

PharmaCare Trends

2009/10



Pharmaceutical Services Division
Ministry of Health Services
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1. Introduction

This document provides an update to information previously made available in *PharmaCare Trends* and *Pharmaceutical Services Division Annual Performance Reports* published by the B.C. Ministry of Health Services. 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 2009/10*, Pharmaceutical Services Division, BC Ministry of Health Services, Victoria, BC. (2009/10).

1.2 Comments and Inquiries

Please direct comments and inquiries to pharma@gov.bc.ca or the Policy, Outcomes Evaluation & Research Branch, Pharmaceutical Services Division, Ministry of Health Services, P.O. Box 9652, Victoria BC V8W 9P4.

1.3 Data Sources

Unless otherwise noted, data in this publication was drawn from the Ministry of Health Services, 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 2010, 1,192,828¹ families were registered for Fair PharmaCare.

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

B.C. is one of four Canadian provinces that provide 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 2009/10 approximately 28,000 British Columbians benefited from this coverage.

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

B.C. is one of six provinces that do not require recipients of provincial income assistance to meet a deductible or make co-payments.

PharmaCare coverage (100% of eligible prescription costs) has been available to recipients of B.C. income assistance from the Ministry of Housing and 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 register for coverage under the income-based Fair PharmaCare plan.

In 2009/10, 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 171,000 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 acceptable maximum.

In 2009/10, over 280 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 Services. Retrieved September 20, 2010, 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 who are 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 2009/10, there were 2,490 children eligible for this plan.

2.6 No-Charge Psychiatric Medication Plan (Plan G)

In 2009/10 approximately 24,000 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.

B.C. PharmaCare is the only provincial drug program that has a plan dedicated to assisting mental health patients.

2.7 Palliative Care Drug Plan (Plan P)

On April 1, 2005, PharmaCare took full responsibility for funding and administering the drug program portion of the B.C. Palliative Care Drug Benefit Program. The drug program is called the B.C. Palliative Care Drug Plan (“Plan P”). Local health authorities retained full responsibility for provision of medical supplies and equipment covered by the program.

All B.C. residents enrolled in the Medical Services Plan who meet the following criteria are eligible. Persons who:

- 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 for palliative care benefits.

Shifting responsibility for this program to PharmaCare simplified administration and brought the provision of palliative care benefits in line with other PharmaCare plans. Roughly 9,860 patients received coverage under this plan in 2009/10.

2.8 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, please visit our website at www.health.gov.bc.ca/pharmacare.

2.9 PharmaCare History

Since PharmaCare's inception in 1974, the Ministry of Health Services has delivered a high quality prescription drug coverage program 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 providing financial assistance to the children's families for 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 efficacious 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.
	Fill Too Soon policy introduced.
2003	Income-based Fair PharmaCare Plan introduced ensuring resources are focused on those 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.
	BC PharmaCare takes leading role in development of the National Pharmaceuticals Strategy.
	Medical Practice Access to PharmaNet implemented.
2007	Alzheimer's Drug Therapy Initiative (ADTI) launched.
	PharmaCare Drug Benefit Committee expanded to include nine professional members.
2008	Provincial Academic Detailing launched.
	Pharmaceutical Task Force Report published.
	The Province and BC Pharmacists Association sign an Interim Agreement to implement the drug procurement and patient care options recommended in the report of the Pharmaceutical Task Force.
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 to include the administration of vaccines.
	Drug Benefit Committee reconstituted as the "Drug Benefit Council" (DBC) to more appropriately reflect the arms length role expected to carry out in the review processes. 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.

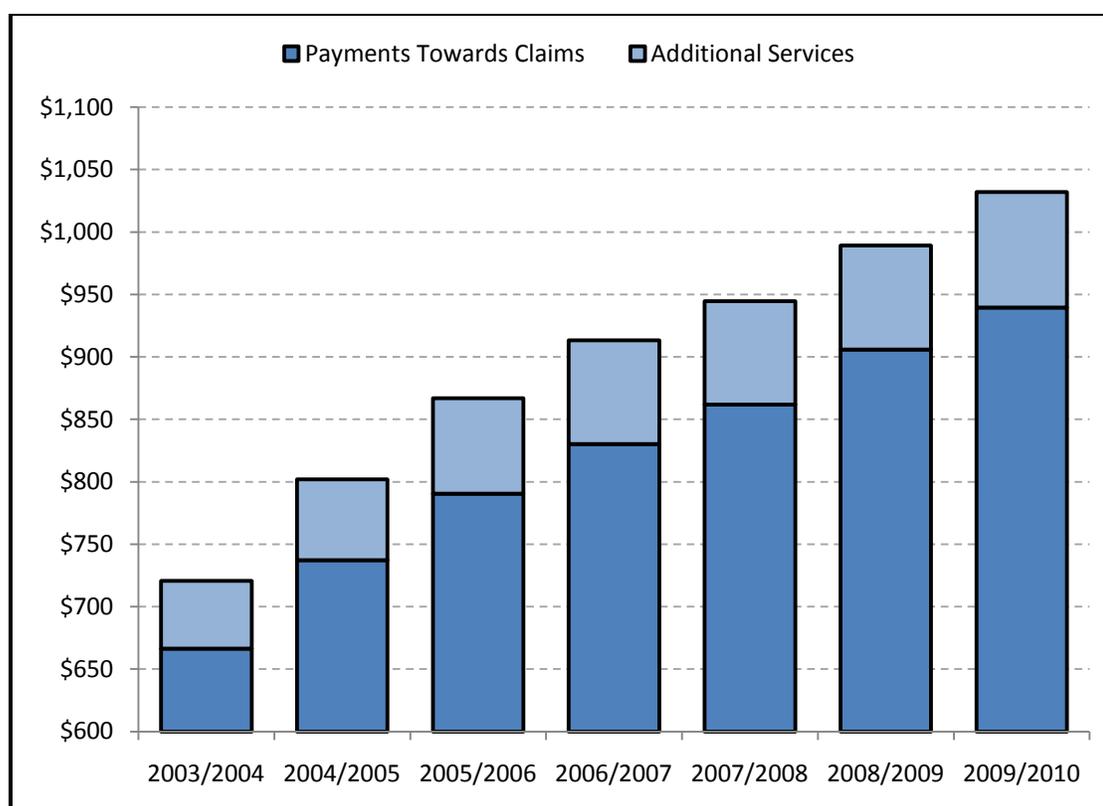
3. Expenditure Overview

3.1 Total Pharmaceutical Services Division Expenditures 2003/04 to 2009/10

The graph below depicts Pharmaceutical Services Division's total expenditures, including those funds going directed towards prescription claims and those funds directed to additional services.

The graph does not include PSD administration costs, Ministry of Health Services expenditures for drugs administered in B.C. hospitals or through the B.C. Cancer Agency, BC Renal Agency or BC Centre for Disease Control.

Graph A—Total Pharmaceutical Services Division Expenditures 2003/04 to 2009/10



Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to Mar 31, 2010.

Notes:

- "Additional Services" include capitation fees for PharmaCare Plan B, Methadone Maintenance Program interaction fees, Special Services fees, Rural Incentive Program prescription subsidies, Emergency Contraceptive Program counselling fees and BC Centre for Excellence in HIV/AIDS.
- Figure excludes Pharmaceutical Services Division administration costs.

3.2 Additional Services Expenditures

In addition to dispensing fees, PharmaCare makes the following payments to pharmacies:

- Capitation fees for PharmaCare Plan B (Permanent Residents of Residential Care Facilities) that are paid in place of a dispensing fee,
- Methadone Maintenance Program interaction fees²,
- Special Services Fees (also known as "professional intervention fees"³),
- Rural Incentive Program prescription subsidies⁴ paid to rural pharmacies, and
- Emergency Contraceptive Program Counseling fees.

Pharmaceutical Services Division also funds anti-retroviral drugs for the BC Centre for Excellence in HIV/AIDS.

² Pharmacy participation in the interaction fee portion of this program is voluntary. As of May 1, 2001, pharmacies who participate receive for each dispensing involving direct interaction with the patient an interaction fee (\$7.70) in addition to the acquisition cost (\$0.02/ml) and dispensing fee (currently \$8.60). Pharmacies who do not participate in the interaction fee portion of the program are reimbursed for the acquisition cost and dispensing fee only.

³ In a "refusal to fill" situation, a pharmacist chooses not to dispense a prescription for reasons such as a drug-to-drug interaction, suspicion of multi-doctoring, etc. In these situations, PharmaCare may pay a professional intervention fee to a pharmacy if there has been a cost saving to PharmaCare as a result of the refusal to fill.

⁴ The Rural Incentive Program assists eligible pharmacies located in remote communities by paying a subsidy for each prescription dispensed. The subsidy is based on a sliding scale, with pharmacies that have lower volumes receiving larger subsidies per prescription.

4. PharmaCare Plan Expenditures, 2003/04 to 2009/10

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 A, B, C, D, E, F, G, I and P). Expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS, or additional pharmacy expenditures are captured in the additional payments and recoveries line in table 4.1 only.

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

Subject to the rules of their 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 frequency of dispensing policy are noted in the PharmaCare History section (2.9)

Data Quality Note

Data were extracted from the Ministry of Health Services 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	A pharmacy's actual acquisition cost for the drug ingredient(s) dispensed.
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 (A, B, C, D, E, F, G, I and P)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	16.45	18.43	20.20	21.85	24.08	26.14	26.69
Number of beneficiaries (millions)	0.89	0.83	0.83	0.81	0.79	0.77	0.78
Ingredient costs paid (millions)	\$551.44	\$606.88	\$646.91	\$673.01	\$690.55	\$723.16	\$769.32
Professional fees paid (millions)*	\$114.85	\$130.35	\$143.55	\$157.19	\$171.20	\$182.63	\$170.33
Total amount paid (millions)	\$666.29	\$737.23	\$790.45	\$830.20	\$861.75	\$905.79	\$939.65
Avg number of claims per beneficiary	18.44	22.08	24.41	27.12	30.44	33.82	34.24
Avg total paid cost per beneficiary	\$746.90	\$883.28	\$955.28	\$1,030.20	\$1,089.61	\$1,171.66	\$1,205.52
Avg Professional fees paid per claim	\$6.98	\$7.07	\$7.11	\$7.19	\$7.11	\$6.99	\$6.38
Avg ingredient cost paid per claim	\$33.52	\$32.92	\$32.03	\$30.80	\$28.68	\$27.66	\$28.82
Avg total amount paid per claim	\$40.50	\$40.00	\$39.14	\$37.99	\$35.79	\$34.65	\$35.21
Avg days' supply per claim	33.97	32.59	30.61	28.66	26.38	24.23	24.20
Additional Payments and Recoveries (millions)^	\$56.30	\$55.60	\$76.58	\$83.21	\$85.03	\$83.38	\$92.45
Total Annual Expenditure (millions)	\$722.59	\$792.83	\$867.03	\$913.41	\$946.78	\$989.17	\$1,032.10

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

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 Center for Excellence, methadone interaction fees, multisource generic pricing policy, audit recoveries, pharmacist injections, rural incentive program, and through various contracts.

- Capitation values have changed from previous reports due to data enhancements.

- The Fair PharmaCare Plan (Plan I) was introduced May 1, 2003, replacing Plan A (Seniors Plan) and Plan E (Non-seniors Universal Plan). Since that date, all British Columbians, regardless of age, have been covered under the income-based Fair PharmaCare Plan, resulting in a change in the deductible for some families.

Table B - PharmaCare Claims Expenditures: Plan A (Seniors)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	0.60	-	-	-	-	-	-
Number of beneficiaries (millions)	0.21	-	-	-	-	-	-
Ingredient costs paid (millions)	\$26.89	-	-	-	-	-	-
Professional fees paid (millions)	\$3.44	-	-	-	-	-	-
Total amount paid (millions)	\$30.33	-	-	-	-	-	-
Avg number of claims per beneficiary	2.87	-	-	-	-	-	-
Avg total paid cost per beneficiary	\$145.73	-	-	-	-	-	-
Avg Professional fees paid per claim	\$5.76	-	-	-	-	-	-
Avg ingredient cost paid per claim	\$45.09	-	-	-	-	-	-
Avg total amount paid per claim	\$50.86	-	-	-	-	-	-
Avg days' supply per claim	51.41	-	-	-	-	-	-

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

Notes:

- From January 2002 to April 30, 2003: Seniors paid a maximum \$25 toward the drug cost and dispensing fee for each prescription, until they reached a \$275 annual maximum. Seniors on premium assistance paid a maximum \$10 towards the drug cost and dispensing fee for each prescription, until they reached a \$200 annual maximum.
- On May 1, 2003, Plan A was replaced by Fair PharmaCare.

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

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	1.20	1.34	1.60	1.90	2.57	3.28	3.72
Number of beneficiaries (millions)	0.02	0.02	0.02	0.02	0.03	0.03	0.03
Ingredient costs paid (millions)	\$30.95	\$31.26	\$32.48	\$32.82	\$33.42	\$35.26	\$37.59
Capitation fees paid (millions) *	\$6.79	\$6.46	\$6.72	\$8.15	\$8.15	\$8.58	\$8.96
Total amount paid (millions)	\$37.74	\$37.71	\$39.20	\$40.98	\$41.57	\$43.84	\$46.55
Avg number of claims per beneficiary	48.39	54.74	66.14	77.94	101.85	122.31	135.00
Avg total paid cost per beneficiary	\$1,527.31	\$1,543.59	\$1,622.63	\$1,678.77	\$1,646.95	\$1,634.41	\$1,688.67
Avg capitation fee paid per claim	\$5.68	\$4.83	\$4.21	\$4.29	\$3.17	\$2.62	\$2.41
Avg ingredient cost paid per claim	\$25.89	\$23.37	\$20.33	\$17.25	\$13.00	\$10.75	\$10.10
Avg total amount paid per claim	\$31.56	\$28.20	\$24.53	\$21.54	\$16.17	\$13.36	\$12.51
Avg days' supply per claim	29.01	25.56	21.54	18.40	14.04	11.49	10.61

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

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 to pharmacies serving residential care facilities. Before 2006, Plan B capitation payments were based on the number of recognized beds the pharmacy had serviced in the past 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 bed model.
- Capitation values have changed from previous reports due to data enhancements.

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

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	5.66	6.17	6.72	7.32	8.16	8.99	9.31
Number of beneficiaries (millions)	0.17	0.16	0.15	0.15	0.15	0.16	0.17
Ingredient costs paid (millions)	\$144.68	\$154.95	\$164.44	\$169.82	\$177.24	\$190.61	\$207.26
Professional fees paid (millions)	\$45.66	\$50.59	\$55.55	\$60.92	\$68.52	\$74.97	\$70.63
Total amount paid (millions)	\$190.34	\$205.54	\$219.99	\$230.75	\$245.76	\$265.58	\$277.89
Avg number of claims per beneficiary	32.76	38.86	44.49	50.32	55.41	57.84	54.51
Avg total paid cost per beneficiary	\$1,101.78	\$1,295.58	\$1,457.44	\$1,586.86	\$1,669.53	\$1,709.58	\$1,627.56
Avg Professional fees paid per claim	\$8.07	\$8.21	\$8.27	\$8.33	\$8.40	\$8.34	\$7.59
Avg ingredient cost paid per claim	\$25.56	\$25.13	\$24.49	\$23.21	\$21.73	\$21.21	\$22.27
Avg total amount paid per claim	\$33.63	\$33.34	\$32.76	\$31.54	\$30.13	\$29.56	\$29.86
Avg days' supply per claim	19.16	18.14	17.02	15.86	14.84	14.11	14.71

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

Table E - PharmaCare Claims Expenditures: Plan D (Cystic Fibrosis)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims	1,430	1,511	1,565	1,547	1,724	1,788	1,779
Number of beneficiaries	261	270	274	280	277	275	282
Ingredient costs paid (millions)	\$0.75	\$0.80	\$0.84	\$0.88	\$1.00	\$1.00	\$1.11
Professional fees paid	\$11,307.65	\$12,400.94	\$12,977.02	\$12,880.76	\$14,577.95	\$15,153.90	\$14,903.63
Total amount paid (millions)	\$0.76	\$0.82	\$0.85	\$0.89	\$1.01	\$1.01	\$1.12
Avg number of claims per beneficiary	5.48	5.60	5.71	5.53	6.22	6.50	6.31
Avg total paid cost per beneficiary	\$2,929.88	\$3,024.23	\$3,103.87	\$3,184.64	\$3,650.65	\$3,679.03	\$3,977.92
Avg Professional fees paid per claim	\$7.91	\$8.21	\$8.29	\$8.33	\$8.46	\$8.48	\$8.38
Avg ingredient cost paid per claim	\$526.85	\$532.19	\$535.13	\$568.08	\$578.10	\$557.37	\$622.19
Avg total amount paid per claim	\$534.75	\$540.40	\$543.43	\$576.41	\$586.56	\$565.85	\$630.56
Avg days' supply per claim	45.61	44.34	46.71	47.40	43.20	40.18	41.53

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas.
Data for the period April 1, 2003, to March 31, 2010.

Table F - PharmaCare Claims Expenditures: Plan E (Universal)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims	66,527	-	-	-	-	-	-
Number of beneficiaries	17,873	-	-	-	-	-	-
Ingredient costs paid (millions)	\$5.72	-	-	-	-	-	-
Professional fees paid (millions)	\$0.36	-	-	-	-	-	-
Total amount paid (millions)	\$6.08	-	-	-	-	-	-
Avg number of claims per beneficiary	3.72	-	-	-	-	-	-
Avg total paid cost per beneficiary	\$340.22	-	-	-	-	-	-
Avg Professional fees paid per claim	\$5.42	-	-	-	-	-	-
Avg ingredient cost paid per claim	\$85.98	-	-	-	-	-	-
Avg total amount paid per claim	\$91.40	-	-	-	-	-	-
Avg days' supply per claim	34.46	-	-	-	-	-	-

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

Notes:

- On May 1, 2003, Plan E was replaced by Fair PharmaCare. For this reason, only the period from April 1, 2003, to April 30, 2003, is reported.

Table G - PharmaCare Claims Expenditures: Plan F (At Home Children)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims	28,787	30,099	33,852	36,546	38,389	39,574	39,595
Number of beneficiaries	2,072	2,096	2,287	2,328	2,390	2,441	2,490
Ingredient costs paid (millions)	\$3.29	\$3.45	\$3.75	\$3.85	\$3.96	\$3.92	\$4.22
Professional fees paid (millions)	\$0.22	\$0.24	\$0.27	\$0.29	\$0.31	\$0.33	\$0.32
Total amount paid (millions)	\$3.51	\$3.69	\$4.02	\$4.15	\$4.27	\$4.25	\$4.54
Avg number of claims per beneficiary	13.89	14.36	14.80	15.70	16.06	16.21	15.90
Avg total paid cost per beneficiary	\$1,691.98	\$1,759.41	\$1,755.65	\$1,781.22	\$1,787.50	\$1,739.79	\$1,824.85
Avg Professional fees paid per claim	\$7.66	\$7.82	\$7.95	\$8.03	\$8.18	\$8.21	\$8.11
Avg ingredient cost paid per claim	\$114.12	\$114.70	\$110.66	\$105.43	\$103.11	\$99.10	\$106.65
Avg total amount paid per claim	\$121.78	\$122.52	\$118.61	\$113.46	\$111.29	\$107.31	\$114.76
Avg days' supply per claim	32.54	32.65	31.81	30.87	30.37	29.98	30.79

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas.
Data for the period April 1, 2003, to March 31, 2010.

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

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	0.33	0.38	0.43	0.47	0.50	0.53	0.54
Number of beneficiaries (millions)	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Ingredient costs paid (millions)	\$14.27	\$15.33	\$17.00	\$17.51	\$16.91	\$17.45	\$18.05
Professional fees paid (millions)	\$2.67	\$3.09	\$3.57	\$3.94	\$4.24	\$4.44	\$4.32
Total amount paid (millions)	\$16.94	\$18.43	\$20.57	\$21.44	\$21.15	\$21.89	\$22.37
Avg number of claims per beneficiary	17.39	18.61	20.02	21.34	23.35	23.87	22.86
Avg total paid cost per beneficiary	\$888.45	\$909.84	\$954.08	\$970.77	\$981.30	\$993.24	\$943.43
Avg Professional fees paid per claim	\$8.06	\$8.20	\$8.28	\$8.35	\$8.42	\$8.44	\$7.97
Avg ingredient cost paid per claim	\$43.03	\$40.69	\$39.38	\$37.14	\$33.61	\$33.18	\$33.30
Avg total amount paid per claim	\$51.09	\$48.89	\$47.66	\$45.49	\$42.03	\$41.61	\$41.27
Avg days' supply per claim	26.20	25.70	24.64	23.70	22.88	22.32	23.23

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas.
Data for the period April 1, 2003, to March 31, 2010.

Table I - PharmaCare Claims Expenditures: Fair PharmaCare (Plan I)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims (millions)	8.39	10.30	11.15	11.83	12.49	12.97	12.71
Number of beneficiaries (millions)	0.66	0.65	0.65	0.63	0.61	0.58	0.57
Ingredient costs paid (millions)	\$318.91	\$394.14	\$419.15	\$438.43	\$448.17	\$464.10	\$488.99
Professional fees paid (millions)	\$54.26	\$68.18	\$75.29	\$81.47	\$87.36	\$91.49	\$83.33
Total amount paid (millions)	\$373.16	\$462.32	\$494.44	\$519.91	\$535.53	\$555.59	\$572.32
Avg number of claims per beneficiary	12.77	15.82	17.19	18.76	20.39	22.17	22.15
Avg total paid cost per beneficiary	\$568.15	\$710.21	\$762.22	\$824.32	\$874.46	\$949.89	\$997.40
Avg Professional fees paid per claim	\$6.47	\$6.62	\$6.75	\$6.89	\$6.99	\$7.05	\$6.56
Avg ingredient cost paid per claim	\$38.02	\$38.26	\$37.58	\$37.05	\$35.88	\$35.78	\$38.47
Avg total amount paid per claim	\$44.49	\$44.88	\$44.33	\$43.94	\$42.88	\$42.84	\$45.02
Avg days' supply per claim	44.10	42.74	40.65	38.74	36.85	34.76	35.40

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2003, to March 31, 2010.

Notes:

- Fair PharmaCare was introduced May 1, 2003, replacing Plans A and E. 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#6.

Table J - PharmaCare Claims Expenditures: Palliative Care (Plan P)

	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Number of claims	185,124	220,994	262,986	292,752	315,583	341,315	366,743
Number of beneficiaries	6,944	7,720	9,481	8,466	8,895	9,179	9,862
Ingredient costs paid (millions)	\$5.99	\$6.94	\$9.26	\$9.69	\$9.85	\$10.82	\$12.11
Professional fees paid (millions)	\$1.45	\$1.78	\$2.13	\$2.39	\$2.60	\$2.81	\$2.75
Total amount paid (millions)	\$7.44	\$8.72	\$11.39	\$12.08	\$12.45	\$13.64	\$14.86
Avg number of claims per beneficiary	26.66	28.63	27.74	34.58	35.48	37.18	37.19
Avg total paid cost per beneficiary	\$1,071.41	\$1,130.09	\$1,201.55	\$1,427.35	\$1,400.16	\$1,485.47	\$1,507.13
Avg Professional fees paid per claim	\$7.86	\$8.06	\$8.10	\$8.18	\$8.25	\$8.25	\$7.51
Avg ingredient cost paid per claim	\$32.33	\$31.42	\$35.21	\$33.10	\$31.21	\$31.70	\$33.02
Avg total amount paid per claim	\$40.19	\$39.48	\$43.32	\$41.28	\$39.46	\$39.95	\$40.53
Avg days' supply per claim	17.74	17.26	16.58	15.92	15.51	15.19	15.58

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas.
Data for the period April 1, 2003, to March 31, 2010.

Notes:

- PharmaCare began reimbursing Plan P recipients on April 1, 2005.

5. PharmaCare Data

Table I - Comparison of PharmaCare claims expenditures for selected fiscal years

Fiscal Year	4 Years Ago 2005/ 2006	1 Year Ago 2008/ 2009	2009/ 2010	1 Year Change	4 Year Change
	←				
Number of claims (millions)	20.20	26.14	26.69	2.1%	32.1%
Number of beneficiaries (millions)	0.83	0.77	0.78	1.3%	-6.0%
Avg number of claims per beneficiary	24.41	33.82	34.24	1.2%	40.3%
Ingredient cost paid (millions)	\$646.91	\$723.16	\$769.32	6.4%	18.9%
Professional fee paid (millions)	\$143.55	\$182.63	\$170.33	-6.7%	18.7%
Total amount paid (millions)	\$790.45	\$905.79	\$939.65	3.7%	18.9%
Avg total amount paid per claim	\$39.14	\$34.65	\$35.21	1.6%	-10.0%
Avg days' supply per claim	30.61	24.23	24.20	-0.1%	-20.9%
Avg total paid cost per beneficiary	\$955.28	\$1,171.66	\$1205.52	2.9%	26.2%
Total B.C. Population (millions)					

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved July 6, 2010, HealthIdeas Data for the period April 1, 2005, to March 31, 2010.

Note: 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.

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 J – Number of DINs and Unique Chemicals Covered

DINs approved for use by Health Canada 2009/10 ^a	8002
DINs eligible for PharmaCare coverage in 2009/10 ^{a,b}	4569
DINs that received PharmaCare reimbursement in 2009/10 ^{a, b, c}	3796
Unique chemicals approved for use by Health Canada in 2009/10 ^a	1384
Unique chemicals eligible for PharmaCare coverage in 2009/10 ^{a,b}	633
Unique chemicals that received PharmaCare reimbursement in 2009/10 ^{a, b, c}	602

Sources: (1) Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 21, 2010, HealthNet. Data for the period April 1, 2009, to March 31, 2010.(2) Health Canada, Drug Product Database. Published June 4, 2010.

Notes:

- Differences exist between this and the 2007/08 report in the number of unique chemicals PharmaCare covers. This difference exists because of a change in data systems and the method used.
- Because chemical information is constantly being updated in the Health Canada database, it is not possible to compare the above results to those in past reports.
 - ^a This includes only those DINs/chemicals that are (i) found in the Health Canada database, (ii) approved by Health Canada for human use, (iii) currently available, and (iv) not assigned to the schedules ethical, homeopathic or over the counter.
 - ^b On March 31, 2010, 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, 2009, and March 31, 2010, PharmaCare funded 32 new brand name drugs⁵, and 112 generic drugs⁶.

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.'s community pharmacies are processed on PharmaNet, Pharmaceutical Services Division tracks only those prescriptions for which PharmaCare paid a portion of the cost.

Table K - Top Ten Drugs by PharmaCare Reimbursement 2009/2010

Generic Name	Typical Usage	PharmaCare Reimbursement
ATORVASTATIN	High cholesterol	\$51.1 million
OLANZAPINE	Schizophrenia, psychosis	\$30.1 million
INFLIXIMAB	Rheumatoid arthritis, Ankylosing Spondylitis, Crohn's disease, Psoriasis	\$27.1 million
RAMIPRIL	High blood pressure	\$23.5 million
QUETIAPINE FUMARATE	Schizophrenia, psychosis	\$19.4 million
GABAPENTIN	Epilepsy	\$19.4 million
METHADONE	Opioid addiction / Pain	\$19.1 million
ETANERCEPT	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, psoriasis	\$18.8 million
ADALIMUMAB	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's disease, psoriasis	\$17.7 million
ROSUVASTATIN	High cholesterol	\$17.7 million

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to March 31, 2010.

Note: PharmaCare reimbursement includes amounts paid to pharmacies for both the ingredient and dispensing fees.

⁵ 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.

⁶ Formulary Management database Pharmaceutical Services Division, Ministry of Health Services.

Table L - Top Ten Drugs by Number of PharmaCare Beneficiaries 2009/2010

Generic Name	Typical Usage	Distinct Beneficiaries
ACETAMINOPHEN WITH CODEINE 30MG	Pain and fever	124,000
RAMIPRIL	High blood pressure	118,000
ATORVASTATIN	High cholesterol	112,000
AMOXICILLIN	Bacterial infection	104,000
HYDROCHLOROTHIAZIDE	High blood pressure	101,000
LEVOTHYROXINE	Hypothyroidism	94,000
METFORMIN	Diabetes	86,000
SALBUTAMOL	Asthma and lung diseases	82,000
LORAZEPAM	Anxiety	77,000
CIPROFLOXACIN	Bacterial infection	64,000

Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services
Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to March 31, 2010.

5.4 PharmaCare Beneficiaries

PharmaCare Beneficiaries 2009/10

As shown below, a total of 779,490 provincial residents (17.5% of the entire B.C. population) received PharmaCare benefits in 2009/10.

The table below documents the number of PharmaCare beneficiaries in 2009/10 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2009/10 increased with age. Over 86% of B.C. residents age 90+ received PharmaCare assistance in 2009/10.

Table M – PharmaCare Beneficiaries by Age Group 2009/10

Age Group	Total BC Population	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	219,210	13,289	6.1%
5-9	219,836	12,804	5.8%
10-14	246,429	13,631	5.5%
15-19	286,017	22,007	7.7%
20-24	312,638	28,817	9.2%
25-29	310,383	30,150	9.7%
30-34	286,444	25,173	8.8%
35-39	303,611	26,410	8.7%
40-44	327,787	31,292	9.5%
45-49	367,955	40,825	11.1%
50-54	346,786	45,637	13.2%
55-59	309,228	51,255	16.6%
60-64	262,548	61,570	23.5%
65-69	195,909	66,258	33.8%
70-74	150,639	87,329	58%
75-79	125,264	84,578	67.5%
80-84	93,984	68,898	73.3%
85-89	60,505	43,689	72.2%
90+	30,034	25,878	86.2%
Total	4,455,207	779,490	17.5%

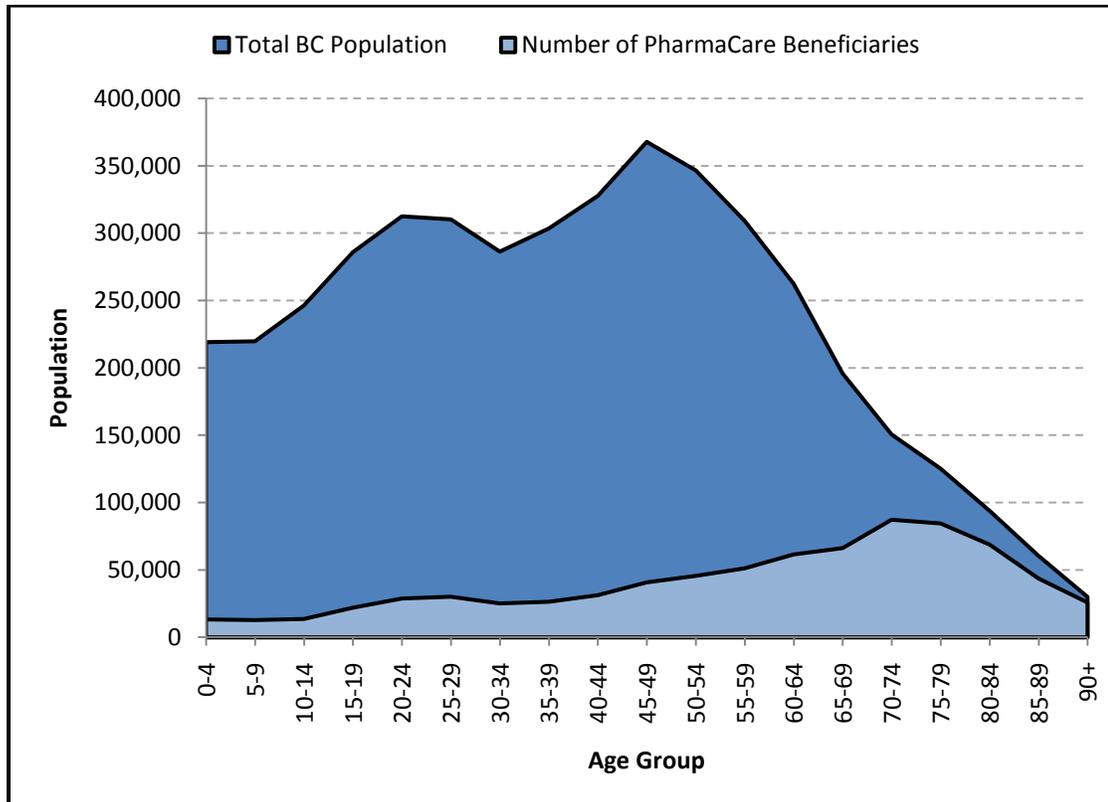
Source: (1) Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to March 31, 2010. (2) PEOPLE 35, Population estimates (1986-2009) and projections (2010-2036) by BC STATS, Service BC, BC Ministry of Labour and Citizens' services.

Notes: The above table fixes patient ages to March 31, 2010.

PharmaCare Beneficiaries Compared to B.C. Population 2009/10

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 B—PharmaCare Beneficiaries in 2009/10 Compared to B.C. Population

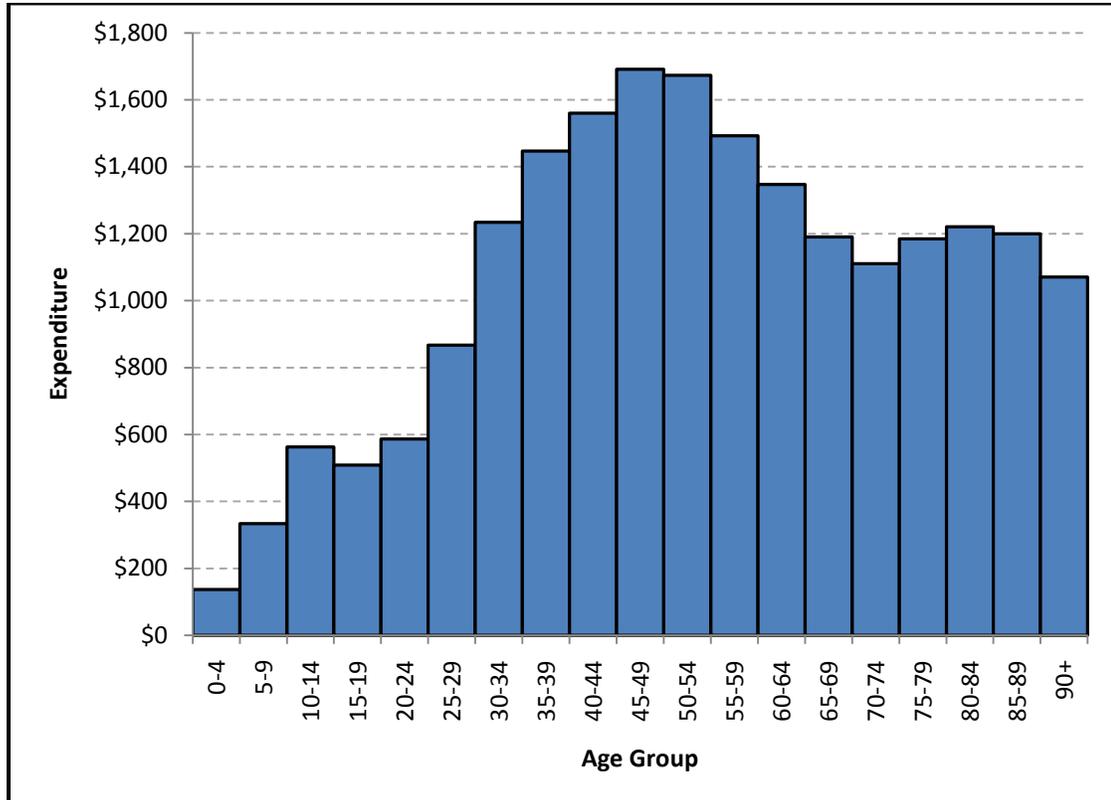


Source: (1) Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services. Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to March 31, 2010.

(2) PEOPLE 35, Population estimates (1986-2009) and projections (2010-2036) by BC STATS, Service BC, BC Ministry of Labour and Citizens' services.

Average Annual PharmaCare Expenditures per Beneficiary by Age Group 2009/10

Graph C—Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2009/10



Source: Policy, Outcomes Evaluation and Research, Pharmaceutical Services Division, Ministry of Health Services Retrieved September 20, 2010, HealthIdeas. Data for the period April 1, 2009, to March 31, 2010.

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).

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 Services www.health.gov.bc.ca
- BC PharmaCare www.health.gov.bc.ca/pharmacare
- BC eHealth www.health.gov.bc.ca/ehealth
- BC Mental Health and Addictions 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
- College of Optometrists of BC www.optometrybc.com
- BC Association of Podiatrists www.foothealth.ca
- BC Medical Association www.bcma.org
- BC Pharmacy Association www.bcpharmacy.ca

Provincial websites

- Alberta Health and Wellness www.health.gov.ab.ca/ahcip/ahcip_prescription.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/english/public/pub/drugs/odb.html
- Quebec Prescription Drug Insurance www.ramq.gouv.qc.ca/en/citoyens/assurancemedicaments/index.shtml
- Newfoundland & Labrador Prescription Drug Program www.gov.nf.ca/health/nlpdf
- Nova Scotia PharmaCare www.gov.ns.ca/health/pharmacare/
- New Brunswick Prescription Drug Program www.gnb.ca/0212/en/index.htm
- Prince Edward Island Health Services www.gov.pe.ca/hss/index.php3
- Northwest Territories Health Programs www.hlthss.gov.nt.ca
- Yukon Health & Social Services www.hss.gov.yk.ca
- Government of 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/index.php/en/cdr
- 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