

PharmaCare Trends

2017/18



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

April 2019



Ministry of
Health

What's Inside

What's Inside	1
1. Introduction	2
1.1 Citations	2
1.2 Comments and Inquiries	2
1.3 Data Sources	2
2. PharmaCare Plans.....	3
2.1 Fair PharmaCare (Plan I)	3
2.2 Permanent Residents of Licensed Residential Care Facilities (Plan B).....	3
2.3 Recipients of B.C. Income Assistance (Plan C)	3
2.4 Patients Registered with a Provincial Cystic Fibrosis Clinic (Plan D).....	3
2.5 Children Eligible Through the At Home Program of the Ministry of Children and Family Development (Plan F)	4
2.6 Psychiatric Medications Plan (Plan G)	4
2.7 Palliative Care Drug Plan (Plan P)	4
2.8 Smoking Cessation-Nicotine Replacement Therapies (Plan S).....	4
2.9 BC Centre for Excellence in HIV/AIDS Expenditures	5
2.10 First Nations Health Benefits (Plan W).....	5
3. PharmaCare History.....	6
4. PharmaCare Plan Expenditures, 2011/12 to 2017/18.....	9
4.1 Interpreting PharmaCare Data	9
4.2 PharmaCare Plan Expenditure Tables	10
5. PharmaCare Data	19
5.1 Number of Drugs Covered	20
5.2 Formulary Expansion	21
5.3 Top Ten Drugs.....	21
5.4 PharmaCare Beneficiaries	23
5.5 Payments to Pharmacies for Clinical Services, Medication Reviews and Publicly Funded Vaccines provided by pharmacies (to be updated).....	26
6. Resources.....	27

1. Introduction

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

Data in this publication are provided for the fiscal year.

1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2017/18, Pharmaceutical Services Division and Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health, Victoria, BC. (2017/18).

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 drawn from the Ministry of Health, PharmaNet/HealthIdeas Data.

2. PharmaCare Plans

2.1 Fair PharmaCare (Plan I)

The Fair PharmaCare plan took effect May 1, 2003, and is the largest of the drug coverage plans under the B.C. PharmaCare program. Assistance for individuals is based on their annual net income. For families, assistance is based on the combined annual net income of both spouses. At the end of March 2018, there were 1,259,176 families registered for Fair PharmaCare¹.

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 2017/18, 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 (currently the Ministry of Social Development and Poverty Reduction) 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 2017/18, Plan C expenditures represented just over 75% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 179,000 residents.

2.4 Cystic Fibrosis (Plan D)

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

In 2017/18, approximately 370 individuals with cystic fibrosis received coverage under this plan.

¹ Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 2018, HealthIdeas Data.

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 2017/18, 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 issues. In 2017/18, approximately 44,000 patients who demonstrated clinical and financial need qualified for 100% coverage of the eligible cost of certain psychiatric medications. 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, or in a supportive or assisted living residence, or 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; and
- consent to the focus of care being palliative rather than treatment aimed at cure.

The individual's physician confirms their medical eligibility under these criteria.

Roughly 14,000 patients received coverage under this plan in 2017/18.

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.

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).

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

In 2017/18, the program provided approximately 73,000 patients with free nicotine replacement therapy.

2.9 BC Centre for Excellence in HIV/AIDS Expenditures

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 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.
	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.
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 modified to include the participation of three public members.
2010	The B.C. Government, 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 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.
	PharmaCare begins accepting public input to 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.
	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 expand to include those with income up to \$42,000 per year, following changes to Medical Services Plan Premium Assistance.
	Plan G formulary expands to include medications for opioid agonist treatment.
	First Nations Health Benefits Plan (Plan W) is introduced.
	Coverage of ADHD drugs is expanded.
2018	pCPA and CGPA agree to an Memorandum of Understanding (MOU) to extend the Generics Pricing Initiative for 5 years (to March 31, 2023). Exclusive generics listings ended.

4. PharmaCare Plan Expenditures, 2011/12 to 2017/18

4.1 Interpreting PharmaCare Data

The following data regarding costs, expenditures and paid amounts refer only to PharmaCare plan expenditures—i.e., costs associated with Plans B, C, D, F, G, P, S and Fair PharmaCare (indicated in the tables as “Plan I”). The data does not include expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS and additional pharmacy expenditures.

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

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

Significant Policy Changes to PharmaCare Plans

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

Data Quality Note

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

Definitions

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

4.2 PharmaCare Plan Expenditure Tables

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	29.77	30.83	31.87	32.45	32.92	33.77	35.02
Number of beneficiaries (millions)	0.82	0.79	0.76	0.74	0.74	0.74	0.72
Ingredient costs paid (millions)	\$767.49	\$748.98	\$722.99	\$721.92	\$925.01	\$878.10	\$933.07
Professional + capitation fees paid (millions)	\$215.29	\$222.83	\$227.04	\$227.66	\$231.07	\$233.35	\$241.71
Total amount paid (millions)	\$982.78	\$971.81	\$950.03	\$949.58	\$1,156.08	\$1,111.45	\$1,174.79
Avg number of claims per beneficiary	36.49	38.87	42.03	43.98	44.39	45.74	48.81
Avg total paid cost per beneficiary*	\$1,204.64	\$1,225.35	\$1,252.75	\$1,287.01	\$1,558.66	\$1,505.59	\$1,637.43
Avg professional fees paid per claim*	\$7.23	\$7.23	\$7.12	\$7.02	\$7.02	\$6.91	\$6.90
Avg ingredient cost paid per claim	\$25.78	\$24.29	\$22.68	\$22.25	\$28.10	\$26.01	\$26.64
Avg total amount paid per claim*	\$33.02	\$31.52	\$29.81	\$29.26	\$35.12	\$32.92	\$33.54
Avg days' supply per claim	22.40	21.16	19.90	19.10	18.34	17.60	16.56

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

Notes:

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

Table B—PharmaCare Claims Expenditures: Plan B (Residential Care)

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	4.23	4.41	4.75	4.78	4.67	4.74	4.86
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$34.36	\$32.53	\$30.75	\$27.77	\$26.88	\$27.03	\$26.68
Capitation fees paid (millions)	\$11.59	\$11.76	\$12.93	\$11.20	\$12.94	\$10.91	\$12.35
Total amount paid (millions)	\$45.95	\$44.29	\$43.68	\$38.97	\$39.82	\$37.94	\$39.03
Avg number of claims per beneficiary	148.91	151.81	161.30	157.36	156.27	153.54	155.38
Avg total paid cost per beneficiary	\$1,618.42	\$1,524.10	\$1,484.43	\$1,283.80	\$1,331.65	\$1,229.25	\$1,247.30
Avg professional fees paid per claim	\$2.74	\$2.67	\$2.72	\$2.34	\$2.77	\$2.30	\$2.54
Avg ingredient cost paid per claim	\$8.13	\$7.37	\$6.48	\$5.81	\$5.75	\$5.70	\$5.49
Avg total amount paid per claim	\$10.87	\$10.04	\$9.20	\$8.16	\$8.52	\$8.01	\$8.03
Avg days' supply per claim	9.69	9.35	8.83	8.60	8.51	8.32	8.09

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

Notes:

- Plan B does not have a professional fee; pharmacies are paid a monthly capitation rate. This amount is included in the above table.
- PharmaCare pays a capitation fee of \$43.75 per serviced bed occupied by a patient receiving PharmaCare coverage under Plan B.

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	10.92	11.59	12.26	12.63	13.08	13.45	13.82
Number of beneficiaries (millions)	0.18	0.17	0.17	0.17	0.17	0.18	0.18
Ingredient costs paid (millions)	\$206.33	\$202.12	\$191.14	\$191.26	\$261.08	\$241.68	\$269.74
Professional fees paid (millions)	\$93.18	\$98.79	\$103.00	\$105.16	\$107.28	\$109.38	\$111.10
Total amount paid (millions)	\$299.51	\$300.91	\$294.14	\$296.42	\$368.36	\$351.06	\$380.84
Avg number of claims per beneficiary	61.19	66.46	70.68	74.00	75.63	76.75	77.25
Avg total paid cost per beneficiary	\$1,677.90	\$1,725.83	\$1,695.35	\$1,736.19	\$2,129.37	\$2,002.60	\$2,128.32
Avg professional fees paid per claim	\$8.53	\$8.53	\$8.40	\$8.32	\$8.20	\$8.13	\$8.04
Avg ingredient cost paid per claim	\$18.89	\$17.44	\$15.59	\$15.14	\$19.95	\$17.96	\$19.51
Avg total amount paid per claim	\$27.42	\$25.97	\$23.99	\$23.46	\$28.15	\$26.09	\$27.55
Avg days' supply per claim	13.80	13.14	12.60	12.31	11.99	11.64	11.38

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims	1,985	1,938	1,987	1,941	2,015	1,979	1,873
Number of beneficiaries	294	306	324	332	346	370	369
Ingredient costs paid (millions)	\$1.28	\$1.28	\$1.50	\$1.51	\$1.68	\$1.79	\$2.05
Professional fees paid	\$18,859.26	\$18,409.85	\$18,833.35	\$18,433.53	\$18,823.89	\$18,890.56	\$18,089.85
Total amount paid (millions)	\$1.30	\$1.30	\$1.52	\$1.53	\$1.70	\$1.81	\$2.07
Avg number of claims per beneficiary	6.75	6.33	6.13	5.85	5.82	5.35	5.08
Avg total paid cost per beneficiary	\$4,410.73	\$4,242.19	\$4,675.84	\$4,600.27	\$4,909.93	\$4,894.94	\$5,610.79
Avg professional fees paid per claim	\$9.50	\$9.50	\$9.48	\$9.50	\$9.34	\$9.55	\$9.66
Avg ingredient cost paid per claim	\$643.78	\$660.32	\$752.96	\$777.36	\$833.75	\$905.63	\$1,095.72
Avg total amount paid per claim	\$653.28	\$669.82	\$762.44	\$786.86	\$843.10	\$915.17	\$1,105.38
Avg days' supply per claim	39.42	42.18	43.42	44.21	43.90	45.45	46.55

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims	45,262	46,206	47,012	49,907	49,510	50,112	52,403
Number of beneficiaries	2,722	2,784	2,873	2,943	3,067	3,118	3,285
Ingredient costs paid (millions)	\$4.80	\$4.64	\$4.97	\$5.05	\$5.11	\$5.08	\$5.52
Professional fees paid (millions)	\$0.42	\$0.44	\$0.45	\$0.46	\$0.46	\$0.47	\$0.49
Total amount paid (millions)	\$5.22	\$5.08	\$5.42	\$5.51	\$5.57	\$5.55	\$6.01
Avg number of claims per beneficiary	16.63	16.60	16.36	16.96	16.14	16.07	15.95
Avg total paid cost per beneficiary	\$1,916.67	\$1,822.36	\$1,885.02	\$1,871.46	\$1,816.15	\$1,779.92	\$1,830.63
Avg professional fees paid per claim	\$9.28	\$9.49	\$9.47	\$9.27	\$9.35	\$9.41	\$9.40
Avg ingredient cost paid per claim	\$105.98	\$100.31	\$105.73	\$101.09	\$103.15	\$101.34	\$105.36
Avg total amount paid per claim	\$115.27	\$109.80	\$115.20	\$110.36	\$112.51	\$110.75	\$114.76
Avg days' supply per claim	30.02	30.11	30.55	29.17	30.01	30.90	31.04

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

Table F—PharmaCare Claims Expenditures: Plan G (Psychiatric Medications)

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	0.69	0.75	0.82	0.96	1.02	1.11	1.89
Number of beneficiaries (millions)	0.03	0.03	0.03	0.04	0.04	0.04	0.04
Ingredient costs paid (millions)	\$19.11	\$20.31	\$20.04	\$21.97	\$20.87	\$23.06	\$28.86
Professional fees paid (millions)	\$6.15	\$6.73	\$7.32	\$8.46	\$8.90	\$9.67	\$17.14
Total amount paid (millions)	\$25.26	\$27.04	\$27.36	\$30.43	\$29.77	\$32.73	\$46.00
Avg number of claims per beneficiary	23.59	24.49	25.36	27.12	28.62	29.49	43.34
Avg total paid cost per beneficiary	\$869.22	\$880.36	\$846.08	\$862.82	\$839.39	\$871.88	\$1,054.17
Avg professional fees paid per claim	\$8.97	\$8.95	\$8.93	\$8.84	\$8.77	\$8.74	\$9.06
Avg ingredient cost paid per claim	\$27.87	\$26.99	\$24.44	\$22.97	\$20.55	\$20.83	\$15.26
Avg total amount paid per claim	\$36.84	\$35.94	\$33.36	\$31.81	\$29.32	\$29.56	\$24.32
Avg days' supply per claim	22.73	22.23	21.72	20.58	19.44	17.95	12.00

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

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 in 2017/18.

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	13.35	13.46	13.40	13.42	13.41	13.64	13.58
Number of beneficiaries (millions)	0.57	0.55	0.52	0.50	0.48	0.46	0.43
Ingredient costs paid (millions)	\$479.84	\$467.15	\$455.31	\$455.40	\$583.73	\$551.02	\$573.57
Professional fees paid (millions)	\$99.34	\$100.19	\$98.34	\$97.40	\$95.94	\$96.65	\$94.22
Total amount paid (millions)	\$579.18	\$567.34	\$553.65	\$552.80	\$679.67	\$647.67	\$667.79
Avg number of claims per beneficiary	23.57	24.65	25.97	27.01	28.02	29.46	31.40
Avg total paid cost per beneficiary	\$1,022.51	\$1,038.86	\$1,073.50	\$1,112.97	\$1,419.95	\$1,398.70	\$1,544.08
Avg professional fees paid per claim	\$7.44	\$7.44	\$7.34	\$7.26	\$7.15	\$7.09	\$6.94
Avg ingredient cost paid per claim	\$35.94	\$34.70	\$33.99	\$33.94	\$43.52	\$40.40	\$42.23
Avg total amount paid per claim	\$43.38	\$42.14	\$41.33	\$41.20	\$50.67	\$47.48	\$49.17
Avg days' supply per claim	33.62	32.06	30.61	29.34	28.03	26.83	25.63

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

Notes:

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

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	0.43	0.48	0.52	0.54	0.57	0.64	0.67
Number of beneficiaries	10,924	11,084	11,251	11,549	12,152	12,769	13,654
Ingredient costs paid (millions)	\$13.91	\$13.67	\$13.21	\$13.26	\$14.92	\$14.55	\$15.29
Professional fees paid (millions)	\$3.63	\$4.02	\$4.26	\$4.27	\$4.45	\$4.91	\$5.07
Total amount paid (millions)	\$17.54	\$17.69	\$17.47	\$17.53	\$19.37	\$19.46	\$20.36
Avg number of claims per beneficiary	39.44	42.93	46.49	46.89	47.09	49.80	49.35
Avg total paid cost per beneficiary	\$1,605.08	\$1,595.52	\$1,552.76	\$1,517.83	\$1,593.54	\$1,523.79	\$1,490.54
Avg professional fees paid per claim	\$8.41	\$8.44	\$8.14	\$7.89	\$7.77	\$7.72	\$7.52
Avg ingredient cost paid per claim	\$32.28	\$28.72	\$25.26	\$24.48	\$26.06	\$22.87	\$22.68
Avg total amount paid per claim	\$40.69	\$37.16	\$33.40	\$32.37	\$33.84	\$30.60	\$30.20
Avg days' supply per claim	14.86	13.71	12.39	11.89	11.45	10.72	10.49

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Number of claims (millions)	0.10	0.09	0.08	0.07	0.11	0.14	0.14
Number of beneficiaries	51,985	49,743	40,406	36,720	62,723	74,287	72,610
Ingredient costs paid (millions)	\$7.85	\$7.29	\$6.08	\$5.70	\$10.75	\$13.91	\$11.52
Professional fees paid (millions)	\$0.95	\$0.88	\$0.73	\$0.68	\$1.08	\$1.34	\$1.33
Total amount paid (millions)	\$8.80	\$8.17	\$6.81	\$6.38	\$11.83	\$15.25	\$12.85
Avg number of claims per beneficiary	1.95	1.85	1.90	1.94	1.79	1.86	1.89
Avg total paid cost per beneficiary	\$169.43	\$164.22	\$168.58	\$173.70	\$188.70	\$205.24	\$177.02
Avg professional fees paid per claim	\$9.43	\$9.58	\$9.55	\$9.59	\$9.66	\$9.71	\$9.74
Avg ingredient cost paid per claim	\$77.57	\$79.07	\$79.17	\$79.94	\$95.84	\$100.79	\$84.09
Avg total amount paid per claim	\$87.00	\$88.65	\$88.72	\$89.53	\$105.50	\$110.50	\$93.83
Avg days' supply per claim	27.12	27.23	27.13	27.16	27.23	27.34	27.30

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

5. PharmaCare Data

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

Fiscal Year	4 Years Ago 2013/2014	1 Year Ago 2016/2017	2017/ 2018	1 Year Change	4 Year Change
Number of claims (millions)	31.87	33.77	35.02	3.7%	3.9%
Number of beneficiaries (millions)	0.76	0.74	0.72	-2.8%	-2.7%
Avg number of claims per beneficiary	42.03	45.74	48.81	6.7%	7.3%
Ingredient cost paid (millions)	\$722.99	\$878.10	\$933.07	6.3%	7.6%
Professional and capitation fees paid (millions)	\$227.04	\$233.35	\$241.71	3.6%	3.7%
Total amount paid (millions)	\$950.04	\$1,111.45	\$1,174.79	5.7%	6.7%
Avg total amount paid per claim	\$29.81	\$32.92	\$33.55	1.9%	2.1%
Avg days' supply per claim	19.90	17.60	16.56	-5.9%	-5.2%
Avg total paid cost per beneficiary	\$1,252.75	\$1,505.59	\$1,637.44	8.8%	10.5%
Total B.C. population (millions)	4.60	4.84	4.93	2.1%	2.2%

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2011 to March 31, 2018.

Notes:

- Dollar amounts refer to amounts paid by PharmaCare. Depending on coverage rules, beneficiaries may also pay a portion of the total drug cost. Data include Plan P claims expenditures.
- Professional fees increased from \$8.60 to \$9.10 in July 2010. A further increase to \$9.60 occurred in October 2010, followed by a rise to \$10.00 in July 2011.

5.1 Number of Drugs Covered

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

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

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

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

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

Table K—Number of DINs Covered

DINs approved for use by Health Canada 2017/18 ^a	11,128
DINs eligible for PharmaCare coverage in 2017/18 ^{a,b}	5,354
DINs that received PharmaCare reimbursement in 2017/18 ^{a, b, c}	5,157

Table L—Unique Chemicals Covered

Unique chemicals approved for use by Health Canada in 2017/18 ^a	1,718
Unique chemicals eligible for PharmaCare coverage in 2017/18 ^{a,b}	704
Unique chemicals that received PharmaCare reimbursement in 2017/18 ^{a, b, c}	758

Sources:

(1) Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1 2018, HealthIdeas. Data for the period April 1, 2017 to March 31, 2018.

(2) Health Canada, Drug Product Database.

Notes:

^a This includes only those DINs/chemicals that are (i) found in the Health Canada database and were active as of March 31 2018, (ii) approved by Health Canada for human use.

^b On March 31, 2018, 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, 2017, and March 31, 2018, PharmaCare funded 28 new brand name drugs. In addition, 311 generic drugs were added to the formulary (22 to new LCA categories and 289 to existing LCA categories).

5.3 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 a portion of the cost.

Table M—Top Ten Drugs by PharmaCare Reimbursement 2017/18

Generic Name	Typical Usage	PharmaCare Reimbursement
SOFOSBUVIR	Hepatitis C	115.57 million
INFLIXIMAB	Rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	86.64 million
ADALIMUMAB	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradentis suppurativa	70.75 million
METHADONE	Opioid use disorder, Pain	30.83 million
ETANERCEPT	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis	28.18 million
LEDIPASVIR/SOFOSBUVIR	Hepatitis C	22.25 million
PALIPERIDONE	Schizophrenia, other psychosis	21.76 million
ELBASVIR/GRAZOPREVIR	Hepatitis C	19.61 million
ARIPIPRAZOLE	Schizophrenia, other psychosis	19.25 million
QUETIAPINE FUMARATE	Schizophrenia, other psychosis	16.27 million

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1 2017, to March 31, 2018.

Notes:

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

Table N—Top Ten Drugs by Number of PharmaCare Beneficiaries 2017/18

Generic Name	Typical Usage	Distinct Beneficiaries
AMOXICILLIN	Bacterial infection	99,404
RAMIPRIL	Hypertension	96,138
SALBUTAMOL	Asthma and lung diseases	88,834
ATORVASTATIN	High cholesterol	88,696
LEVOTHYROXINE	Hypothyroidism	85,085
METFORMIN	Diabetes	77,417
AMLODIPINE	Hypertension	73,243
ROSUVASTATIN	High cholesterol	71,949
LORAZEPAM	Anxiety disorder	62,611
GABAPENTIN	Neuralgia	54,923

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1 2017, to March 31, 2018.

Note:

- Includes all medication strengths.

5.4 PharmaCare Beneficiaries

PharmaCare Beneficiaries 2017/18

As shown below, a total of 741,717 provincial residents (14.54 % of the entire B.C. population) received PharmaCare benefits in 2017/18.

The table below documents the number of PharmaCare beneficiaries in 2017/18 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2017/18 increased with age.

Table O—PharmaCare Beneficiaries by Age Group 2017/18

Age Group	Total B.C. Population	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
00-04	227,458	9,343	4.1%
05-09	242,698	11,817	4.9%
10-14	243,075	11,595	4.8%
15-19	266,625	17,770	6.7%
20-24	309,497	27,271	8.8%
25-29	336,206	32,716	9.7%
30-34	345,758	32,139	9.3%
35-39	334,156	32,329	9.7%
40-44	310,114	30,656	9.9%
45-49	335,698	35,334	10.5%
50-54	349,785	42,257	12.1%
55-59	371,195	52,568	14.2%
60-64	344,683	57,758	16.8%
65-69	295,762	58,237	19.7%
70-74	232,374	54,695	23.5%
75-79	157,828	59,380	37.6%
80-84	109,690	65,946	60.1%
85-89	71,913	49,847	69.3%
90+	50,556	35,796	70.8%
TOTAL	4,935,071	717,454	14.5%

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for period April 1, 2017 to March 31, 2018.

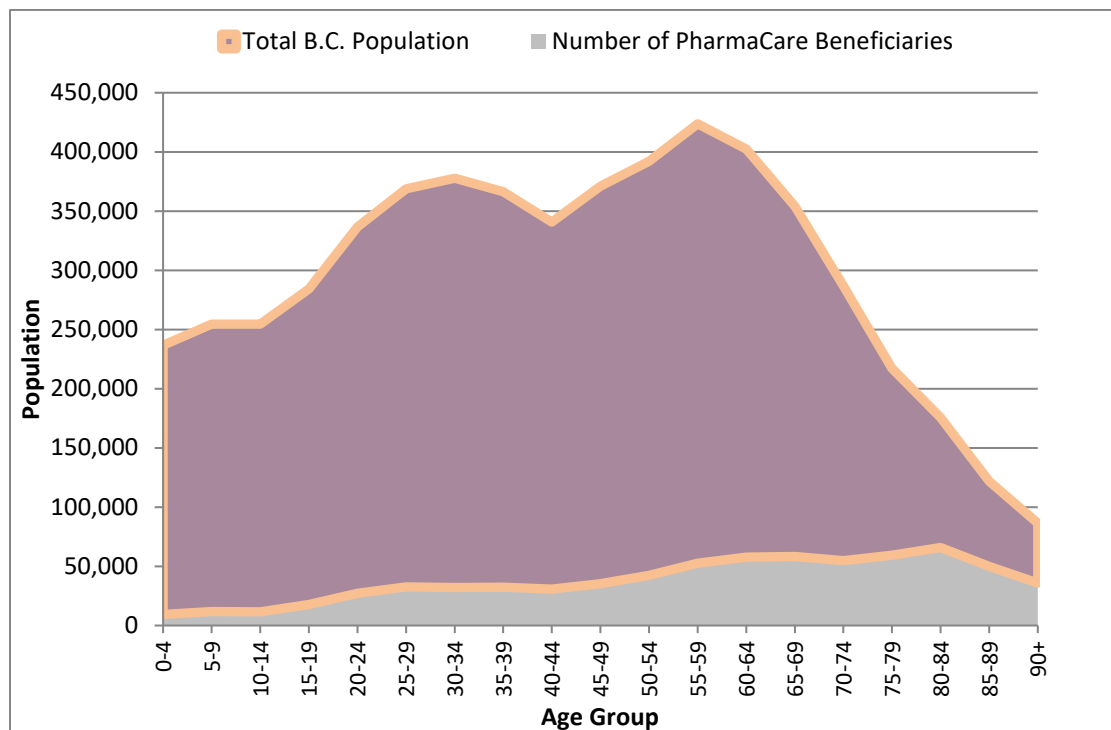
Notes:

- The above table reflects patient ages at March 31, 2018.

PharmaCare Beneficiaries Compared to B.C. Population 2017/18

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

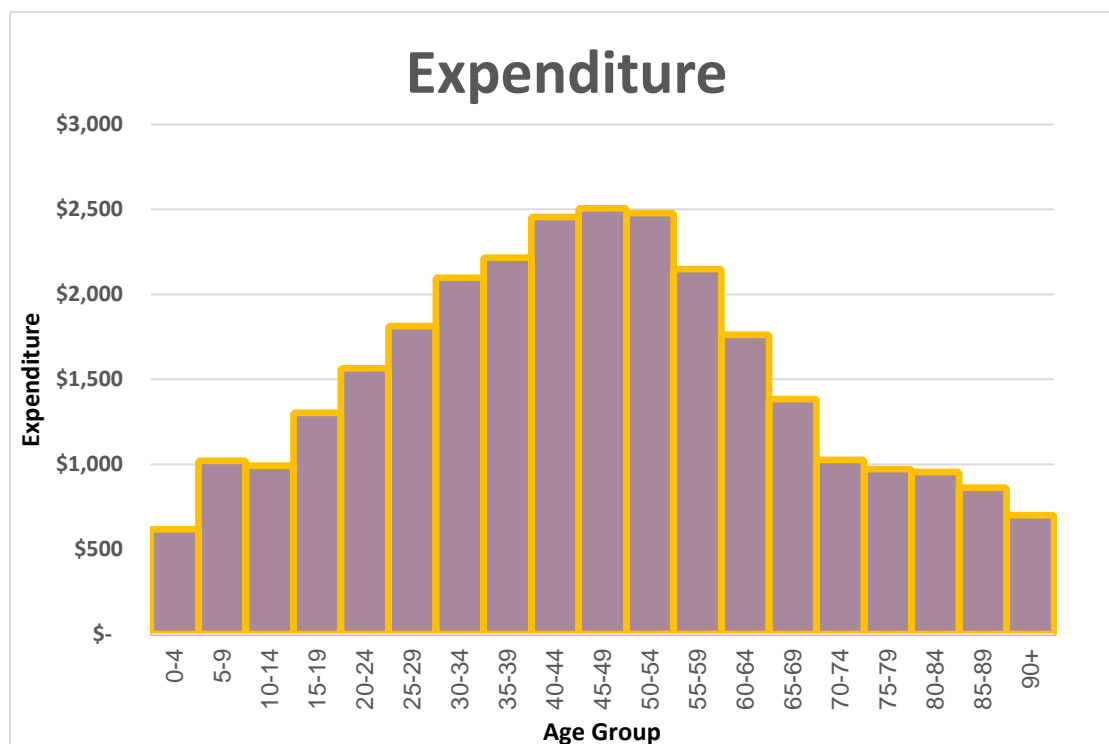
Graph A—PharmaCare Beneficiaries in 2017/18 Compared to B.C. Population



Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for period April 1, 2017 to March 31, 2018.

Average Annual PharmaCare Expenditures per Beneficiary by Age Group 2017/18 (to be updated)

Graph B—Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2017/18



Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2018, HealthIdeas. Data for the period April 1, 2017 to March 31, 2018.

Notes:

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

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

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

Fiscal Year (By payment date)	Clinical Services (Prescription renewals and adaptations)	Injections	Medication Review Services
2010/2011	\$916,708	\$490,000	-
2011/2012	\$1,533,377	\$922,860	\$7,112,305
2012/2013	\$1,686,344	\$2,209,550	\$9,881,235
2013/2014	\$1,804,411	\$4,099,480	\$14,448,130
2014/2015	\$2,116,344	\$4,559,620	\$11,495,410
2015/2016	\$1,982,902	\$4,530,300	\$10,994,260
2016/2017	\$2,306,528	\$5,760,330	\$11,365,590
2017/2018	\$2,352,264	\$6,997,500	\$11,222,240

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved November 1, 2017, HealthIdeas. Data for the period April 1, 2017 to March 31, 2018.

6. Resources

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

British Columbia websites

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

Provincial websites

- Alberta Health and Wellness www.health.alberta.ca/services/drug-coverage-services.html
- Saskatchewan Health www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage
- Manitoba PharmaCare Program www.gov.mb.ca/health/pharmacare/index.html
- Ontario Drug Benefit Program www.health.gov.on.ca/en/public/programs/drugs/default.aspx
- Quebec Prescription Drug Insurance <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/prescription-drug-insurance.aspx?>
- Newfoundland & Labrador Prescription Drug Program www.health.gov.nl.ca/health/prescription/index.html
- Nova Scotia Pharmacare www.gov.ns.ca/health/pharmacare/
- New Brunswick Prescription Drug Program www.gnb.ca/0051/0212/index-e.asp
- Prince Edward Island Health Services <https://www.princeedwardisland.ca/en/information/health-pei/drug-programs>

- Northwest Territories Health Programs www.hss.gov.nt.ca/health-landing
- Yukon Health & Social Services www.hss.gov.yk.ca
- Nunavut Health and Social Services www.gov.nu.ca/health

Federal websites

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

National websites

- Canadian Agency for Drugs and Technologies in Health, Common Drug Review www.cadth.ca/about-cadth/what-we-do/products-services/cdr
- Canadian Agency for Drugs and Technologies in Health, Canadian Optimal Medication Prescribing & Utilization Service www.cadth.ca/about-cadth/what-we-do/products-services/optimal-use

Canadian association websites

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