

PharmaCare Trends

2018/19



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

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Ministry of
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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 is provided for the fiscal year 2018/2019.

1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2018/19, Pharmaceutical Services Division and Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health, Victoria, BC (2018/19).

1.2 Comments and Inquiries

Please direct comments and inquiries:

- by e-mail to MoHAnalytics@gov.bc.ca; or
- 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 B.C. Ministry of Health, PharmaNet/HealthIdeas data warehouse.

2. PharmaCare Plan Description

2.1 Fair PharmaCare (Plan I)

The Fair PharmaCare plan took effect on May 1, 2003 and is the largest of the drug coverage plans 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 2019, there were 1,273,462 families registered for Fair PharmaCare. If an individual or family is not registered for Fair PharmaCare they are assigned a \$10,000 deductible 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 2018/19, approximately 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 2018/19, Plan C expenditures represented 76% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 179,000 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 2018/19, approximately 370 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 2018/19, there were 3,300 children eligible for this plan.

2.6 Psychiatric Medications (Plan G)

PharmaCare delivers a plan dedicated to patients with mental health and addiction issues. In 2018/19, approximately 48,000 patients who demonstrated clinical and financial need qualified for 100% coverage of the eligible cost of certain psychiatric medications and opioid agonist treatments. Mental Health and Substance Use centres and Child and Youth Mental Health service centres confirm patient eligibility.

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 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, 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 confirms their medical eligibility under these criteria.

Roughly 14,000 patients received coverage under this plan in 2018/19.

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 2018/19, the program provided approximately 77,000 patients with free nicotine replacement therapy.

2.9 BC Centre for Excellence in HIV/AIDS

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.

For more information on BC PharmaCare programs and policies, visit 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.
	Therapeutics Initiative is established at the University of B.C.
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 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	Fair PharmaCare Monthly Deductible Payment Option is 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 is implemented.
	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).
2007	Alzheimer's Drug Therapy Initiative (ADTI) is launched.
	Hospital Access to PharmaNet is launched.
2008	Provincial Academic Detailing is 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 is introduced.
	Expanded scope of practice for pharmacists takes effect (prescription renewal and adaptation).
2009	Interim Multi-Source Generics Pricing policy is implemented.
	Interim policy is introduced to support clinical services fees associated with prescription renewals and adaptations.
	Frequency of Dispensing policy is introduced.
	Pharmacists' scope of practice and PharmaCare payment are expanded to include the administration of vaccines by pharmacists.
	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.
2010	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.
	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.
	Full Payment Policy is introduced.
	Medication Management pilot project begins (Plan M).
	PharmaCare begins accepting public input into drug coverage reviews through the Your Voice website.
	BC PharmaCare online Formulary Search is launched.
	Updated Rural Incentive Program for pharmacies is introduced.
2011	Coverage of smoking cessation products begins (Plan S).
	PharmaCare payment for medication review services begins.
2012	Medication Management pilot project ends.
	<i>Pharmaceutical Services Act</i> comes into force.
2013	Drug Price Regulation comes into force.
	pCPA Generic Pricing Framework (5-year agreement) comes into force.
2014	Provider Regulation comes into force.
2015	Drug Plans Regulation comes into force.
	Information Management Regulation comes into force.

	Quantity Limits for Blood Glucose Test Strips policy is introduced.
	Community Practice Access to PharmaNet (COMPAP) replaces Medical Practice Access to PharmaNet (MPAP) as PharmaNet access expands to include Nurse Practitioners.
2016	Drug Price Regulation is amended to allow for indefinite listings and offer exclusive generic drug designation.
	The Alzheimer's Drug Therapy Initiative (ADTI) is completed and coverage of cholinesterase inhibitor drugs for Alzheimer's disease begins.
2017	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.
	Plan G formulary is expanded to include medications for opioid agonist treatment.
	First Nations Health Benefits Plan (Plan W) is introduced.
	Coverage of ADHD drugs is expanded.
2018	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.
	Interim program for universal fully-paid coverage of Mifegymiso is introduced in January 2018.
2019	Fair PharmaCare assistance for families with incomes below \$45,000 is increased as of January 1, 2019, through changes to deductibles and family maximums.

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 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 expenditures, 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 and the [Frequency of Dispensing Policy](#) 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 on the following year. For example, 2018/2019 corresponds to the period April 1, 2018 to March 31, 2019.

4.2 PharmaCare Expenditures Overview

Table 1 - PharmaCare Claims Expenditures

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	32.45	32.92	33.77	35.02	36.71
Number of beneficiaries (millions)	0.74	0.74	0.74	0.72	0.76
Ingredient costs paid (millions)	\$721.92	\$925.01	\$878.10	\$933.07	\$996.16
Professional fees paid ¹ (millions)	\$227.66	\$231.07	\$233.35	\$241.71	\$251.67
Total amount paid² (millions)	\$949.57	\$1,156.08	\$1,111.45	\$1,174.79	\$1,247.83
Avg amount paid per beneficiary ²	\$1,287.01	\$1,558.66	\$1,505.59	\$1,637.44	\$1,641.09
Avg number of claims per beneficiary	43.98	44.39	45.74	48.81	48.28
Avg ingredient cost paid per claim	\$22.25	\$28.10	\$26.01	\$26.64	\$27.14
Avg professional fees paid per claim ¹	\$7.02	\$7.02	\$6.91	\$6.90	\$6.86
Avg amount paid per claim ²	\$29.26	\$35.12	\$32.92	\$33.55	\$33.99
Avg days' supply per claim	19.10	18.34	17.60	16.56	16.18

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

	4 Years Ago 2014/2015	1 Year Ago 2017/2018	2018/2019	1 Year Change	4 Year Change
Number of claims (millions)	32.45	35.02	36.71	4.8%	13.1%
Number of beneficiaries (millions)	0.74	0.72	0.76	6.0%	3.1%
Ingredient cost paid (millions)	\$721.92	\$933.07	\$996.16	6.8%	38.0%
Professional fees paid ¹ (millions)	\$227.66	\$241.71	\$251.67	4.1%	10.5%
Total amount paid² (millions)	\$949.57	\$1,174.79	\$1,247.83	6.2%	31.4%
Avg amount paid per beneficiary ²	\$1,287.01	\$1,637.44	\$1,641.09	0.2%	27.5%
Avg number of claims per beneficiary	43.98	48.81	48.28	-1.1%	9.8%
Avg amount paid per claim ²	\$29.26	\$33.55	\$33.99	1.3%	16.2%
Avg days' supply per claim	19.10	16.56	16.18	-2.2%	-15.3%
Total B.C. population (millions) ³	4.71	4.92	4.99	1.4%	6.0%

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](#). Site accessed on September 19, 2019.

Table 3 – Other PharmaCare Expenditures

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Adaptation Fees (millions)	\$2.12	\$1.98	\$2.31	\$2.35	\$2.77
Injections Fees ⁴ (millions)	\$4.57	\$4.53	\$5.77	\$7.01	\$7.46
Medication Review Fees (millions)	\$11.47	\$10.97	\$11.33	\$11.19	\$12.26

4.3 PharmaCare Expenditures by Plan

Table 4 - Plan I (Fair PharmaCare)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	13.42	13.41	13.64	13.58	14.32
Number of beneficiaries (millions)	0.50	0.48	0.46	0.43	0.47
Ingredient costs paid (millions)	\$455.40	\$583.73	\$551.02	\$573.57	\$618.78
Professional fees paid (millions)	\$97.40	\$95.94	\$96.65	\$94.22	\$97.87
Total amount paid⁵ (millions)	\$552.80	\$679.67	\$647.67	\$667.79	\$716.65
Avg amount paid per beneficiary ⁵	\$1,112.97	\$1,419.95	\$1,398.70	\$1,544.08	\$1,517.79
Avg number of claims per beneficiary	27.01	28.02	29.46	31.40	30.33
Avg ingredient cost paid per claim	\$33.94	\$43.52	\$40.40	\$42.23	\$43.20
Avg professional fees paid per claim	\$7.26	\$7.15	\$7.09	\$6.94	\$6.83
Avg amount paid per claim ⁵	\$41.20	\$50.67	\$47.48	\$49.17	\$50.04
Avg days' supply per claim	29.34	28.03	26.83	25.63	25.03

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 the [BC Fair PharmaCare website](#).

⁴ As of January 2018, injections fees also include pharmacy dispensing fees for Mifegymiso through the interim full coverage program.

⁵ Includes ingredient cost and professional fees.

Table 5 - Plan B (Residential Care)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	4.78	4.67	4.74	4.86	4.87
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$27.77	\$26.88	\$27.03	\$26.68	\$24.62
Capitation fees paid (millions)	\$11.20	\$12.94	\$10.91	\$12.35	\$12.71
Total amount paid⁶ (millions)	\$38.97	\$39.82	\$37.94	\$39.03	\$37.34
Avg amount paid per beneficiary ⁶	\$1,283.80	\$1,331.65	\$1,229.25	\$1,247.30	\$1,193.56
Avg number of claims per beneficiary	157.36	156.27	153.54	155.38	155.78
Avg ingredient cost paid per claim	\$5.81	\$5.75	\$5.70	\$5.49	\$5.05
Avg capitation fees paid per claim	\$2.34	\$2.77	\$2.30	\$2.54	\$2.61
Avg amount paid per claim ⁶	\$8.16	\$8.52	\$8.01	\$8.03	\$7.66
Avg days' supply per claim	8.60	8.51	8.32	8.09	8.04

Notes:

- Plan B does not have professional 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)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	12.63	13.08	13.45	13.82	14.35
Number of beneficiaries (millions)	0.17	0.17	0.18	0.18	0.18
Ingredient costs paid (millions)	\$191.26	\$261.08	\$241.68	\$269.74	\$288.87
Professional fees paid (millions)	\$105.16	\$107.28	\$109.38	\$111.10	\$113.61
Total amount paid⁵ (millions)	\$296.42	\$368.36	\$351.06	\$380.84	\$402.48
Avg amount paid per beneficiary ⁵	\$1,736.19	\$2,129.37	\$2,002.60	\$2,128.32	\$2,252.12
Avg number of claims per beneficiary	74.00	75.63	76.75	77.25	80.30
Avg ingredient cost paid per claim	\$15.14	\$19.95	\$17.96	\$19.51	\$20.13
Avg professional fees paid per claim	\$8.32	\$8.20	\$8.13	\$8.04	\$7.92
Avg amount paid per claim ⁵	\$23.46	\$28.15	\$26.09	\$27.55	\$28.04
Avg days' supply per claim	12.31	11.99	11.64	11.38	11.09

⁶ Includes ingredient cost and capitation fees.

Table 7 - Plan D (Cystic Fibrosis)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims	1,941	2,015	1,979	1,873	1,879
Number of beneficiaries	332	346	370	369	368
Ingredient costs paid (millions)	\$1.51	\$1.68	\$1.79	\$2.05	\$2.12
Professional fees paid	\$18,433.53	\$18,823.89	\$18,890.56	\$18,089.85	\$18,100.32
Total amount paid⁵ (millions)	\$1.53	\$1.70	\$1.81	\$2.07	\$2.13
Avg amount paid per beneficiary ⁵	\$4,600.27	\$4,909.93	\$4,894.94	\$5,610.79	\$5,796.70
Avg number of claims per beneficiary	5.85	5.82	5.35	5.08	5.11
Avg ingredient cost paid per claim	\$777.36	\$833.75	\$905.63	\$1,095.72	\$1,125.64
Avg professional fees paid per claim	\$9.50	\$9.34	\$9.55	\$9.66	\$9.63
Avg amount paid per claim ⁵	\$786.86	\$843.10	\$915.17	\$1,105.38	\$1,135.28
Avg days' supply per claim	44.21	43.90	45.45	46.55	45.58

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

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims	49,907	49,510	50,112	52,403	54,535
Number of beneficiaries	2,943	3,067	3,118	3,285	3,288
Ingredient costs paid (millions)	\$5.05	\$5.11	\$5.08	\$5.52	\$5.63
Professional fees paid (millions)	\$0.46	\$0.46	\$0.47	\$0.49	\$0.51
Total amount paid⁵ (millions)	\$5.51	\$5.57	\$5.55	\$6.01	\$6.14
Avg amount paid per beneficiary ⁵	\$1,871.46	\$1,816.15	\$1,779.92	\$1,830.63	\$1,868.86
Avg number of claims per beneficiary	16.96	16.14	16.07	15.95	16.59
Avg ingredient cost paid per claim	\$101.09	\$103.15	\$101.34	\$105.36	\$103.29
Avg professional fees paid per claim	\$9.27	\$9.35	\$9.41	\$9.40	\$9.39
Avg amount paid per claim ⁵	\$110.36	\$112.51	\$110.75	\$114.76	\$112.68
Avg days' supply per claim	29.17	30.01	30.90	31.04	30.42

Table 9 - Plan G (Psychiatric Medications)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	0.96	1.02	1.11	1.89	2.26
Number of beneficiaries (millions)	0.04	0.04	0.04	0.04	0.05
Ingredient costs paid (millions)	\$21.97	\$20.87	\$23.06	\$28.86	\$28.25
Professional fees paid (millions)	\$8.46	\$8.90	\$9.67	\$17.14	\$20.46
Total amount paid⁵ (millions)	\$30.43	\$29.77	\$32.73	\$46.00	\$48.71
Avg amount paid per beneficiary	\$862.82	\$839.39	\$871.88	\$1,054.17	\$1,015.83
Avg number of claims per beneficiary	27.12	28.62	29.49	43.34	47.15
Avg ingredient cost paid per claim	\$22.97	\$20.55	\$20.83	\$15.26	\$12.50
Avg professional fees paid per claim	\$8.84	\$8.77	\$8.74	\$9.06	\$9.05
Avg amount paid per claim ⁵	\$31.81	\$29.32	\$29.56	\$24.32	\$21.54
Avg days' supply per claim	20.58	19.44	17.95	12.00	10.70

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)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	0.54	0.57	0.64	0.67	0.69
Number of beneficiaries	11,549	12,152	12,769	13,654	14,034
Ingredient costs paid (millions)	\$13.26	\$14.92	\$14.55	\$15.29	\$15.48
Professional fees paid (millions)	\$4.27	\$4.45	\$4.91	\$5.07	\$5.05
Total amount paid⁵ (millions)	\$17.53	\$19.37	\$19.46	\$20.36	\$20.53
Avg amount paid per beneficiary ⁵	\$1,517.83	\$1,593.54	\$1,523.79	\$1,490.54	\$1,462.90
Avg number of claims per beneficiary	46.89	47.09	49.80	49.35	49.52
Avg ingredient cost paid per claim	\$24.48	\$26.06	\$22.87	\$22.68	\$22.28
Avg professional fees paid per claim	\$7.89	\$7.77	\$7.72	\$7.52	\$7.27
Avg amount paid per claim ⁵	\$32.37	\$33.84	\$30.60	\$30.20	\$29.54
Avg days' supply per claim	11.89	11.45	10.72	10.49	10.55

Table 11 - Plan S (Nicotine Replacement Therapies)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Number of claims (millions)	0.07	0.11	0.14	0.14	0.15
Number of beneficiaries	36,720	62,723	74,287	72,610	76,809
Ingredient costs paid (millions)	\$5.70	\$10.75	\$13.91	\$11.52	\$12.40
Professional fees paid (millions)	\$0.68	\$1.08	\$1.34	\$1.33	\$1.44
Total amount paid⁵ (millions)	\$6.38	\$11.83	\$15.25	\$12.85	\$13.85
Avg amount paid per beneficiary	\$173.70	\$188.70	\$205.24	\$177.02	\$180.25
Avg number of claims per beneficiary	1.94	1.79	1.86	1.89	1.92
Avg ingredient cost paid per claim	\$79.94	\$95.84	\$100.79	\$84.09	\$84.20
Avg professional fees paid per claim	\$9.59	\$9.66	\$9.71	\$9.74	\$9.78
Avg amount paid per claim ⁵	\$89.53	\$105.50	\$110.50	\$93.83	\$93.97
Avg days' supply per claim	27.16	27.23	27.34	27.30	27.33

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6. PharmaCare Drugs

6.1 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 products, defined by the Drug Identification Number (DIN) supplied by First Databank or the Pseudo-Identification Number (PIN) created by PharmaCare⁷.
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), which means different products may have the same DINs.

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

Table 12 - Number of Products Covered in 2018/19

Products dispensed in BC ⁸	11,404
Products dispensed in BC, eligible for PharmaCare coverage ⁹	6,254
Products that received PharmaCare reimbursement ¹⁰	6,119

Table 13 - Number of Drugs Covered in 2018/19

Drugs dispensed in BC ⁸	2,766
Drugs dispensed in BC, eligible for PharmaCare coverage ⁹	1,150
Drugs that received PharmaCare reimbursement ¹⁰	1,131

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.

6.2 Formulary Expansion

Between April 1, 2018, and March 31, 2019, PharmaCare funded 27 new brand name drugs. In addition, 381 generic drugs were added to the formulary (93 to new Low Cost Alternative categories and 288 to existing categories).

6.3 Top Ten Drugs

The Ministry of Health is often asked which drugs are most commonly 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 14 shows the top ten drugs by PharmaCare expenditures. Table 15 shows the top ten drugs by the number of PharmaCare beneficiaries taking those drugs.

Table 14 - Top Ten Drugs by PharmaCare Reimbursement in 2018/19

Generic Name	Typical Usage	PharmaCare Reimbursement (in millions)
Sofosbuvir/Velpatasvir	Hepatitis C	\$149.96
Infliximab	Rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	\$78.81
Adalimumab	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradenitis suppurativa	\$78.54
Elbasvir/Grazoprevir	Hepatitis C	\$40.16
Methadone	Opioid use disorder, pain	\$31.21
Etanercept	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis	\$27.69
Paliperidone	Schizophrenia, other psychosis	\$24.80
Aripiprazole	Schizophrenia, other psychosis	\$17.78
Clozapine	Schizophrenia, other psychosis	\$14.61
Quetiapine Fumarate	Schizophrenia, other psychosis	\$13.17

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.

Table 15 - Top Ten Drugs by Number of PharmaCare Beneficiaries in 2018/19

Generic Name	Typical Usage	PharmaCare Beneficiaries
Amoxicillin	Bacterial infection	105,708
Ramipril	Hypertension	103,195
Levothyroxine	Hypothyroidism	94,129
Atorvastatin	High cholesterol	92,982
Salbutamol	Asthma and lung diseases	89,031
Amlodipine	Hypertension	83,464
Metformin	Diabetes	81,600
Rosuvastatin	High cholesterol	80,538
Lorazepam	Anxiety disorder	61,646
Gabapentin	Neuralgia	56,369

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8. PharmaCare Beneficiaries

A total of 760,369 provincial residents (15.2% of the entire B.C. population) received PharmaCare benefits in 2018/19.

8.1 PharmaCare Beneficiaries by Age Group

The table below documents the number of PharmaCare beneficiaries in 2018/19 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2018/19 increases with age.

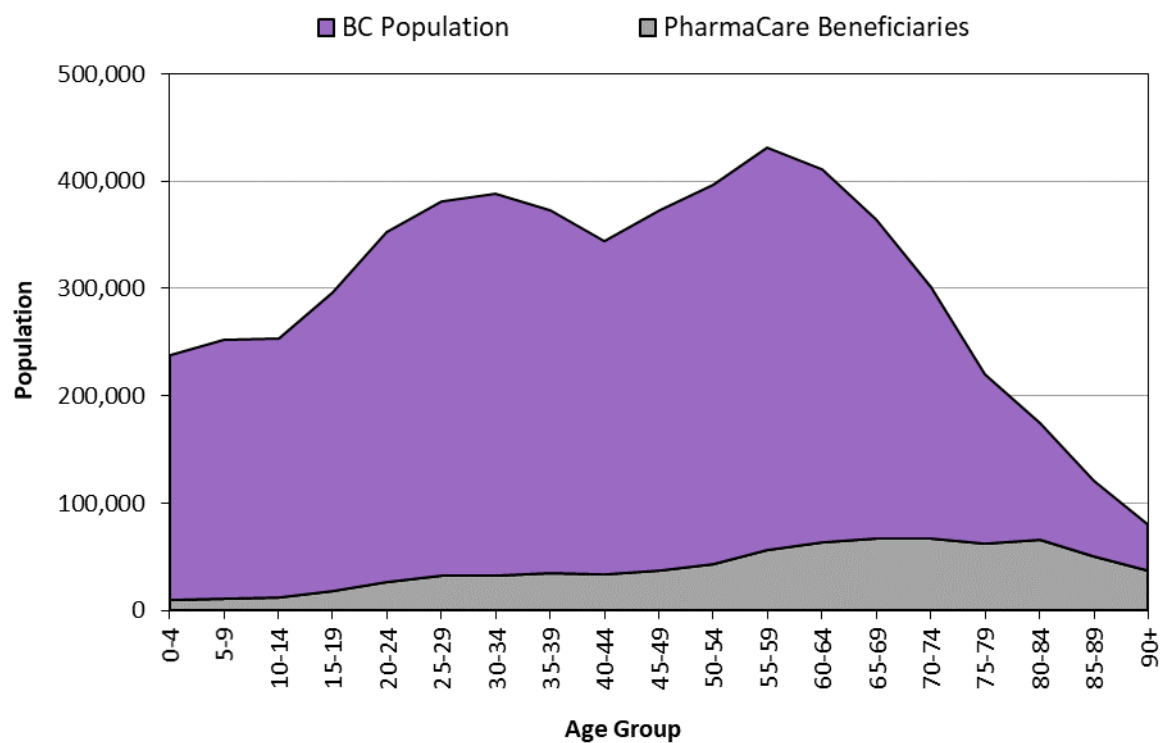
Table 16 - PharmaCare Beneficiaries by Age Group in 2018/19

Age Group	Total B.C. Population ¹¹	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	229,010	9,236	4.0%
5-9	240,976	11,448	4.8%
10-14	241,082	11,991	5.0%
15-19	278,449	18,290	6.6%
20-24	326,304	26,405	8.1%
25-29	348,003	32,821	9.4%
30-34	355,796	32,572	9.2%
35-39	337,164	35,121	10.4%
40-44	310,564	33,364	10.7%
45-49	336,228	36,696	10.9%
50-54	352,933	43,111	12.2%
55-59	374,912	56,705	15.1%
60-64	347,541	63,741	18.3%
65-69	297,853	66,668	22.4%
70-74	234,106	66,648	28.5%
75-79	157,411	62,348	39.6%
80-84	107,811	66,295	61.5%
85-89	70,556	50,120	71.0%
90+	43,451	36,789	84.7%
Total	4,990,150	760,369	15.2%

¹¹ Source: [BC Stats](#). Site accessed on September 19, 2019.

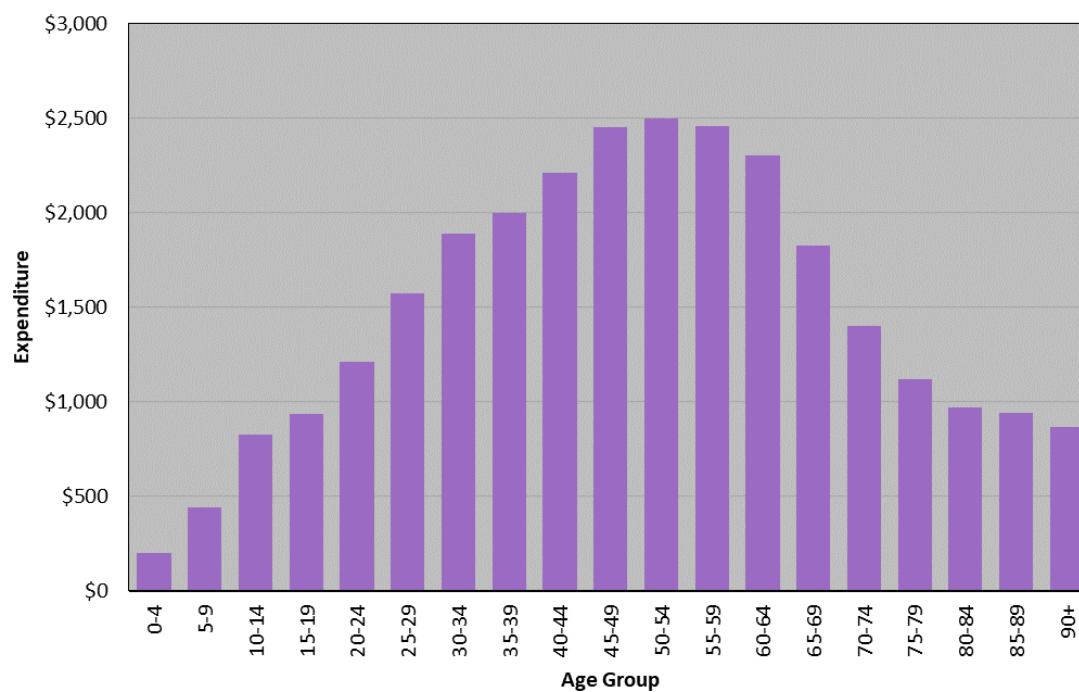
The graph below depicts data from the preceding table and compares the number of PharmaCare beneficiaries to B.C.'s total population by five-year age groups.

Graph 1 - PharmaCare Beneficiaries in 2018/19 compared to B.C. Population



8.2 Average PharmaCare Expenditures per Beneficiary

Graph 2 - Average Annual PharmaCare Expenditures per Beneficiary by Age Group in 2018/19



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).

9. 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 Nursing Professionals](#)
- [British Columbia Pharmacy Association](#)
- [British Columbia Podiatric Medical Association](#)
- [College of Dental Surgeons of B.C.](#)
- [College of Midwives 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 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](#)