once the annual family maximum is met, PharmaCare covers 100% of all eligible costs.
 - Individuals and families receiving Fair PharmaCare Enhanced Assistance pay full drug costs and dispensing fees until they reach their deductible. Once the deductible is met, PharmaCare pays **75%** of eligible costs, until they reach their annual family maximum. Once the annual family maximum is met, PharmaCare covers 100% of all eligible costs.
- For more information on deductibles and annual family maximums, visit the PharmaCare website at www.health.gov.bc.ca/pharmacare/plani/planiindex.html#6H.

Table H—PharmaCare Claims Expenditures: Plan P (Palliative Care)

	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of claims (millions)	0.26	0.29	0.32	0.34	0.37	0.40	0.43
Number of beneficiaries	9,481	8,466	8,895	9,179	9,862	10,579	10,924
Ingredient costs paid (millions)	\$9.26	\$9.69	\$9.85	\$10.82	\$12.11	\$13.23	\$13.91
Professional fees paid (millions)	\$2.13	\$2.39	\$2.60	\$2.81	\$2.75	\$3.10	\$3.63
Total amount paid (millions)	\$11.39	\$12.08	\$12.45	\$13.64	\$14.86	\$16.33	\$17.53
Avg number of claims per beneficiary	27.74	34.58	35.48	37.18	37.19	37.38	39.44
Avg total paid cost per beneficiary	\$1,201.55	\$1,427.35	\$1,400.16	\$1,485.47	\$1,507.18	\$1,543.44	\$1,605.08
Avg professional fees paid per claim	\$8.10	\$8.18	\$8.25	\$8.25	\$7.51	\$7.84	\$8.41
Avg ingredient cost paid per claim	\$35.21	\$33.10	\$31.21	\$31.70	\$33.02	\$33.45	\$32.28
Avg total amount paid per claim	\$43.32	\$41.28	\$39.46	\$39.95	\$40.53	\$41.29	\$40.69
Avg days' supply per claim	16.58	15.92	15.51	15.19	15.57	15.29	14.86

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2005, to March 31, 2012.

Table I—PharmaCare Claims Expenditures: Plan S (Smoking Cessation Nicotine Replacement Therapies)

	2011/2012
Number of claims (millions)	0.10
Number of beneficiaries (millions)	0.05
Ingredient costs paid (millions)	\$7.85
Professional fees paid (millions)	\$0.95
Total amount paid (millions)	\$8.81
Avg number of claims per beneficiary	1.95
Avg total paid cost per beneficiary	\$169.43
Avg professional fees paid per claim	\$9.43
Avg ingredient cost paid per claim	\$77.57
Avg total amount paid per claim	\$87.00
Avg days' supply per claim	27.12

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2011, to March 31, 2012.

5. PharmaCare Data

Table J—Comparison of PharmaCare Claims Expenditures for Selected Fiscal Years

Fiscal Year	4 Years Ago	1 Year Ago	2011/	1 Year	4 Year
	2007/2008	2010/2011	2012	Change	Change
Number of claims (millions)	24.08	28.03	29.77	6.2%	23.6%
Number of beneficiaries (millions)	0.79	0.79	0.82	3.3%	3.2%
Avg number of claims per beneficiary	30.44	35.49	36.49	2.8%	19.9%
Ingredient cost paid (millions)	\$690.55	\$784.36	\$767.47	-2.2%	11.1%
Professional and capitation fees paid (millions)	\$171.20	\$187.94	\$215.29	14.6%	25.8%
Total amount paid (millions)	\$861.75	\$972.30	\$982.76	1.1%	14.0%
Avg total amount paid per claim	\$35.79	\$34.69	\$33.02	-4.8%	-7.8%
Avg days' supply per claim	26.38	23.51	22.40	-4.7%	-15.1%
Avg total paid cost per beneficiary	\$1,089.61	\$1,231.17	\$1,204.64	-2.2%	10.6%
Total B.C. population (millions)	4.24	4.53	4.58	1.1%	8.0%

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 15, 2012, HealthIdeas. Data for the period April 1, 2007, to March 31, 2012.

Notes:

Dollar amounts refer to amounts paid by PharmaCare. Depending on coverage rules, beneficiaries may also pay a portion of the total drug cost. Data include Plan P claims expenditures.

Professional fees increased from \$8.60 to \$9.10 in July 2010. A further increase to 9.60 occurred in October 2010, followed by a rise to \$10.00 in July 2011.

5.1 Number of Drugs Covered

PharmaCare is often asked how many drugs it covers. This number changes constantly as new drugs, and lower-cost versions of existing drugs, are introduced to the market.

The number of drugs eligible for some degree of PharmaCare coverage can be expressed in two ways:

1. As the number of distinct DINs (Drug Identification Numbers) assigned by Health Canada.
2. As the number of distinct active chemical ingredients.

The same active chemical ingredient may be available in varying strengths or formulations and be marketed by a number of different manufacturers. PharmaCare takes this into consideration by tracking its coverage of both the number of distinct products (DINs) and the number of unique chemical ingredients.

The number of unique chemicals indicates the variety of *treatments*; the number of DINs indicates the variety of individual *products*.

Table K—Number of DINs Covered

DINs approved for use by Health Canada 2011/12 ^a	8,982
DINs eligible for PharmaCare coverage in 2011/12 ^{a,b}	4,714
DINs that received PharmaCare reimbursement in 2011/12 ^{a,b,c}	4,388

Table L—Unique Chemicals Covered

Unique chemicals approved for use by Health Canada in 2011/12 ^a	1,426
Unique chemicals eligible for PharmaCare coverage in 2011/12 ^{a,b}	664
Unique chemicals that received PharmaCare reimbursement in 2011/12 ^{a,b,c}	635

Sources:

(1) Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 29, 2012, HealthNet. Data for the period April 1, 2011, to March 31, 2012.

(2) Health Canada, Drug Product Database. Published August 2012.

Notes:

- ^a This includes only those DINs/chemicals that are (i) found in the Health Canada database, (ii) approved by Health Canada for human use, and (iii) currently available.
- ^b On March 31, 2012, each DIN/chemical was covered under at least one PharmaCare plan.
- ^c In the last fiscal year, one or more PharmaCare beneficiaries was reimbursed for this DIN/chemical.

5.2 Formulary Expansion

Between April 1, 2011, and March 31, 2012, PharmaCare funded 18 new brand name drugs². In addition, 273 generic drugs were added to the formulary (118 to new LCA categories and 155 to existing LCA categories).³

² This is the number of new chemical entities approved for coverage including new drugs, new indications for existing drugs, modifications to Special Authority criteria, and new strengths or dosage formats of drugs already covered. Formulary Management database, Pharmaceutical Services Division, Ministry of Health.

5.3 Top Ten Drugs

The division is often asked which drugs are most commonly prescribed in B.C. Although all prescriptions filled at B.C. community pharmacies are processed on PharmaNet, Pharmaceutical Services Division tracks only those prescriptions for which PharmaCare paid a portion of the cost.

Table M—Top Ten Drugs by PharmaCare Reimbursement 2011/2012

Generic Name	Typical Usage	PharmaCare Reimbursement
INFLIXIMAB	Rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis	\$43.0 million
ADALIMUMAB	Rheumatoid Arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis	\$29.6 million
METHADONE	Opioid addiction / pain	\$24.9 million
ROSUVASTATIN	High cholesterol	\$24.1 million
ATORVASTATIN	High cholesterol	\$22.5 million
ETANERCEPT	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis	\$21.4 million
QUETIAPINE FUMARATE	Schizophrenia, psychosis	\$19.4 million
RAMIPRIL	High blood pressure	\$17.9 million
GABAPENTIN	Epilepsy	\$16.1 million
RISPERIDONE	Schizophrenia, psychosis	\$16.0 million

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 29, 2012, HealthIdeas. Data for the period April 1, 2011, to March 31, 2012.

Notes:

1. PharmaCare reimbursement includes amounts paid to pharmacies for both the ingredient and dispensing fees.
2. PharmaCare reimbursement for methadone does not include interaction fees for pharmacists witnessing methadone ingestion.

³ Business Management Supplier Relations and Systems, Pharmaceutical Services Division, monthly updates to Low Cost Alternative Program/Reference Drug Program information.

Table N—Top Ten Drugs by Number of PharmaCare Beneficiaries 2011/2012

Generic Name	Typical Usage	Distinct Beneficiaries
ACETAMINOPHEN WITH CODEINE 30MG	Pain and fever	121,000
RAMIPRIL	High blood pressure	114,000
AMOXICILLIN	Bacterial infection	113,000
ATORVASTATIN	High cholesterol	101,000
LEVOTHYROXINE	Hypothyroidism	99,000
HYDROCHLOROTHIAZIDE	High blood pressure	95,000
METFORMIN	Diabetes	91,000
SALBUTAMOL	Asthma and lung diseases	85,000
LORAZEPAM	Anxiety	81,000
ROSUVASTATIN	High cholesterol	74,000

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 29, 2012, HealthIdeas. Data for the period April 1, 2011, to March 31, 2012.

Note: Includes all medication strengths.

5.4 PharmaCare Beneficiaries

PharmaCare Beneficiaries 2011/12

As shown below, a total of 815,813 provincial residents (17.8% of the entire B.C. population) received PharmaCare benefits in 2011/12.

The table below documents the number of PharmaCare beneficiaries in 2011/12 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2011/12 increased with age.

Table O—PharmaCare Beneficiaries by Age Group 2011/12

Age Group	Total BC Population	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
00-4	224,672	13,521	6.0%
05-9	223,904	13,765	6.1%
10-14	236,939	13,251	5.6%
15-19	280,198	22,152	7.9%
20-24	300,253	32,301	10.8%
25-29	308,685	34,781	11.3%
30-34	298,920	31,159	10.4%
35-39	293,610	29,238	10.0%
40-44	327,967	35,323	10.8%
45-49	358,357	43,958	12.3%
50-54	366,363	51,393	14.0%
55-59	336,581	55,577	16.5%
60-64	294,739	63,741	21.6%
65-69	225,731	67,083	29.7%
70-74	164,515	78,606	47.8%
75-79	128,547	83,407	64.9%
80-84	99,437	71,718	72.1%
85-89	63,305	45,374	71.7%
90+	43,989	29,465	67.0%
TOTAL	4,576,712	815,813	17.8%

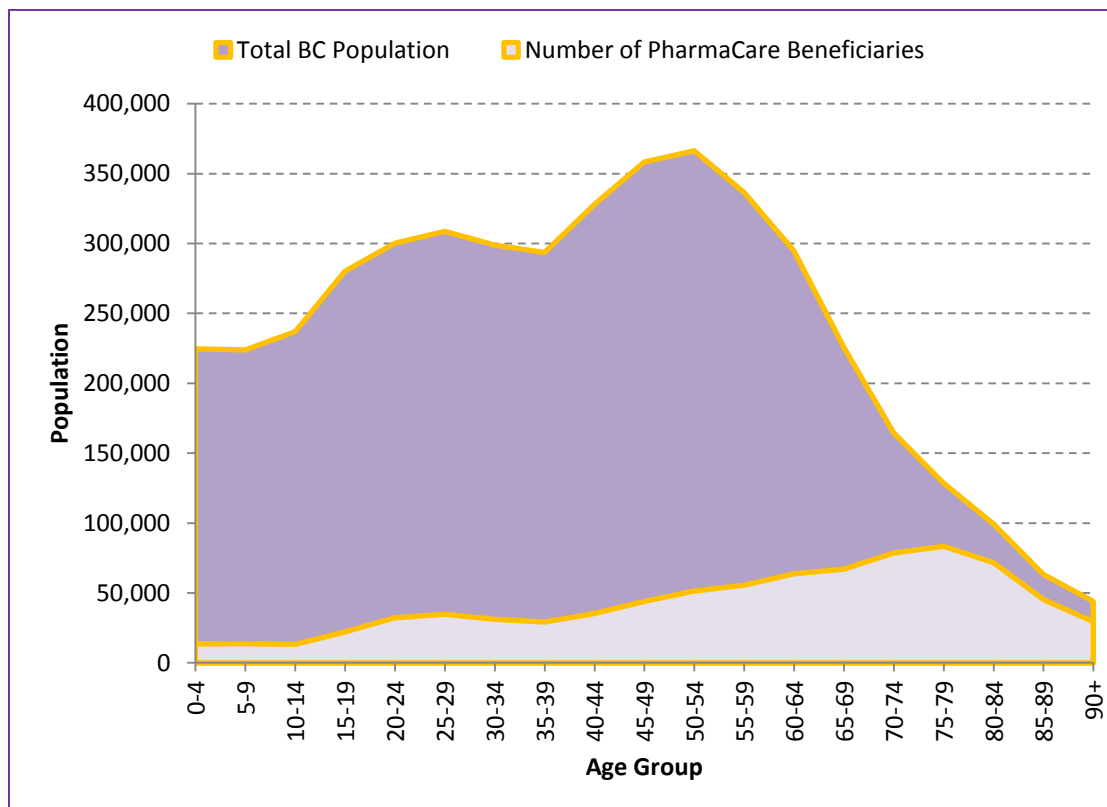
Source: Retrieved August 29, 2012, HealthIdeas. Data for period April 1, 2011, to March 31, 2012.

Notes: The above table reflects patient ages at March 31, 2012.

PharmaCare Beneficiaries Compared to B.C. Population 2011/12

The graph below depicts data from the preceding table and compares the number of PharmaCare beneficiaries to B.C.'s total population by five-year age groups.

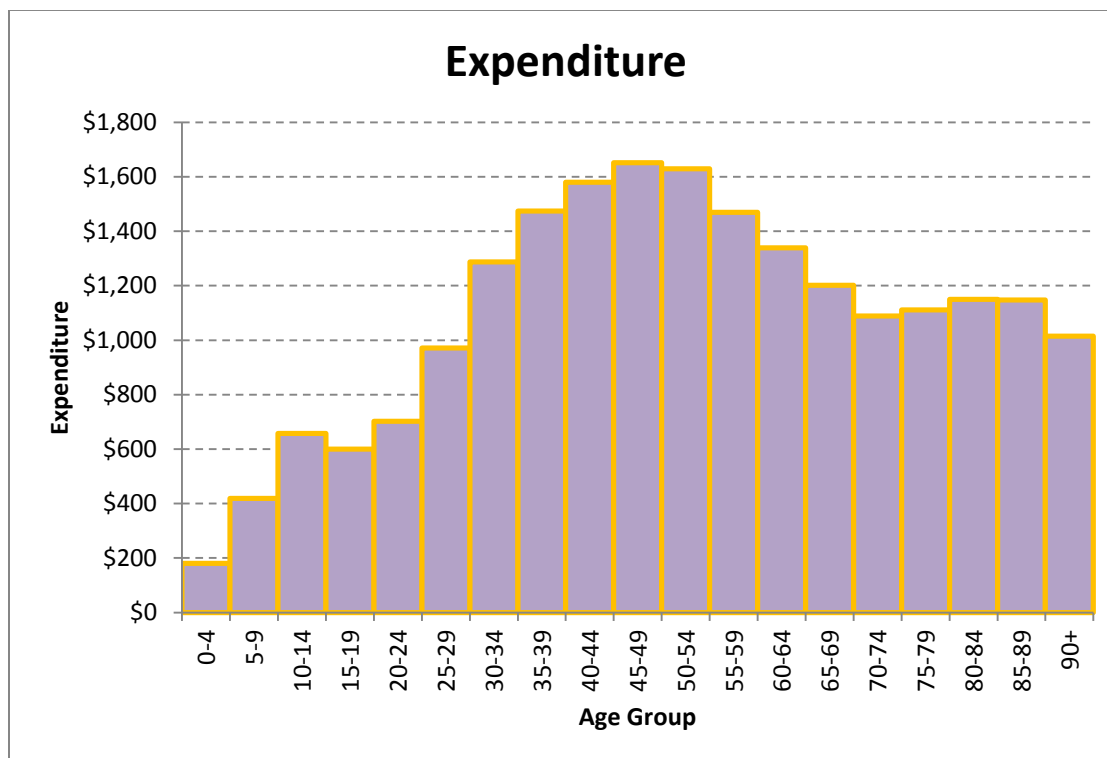
Graph A—PharmaCare Beneficiaries in 2011/12 Compared to B.C. Population



Source: Retrieved August 29, 2012, HealthIdeas. Data for period April 1, 2011, to March 31, 2012.

Average Annual PharmaCare Expenditures per Beneficiary by Age Group 2011/12

Graph B—Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2011/12



Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health. Retrieved August 29, 2012, HealthIdeas. Data for the period April 1, 2011, to March 31, 2012.

Notes:

- Excludes capitation fees.
- Excludes additional fees and recoveries (e.g., methadone interaction fees, audit recoveries, pharmacist injection fees, rural incentive program fees, multisource generic pricing policy).

5.5 Payments to Pharmacies for Clinical Services, Medication Reviews and Publicly Funded Vaccines provided by pharmacies

Table P—Payments to Pharmacies for Clinical Services, Pharmacist-Administered Publicly Funded Vaccines and Medication Review Services

Fiscal Year (By payment date)	Clinical Services (Prescription renewals and adaptations)	Injections	Medication Review Services
2009/2010	\$812,924	\$316,590	-
2010/2011	\$916,708	\$490,000	-
2011/2012	\$1,533,377	\$922,860	\$7,112,305

6. Resources

The websites listed below may provide relevant information about drug programs and policies in B.C. and in Canada.

British Columbia websites

- BC Ministry of Health www.health.gov.bc.ca
- BC PharmaCare www.health.gov.bc.ca/pharmacare
- BC Mental Health and Substance Use www.health.gov.bc.ca/mhd
- Therapeutics Initiative www.ti.ubc.ca
- BC Centre for Excellence in HIV/AIDS www.cfenet.ubc.ca
- College of Pharmacists of BC www.bcpharmacists.org
- College of Physicians & Surgeons of BC www.cpsbc.ca
- College of Dental Surgeons of BC www.cdsbc.org
- College of Midwives of BC www.cmbc.bc.ca
- College of Registered Nurses of British Columbia www.crnbc.ca
- British Columbia Nurse Practitioner Association www.bcnpa.org
- College of Optometrists of BC www.optometrybc.com
- British Columbia Podiatric Medical Association www.foothealth.ca
- BC Medical Association www.bcma.org
- BC Pharmacy Association www.bcpharmacy.ca

Provincial websites

- Alberta Health and Wellness www.health.alberta.ca/AHCIP/prescription-program.html
- Saskatchewan Health www.health.gov.sk.ca/ps_drug_plan.html
- Manitoba PharmaCare Program www.gov.mb.ca/health/pharmacare/index.html
- Ontario Drug Benefit Program www.health.gov.on.ca/en/public/programs/drugs/default.aspx
- Quebec Prescription Drug Insurance www.ramq.gouv.qc.ca/en/citoyens/assurancemedicaments/index.shtml
- Newfoundland & Labrador Prescription Drug Program www.gov.nf.ca/health/nlpsdp
- Nova Scotia Pharmacare www.gov.ns.ca/health/pharmacare/
- New Brunswick Prescription Drug Program www.gnb.ca/0051/0212/index-e.asp
- Prince Edward Island Health Services www.healthpei.ca/index.php3?number=1026180&lang=E
- Northwest Territories Health Programs www.hlthss.gov.nt.ca
- Yukon Health & Social Services www.hss.gov.yk.ca
- Nunavut Health and Social Services www.gov.nu.ca/health

Federal websites

- Health Canada www.hc-sc.gc.ca
- Health Canada, Drug Product Database www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index_e.html
- Public Health Agency of Canada www.phac-aspc.gc.ca
- Canadian Institute for Health Information www.cihi.ca
- Patented Medicine Prices Review Board www.pmprb-cepmb.gc.ca

National websites

- Canadian Agency for Drugs and Technologies in Health, Common Drug Review www.cadth.ca/en/products/cdr/cdr-overview
- Canadian Agency for Drugs and Technologies in Health, Canadian Optimal Medication Prescribing & Utilization Service www.cadth.ca/index.php/en/compus

Canadian association websites

- Canadian Pharmacists Association www.pharmacists.ca
- Canadian Medical Association www.cma.ca