



# PHARMANET DATA CHECKLIST

Submit this completed form to the email address:  
HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

### MINISTRY OF HEALTH USE ONLY

File Number	Date Received
ISP Appendix	

### PROJECT TITLE

### APPLIES TO SUBPOPULATIONS

### DATE RANGE

From (yyyy/mm/dd)

To (yyyy/mm/dd)

### OTHER DATE RANGE AND FILTERING CRITERIA

### PHARMANET FILES (January 1, 1996 to present)

PharmaNet data includes records of all medications dispensed in community pharmacies in BC. PharmaNet dispense data is available from two files; medication history and claims history. Medication history contains records for all dispenses in BC regardless who pays for the claim. Claims history contains claim records for all dispenses except those for individuals who are known to be federally insured (Veterans, RCMP, Armed Forces and beneficiaries of Non-Insured Health Benefits).

PharmaNet does not capture:

- Medications administered to hospital in-patients
- Antiretroviral medications dispensed from the Centre of Excellence in HIV / Aids at St. Paul's Hospital
- Chemotherapy agents dispensed by the BC Cancer Agency
- Medications purchased without a prescription may not be on PharmaNet (e.g., over the counter medications, herbal products, vitamins)
- Medication samples dispensed at a physician's office (some are entered by physicians with PharmaNet access)
- Third party paid amounts
- Medication cost information for federally insured individuals (RCMP, Canadian Forces, Veterans and beneficiaries of Non-Insured Health Benefits Program)

The data dictionary for the PharmaNet variables in this checklist is available at <https://www2.gov.bc.ca/assets/gov/health/forms/5431datadictionary.pdf>

### PATIENT INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Client Label (Replaced by project-specific patient identification number)	CLNT_LABEL	
<input type="checkbox"/> Gender	CLNT_GENDER_LABEL	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Date of birth (YYYYMM)	MRG_CLNT_BRTH_MTH	
<input type="checkbox"/> Age (calculated as of Jan 1 for each year of data)	CLNT_AGE_LABEL	
<input type="checkbox"/> Patient Health Authority (HA)	CLNT_HA_AREA	
<input type="checkbox"/> Patient Health Services Delivery Area (HSDA)	CLNT_HSDA	
<input type="checkbox"/> Patient Local Health Area (LHA) <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	CLNT_LHA	
<input type="checkbox"/> Forward Sortation Area (FSA) <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	CLNT_FRWRD_SORT_AREA (First 3 Characters)	

## PHARMACY INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Pharmacy identification number <b>Replaced by project-specific practitioner identification number</b>	FCTY_IDNT	
<input type="checkbox"/> Pharmacy Health Authority (HA)	FCTY_HA_AREA	
<input type="checkbox"/> Pharmacy Health Services Delivery Area (HSDA)	FCTY_HSDA	
<input type="checkbox"/> Pharmacy Local Health Area (LHA)	FCTY_LHA	
<input type="checkbox"/> Forward Sortation Area	FCTY_PSTL_CD (First 3 Characters)	

## PRACTITIONER INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Practitioner Label <b>Replaced by project-specific practitioner identification number</b>	PRSCR_PRAC_LABEL	
<input type="checkbox"/> Practitioner Health Authority (HA)	BEST_AVL_HA_AREA	
<input type="checkbox"/> Practitioner Health Services Delivery Area (HSDA)	BEST_AVL_HSDA	
<input type="checkbox"/> Practitioner Local Health Area (LHA) <i>Research rationale describing why this field is required must be supplied before it will be considered for release.</i>	BEST_AVL_LHA	
<input type="checkbox"/> Forward Sortation Area	BEST_AVL_PSTL_CD (First 3 Characters)	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Practitioner identification reference (code identifying the governing body from which practitioner receives licence)	PRSCR_PRAC_LIC_BODY_IDNT	
<input type="checkbox"/> Description of Practitioner's governing body	PRSCR_PRAC_LIC_BODY	
<input type="checkbox"/> Practitioner type (e.g., physician, dentist, nurse practitioner, podiatrist, midwife, veterinarian, pharmacist)	PRSCR_PRAC_PROF	
<input type="checkbox"/> Recent MSP billing practitioner specialty description (e.g. ophthalmology, general practice, nephrology, rheumatology)	RCNT_BLLG_SPTY_1-2	
<input type="checkbox"/> Recent college practitioner specialty type description (e.g., cardiology, neurology, paediatrics, urology)	RCNT_CLG_SPTY_1-2	

### RECORDS REQUESTED FOR (Choose one of the following)

<input type="checkbox"/> All medications. Rationale describing why all medications are required must be supplied. The rationale must clearly and specifically align with the stated project objectives and research methodology before it will be considered for release:
<input type="checkbox"/> Medications for drugs listed in drug file provided by applicant
<input type="checkbox"/> Multiple drug lists provided. Please describe drug list use by cohort (i.e. use drug list 1 for cohort 1):

### DRUG INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> DINPIN (drug information number as per drug list provided, field is mandatory)	HLTH_PROD_LABEL	
<input type="checkbox"/> Canadian brand name	DRUG_BRAND_NM	
<input type="checkbox"/> Chemical/generic name	GEN_DRUG	
<input type="checkbox"/> Drug strength	GEN_DRUG_STRGTH	
<input type="checkbox"/> Dosage form description (e.g., aerosol, tablet, capsule, liquid)	GEN_DSG_FORM	

## MEDICATION REVIEW

Medication Review Records (as of April 1, 2011)

*NOTE: claims record field values: PIN = 99000501 or 99000502 or 99000503, drug cost = 0, quantity and days supply = 1 and prescriber type = pharmacist. (Standard 99000501, Pharmacist Consultation 99000502 and Follow-up = 99000503)*

## MEDICATION/DISPENSING INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<p><i>NOTE: The medication history subsystem of PharmaNet includes all dispensed drugs in BC's community pharmacies. An extremely small amount of dispensed drugs however will be only registered through the claims system rather than through the dispense system and thus will not be identified in the medication history. At aggregate, statistical level it will not be significant, except maybe for rare diseases and medications. In that case also check the corresponding fields from the claims history table. Otherwise it is recommended to use only the medication history table.</i></p>		
<input type="checkbox"/> Date of service (date dispensed)	SRV_DATE	
<input type="checkbox"/> Quantity dispensed	DSPD_QTY	
<input type="checkbox"/> Days supply (estimate of number of days of prescription treatment)	DSPD_DAYS_SPLY	

## CLAIMS INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<p><i>NOTE: The PharmaNet Claims Information system of PharmaNet provides information on the financial aspect of drug dispensing. It does not include information on third party paid amounts. In principle, the information in the claims table is a subset of the information on the dispensing table, with additional financial information. However, a very small fraction of the dispensing events will be available only in the claims table. From an utilization perspective, the dispensing events information (date dispensed, quantity dispensed, days supply) from the claims table shouldn't be requested and only medication/dispensing information should be requested. The variables from the claims table could be requested if the PharmaCare plan information (Account Code &amp; Account description variables) is required for attaining the project objectives or if the financial information is required.</i></p> <p>Please provide a rationale aligned with project objectives if requesting cost information:</p>		
<input type="checkbox"/> Date of service (date dispensed)	SRV_DATE	
<input type="checkbox"/> Account code (Account type under which claim adjudicated)	PCARE_PLAN_LABEL	
<input type="checkbox"/> Account description (Account type under which claim adjudicated)	PCARE_PLAN	
<input type="checkbox"/> Quantity (actual quantity dispensed)	DSPD_QTY	
<input type="checkbox"/> Quantity accepted (pro-rated based on days supply accepted for payment by PharmaCare)	ACPT_QTY	
<input type="checkbox"/> Days supply (estimate number of days of treatment as submitted by pharmacist)	DSPD_DAYS_SPLY	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Days supply accepted (submitted amount may be reduced if greater than Special Authority, plan or DINPIN amount)	ACPT_DAYS_SPLY	
<input type="checkbox"/> Drug cost claimed by pharmacist	BLD_PROD_COST	
<input type="checkbox"/> Drug cost accepted by PharmaCare	ACPT_PROD_COST	
<input type="checkbox"/> Drug cost paid (submitted drug cost amount paid by PharmaCare)	PD_PROD_COST	
<input type="checkbox"/> Professional fee (dispensing fee claimed by pharmacist)	BLD_PROF_FEE	
<input type="checkbox"/> Professional fee accepted (dispensing fee amount accepted by PharmaCare)	ACPT_PROF_FEE	
<input type="checkbox"/> Professional fee paid (dispensing fee amount paid by PharmaCare)	PD_PROF_FEE	
<input type="checkbox"/> Special services fee (total amount claimed by pharmacist for special service e.g., consulted prescriber, action Rx issue)	BLD_SPEC_SRV_FEE	
<input type="checkbox"/> Special services fee paid (PharmaCare paid amount to pharmacy for special service)	PD_SPEC_SRV_FEE	
<input type="checkbox"/> Total Client Paid Amount. Calculated as Billed Ingredient Cost + Billed Professional Fee - Paid Ingredient Cost - Paid Professional Fee. This is the difference between claimed cost and paid cost. Note that this is the assumed amount paid by the client.	TOT_CLNT_PD_AMT	
<input type="checkbox"/> Total amount paid (PharmaCare amount paid for drug cost and professional fee)	TOT_PCARE_PD_AMT	
<input type="checkbox"/> Special authority flag Y/N	SPEC_AUTHY_FLG	
<input type="checkbox"/> Accumulated expenditure amount (first included in 2000)	ACUM_EXP_AMT	
<input type="checkbox"/> Claim Status	PCARE_PMT_STS_LABEL	
<input type="checkbox"/> Intervention Type Code	PRO_SRV_1-2_LABEL	
<input type="checkbox"/> Intervention Type Description	PROF_SRV_1-2	
<input type="checkbox"/> Additional PharmaCare variables	Please provide a detailed list of variables, description and rationale in a separate document (blank checklist available). The Ministry will assess the availability upon request.	

**ADDITIONAL INFORMATION/COMMENTS**

[Empty rectangular box for additional information or comments]