

PHARMACARE TRENDS

2020/2021

Prepared March 2022

Health Sector Information, Analysis and Reporting Division
for Pharmaceutical, Laboratory and Blood Services Division



Ministry of
Health

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1. Introduction

This document updates information previously made available in *PharmaCare Trends*, published by the BC Ministry of Health. It provides information about the PharmaCare program for health researchers, government staff, and the public.

Data in this publication is for the fiscal year 2020/21.

1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2020/21, Pharmaceutical, Laboratory and Blood Services Division and Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, Victoria, BC (2020/21).

1.2 Comments and Inquiries

Please direct comments and inquiries:

- by email to MoHAnalytics@gov.bc.ca
- by mail to Health Sector Information, Analysis and Reporting Division, Ministry of Health, PO Box 9652, STN PROV GOV, Victoria B.C., V8W 9P4

1.3 Data Sources

Unless otherwise noted, data in this publication was extracted from the BC Ministry of Health, PharmaNet/HealthIdeas data warehouse.

2. PharmaCare Plans

2.1 Fair PharmaCare (Plan I)

The Fair PharmaCare plan took effect on May 1, 2003 and is the largest drug coverage plan under the BC PharmaCare program. Assistance for registered individuals is based on their annual net income. For registered families, assistance is based on the combined annual net income of both spouses. At the end of March 2021, there were 1,290,168 families registered for Fair PharmaCare. If an individual or family is not registered for Fair PharmaCare, they are assigned a \$10,000 deductible per individual and will receive coverage if their eligible expenses exceed that amount.

2.2 Residential Care (Plan B)

B.C. provides coverage of prescription medications for long-term residents of licensed residential care facilities that are registered as Plan B facilities. Individuals in these facilities 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 2020/21, over 31,000 British Columbians benefited from this coverage.

2.3 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 through the ministry responsible for social assistance, and to children and youth in the care of the Ministry of Children and Family 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 2020/21, Plan C expenditures represented 74% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 181,000 residents.

2.4 Cystic Fibrosis (Plan D)

Since 1995, individuals with cystic fibrosis who registered with a provincial cystic fibrosis clinic have received coverage of eligible digestive enzymes. PharmaCare pays 100% of the drug cost and the dispensing fee, up to the PharmaCare accepted maximums.

In 2020/21, approximately 380 individuals with cystic fibrosis received coverage under this plan.

2.5 Children in the At Home Program (Plan F)

The *At Home Program*, administered by the Ministry of Children and Family

Development, 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 receiving “full” or “medical only” benefits under the *At Home Program*. Both the dispensing fee and 100% of eligible drug costs are covered. In 2020/21, over 3,300 children were eligible for this plan.

2.6 Psychiatric Medications (Plan G)

PharmaCare’s Plan G is available to patients with mental health issues and opioid use disorder. In 2020/21, approximately 49,000 patients who demonstrated clinical and financial need qualified for 100% coverage of the eligible cost of certain psychiatric medications and opioid agonist treatments.

2.7 Palliative Care (Plan P)

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

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

- are living at home, which is defined as wherever the person is living, whether in their own home, or with family or friends, or in a supportive or assisted living residence, or in a hospice unit in a residential care facility (e.g., a community hospice bed that is 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;
- consent to the focus of care being palliative rather than treatment aimed at cure; and
- the individual’s physician or nurse practitioner confirms their medical eligibility under these criteria.

Over 15,000 patients received coverage under this plan in 2020/21.

2.8 Nicotine Replacement Therapies (Plan S)

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

Eligible nicotine replacement therapy products are provided at no cost to all eligible individuals regardless of the rules of their primary PharmaCare plan. Individuals are covered for specific prescription smoking cessation drugs under the rules of their primary PharmaCare plan (including any annual deductible or family maximum requirement).

In 2020/21, the program provided over 57,000 patients with free nicotine replacement

therapy.

2.9 BC Centre for Excellence in HIV/AIDS (Plan X)

Established in 1992, the BC 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.

2.10 First Nations Health Benefits (Plan W)

On October 1, 2017, First Nations Health Authority (FNHA) clients joined the BC PharmaCare program. On that date, most FNHA clients who had previously been receiving benefits through Health Canada's Non-Insured Health Benefits (NIHB) program became eligible for Plan W. Plan W provides 100% coverage of eligible prescription costs and certain medical supplies and pharmacy services, as well as certain over-the-counter drugs, devices, and some health products. All FNHA clients continue to be eligible for coverage under other PharmaCare plans. Plan W is funded by the First Nations Health Authority.

2.11 Assurance (Plan Z)

Assurance (Plan Z) is PharmaCare's universal, 100% paid plan. The plan provides full coverage of any drugs on its formulary for all B.C. residents with active Medical Services Plan (MSP) coverage. (An exceptional process is in place for residents in the wait period for MSP coverage.) Plan Z was launched in 2019 to cover Mifegymiso (mifepristone-misoprostol combination). In 2020, the medications for medical assistance in dying were added. In 2020/21, over 8,500 patients received coverage under this plan.

For more information on BC PharmaCare programs and policies, visit <http://www.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 is 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 is introduced for B.C. income assistance clients.
1977	Plan B is replaced by universal plan for residents under 65 (Plan E). BC PharmaCare is expanded to provide services to long-term care facilities and private hospitals (Plan B).
1978	A drug usage review program is established to monitor drug utilization and educate practitioners.
1987	Administration of BC PharmaCare is transferred to the Ministry of Health. Plan A (seniors) co-payment scheme is introduced.
1989	Plan F is 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 is introduced to encourage the use of equally effective lower cost drugs. The Drug Benefit Committee is established.
1995	Reference Drug Program (RDP) is launched. Pharmacoeconomic Initiative is established at the University of B.C. PharmaNet (province-wide network for prescription claim processing) is implemented.
1996	Maximum Days' Supply policy is introduced.
1997	RDP is expanded to angiotensin-converting enzyme (ACE) inhibitors and calcium channel blockers. RDP evaluations begin. Plan G coverage of psychiatric medications begins.
1999	Hospital emergency departments Access to PharmaNet is launched.
2000	Medical Practice Access to PharmaNet pilot project begins.
2001	Responsibility for all drugs acting on cancerous tumours is 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 is introduced, focusing resources on B.C. families who are most in need. Fair PharmaCare replaces both the Universal Plan (Plan E) and the Seniors Plan (Plan A).

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

2013	<p>Drug Price Regulation comes into force.</p> <p>pCPA Generic Pricing Framework (5-year agreement) comes into force.</p>
2014	<p>Provider Regulation comes into force.</p>
2015	<p>Drug Plans Regulation comes into force.</p> <p>Information Management Regulation comes into force.</p> <p>Quantity Limits for blood glucose test strips policy is introduced.</p> <p>Community Practice Access to PharmaNet (COMPAP) replaces Medical Practice Access to PharmaNet (MPAP) as PharmaNet access expands to include nurse practitioners.</p>
2016	<p>Drug Price Regulation is amended to allow for indefinite listings and offer exclusive generic drug designation.</p> <p>The Alzheimer's Drug Therapy Initiative (ADTI) is completed, and coverage of cholinesterase inhibitor drugs for Alzheimer's disease begins.</p> <p>Coverage of ADHD medications expanded to adults.</p>
2017	<p>Plan G financial eligibility criteria are expanded to include those with income up to \$42,000 per year, following changes to Medical Services Plan Premium Assistance.</p> <p>Plan G formulary is expanded to include medications for opioid agonist treatment.</p> <p>First Nations Health Benefits Plan (Plan W) is introduced.</p>
2018	<p>pCPA (excluding Quebec) and CGPA announce a new 5-year initiative (to March 31, 2023) that will reduce prices of nearly 70 of the most commonly prescribed drugs with the objective to provide overall discounts to brand-name equivalents. Exclusive generics listings ended.</p> <p>Interim universal fully-paid coverage of Mifegymiso is introduced in January 2018.</p>
2019	<p>Fair PharmaCare assistance for families with incomes below \$45,000 is increased as of January 1, 2019, through changes to deductibles and family maximums.</p> <p>Assurance (Plan Z), PharmaCare's universal, 100% paid plan is launched to cover Mifegymiso® (mifepristone-misoprostol combination).</p> <p>Launch of the Biosimilars Initiative.</p>
2020	<p>The medications for medical assistance in dying (MAiD) are added to Plan Z.</p> <p>Coverage of ADHD drugs is expanded.</p> <p>COPD therapeutic review and coverage updates.</p> <p>Risk mitigation guidance for dual emergencies of opioid overdose crisis and COVID-19.</p> <p>COVID-19 health system access-related temporary criteria and coverage changes.</p> <p>PRIME, an online application for individuals and sites to request Ministry approval to access PharmaNet, is launched.</p>
2021	<p>The Pharmaceutical Care Management Strategy is launched.</p> <p>PharmaCare lists the first continuous glucose monitor.</p> <p>Special Authority request system goes online for health authorities.</p>

4. PharmaCare Expenditures

4.1 Interpreting PharmaCare Data

The following data regarding costs, expenditures and paid amounts refers only to PharmaCare plan expenditures - i.e., costs associated with Plans B, C, D, F, G, P, S, Z and Fair PharmaCare (indicated in the tables as "Plan I") based on claims submitted by community pharmacies in B.C. The data does not include expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS or the BC Cancer Agency, medication used in hospitals, sample medication from doctors' offices, expensive drugs for rare diseases, the provincial retinal disease treatment program, Plan W or any additional pharmacy expenditures.

Subject to general PharmaCare coverage rules and the rules of their PharmaCare plan, beneficiaries may be responsible for paying some of their prescription costs. Thus, the claims data refers only to claims to which PharmaCare contributed at least 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, the [Frequency of Dispensing Policy](#) and Fair PharmaCare refresh are noted in [Section 3, PharmaCare History](#).

Data Quality Note

Data for this report was extracted from the B.C. Ministry of Health HealthIdeas data warehouse and may not reconcile exactly with previous reports due to data quality improvements.

Definitions

Claim(s)	A request for payment of the cost of processing a prescription made to PharmaCare. 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. For example, 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 cost	Amounts paid by PharmaCare.
Beneficiary	B.C. residents with at least one paid claim under the PharmaCare program during the fiscal year.
Fiscal year	April 1 to March 31 of the following year. For example, 2020/21 corresponds to the period April 1, 2020 to March 31, 2021.

4.2 PharmaCare Expenditures Overview

Table 1 - PharmaCare Claims Expenditures

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	33.77	35.02	36.71	39.45	40.83
Number of beneficiaries (millions)	0.74	0.72	0.76	0.81	0.78
Ingredient costs paid (millions)	\$878.10	\$933.07	\$996.15	\$973.94	\$945.59
Professional fees paid ¹ (millions)	\$233.35	\$241.71	\$251.67	\$268.61	\$275.40
Total amount paid² (millions)	\$1,111.45	\$1,174.79	\$1,247.83	\$1,242.55	\$1,221.00
Avg amount paid per beneficiary ²	\$1,505.69	\$1,637.55	\$1,641.15	\$1,534.41	\$1,564.03
Avg number of claims per beneficiary	45.74	48.82	48.28	48.72	52.31
Avg ingredient cost paid per claim	\$26.01	\$26.64	\$27.14	\$24.69	\$23.16
Avg professional fees paid per claim ¹	\$6.91	\$6.90	\$6.86	\$6.81	\$6.74
Avg amount paid per claim ²	\$32.92	\$33.55	\$33.99	\$31.50	\$29.90
Avg days' supply per claim	17.60	16.56	16.18	16.32	15.80

Table 2 - Comparison of PharmaCare Claims Expenditures for Selected Fiscal Years

	4 Years Ago 2016/17	1 Year Ago 2019/20	2020/21	1-Year Change	4-Year Change
Number of claims (millions)	33.77	39.45	40.83	3.5%	20.9%
Number of beneficiaries (millions)	0.74	0.81	0.78	-3.6%	5.8%
Ingredient cost paid (millions)	\$878.10	\$973.94	\$945.59	-2.9%	7.7%
Professional fees paid ¹ (millions)	\$233.35	\$268.61	\$275.40	2.5%	18.0%
Total amount paid² (millions)	\$1,111.45	\$1,242.55	\$1,221.00	-1.7%	9.9%
Avg amount paid per beneficiary ²	\$1,505.69	\$1,534.41	\$1,564.03	1.9%	3.9%
Avg number of claims per beneficiary	45.74	48.72	52.31	7.4%	14.3%
Avg amount paid per claim ²	\$32.92	\$31.50	\$29.90	-5.1%	-9.2%
Avg days' supply per claim	17.60	16.32	15.80	-3.1%	-10.2%
Total B.C. population (millions) ³	4.86	5.09	5.15	1.1%	5.9%

Notes:

- Dollar amounts refer to amounts paid by PharmaCare. Depending on coverage rules, beneficiaries may also pay a portion of the total drug cost.

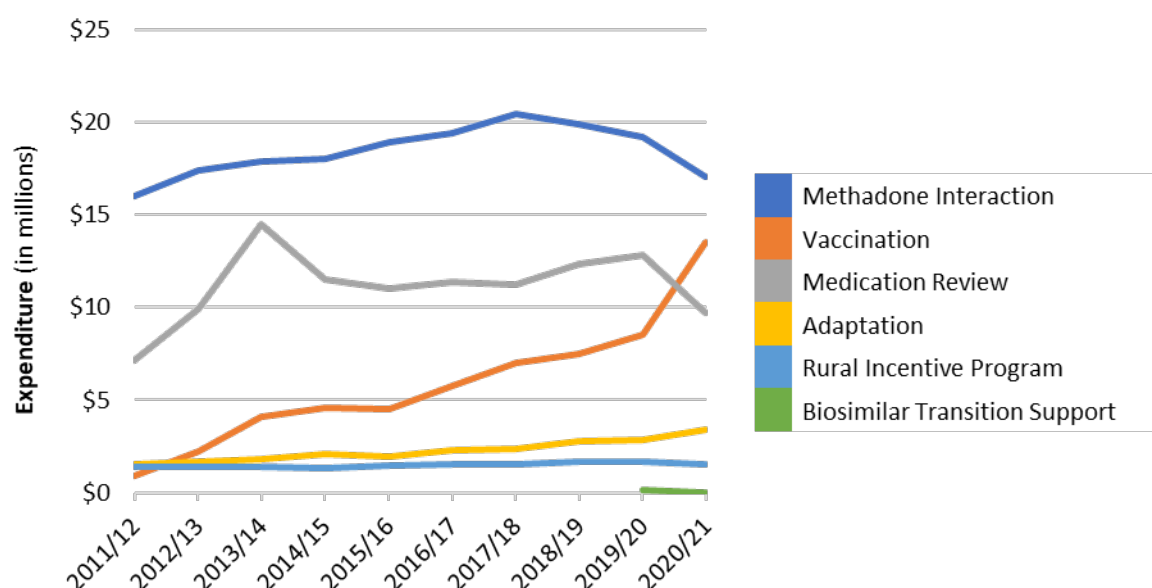
¹ Includes dispensing fees and residential care facility capitation fees.

² Includes ingredient cost, professional and capitation fees.

³ Source: [BC Stats](https://www2.gov.bc.ca/gov2/statistics). Site accessed on September 3rd, 2021.

Table 3 – Other PharmaCare Expenditures

	2016/17	2017/18	2018/19	2019/20	2020/21
Adaptation Fees (millions)	\$2.31	\$2.35	\$2.77	\$2.88	\$3.42
Biosimilar Transition Support Fees (millions)	–	–	–	\$0.13	\$0.00
Vaccination Fees ⁴ (millions)	\$5.77	\$7.01	\$7.46	\$8.55	\$13.49
Medication Review Fees (millions)	\$11.37	\$11.22	\$12.30	\$12.81	\$9.71
Methadone Interaction Fees (millions)	\$19.41	\$20.41	\$19.86	\$19.18	\$17.05
Rural Incentive Program Fees (millions)	\$1.51	\$1.56	\$1.66	\$1.65	\$1.56

Figure 1 – Pharmacy Services Fees between 2011/12 and 2020/21**Notes:**

- Methadone interaction fees have been consistently higher than other clinical service fees. Over the past ten years, injection fees had the highest annual growth rates, at 30.7%.
- Following the launch of the [Biosimilars Initiative](#) in May 2019, PharmaCare paid a fee to pharmacists to identify patients and provide information to assist with switching patients from originator drugs to biosimilar counterparts. Biosimilar transition support fees decreased significantly in 2020/21 compared to 2019/20, with around 100 patients.
- In response to the COVID-19 pandemic, COVID-19 vaccines such as Pfizer and Moderna were added to the list of publicly funded vaccines at the end of March 2021. Administration fees for these vaccines by pharmacists will be included in vaccination fees.

⁴ For fiscal years 2017/18, 2018/19, 2019/20, injections fees category also includes pharmacy dispensing fees for Mifegymiso through the interim full coverage program, prior to the August 2019 launch of Plan Z.

4.3 PharmaCare Expenditures by Plan

In 2020/21, Plan I (57.3%) and Plan C (31.4%) accounted for almost 89% of total PharmaCare expenditures.

Figure 2 – PharmaCare Expenditures by Plan in 2020/21

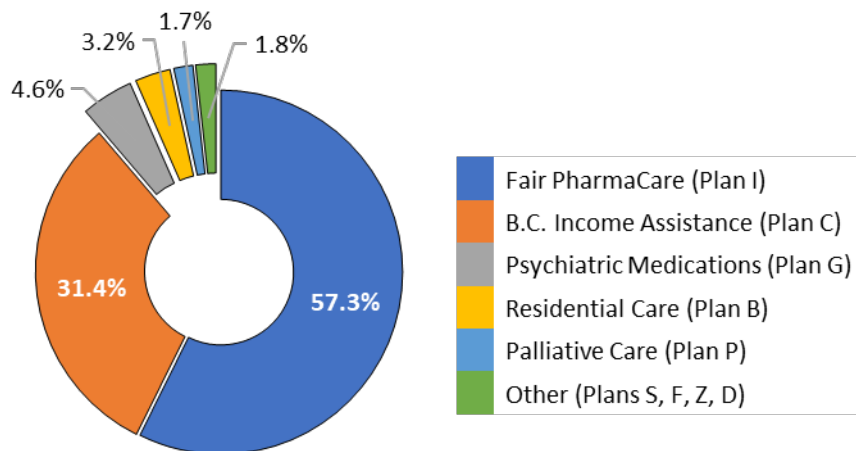
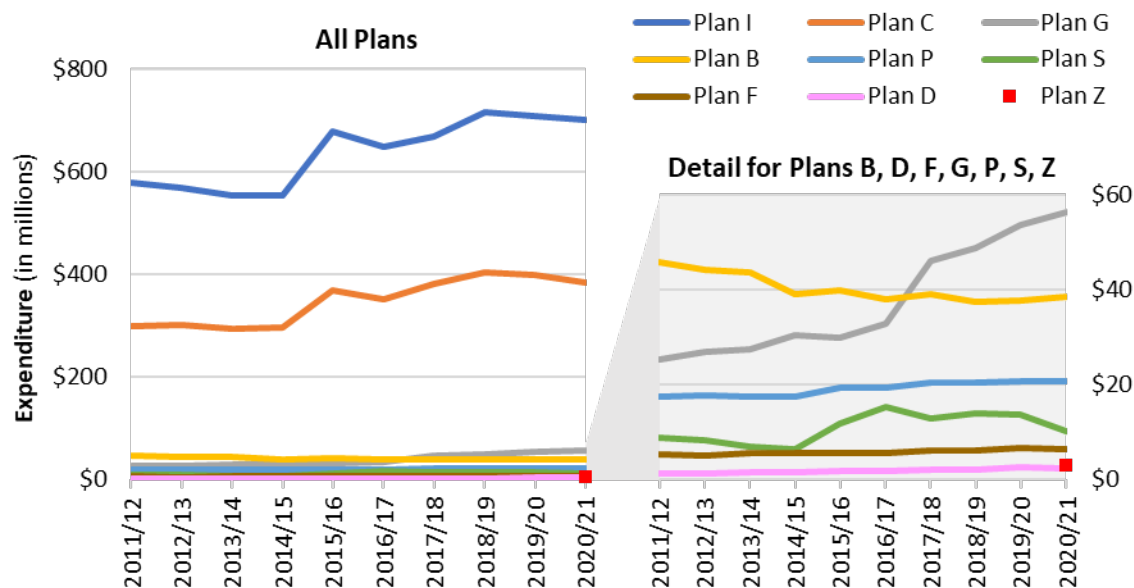


Figure 3 – PharmaCare Expenditures by Plan between 2011/12 and 2020/21



Notes:

- Plan Z was launched in August 2019. However, values for 2019/20 were not reported, due to the partial year and the sensitivity of the data as Mifegymiso was the only drug on the formulary, transitioning over from the interim coverage in partnership with the BC Centre for Disease Control (BCCDC) that was introduced in 2018. Medications for medical assistance in dying (MAiD) were added on March 20, 2020.

Table 4 - Plan I (Fair PharmaCare)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	13.64	13.58	14.32	15.87	16.39
Number of beneficiaries (millions)	0.46	0.43	0.47	0.52	0.49
Ingredient costs paid (millions)	\$551.02	\$573.49	\$618.76	\$600.93	\$590.60
Professional fees paid (millions)	\$96.65	\$94.22	\$97.87	\$107.27	\$109.47
Total amount paid⁵ (millions)	\$647.66	\$667.71	\$716.64	\$708.21	\$700.07
Avg amount paid per beneficiary ⁵	\$1,398.71	\$1,543.92	\$1,517.76	\$1,370.09	\$1,414.59
Avg number of claims per beneficiary	29.46	31.40	30.33	30.69	33.11
Avg ingredient cost paid per claim	\$40.40	\$42.23	\$43.20	\$37.88	\$36.04
Avg professional fees paid per claim	\$7.09	\$6.94	\$6.83	\$6.76	\$6.68
Avg amount paid per claim ⁵	\$47.48	\$49.17	\$50.03	\$44.64	\$42.72
Avg days' supply per claim	26.83	25.63	25.03	25.17	24.28

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.
- Fair PharmaCare assistance for families with incomes \$45,000 or lower increased on January 1, 2019. As part of these changes, families with net incomes \$30,000 or lower no longer have a deductible, and PharmaCare pays 70% of eligible costs from the first claim until they reach their annual family maximum, which was lowered for most income bands \$45,000 or lower. (Enhanced Assistance deductibles and family maximums also changed.) This change may contribute to the observed increase in Fair PharmaCare expenditure in 2018/19.
- For more information on deductibles and annual family maximums, visit [BC Fair PharmaCare](#).

⁵ Includes ingredient cost and professional fees.

Table 5 - Plan B (Residential Care)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	4.74	4.86	4.87	4.96	4.98
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$27.03	\$26.68	\$24.62	\$25.24	\$25.51
Capitation fees paid (millions)	\$10.91	\$12.35	\$12.71	\$12.51	\$13.09
Total amount paid⁶ (millions)	\$37.93	\$39.03	\$37.34	\$37.75	\$38.60
Avg amount paid per beneficiary ⁶	\$1,229.41	\$1,247.51	\$1,193.63	\$1,196.11	\$1,234.36
Avg number of claims per beneficiary	153.56	155.41	155.79	157.10	159.19
Avg ingredient cost paid per claim	\$5.70	\$5.49	\$5.05	\$5.09	\$5.13
Avg capitation fees paid per claim	\$2.30	\$2.54	\$2.61	\$2.52	\$2.63
Avg amount paid per claim ⁶	\$8.01	\$8.03	\$7.66	\$7.61	\$7.75
Avg days' supply per claim	8.32	8.09	8.04	7.99	7.91

Notes:

- Individuals covered under Plan B are eligible for coverage of [clinical services fees](#). PharmaCare pays a capitation fee of \$43.75 per month per serviced bed occupied by a patient receiving PharmaCare coverage under Plan B.

Table 6 - Plan C (B.C. Income Assistance)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	13.45	13.82	14.35	15.27	16.11
Number of beneficiaries (millions)	0.18	0.18	0.18	0.19	0.18
Ingredient costs paid (millions)	\$241.68	\$269.67	\$288.88	\$279.64	\$259.24
Professional fees paid (millions)	\$109.38	\$111.10	\$113.61	\$119.78	\$124.17
Total amount paid⁵ (millions)	\$351.05	\$380.77	\$402.49	\$399.41	\$383.41
Avg amount paid per beneficiary ⁵	\$2,002.99	\$2,128.46	\$2,252.48	\$2,156.94	\$2,119.45
Avg number of claims per beneficiary	76.77	77.27	80.32	82.44	89.03
Avg ingredient cost paid per claim	\$17.96	\$19.51	\$20.13	\$18.32	\$16.10
Avg professional fees paid per claim	\$8.13	\$8.04	\$7.92	\$7.85	\$7.71
Avg amount paid per claim ⁵	\$26.09	\$27.55	\$28.05	\$26.16	\$23.81
Avg days' supply per claim	11.64	11.38	11.09	10.84	10.51

⁶ Includes ingredient cost and capitation fees.

Table 7 - Plan D (Cystic Fibrosis)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims	1,979	1,873	1,879	2,050	2,180
Number of beneficiaries	370	369	368	385	381
Ingredient costs paid (millions)	\$1.79	\$2.05	\$2.12	\$2.43	\$2.35
Professional fees paid	\$18,890.56	\$18,089.85	\$18,100.32	\$19,712.15	\$20,369.05
Total amount paid⁵ (millions)	\$1.81	\$2.07	\$2.13	\$2.45	\$2.37
Avg amount paid per beneficiary ⁵	\$4,894.94	\$5,610.79	\$5,796.70	\$6,353.94	\$6,220.00
Avg number of claims per beneficiary	5.35	5.08	5.11	5.32	5.72
Avg ingredient cost paid per claim	\$905.63	\$1,095.72	\$1,125.64	\$1,183.69	\$1,077.73
Avg professional fees paid per claim	\$9.55	\$9.66	\$9.63	\$9.62	\$9.34
Avg amount paid per claim ⁵	\$915.17	\$1,105.38	\$1,135.28	\$1,193.30	\$1,087.07
Avg days' supply per claim	45.45	46.55	45.58	44.82	40.58

Table 8 - Plan F (Children in the At Home Program)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims	50,116	52,405	54,536	59,116	56,171
Number of beneficiaries	3,118	3,287	3,288	3,499	3,345
Ingredient costs paid (millions)	\$5.08	\$5.52	\$5.63	\$6.09	\$5.75
Professional fees paid (millions)	\$0.47	\$0.49	\$0.51	\$0.55	\$0.52
Total amount paid⁵ (millions)	\$5.55	\$6.02	\$6.14	\$6.64	\$6.28
Avg amount paid per beneficiary ⁵	\$1,780.02	\$1,830.57	\$1,868.91	\$1,898.36	\$1,877.39
Avg number of claims per beneficiary	16.07	15.94	16.59	16.90	16.79
Avg ingredient cost paid per claim	\$101.34	\$105.42	\$103.29	\$103.00	\$102.45
Avg professional fees paid per claim	\$9.41	\$9.40	\$9.39	\$9.36	\$9.35
Avg amount paid per claim ⁵	\$110.75	\$114.82	\$112.68	\$112.36	\$111.80
Avg days' supply per claim	30.90	31.03	30.42	30.59	31.17

Table 9 - Plan G (Psychiatric Medications)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	1.11	1.89	2.26	2.41	2.43
Number of beneficiaries (millions)	0.04	0.04	0.05	0.05	0.05
Ingredient costs paid (millions)	\$23.06	\$28.85	\$28.25	\$31.96	\$35.04
Professional fees paid (millions)	\$9.67	\$17.14	\$20.46	\$21.67	\$21.43
Total amount paid⁵ (millions)	\$32.73	\$46.00	\$48.71	\$53.63	\$56.47
Avg amount paid per beneficiary	\$871.95	\$1,054.26	\$1,015.87	\$1,069.97	\$1,162.19
Avg number of claims per beneficiary	29.49	43.35	47.16	48.02	49.92
Avg ingredient cost paid per claim	\$20.83	\$15.26	\$12.50	\$13.28	\$14.45
Avg professional fees paid per claim	\$8.74	\$9.06	\$9.05	\$9.00	\$8.84
Avg amount paid per claim ⁵	\$29.56	\$24.32	\$21.54	\$22.28	\$23.28
Avg days' supply per claim	17.95	12.00	10.70	10.53	10.42

Notes:

- On January 18, 2017, PharmaCare expanded coverage of methadone and buprenorphine with naloxone (Suboxone) by adding these two drugs to the Plan G formulary, resulting in an increase in Plan G expenditure since 2017/18.

Table 10 - Plan P (Palliative Care)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	0.64	0.67	0.69	0.75	0.76
Number of beneficiaries	12,769	13,654	14,034	14,953	15,354
Ingredient costs paid (millions)	\$14.55	\$15.29	\$15.48	\$15.30	\$15.20
Professional fees paid (millions)	\$4.91	\$5.07	\$5.05	\$5.41	\$5.52
Total amount paid⁵ (millions)	\$19.46	\$20.35	\$20.53	\$20.70	\$20.71
Avg amount paid per beneficiary ⁵	\$1,523.79	\$1,490.55	\$1,462.91	\$1,384.57	\$1,349.12
Avg number of claims per beneficiary	49.80	49.35	49.52	50.00	49.31
Avg ingredient cost paid per claim	\$22.87	\$22.69	\$22.28	\$20.46	\$20.07
Avg professional fees paid per claim	\$7.72	\$7.52	\$7.27	\$7.23	\$7.29
Avg amount paid per claim ⁵	\$30.60	\$30.21	\$29.54	\$27.69	\$27.36
Avg days' supply per claim	10.72	10.49	10.55	10.67	11.38

Table 11 - Plan S (Nicotine Replacement Therapies)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims (millions)	0.14	0.14	0.15	0.14	0.11
Number of beneficiaries	74,285	72,593	76,809	75,429	57,348
Ingredient costs paid (millions)	\$13.91	\$11.51	\$12.40	\$12.35	\$9.12
Professional fees paid (millions)	\$1.34	\$1.33	\$1.44	\$1.41	\$1.06
Total amount paid⁵ (millions)	\$15.25	\$12.85	\$13.84	\$13.76	\$10.18
Avg amount paid per beneficiary	\$205.25	\$177.00	\$180.25	\$182.45	\$177.53
Avg number of claims per beneficiary	1.86	1.89	1.92	1.92	1.89
Avg ingredient cost paid per claim	\$100.79	\$84.08	\$84.20	\$85.46	\$84.09
Avg professional fees paid per claim	\$9.71	\$9.74	\$9.78	\$9.78	\$9.79
Avg amount paid per claim ⁵	\$110.50	\$93.83	\$93.97	\$95.24	\$93.87
Avg days' supply per claim	27.34	27.30	27.33	27.52	27.59

Table 12 - Plan Z (Assurance)

	2016/17	2017/18	2018/19	2019/20	2020/21
Number of claims	–	–	–	–	14,050
Number of beneficiaries	–	–	–	–	8,510
Ingredient costs paid (millions)	–	–	–	–	\$2.77
Professional fees paid (millions)	–	–	–	–	\$0.13
Total amount paid⁵ (millions)	–	–	–	–	\$2.90
Avg amount paid per beneficiary	–	–	–	–	\$340.83
Avg number of claims per beneficiary	–	–	–	–	1.65
Avg ingredient cost paid per claim	–	–	–	–	\$197.39
Avg professional fees paid per claim	–	–	–	–	\$9.05
Avg amount paid per claim ⁵	–	–	–	–	\$206.44
Avg days' supply per claim	–	–	–	–	1.20

Notes:

- Plan Z was launched in August 2019. However, values for 2019/20 were not reported, due to the partial year and the sensitivity of the data as Mifegymiso was the only drug on the formulary, transitioning from the interim coverage in partnership with the BCCDC that was introduced in 2018. Medications for medical assistance in dying (MAiD) were added on March 20, 2020.

5. PharmaCare Drugs

5.1 Number of Drugs Covered

A common question is how many drugs PharmaCare 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 products, defined by the Drug Identification Number (DIN) supplied by First Databank or the Pseudo-Identification Number (PIN) created by PharmaCare.⁷
2. As the number of drugs, defined by the generic drug or the therapeutic class.

A drug may be available in varying strengths or formulations and may be marketed by different manufacturers, which means the same drug may be available as many different products. Some drugs may also need a separate identifier for PharmaCare purposes (i.e., a PIN may be needed to distinguish a specific use of a drug from other uses).

The number of products indicates the variety of individual *DINs/PINs*; the number of drugs indicates the variety of *chemicals*.

Table 13 - Number of Products Covered in 2020/21

Products dispensed in BC ⁸	11,113
Products dispensed in BC, eligible for PharmaCare coverage ⁹	5,919
Products that received PharmaCare reimbursement ¹⁰	5,776

Table 14 - Number of Drugs Covered in 2020/21

Drugs dispensed in BC ⁸	2,813
Drugs dispensed in BC, eligible for PharmaCare coverage ⁹	1,153
Drugs that received PharmaCare reimbursement ¹⁰	1,128

5.2 Formulary Expansion

Between April 1, 2020, and March 31, 2021, PharmaCare funded 29 new brand name drugs. In addition, 183 generic drugs were added to the formulary (17 to new Low Cost Alternative categories and 166 to existing categories).

⁷ View [PINs](#) for more information.

⁸ Products/drugs with at least one dispensation in B.C. during the fiscal year.

⁹ Products/drugs with at least one dispensation in B.C. and a total accepted amount greater than zero during the fiscal year.

¹⁰ Products/drugs with at least one dispensation in B.C. and a total paid amount greater than zero during the fiscal year.

5.3 Top Ten Drugs

The Ministry of Health is often asked which drugs are most prescribed in B.C. Although all prescriptions filled at B.C. community pharmacies are processed through PharmaNet, this report covers only those prescriptions for which PharmaCare paid at least a portion of the cost. Table 15 shows the top ten drugs by PharmaCare expenditures. Table 16 shows the top ten drugs by the number of PharmaCare beneficiaries taking those drugs.

In 2020/21, adalimumab (biologic), sofosbuvir/velpatasvir (treatment of hepatitis C), and infliximab (biologic) were the most expensive drugs for PharmaCare, with adalimumab having the largest expenditure (\$97.66 million).

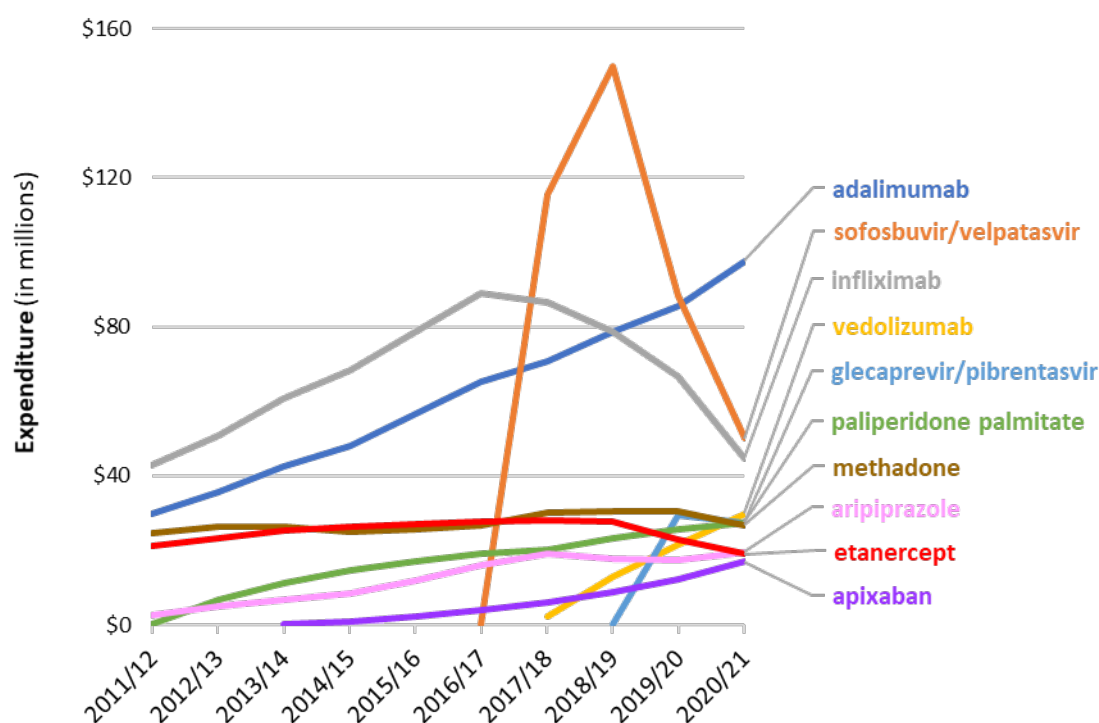
The annual growth rate of sofosbuvir/velpatasvir was -18.9% between 2017/18 and 2020/21. Adalimumab and infliximab had an annual growth rate of 12.7% and 0.4% respectively over the past 10 years.

Table 15 - Top Ten Drugs by PharmaCare Reimbursement in 2020/21

Generic Name	Typical Usage	PharmaCare Reimbursement (in millions)
adalimumab	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradenitis suppurativa	\$97.66
sofosbuvir/velpatasvir	hepatitis C	\$50.04
infliximab	rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	\$44.74
vedolizumab	ulcerative colitis and Crohn's disease	\$29.92
glecaprevir/pibrentasvir	hepatitis C	\$27.49
paliperidone palmitate	schizophrenia, other psychosis	\$27.46
methadone	opioid use disorder, pain	\$26.80
aripiprazole	schizophrenia, other psychosis	\$19.64
etanercept	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis	\$19.14
apixaban	blood clots, strokes, deep vein thrombosis (DVT), pulmonary embolism (PE)	\$17.06

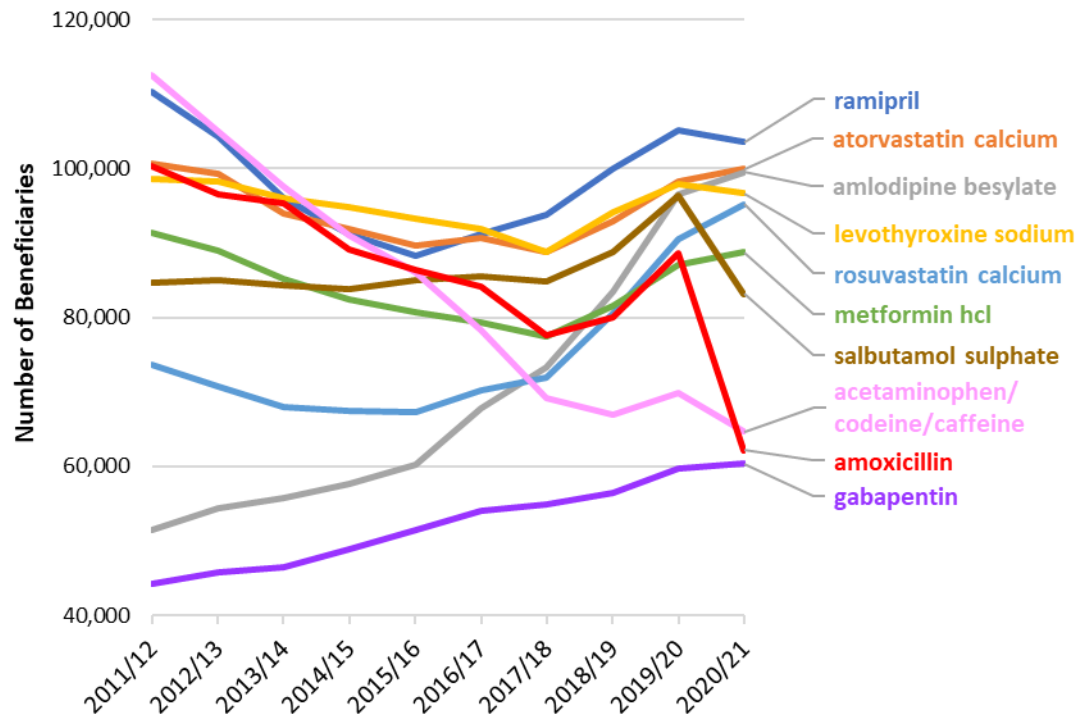
Notes:

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

Figure 4 – Top Ten Drugs by PharmaCare Reimbursement between 2011/12 and 2020/21**Table 16 - Top Ten Drugs by Number of PharmaCare Beneficiaries in 2020/21**

Generic Name	Typical Usage	PharmaCare Beneficiaries
ramipril	hypertension	103,533
atorvastatin calcium	high cholesterol	99,897
amlodipine besylate	hypertension	99,483
levothyroxine sodium	hypothyroidism	96,667
rosuvastatin calcium	high cholesterol	95,203
metformin HCL	diabetes	88,730
salbutamol sulphate	asthma and lung diseases	83,155
acetaminophen/codeine/cafeine	pain	64,677
amoxicillin	bacterial infections	62,197
gabapentin	seizures, nerve pain	60,308

Figure 5 – Top Ten Drugs by Number of Beneficiaries between 2011/12 and 2020/21



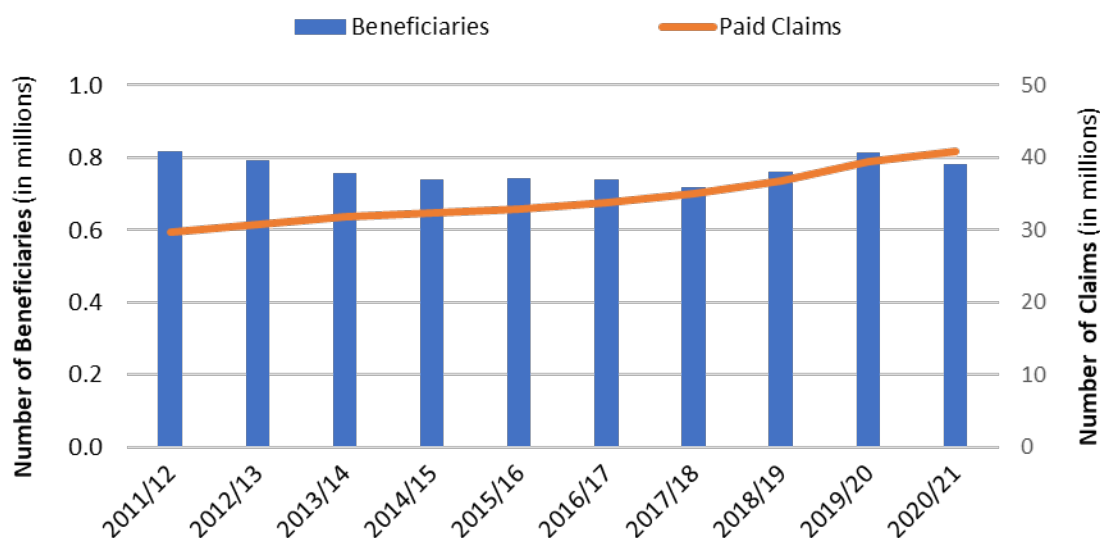
Notes: Part of the rise in numbers and the subsequent drop for salbutamol inhalers could be explained by increased demand at the start of the COVID-19 pandemic, so patients would have them on hand. The drop in amoxicillin numbers is attributed to the COVID-19 pandemic and the closing of dental offices, high users of amoxicillin.

6. PharmaCare Beneficiaries

A total of 780,671 provincial residents (15% of the entire B.C. population) received PharmaCare benefits in 2020/21.

The number of PharmaCare beneficiaries has remained relatively constant at around 0.8 million from 2011/12 to 2020/21, while the number of paid claims increased at an annual growth rate of 3.2%.

Figure 6 – Beneficiaries and Paid Claims between 2011/12 and 2020/21



Note: "Beneficiaries" refer to B.C. residents with at least one paid claim under the PharmaCare program during the fiscal year.

6.1 PharmaCare Beneficiaries by Age Group

The table below documents the number of PharmaCare beneficiaries in 2020/21 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2020/21 increases with age.

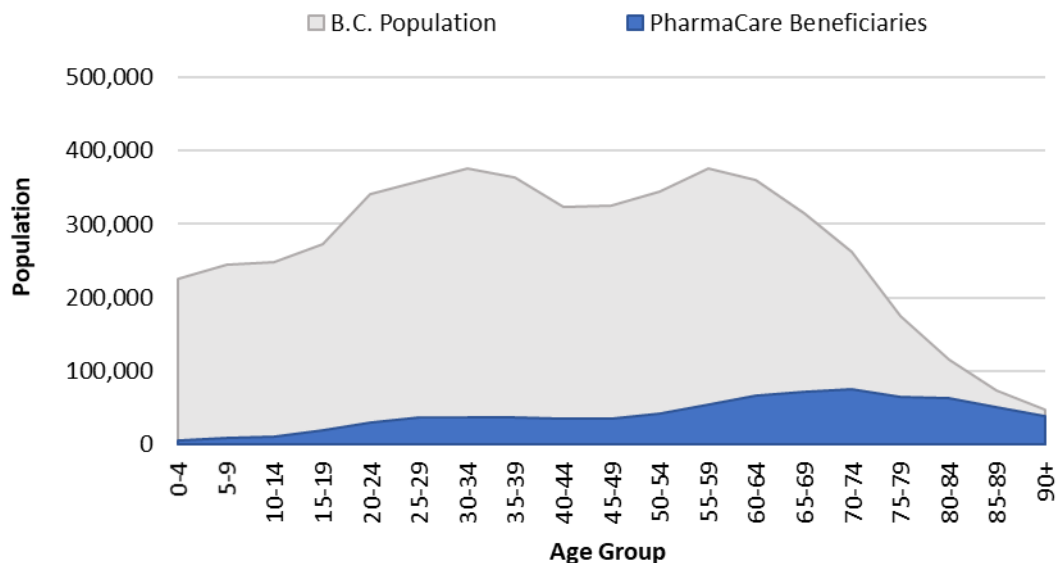
Table 17 - PharmaCare Beneficiaries by Age Group in 2020/21

Age Group	Total B.C. Population ¹¹	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	225,897	5,574	2.5%
5-9	244,206	8,588	3.5%
10-14	249,173	11,014	4.4%
15-19	272,195	18,473	6.8%
20-24	340,325	29,232	8.6%
25-29	358,457	36,512	10.2%
30-34	376,466	35,833	9.5%
35-39	363,871	37,289	10.2%
40-44	323,620	35,589	11.0%
45-49	325,674	34,832	10.7%
50-54	343,894	41,965	12.2%
55-59	376,848	54,853	14.6%
60-64	360,150	65,939	18.3%
65-69	314,021	71,880	22.9%
70-74	262,197	75,911	29.0%
75-79	174,377	64,607	37.1%
80-84	115,218	63,723	55.3%
85-89	73,205	49,913	68.2%
90+	47,918	38,944	81.3%
Total	5,147,712	780,671	15.2%

¹¹ Source: [BC Stats](#). Site accessed on September 3rd, 2021.

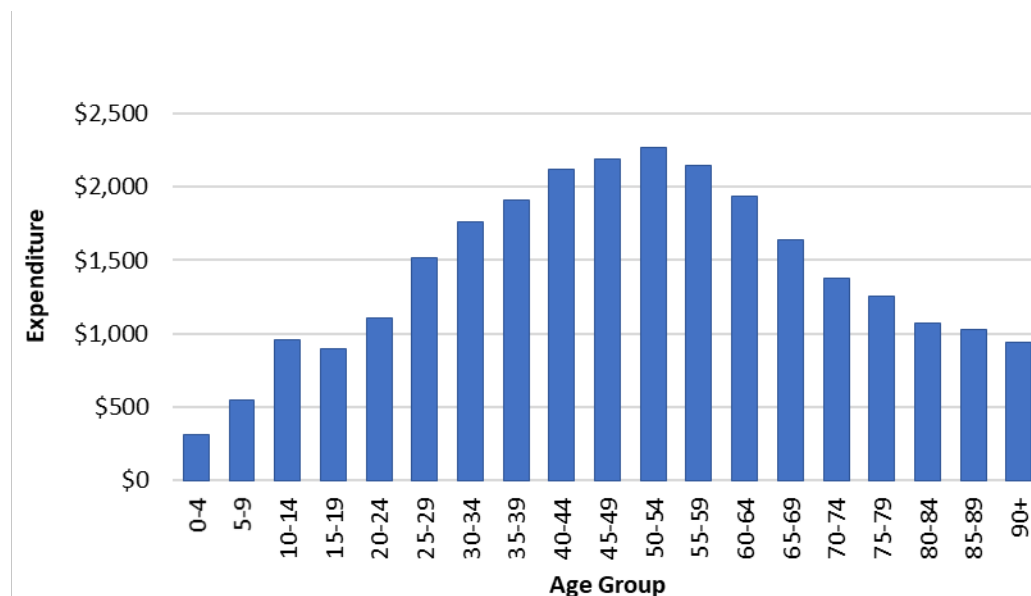
The graph below depicts data from the preceding table and compares the number of PharmaCare beneficiaries to B.C.'s total population by five-year age groups.

Figure 7 - PharmaCare Beneficiaries Compared to B.C. Population in 2020/21



6.2 Average PharmaCare Expenditure per Beneficiary

Figure 8 – Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2020/21



Notes:

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

7. Resources

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

British Columbia websites

- [B.C. Ministry of Health](#)
- [BC Centre for Excellence in HIV/AIDS](#)
- [BC Centre on Substance Use](#)
- [BC Mental Health and Substance Use Services](#)
- [BC PharmaCare](#)
- [British Columbia College of Nurses and Midwives](#)
- [British Columbia Pharmacy Association](#)
- [British Columbia Podiatric Medical Association](#)
- [College of Dental Surgeons of B.C.](#)
- [College of Optometrists of B.C.](#)
- [College of Pharmacists of B.C.](#)
- [College of Physicians & Surgeons of B.C.](#)
- [Doctors of BC](#)
- [Therapeutics Initiative](#)

Provincial and territorial government websites

- [Alberta Health and Wellness](#)
- [Manitoba PharmaCare Program](#)
- [New Brunswick Prescription Drug Program](#)
- [Newfoundland & Labrador Prescription Drug Program](#)
- [Northwest Territories Health Programs](#)
- [Nova Scotia Pharmacare](#)
- [Nunavut Health and Social Services](#)
- [Ontario Drug Benefit Program](#)
- [Prince Edward Island Health Services](#)
- [Quebec Prescription Drug Insurance](#)
- [Saskatchewan Health plans-and-health-coverage](#)
- [Yukon Health & Social Services](#)

Federal websites

- [Health Canada](#)
- [Health Canada, Drug Product Database](#)
- [Patented Medicine Prices Review Board](#)
- [Public Health Agency of Canada](#)

National websites

- [Canadian Institute for Health Information](#)
- [Canadian Agency for Drugs and Technologies in Health, Canadian Optimal Medication Prescribing & Utilization Service](#)
- [Canadian Agency for Drugs and Technologies in Health, Common Drug Review](#)

Canadian association websites

- [Canadian Medical Association](#)
- [Canadian Pharmacists Association](#)
- [Neighbourhood Pharmacy Association of Canada](#)