

# *PharmaCare Trends* *2007/08*



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.

Please note that previous publications provided data based on a calendar year. Data in this publication are provided for the fiscal year. Fiscal year reporting conforms with government reporting standards.

## 1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2007/08, Pharmaceutical Services Division, BC Ministry of Health Services, Victoria, BC. (2007/08).

## 1.2 Comments and Inquiries

Please direct comments and inquiries to [pharma@gov.bc.ca](mailto: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/HN 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 2008, 1,318,506<sup>1</sup> 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 provides dedicated coverage of prescription medications for permanent residents of licensed residential care facilities. Long-term care patients 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 2007/08 approximately 25,000 care facility patients 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 2007/08, Plan C expenditures represented just over 75.0% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 147,000 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 2007/08, over 270 individuals with cystic fibrosis received coverage under this plan. Only four other provinces have designated plans for cystic fibrosis.

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<sup>1</sup> Health Insurance BC, Fair PharmaCare Monthly Statistics Report, March 2008.

## **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 severely handicapped children 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 2007/08, there were over 2,380 children eligible for this plan.

## **2.6 No-Charge Psychiatric Medication Plan (Plan G)**

In 2007/08 approximately 22,000 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 as 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 8,890 patients received coverage under this plan in 2007/08.

## **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.

- As of May 2008, approximately 8,710 British Columbians have enrolled in the program since its inception in 1992.
- The Centre's expenditures doubled from approximately \$35 million in 2001/02 to \$70 million in 2007/08.

*For more information on PharmaCare programs and policies, please visit our website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare).*

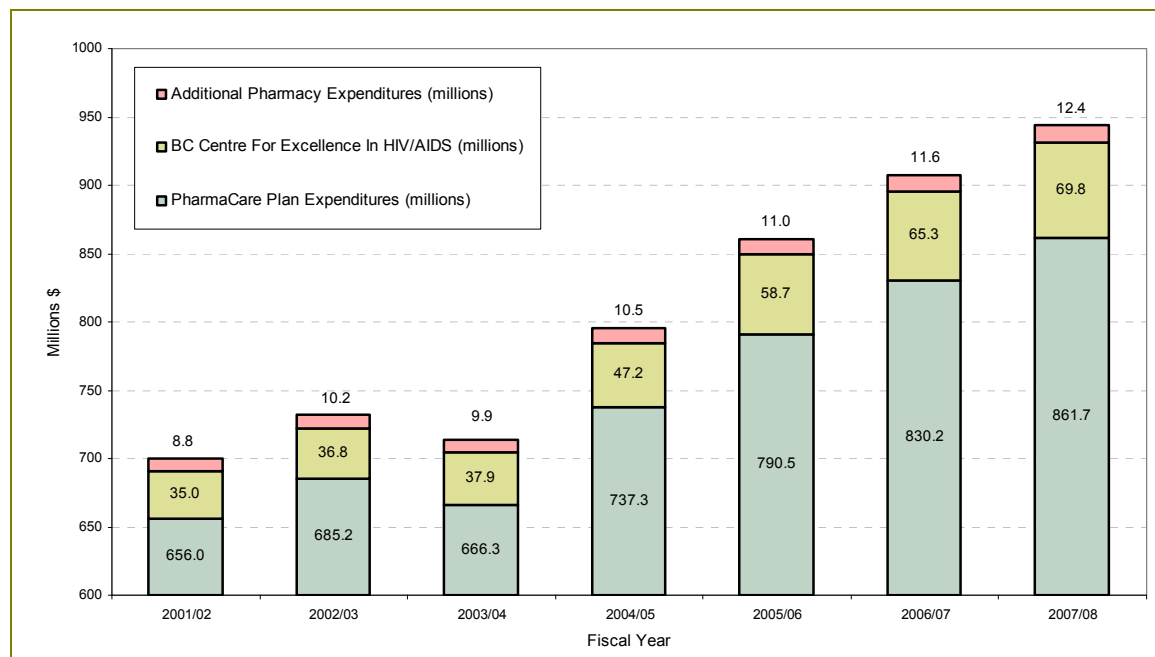
## 3. Expenditure Overview

### 3.1 Total Pharmaceutical Services Division Expenditures 2001/02 to 2007/08

The graph below depicts Pharmaceutical Services Division's total expenditures, including all plan expenditures, additional pharmacist payments, and expenditures for the B.C. Centre for Excellence in HIV/AIDS (the anti-retroviral drugs it provides are funded directly by Pharmaceutical Services Division).

The graph does not include 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 3.1—Total Pharmaceutical Services Division Expenditures 2001/02 to 2007/08**



Source: Ministry of Health Services, PharmaNet/HNData.

Notes: "Additional Pharmacy Expenditures" include capitation fees for PharmaCare Plan B, Methadone Maintenance Program interaction fees, Special Services fees, Rural Incentive Program prescription subsidies and Emergency Contraceptive Program counselling fees.

Figures exclude Pharmaceutical Services Division administration costs.

### 3.2 Plan Expenditures

PharmaCare plan expenditures remained relatively level between 2002/03 and 2003/04. After the implementation of Fair PharmaCare, expenditures increased by 29.3% from \$666.3 million in 2003/04 to \$861.7 million in 2007/08. Fair PharmaCare (Plan I) dominates plan expenditures in 2007/08 at 62.1%. The B.C. Income Assistance Plan (Plan C) constitutes 28.5% of plan expenditures. Combined, Plan C and Plan I accounted for more than 90% of plan expenditures in 2007/08.

Between the fiscal years 2001/02 and 2007/08 the number of claims covered by PharmaCare has increased by 53%, with an increased ingredient cost of 17%. Over this same period, there has been an increase in dispensing fee expenditures of approximately 151%.

### 3.3 Additional Pharmacy 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 fees<sup>2</sup>
- Special Services Fees (also known as "professional intervention fees"<sup>3</sup>)
- Rural Incentive Program prescription subsidies<sup>4</sup> paid to rural pharmacies
- Emergency Contraceptive Program counselling fees.

### 3.4 Key facts regarding additional pharmacy expenditures

- Additional pharmacy expenditures have increased by 41% from \$8.8 million in 2001/02 to \$12.4 million in 2007/08.
- Capitation fees<sup>5</sup> increased 17% from \$6.9 million in 2001/02 to \$8.1 million in 2007/08. The largest year-over-year increase was 22%, from \$6.7 million in 2005/06 to \$8.2 million in 2006/07, due to an increased capitation fee amount.
- Methadone interaction fees have increased over 46% from \$7.9 million in 2001/02 to \$11.6 million in 2007/08.
- In 2007/08, 36,890 special services fees were paid, totaling \$0.6 million of the additional pharmacy expenditures.
- In 2007/08, prescription subsidies for the Rural Incentive Program totaled \$0.10 million, which was a 43% increase from \$0.07 million in 2006/07.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Plan B capitation payments are based on the number of recognized beds a pharmacy has serviced in the past month.



## 4. PharmaCare Plan Expenditures, 2001/02 to 2007/08

### 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). Therefore, data do not include claims expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS, or additional pharmacy expenditures, unless otherwise noted.

In addition, claims expenditures are based on claims submitted by community pharmacies, and do not include hospital pharmacy claims 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, are noted in the relevant data tables.

#### Data Quality Note

Data were extracted from the Ministry of Health Services HNDData 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).





**Table 4.2 - PharmaCare Claims Expenditures: Plan A (Seniors)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims (millions)	7.33	6.81	0.60	-	-	-	-
Number of beneficiaries (millions)	0.45	0.42	0.21	-	-	-	-
Ingredient costs paid (millions)	\$322.00	\$308.64	\$26.89	-	-	-	-
Professional fees paid (millions)	\$16.34	\$39.92	\$3.44	-	-	-	-
<b>Total amount paid (millions)</b>	<b>\$338.34</b>	<b>\$348.56</b>	<b>\$30.33</b>	-	-	-	-
Avg number of claims per beneficiary	16.47	16.34	2.87	-	-	-	-
Avg total paid cost per beneficiary	\$760.23	\$836.45	\$145.73	-	-	-	-
Avg professional fee paid per claim	\$2.23	\$5.86	\$5.76	-	-	-	-
Avg ingredient cost paid per claim	\$43.92	\$45.33	\$45.09	-	-	-	-
Avg total amount paid per claim	\$46.15	\$51.20	\$50.86	-	-	-	-
Avg days' supply per claim	54.07	52.89	51.41	-	-	-	-

Source: Ministry of Health Services, PharmaNet/HNData.

Notes: Prior to 2001, Plan A beneficiaries (Seniors) received full coverage for all eligible drug and medical supply costs. Seniors paid the dispensing fee on all their prescriptions, until they reached a \$200 annual maximum.

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 Plan I (Fair PharmaCare).

**Table 4.3 - PharmaCare Claims Expenditures: Plan B (Permanent Residents of Licensed Residential Care Facilities)**

Fiscal Year	2001/02	2002/03	2003/04	2004/2005	2005/06	2006/07	2007/08
Number of claims (millions)	1.17	1.19	1.20	1.34	1.60	1.90	2.57
Number of beneficiaries (millions)	0.03	0.03	0.03	0.02	0.02	0.02	0.03
Ingredient costs paid (millions)	\$27.49	\$29.75	\$30.95	\$31.26	\$32.48	\$32.83	\$33.42
Capitation fees paid (millions)*	\$6.89	\$6.91	\$6.78	\$6.50	\$6.72	\$8.18	\$8.12
<b>Total amount paid (millions)</b>	<b>\$34.38</b>	<b>\$36.66</b>	<b>\$37.72</b>	<b>\$37.76</b>	<b>\$39.20</b>	<b>\$41.01</b>	<b>\$41.54</b>
Avg number of claims per beneficiary	45.40	46.93	48.39	54.74	66.14	77.94	101.85
Avg total paid cost per beneficiary	\$1,332.15	\$1,450.36	\$1,526.86	\$1,545.40	\$1,622.61	\$1,680.01	\$1,645.70
Avg capitation fee paid per claim	\$5.88	\$5.82	\$5.67	\$4.86	\$4.21	\$4.30	\$3.16
Avg ingredient cost paid per claim	\$23.46	\$25.08	\$25.89	\$23.37	\$20.33	\$17.25	\$13.00
Avg days' supply per claim	30.93	29.99	29.00	25.55	21.54	18.39	14.03

Source: Ministry of Health Services, PharmaNet/HNData.

\* Plan B does not have a professional fee; pharmacies are paid a monthly capitation rate. This amount is included in the above table.

Notes: In 2006, PharmaCare changed its payment policy to pharmacies servicing Plan B patients. 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.

Increasing the payment of capitation rates in 2006 resulted in a 21% increase in expenditures from \$6.7 million in 2005/06 to \$8.1 million in 2007/08.

**Table 4.4 - PharmaCare Claims Expenditures: Plan C (Recipients of B.C. Income Assistance)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims (millions)	4.61	4.91	5.66	6.17	6.72	7.32	8.16
Number of beneficiaries (millions)	0.21	0.18	0.17	0.16	0.15	0.15	0.15
Ingredient costs paid (millions)	\$114.95	\$122.22	\$144.68	\$154.95	\$164.44	\$169.82	\$177.25
Professional fees paid (millions)	\$32.15	\$37.02	\$45.66	\$50.59	\$55.55	\$60.92	\$68.52
<b>Total amount paid (millions)</b>	<b>\$147.09</b>	<b>\$159.24</b>	<b>\$190.34</b>	<b>\$205.54</b>	<b>\$219.99</b>	<b>\$230.75</b>	<b>\$245.76</b>
Avg number of claims per beneficiary	22.46	27.38	32.76	38.86	44.49	50.32	55.40
Avg total paid cost per beneficiary	\$716.48	\$888.89	\$1,101.78	\$1,295.58	\$1,457.44	\$1,586.86	\$1,669.55
Avg professional fee paid per claim	\$6.97	\$7.55	\$8.07	\$8.21	\$8.27	\$8.33	\$8.40
Avg ingredient cost paid per claim	\$24.93	\$24.92	\$25.56	\$25.13	\$24.49	\$23.21	\$21.73
Avg total amount paid per claim	\$31.90	\$32.47	\$33.63	\$33.34	\$32.76	\$31.54	\$30.13
Avg days' supply per claim	20.69	19.12	19.16	18.13	17.01	15.85	14.83

Source: Ministry of Health Services, PharmaNet/HNData.

**Table 4.5 - PharmaCare Claims Expenditures: Plan D (Cystic Fibrosis)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims	1,414	1,383	1,430	1,511	1,565	1,547	1,724
Number of beneficiaries	258	254	261	270	274	280	277
Ingredient costs paid (millions)	\$0.70	\$0.69	\$0.75	\$0.80	\$0.84	\$0.88	\$1.00
Professional fees paid (millions)	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.02
<b>Total amount paid (millions)</b>	<b>\$0.71</b>	<b>\$0.70</b>	<b>\$0.77</b>	<b>\$0.82</b>	<b>\$0.85</b>	<b>\$0.89</b>	<b>\$1.01</b>
Avg number of claims per beneficiary	5.48	5.44	5.48	5.60	5.71	5.53	6.22
Avg total paid cost per beneficiary	\$2,763.51	\$2,771.16	\$2,929.88	\$3,024.23	\$3,103.87	\$3,184.64	\$3,650.65
Avg professional fee paid per claim	\$6.79	\$7.31	\$7.91	\$8.21	\$8.29	\$8.33	\$8.46
Avg ingredient cost paid per claim	\$497.45	\$501.64	\$526.85	\$532.19	\$535.13	\$568.08	\$578.10
Avg total amount paid per claim	\$504.23	\$508.95	\$534.75	\$540.40	\$543.43	\$576.41	\$586.56
Avg days' supply per claim	53.00	52.21	45.61	44.33	46.70	47.39	43.20

Source: Ministry of Health Services, PharmaNet/HNData.

**Table 4.6 - PharmaCare Claims Expenditures: Plan E (Universal)**

Fiscal Year	2001/2002	2002/2003	2003/2004*	2004/2005	2005/2006	2006/2007	2007/2008
Number of claims (millions)	2.27	1.90	0.07	-	-	-	-
Number of beneficiaries (millions)	0.23	0.19	0.02	-	-	-	-
Ingredient costs paid (millions)	\$106.96	\$107.28	\$5.72	-	-	-	-
Professional fees paid (millions)	\$10.34	\$9.69	\$0.36	-	-	-	-
<b>Total amount paid (millions)</b>	<b>\$117.30</b>	<b>\$116.97</b>	<b>\$6.08</b>	-	-	-	-
Avg number of claims per beneficiary	9.70	10.15	3.72	-	-	-	-
Avg total paid cost per beneficiary	\$502.40	\$625.93	\$340.22	-	-	-	-
Avg professional fee paid per claim	\$4.57	\$5.11	\$5.42	-	-	-	-
Avg ingredient cost paid per claim	\$47.23	\$56.56	\$85.98	-	-	-	-
Avg total amount paid per claim	\$51.80	\$61.67	\$91.40	-	-	-	-
Avg days' supply per claim	43.07	42.11	34.45	-	-	-	-

Source: Ministry of Health Services, PharmaNet/HNData.

Notes: Prior to 2001, Plan E beneficiaries (Non-seniors) paid all their drug costs and dispensing fees until they reached an \$800 annual family deductible. Once the deductible was met, non-seniors paid 30% of their drug costs until they reached an annual family maximum of \$2,000. Once the annual maximum was met, PharmaCare covered 100% of all eligible drug costs for the rest of the year.

Non-seniors receiving Premium Assistance paid all their drug costs and dispensing fees until they reached a \$600 annual family deductible. Once the deductible was met, PharmaCare covered 100% of all eligible drug costs for the rest of the year. Recipients whose annual net income was \$20,000 or lower were eligible for Premium Assistance up until April 31, 2002. On May 1, 2002, the net income threshold was raised to \$24,000.

January 2002: Deductibles under Plan E increased to \$1,000 for non-seniors and \$800 for non-seniors receiving Premium Assistance.

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



**Table 4.7 - PharmaCare Claims Expenditures: Plan F (At Home Children)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims	27,976	28,100	28,787	30,099	33,852	36,546	38,388
Number of beneficiaries	1,989	2,016	2,072	2,096	2,287	2,328	2,390
Ingredient costs paid (millions)	\$2.88	\$3.10	\$3.29	\$3.45	\$3.75	\$3.85	\$3.96
Professional fees paid (millions)	\$0.19	\$0.20	\$0.22	\$0.24	\$0.27	\$0.29	\$0.31
<b>Total amount paid (millions)</b>	<b>\$3.07</b>	<b>\$3.30</b>	<b>\$3.51</b>	<b>\$3.69</b>	<b>\$4.02</b>	<b>\$4.15</b>	<b>\$4.27</b>
Avg number of claims per beneficiary	14.07	13.94	13.89	14.36	14.80	15.70	16.06
Avg total paid cost per beneficiary	\$1,544.52	\$1,636.92	\$1,691.98	\$1,759.41	\$1,755.65	\$1,781.22	\$1,787.47
Avg professional fee paid per claim	\$6.71	\$7.17	\$7.66	\$7.82	\$7.95	\$8.03	\$8.18
Avg ingredient cost paid per claim	\$103.10	\$110.27	\$114.12	\$114.70	\$110.66	\$105.43	\$103.11
Avg total amount paid per claim	\$109.81	\$117.44	\$121.78	\$122.52	\$118.61	\$113.46	\$111.29
Avg days' supply per claim	34.33	34.07	32.54	32.64	31.80	30.86	30.37

Source: Ministry of Health Services, PharmaNet/HNData.

**Table 4.8 - PharmaCare Claims Expenditures: Plan G (No-Charge Psychiatric Medication Plan)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims (millions)	0.22	0.28	0.33	0.38	0.43	0.47	0.50
Number of beneficiaries (millions)	0.01	0.02	0.02	0.02	0.02	0.02	0.02
Ingredient costs paid (millions)	\$9.57	\$12.04	\$14.27	\$15.33	\$17.00	\$17.51	\$16.91
Professional fees paid (millions)	\$1.58	\$2.08	\$2.67	\$3.09	\$3.58	\$3.94	\$4.24
<b>Total amount paid (millions)</b>	<b>\$11.14</b>	<b>\$14.12</b>	<b>\$16.94</b>	<b>\$18.43</b>	<b>\$20.57</b>	<b>\$21.44</b>	<b>\$21.15</b>
Avg number of claims per beneficiary	15.76	16.32	17.39	18.61	20.02	21.34	23.35
Avg total paid cost per beneficiary	\$786.16	\$837.46	\$888.45	\$909.84	\$954.08	\$970.77	\$981.30
Avg professional fee paid per claim	\$7.05	\$7.55	\$8.06	\$8.20	\$8.28	\$8.35	\$8.42
Avg ingredient cost paid per claim	\$42.82	\$43.77	\$43.03	\$40.69	\$39.38	\$37.14	\$33.61
Avg total amount paid per claim	\$49.88	\$51.32	\$51.09	\$48.89	\$47.66	\$45.49	\$42.03
Avg days' supply per claim	27.79	27.05	26.19	25.69	24.63	23.69	22.87

Source: Ministry of Health Services, PharmaNet/HNData.

**Table 4.9 - PharmaCare Claims Expenditures: Fair PharmaCare (Plan I)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims (millions)	-	-	8.39	10.30	11.15	11.83	12.49
Number of beneficiaries (millions)	-	-	0.66	0.65	0.65	0.63	0.61
Ingredient costs paid (millions)	-	-	\$318.91	\$394.14	\$419.15	\$438.43	\$448.14
Professional fees paid (millions)	-	-	\$54.26	\$68.18	\$75.29	\$81.47	\$87.36
<b>Total amount paid (millions)</b>	<b>-</b>	<b>-</b>	<b>\$373.16</b>	<b>\$462.32</b>	<b>\$494.44</b>	<b>\$519.91</b>	<b>\$535.51</b>
Avg number of claims per beneficiary	-	-	12.77	15.82	17.19	18.76	20.40
Avg total paid cost per beneficiary	-	-	\$568.15	\$710.21	\$762.22	\$824.32	\$874.44
Avg professional fee paid per claim	-	-	\$6.47	\$6.62	\$6.75	\$6.89	\$6.99
Avg ingredient cost paid per claim	-	-	\$38.02	\$38.26	\$37.58	\$37.05	\$35.88
Avg total amount paid per claim	-	-	\$44.49	\$44.88	\$44.33	\$43.94	\$42.88
Avg days' supply per claim	-	-	44.09	42.73	40.65	38.73	36.85

Source: Ministry of Health Services, PharmaNet/HNData.

Notes: Fair PharmaCare was introduced May 1, 2003, replacing Plans A and E. Deductibles and annual maximum amounts 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 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 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/pdf/APR2006Online.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/APR2006Online.pdf)

**Table 4.10 - PharmaCare Claims Expenditures: Palliative Care (Plan P)**

<b>Fiscal Year</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Number of claims	94,158	138,956	185,124	220,994	262,986	292,752	315,549
Number of beneficiaries	4,998	6,080	6,944	7,720	9,481	8,466	8,894
Ingredient costs paid (millions)	\$3.28	\$4.64	\$5.99	\$6.94	\$9.26	\$9.69	\$9.85
Professional fees paid (millions)	\$0.65	\$1.02	\$1.45	\$1.78	\$2.13	\$2.40	\$2.60
<b>Total amount paid (millions)</b>	<b>\$3.92</b>	<b>\$5.66</b>	<b>\$7.44</b>	<b>\$8.72</b>	<b>\$11.39</b>	<b>\$12.08</b>	<b>\$12.45</b>
Avg number of claims per beneficiary	18.84	22.85	26.66	28.63	27.74	34.58	35.48
Avg total paid cost per beneficiary	\$784.90	\$930.49	\$1,071.41	\$1,130.09	\$1,201.55	\$1,427.35	\$1,400.18
Avg professional fee paid per claim	\$6.86	\$7.33	\$7.86	\$8.06	\$8.10	\$8.18	\$8.25
Avg ingredient cost paid per claim	\$34.80	\$33.38	\$32.33	\$31.42	\$35.21	\$33.10	\$31.21
Avg total amount paid per claim	\$41.66	\$40.71	\$40.19	\$39.48	\$43.32	\$41.28	\$39.47
Avg days' supply per claim	19.7	19	17.74	17.26	16.57	15.91	15.5

Source: Ministry of Health Services, PharmaNet/HNData.

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

## 5. PharmaCare Data

### 5.1 PharmaCare Expenditures Since the Start of Fair PharmaCare

#### Growth in PharmaCare Expenditures in British Columbia

From 2003/04 to 2007/08, total PharmaCare plan claims expenditures grew by 29%. This increase in costs results from a number of external pressures, including:

- an aging population;
- introduction of newer and more expensive drugs (e.g., biologics and enzyme replacement therapies);
- new indications and better treatment outcomes involving drug therapy;
- newly-identified diseases and areas of pharmacology;
- increase in the number of prescriptions per patient;
- changes in treatment modalities (e.g., shift to outpatient care); and,
- increase in the price of generics.

From 2003/04 to 2007/08, the number of claims that received some level of PharmaCare coverage increased by 46% and the average number of claims per beneficiary increased by 65%. As the B.C. population ages, the average number of claims per beneficiary is expected to increase.

In comparison, population growth in the province during the same five-year period contributed to increased expenditures, but to a much lesser degree. Increasing drug utilization eclipsed the 5.4% population growth, adding to the pressure on the PharmaCare program.

**Table 5.1 - Comparison of PharmaCare claims expenditures for selected fiscal years**

Fiscal Year	4 Years Ago	1 Year Ago	2007/2008	1 Year Change	4 Year Change
	2003/2004	2006/2007			
Number of claims (millions)	16.453	21.853	24.075	10.2%	46.3%
Number of beneficiaries (millions)	0.892	0.806	0.791	-1.9%	-11.3%
Avg number of claims per beneficiary	18.444	27.118	30.442	12.3%	65.1%
Ingredient costs paid (millions)	\$551.44	\$673.01	\$690.52	2.6%	25.2%
Professional fees paid (millions)	\$114.84	\$157.22	\$171.17	8.9%	49.0%
<b>Total amount paid (millions)</b>	<b>\$666.28</b>	<b>\$830.23</b>	<b>\$861.69</b>	<b>3.8%</b>	<b>29.3%</b>
Avg total amount paid per claim	\$40.50	\$37.99	\$35.79	-5.8%	-11.6%
Avg days' supply per claim	33.97	28.66	26.37	-8.0%	-22.4%
Avg total paid cost per beneficiary	\$746.89	\$1,030.24	\$1,089.56	5.8%	45.9%
Total B.C. Population	4,155,370	4,320,255	4,380,256	1.4%	5.4%

Source: Ministry of Health Services, PharmaNet/HNData.

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.

## 5.2 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 distinct products by the **Drug Identification Number (DIN)** assigned by Health Canada.
2. By the active chemical ingredient in the drug.

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*.

DINs approved for use by Health Canada 2007/08 <sup>1</sup>	6,826
DINs eligible for PharmaCare coverage in 2007/08 <sup>1 and 2</sup>	4,328
DINs that received PharmaCare reimbursement in 2007/08 <sup>1 and 3</sup>	3,784
Unique chemicals approved for use by Health Canada in 2007/08 <sup>1</sup>	1,209
Unique chemicals eligible for PharmaCare coverage in 2007/08 <sup>1 and 2</sup>	667
Unique chemicals that received PharmaCare reimbursement in 2007/08 <sup>1 and 3</sup>	652

Sources: Ministry of Health Services, PharmaNet/HNData.

Health Canada, Drug Product Database.

Notes: PSD has changed the method of generating the above table to be more consistent with the Health Canada Drug Products Database. The numbers reported above cannot be compared with previous annual or trend reports.

<sup>1</sup> This includes only those DINs/chemicals that are (a) found in the Health Canada database, (b) approved by Health Canada for human use, (c) currently available, and (d) assigned to the schedules ETHICAL, HOMEOPATHIC or OVER-THE-COUNTER (OTC).

<sup>2</sup> As of March 31, 2008, each DIN/chemical was covered under at least one PharmaCare plan.

<sup>3</sup> In the last fiscal year, one or more PharmaCare clients was reimbursed for this DIN/chemical.

## 5.3 Formulary Expansion

Between January 1, 2007, and March 31, 2008<sup>6</sup>, PharmaCare funded 40 new brand name drugs<sup>7</sup>, and nearly 70 generic drugs<sup>8</sup>.

<sup>6</sup> As the previous Pharmaceutical Services Annual Performance Report was for calendar year 2006 and this report is for fiscal year 2007/08, information for January through March 2007 has been included.

<sup>7</sup> 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.

## 5.4 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 5.2 - Top Ten Drugs by PharmaCare Reimbursement 2007/2008**

Generic Name	Typical Usage	PharmaCare Reimbursement
ATORVASTATIN	High cholesterol	\$51.3 million
OLANZAPINE	Schizophrenia, psychosis	\$30.1 million
RAMIPRIL	High blood pressure	\$24.2 million
RABEPRAZOLE	Stomach acid	\$22.7 million
QUETIAPINE	Schizophrenia, psychosis	\$21.5 million
INTERFERON BETA	Multiple sclerosis	\$17.0 million
VENLAFAXINE	Depression	\$16.2 million
METHADONE	Opioid addiction / Pain	\$16.0 million
GABAPENTIN	Epilepsy	\$16.0 million
ETANERCEPT	Arthritis	\$14.0 million

Source: Ministry of Health Services, PharmaNet/HNData.

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

**Table 5.3 - Top Ten Drugs by Number of PharmaCare Beneficiaries 2007/2008**

Generic Name	Typical Usage	Distinct Beneficiaries
ACETAMINOPHEN WITH CODEINE 30MG	Pain and fever	129,000
RAMIPRIL	High blood pressure	118,000
ATORVASTATIN	High cholesterol	114,000
AMOXICILLIN	Bacterial infection	109,000
HYDROCHLOROTHIAZIDE	High blood pressure	106,000
LEVOTHYROXINE	Hypothyroidism	93,000
METFORMIN	Diabetes	79,000
SALBUTAMOL	Asthma and lung diseases	76,000
LORAZEPAM	Anxiety	76,000
CIPROFLOXACIN	Bacterial infection	70,000

Source: Ministry of Health Services, PharmaNet/HNData.

<sup>8</sup> Formulary Management database Pharmaceutical Services Division, Ministry of Health Services.

## 5.5 PharmaCare Beneficiaries

### PharmaCare Beneficiaries 2007/08

As shown below, a total of 790,862 provincial residents (18% of the entire B.C. population) received PharmaCare benefits in 2007/08.

The table below documents the number of PharmaCare beneficiaries in 2007/08 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2007/08 increased with age. Nearly 95% of B.C. residents age 90+ received PharmaCare assistance in 2007/08.

**Table 5.4 - PharmaCare Beneficiaries by Age Group 2007/2008**

Age Group	Total BC Population*	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	210,353	12,307	5.9%
5-9	221,514	14,243	6.4%
10-14	257,628	14,875	5.8%
15-19	283,934	21,472	7.6%
20-24	310,438	27,157	8.7%
25-29	295,672	31,564	10.7%
30-34	288,396	24,396	8.5%
35-39	320,113	26,565	8.3%
40-44	346,562	31,792	9.2%
45-49	360,837	40,058	11.1%
50-54	337,182	44,879	13.3%
55-59	297,037	50,214	16.9%
60-64	232,773	60,063	25.8%
65-69	174,758	72,930	41.7%
70-74	145,018	90,999	62.8%
75-79	123,486	86,911	70.4%
80-84	91,215	68,886	75.5%
85-89	55,046	44,802	81.4%
90+	28,294	26,749	94.5%
<b>Total</b>	<b>4,380,256</b>	<b>790,862</b>	<b>18.1%</b>

Sources: Ministry of Health Services, PharmaNet/HNDData.

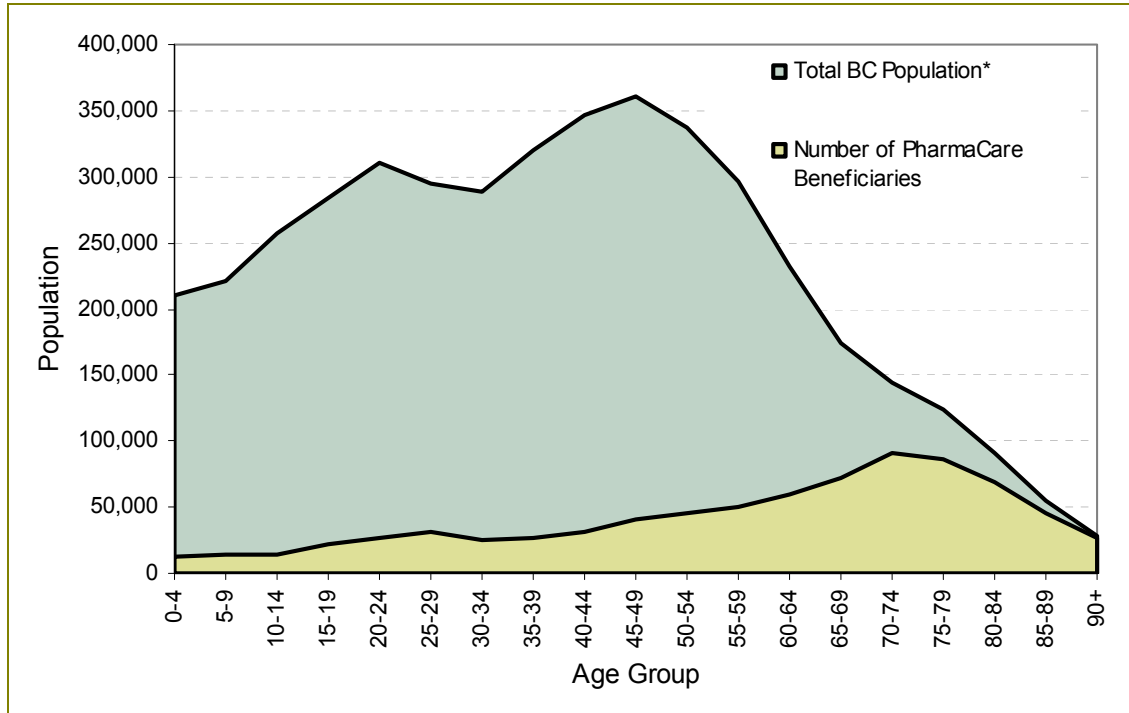
PEOPLE 33, Population estimates (1986-2007) and projections (2008-2036) by BC STATS, Service BC, BC Ministry of Labour and Citizens' Services.



## PharmaCare Beneficiaries Compared to B.C. Population 2007/08

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 5.5—PharmaCare Beneficiaries in 2007/08 Compared to B.C. Population**



Sources: Ministry of Health Services, PharmaNet/HNDData.

PEOPLE 33, Population estimates (1986-2007) and projections (2008-2036) by BC STATS, Service BC, BC Ministry of Labour and Citizens' Services.

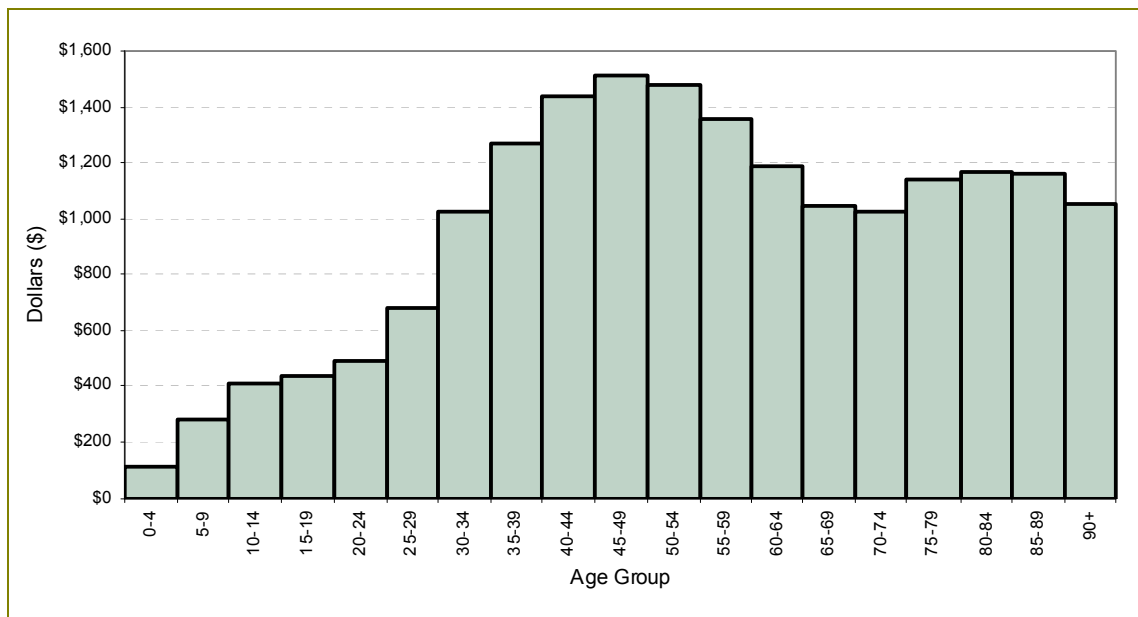
### Average Annual PharmaCare Expenditures per Beneficiary by Age Group 2007/08

PharmaCare beneficiaries who are middle-aged (35 to 64 years) had the highest per-beneficiary expenditure in 2007/08; ranging from \$1,507 for those aged 45 to 49 years to \$1,185 for those aged 60 to 64 years.

PharmaCare beneficiaries who are seniors (65 years or older) had the second highest per-beneficiary expenditure in 2007/08; ranging from the highest average per-beneficiary expenditure at \$1,162 for those aged 80 to 84 years and the lowest average per-beneficiary expenditure at \$1,022 for those aged 70 to 74 years.

In 2007/08, middle-aged PharmaCare beneficiaries represent a smaller proportion of beneficiaries when compared to seniors. Of the province's total middle-aged population, 13% are PharmaCare beneficiaries whereas 63% of the province's seniors are PharmaCare beneficiaries.

**Graph 5.6—Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2007/08**



Source: Ministry of Health Services, PharmaNet/HNData.

Note: Figures exclude capitation fees.

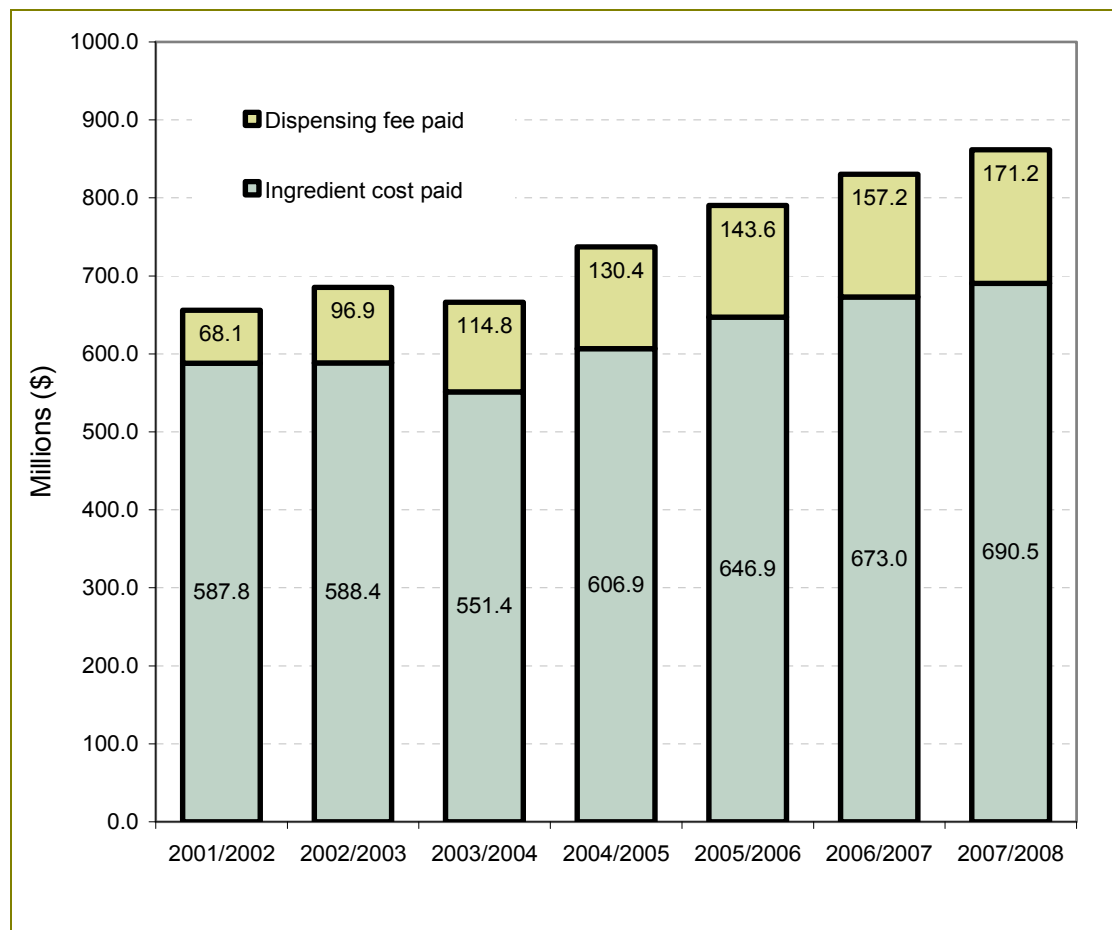
## 5.6 Drug Costs and Fees

### Total Ingredient Costs and Dispensing Fees Paid, 2001/02-2007/08

The graph below plots total drug ingredient costs and total dispensing fees paid across all plans over the seven-year period from 2001/02 to 2007/08.

The graph illustrates that the total amount PharmaCare paid in dispensing fees for all plans increased by 151%—from \$68 million in 2001/02 to \$171 million in 2007/08. The total amount PharmaCare paid in drug ingredient costs for all plans increased by 18%—from \$588 million in 2001/02 to \$691 million in 2007/08.

**Graph 5.7—Total Ingredient Costs and Dispensing Fees Paid by PharmaCare for All Plans: 2001/02 – 2007/08**



Source: Ministry of Health Services, PharmaNet/HNData.

## 5.7 Average Cost per Claim for all Plans 2001/02 - 2007/08

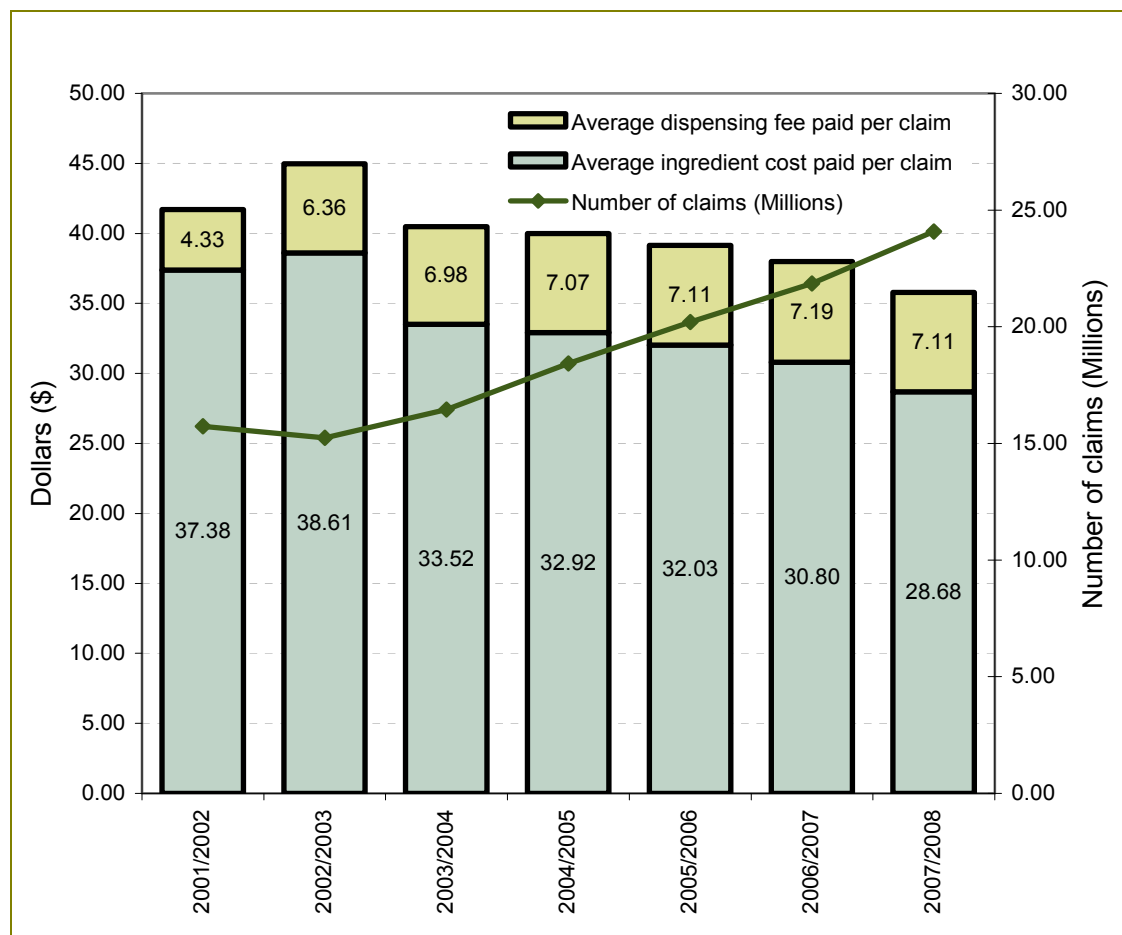
The following graph shows the average PharmaCare payment per claim from 2001/02 to 2007/08. The average dispensing fee paid per claim has increased by 64%—from \$4.33 in 2001/2002 to \$7.11 in 2007/2008. The average paid ingredient cost per claim has decreased by 23%—from \$37.38 in 2001/02 to \$28.68 in 2007/08.

PharmaCare sets a maximum dispensing fee it will cover per prescription. A pharmacy may charge any amount for the dispensing fee but must charge the same amount to all patients for all prescriptions dispensed. On prescriptions paid by PharmaCare, the patient pays any amount charged above the PharmaCare maximum dispensing fee.

Increases in the average dispensing fee paid per claim are likely due to increases in the dispensing fee charged by pharmacies; whereas decreases in the average ingredient cost paid per claim are likely due to decrease in days' supply.

The maximum dispensing fee paid by PharmaCare as of March 31, 2008, was \$8.60.

**Graph 5.8—Average Ingredient Cost and Dispensing Fee Paid by PharmaCare per Claim and Number of Claims for all Plans per Year, 2001/02 to 2007/08**



Source: Ministry of Health Services, PharmaNet/HNData.

## 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](http://www.health.gov.bc.ca)
- BC PharmaCare [www.health.gov.bc.ca/pharme](http://www.health.gov.bc.ca/pharme)
- BC eHealth [www.health.gov.bc.ca/ehealth](http://www.health.gov.bc.ca/ehealth)
- BC Mental Health and Addictions [www.health.gov.bc.ca/mhd](http://www.health.gov.bc.ca/mhd)
- Therapeutics Initiative [www.ti.ubc.ca](http://www.ti.ubc.ca)
- BC Centre for Excellence in HIV/AIDS [www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)
- College of Pharmacists of BC [www.bcpharmacists.org](http://www.bcpharmacists.org)
- College of Physicians & Surgeons of BC [www.cpsbc.ca](http://www.cpsbc.ca)
- College of Dental Surgeons of BC [www.cdsbc.org](http://www.cdsbc.org)
- College of Midwives of BC [www.cmbc.bc.ca](http://www.cmbc.bc.ca)
- College of Registered Nurses of British Columbia [www.crnbc.ca](http://www.crnbc.ca)
- College of Optometrists of BC [www.optometrybc.com/](http://www.optometrybc.com/)
- BC Association of Podiatrists [www.foothealth.ca](http://www.foothealth.ca)
- BC Medical Association [www.bcma.org](http://www.bcma.org)
- BC Pharmacy Association [www.bcpharmacy.ca](http://www.bcpharmacy.ca)

### Provincial websites

- Alberta Health and Wellness [www.health.gov.ab.ca/ahcip/ahcip\\_prescription.html](http://www.health.gov.ab.ca/ahcip/ahcip_prescription.html)
- Saskatchewan Health [www.health.gov.sk.ca/ps\\_drug\\_plan.html](http://www.health.gov.sk.ca/ps_drug_plan.html)
- Manitoba PharmaCare Program [www.gov.mb.ca/health/pharmacare/index.html](http://www.gov.mb.ca/health/pharmacare/index.html)
- Ontario Drug Benefit Program [www.health.gov.on.ca/english/public/pub/drugs/odb.html](http://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](http://www.ramq.gouv.qc.ca/en/citoyens/assurancemedicaments/index.shtml)
- Newfoundland & Labrador Prescription Drug Program [www.gov.nf.ca/health/nlpdf](http://www.gov.nf.ca/health/nlpdf)
- Nova Scotia PharmaCare [www.gov.ns.ca/health/pharmacare/](http://www.gov.ns.ca/health/pharmacare/)
- New Brunswick Prescription Drug Program [www.qnb.ca/0212/en/index.htm](http://www.qnb.ca/0212/en/index.htm)
- Prince Edward Island Health Services [www.gov.pe.ca/hss/index.php3](http://www.gov.pe.ca/hss/index.php3)
- Northwest Territories Health Programs [www.hlthss.gov.nt.ca](http://www.hlthss.gov.nt.ca)
- Yukon Health & Social Services [www.hss.gov.yk.ca](http://www.hss.gov.yk.ca)
- Government of Nunavut Health and Social Services [www.gov.nu.ca/health](http://www.gov.nu.ca/health)

**Federal websites**

- Health Canada [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Health Canada, Drug Product Database [www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index_e.html)
- Public Health Agency of Canada [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)
- Canadian Institute for Health Information [www.cihi.ca](http://www.cihi.ca)
- Patented Medicine Prices Review Board [www.pmprb-cepmb.gc.ca](http://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](http://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](http://www.cadth.ca/index.php/en/compus)

**Canadian association websites**

- Canadian Pharmacists Association [www.pharmacists.ca](http://www.pharmacists.ca)
- Canadian Medical Association [www.cma.ca](http://www.cma.ca)