

# PharmaCare Trends

2015/16



Pharmaceutical Services Division  
Health Sector Information, Analysis and Reporting Division

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Health

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# 1. Introduction

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

Data in this publication 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 2015/16, Pharmaceutical Services Division and Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health, Victoria, BC. (2015/16).

## 1.2 Comments and Inquiries

Please direct comments and inquiries:

- by e-mail to [pharma@gov.bc.ca](mailto:pharma@gov.bc.ca); or
- by mail to PharmaCare Information, Policy and Evaluation Branch, Pharmaceutical Services 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 2016, there were 1,246,615<sup>1</sup> families registered for Fair PharmaCare.

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

B.C. provides dedicated coverage of prescription medications for permanent residents of licensed residential care facilities. Individuals in residential care receive 100% coverage of eligible prescription costs. They are not required to meet a deductible or make co-payments and coverage is provided automatically beginning the first day the patient becomes a resident at a facility. In 2015/16, approximately 30,000 British Columbians benefited from this coverage.

### 2.3 Recipients of B.C. 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 from the Ministry of Social Development and Social Innovation 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 2015/16, Plan C expenditures represented just over 77% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 173,000 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 accepted maximum.

In 2015/16, over 340 individuals with cystic fibrosis received coverage under this plan. Only four other provinces have designated plans for cystic fibrosis.

<sup>1</sup> Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas Data.

## 2.5 Children Eligible Through the At Home Program of the Ministry of Children and Family Development (Plan F)

The At Home Program provides community-based, family-style care for children with disabilities age 18 or under who would otherwise become reliant on institutional care.

Plan F provides eligible benefits—at no charge—to children receiving “full” or “medical only” benefits under the At Home Program. Both the dispensing fee and 100% of eligible drug costs are covered. In 2015/16, there were 3,100 children eligible for this plan.

## 2.6 Psychiatric Medications Plan (Plan G)

PharmaCare delivers a plan dedicated to assisting mental health patients. In 2015/16, approximately 35,000 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 and Substance Use Centres and Child and Youth Mental Health service centres confirm patient eligibility.

## 2.7 Palliative Care Drug Plan (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 12,000 patients received coverage under this plan in 2015/16.

## 2.8 Smoking Cessation-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 2015/16, the program provided approximately 63,000 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.

For more information on PharmaCare programs and policies, visit [www.gov.bc.ca/pharmacare](http://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 <a href="#">Your Voice</a> website.
	BC PharmaCare online <a href="#">Formulary Search</a> 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.



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	The Alzheimer's Drug Therapy Initiative (ADTI) is completed and coverage of cholinesterase inhibitor drugs for Alzheimer's disease begins.

## 4. PharmaCare Plan Expenditures, 2009/10 to 2015/16

### 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)

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	26.69	28.03	29.77	30.83	31.87	32.45	32.92
Number of beneficiaries (millions)	0.78	0.79	0.82	0.79	0.76	0.74	0.74
Ingredient costs paid (millions)	\$769.36	\$784.36	\$767.49	\$748.98	\$722.99	\$721.92	\$925.01
Professional + capitation fees paid (millions)	\$170.33	\$187.94	\$215.29	\$222.83	\$227.04	\$227.66	\$231.07
<b>Total amount paid (millions)</b>	<b>\$939.69</b>	<b>\$972.30</b>	<b>\$982.78</b>	<b>\$971.81</b>	<b>\$950.03</b>	<b>\$949.58</b>	<b>\$1,156.08</b>
Avg number of claims per beneficiary	34.24	35.49	36.49	38.87	42.03	43.98	44.39
Avg total paid cost per beneficiary*	\$1,205.55	\$1,231.17	\$1,204.64	\$1,225.35	\$1,252.75	\$1,287.02	\$1,558.66
Avg professional fees paid per claim*	\$6.38	\$6.71	\$7.23	\$7.23	\$7.12	\$7.02	\$7.02
Avg ingredient cost paid per claim	\$28.83	\$27.99	\$25.78	\$24.29	\$22.68	\$22.25	\$28.10
Avg total amount paid per claim*	\$35.21	\$34.69	\$33.02	\$31.52	\$29.81	\$29.26	\$35.12
Avg days' supply per claim	24.20	23.51	22.40	21.16	19.90	19.10	18.34

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

Notes:

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

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	3.72	3.99	4.23	4.41	4.75	4.78	4.67
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$37.59	\$37.37	\$34.36	\$32.53	\$30.75	\$27.77	\$26.88
Capitation fees paid (millions)	\$8.96	\$9.64	\$11.59	\$11.76	\$12.93	\$11.20	\$12.94
<b>Total amount paid (millions)</b>	<b>\$46.55</b>	<b>\$47.01</b>	<b>\$45.95</b>	<b>\$44.29</b>	<b>\$43.68</b>	<b>\$38.97</b>	<b>\$39.82</b>
Avg number of claims per beneficiary	135.00	141.52	148.91	151.81	161.30	157.36	156.27
Avg total paid cost per beneficiary	\$1,688.64	\$1,668.57	\$1,618.42	\$1,524.10	\$1,484.43	\$1,283.80	\$1,331.65
Avg professional fees paid per claim*	\$2.41	\$2.42	\$2.74	\$2.67	\$2.72	\$2.34	\$2.77
Avg ingredient cost paid per claim	\$10.10	\$9.37	\$8.13	\$7.37	\$6.48	\$5.81	\$5.75
Avg total amount paid per claim	\$12.51	\$11.79	\$10.87	\$10.04	\$9.20	\$8.16	\$8.52
Avg days' supply per claim	10.61	10.07	9.69	9.35	8.83	8.60	8.51

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

## Notes:

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

In 2006, PharmaCare changed its payment policy for pharmacy services to residential care facilities. Before 2006, Plan B monthly capitation payments were based on the number of recognized beds a pharmacy had serviced in the previous month. As of January 1, 2006, the pharmacy monthly capitation rate was changed to \$35 per patient registered for Plan B. As of October 10, 2010, the Plan B pharmacy monthly capitation rate was increased from \$35.00 per month per serviced bed to \$43.75

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	9.31	10.02	10.92	11.59	12.26	12.63	13.08
Number of beneficiaries (millions)	0.17	0.18	0.18	0.17	0.17	0.17	0.17
Ingredient costs paid (millions)	\$207.26	\$214.09	\$206.33	\$202.12	\$191.14	\$191.26	\$261.08
Professional fees paid (millions)	\$70.63	\$79.93	\$93.18	\$98.79	\$103.00	\$105.16	\$107.28
<b>Total amount paid (millions)</b>	<b>\$277.89</b>	<b>\$294.02</b>	<b>\$299.51</b>	<b>\$300.91</b>	<b>\$294.14</b>	<b>\$296.42</b>	<b>\$368.36</b>
Avg number of claims per beneficiary	54.51	56.45	61.19	66.46	70.68	74.00	75.63
Avg total paid cost per beneficiary	\$1,627.59	\$1,656.81	\$1,677.90	\$1,725.83	\$1,695.35	\$1,736.19	\$2,129.37
Avg professional fees paid per claim	\$7.59	\$7.98	\$8.53	\$8.53	\$8.40	\$8.32	\$8.20
Avg ingredient cost paid per claim	\$22.27	\$21.37	\$18.89	\$17.44	\$15.59	\$15.14	\$19.95
Avg total amount paid per claim	\$29.86	\$29.35	\$27.42	\$25.97	\$23.99	\$23.46	\$28.15
Avg days' supply per claim	14.71	14.42	13.80	13.14	12.60	12.31	11.99

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims	1,779	1,830	1,985	1,938	1,987	1,941	2,015
Number of beneficiaries	282	289	294	306	324	332	346
Ingredient costs paid (millions)	\$1.11	\$1.12	\$1.28	\$1.28	\$1.50	\$1.51	\$1.68
Professional fees paid	\$14,903.63	\$15,954.04	\$18,859.26	\$18,409.85	\$18,833.35	\$18,433.53	\$18,823.89
<b>Total amount paid (millions)</b>	<b>\$1.12</b>	<b>\$1.14</b>	<b>\$1.30</b>	<b>\$1.30</b>	<b>\$1.52</b>	<b>\$1.53</b>	<b>\$1.70</b>
Avg number of claims per beneficiary	6.31	6.33	6.75	6.33	6.13	5.85	5.82
Avg total paid cost per beneficiary	\$3,977.92	\$3,944.55	\$4,410.73	\$4,242.19	\$4,675.84	\$4,600.27	\$4,909.93
Avg professional fees paid per claim	\$8.38	\$8.72	\$9.50	\$9.50	\$9.48	\$9.50	\$9.34
Avg ingredient cost paid per claim	\$622.19	\$614.22	\$643.78	\$660.32	\$752.96	\$777.36	\$833.75
Avg total amount paid per claim	\$630.56	\$622.94	\$653.28	\$669.82	\$762.44	\$786.86	\$843.10
Avg days' supply per claim	41.53	41.36	39.42	42.18	43.42	44.21	43.90

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims	39,598	42,314	45,262	46,206	47,012	49,907	49,510
Number of beneficiaries	2,490	2,625	2,722	2,784	2,873	2,943	3,067
Ingredient costs paid (millions)	\$4.22	\$4.45	\$4.80	\$4.64	\$4.97	\$5.05	\$5.11
Professional fees paid (millions)	\$0.32	\$0.37	\$0.42	\$0.44	\$0.45	\$0.46	\$0.46
<b>Total amount paid (millions)</b>	<b>\$4.54</b>	<b>\$4.82</b>	<b>\$5.22</b>	<b>\$5.08</b>	<b>\$5.42</b>	<b>\$5.51</b>	<b>\$5.57</b>
Avg number of claims per beneficiary	15.90	16.12	16.63	16.60	16.36	16.96	16.14
Avg total paid cost per beneficiary	\$1,825.07	\$1,834.02	\$1,916.67	\$1,822.36	\$1,885.02	\$1,871.46	\$1,816.15
Avg professional fees paid per claim	\$8.11	\$8.65	\$9.28	\$9.49	\$9.47	\$9.27	\$9.35
Avg ingredient cost paid per claim	\$106.65	\$105.13	\$105.98	\$100.31	\$105.73	\$101.09	\$103.15
Avg total amount paid per claim	\$114.76	\$113.78	\$115.27	\$109.80	\$115.20	\$110.36	\$112.51
Avg days' supply per claim	30.79	30.43	30.02	30.11	30.55	29.17	30.01

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	0.54	0.60	0.69	0.75	0.82	0.96	1.02
Number of beneficiaries (millions)	0.02	0.03	0.03	0.03	0.03	0.04	0.04
Ingredient costs paid (millions)	\$18.05	\$19.38	\$19.11	\$20.31	\$20.04	\$21.97	\$20.87
Professional fees paid (millions)	\$4.32	\$5.06	\$6.15	\$6.73	\$7.32	\$8.46	\$8.90
<b>Total amount paid (millions)</b>	<b>\$22.37</b>	<b>\$24.44</b>	<b>\$25.26</b>	<b>\$27.04</b>	<b>\$27.36</b>	<b>\$30.43</b>	<b>\$29.77</b>
Avg number of claims per beneficiary	22.86	22.87	23.59	24.49	25.36	27.12	28.62
Avg total paid cost per beneficiary	\$943.43	\$924.24	\$869.22	\$880.36	\$846.08	\$862.82	\$839.39
Avg professional fees paid per claim	\$7.97	\$8.37	\$8.97	\$8.95	\$8.93	\$8.84	\$8.77
Avg ingredient cost paid per claim	\$33.30	\$32.04	\$27.87	\$26.99	\$24.44	\$22.97	\$20.55
Avg total amount paid per claim	\$41.27	\$40.41	\$36.84	\$35.94	\$33.36	\$31.81	\$29.32
Avg days' supply per claim	23.23	23.05	22.73	22.23	21.72	20.58	19.44

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.



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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	12.71	12.98	13.35	13.46	13.40	13.42	13.41
Number of beneficiaries (millions)	0.57	0.57	0.57	0.55	0.52	0.50	0.48
Ingredient costs paid (millions)	\$489.02	\$494.71	\$479.84	\$467.15	\$455.31	\$455.40	\$583.73
Professional fees paid (millions)	\$83.33	\$89.83	\$99.34	\$100.19	\$98.34	\$97.40	\$95.94
<b>Total amount paid (millions)</b>	<b>\$572.35</b>	<b>\$584.54</b>	<b>\$579.18</b>	<b>\$567.34</b>	<b>\$553.65</b>	<b>\$552.80</b>	<b>\$679.67</b>
Avg number of claims per beneficiary	22.15	22.60	23.57	24.65	25.97	27.01	28.02
Avg total paid cost per beneficiary	\$997.44	\$1,017.83	\$1,022.51	\$1,038.86	\$1,073.50	\$1,112.98	\$1,419.95
Avg professional fees paid per claim	\$6.56	\$6.92	\$7.44	\$7.44	\$7.34	\$7.26	\$7.15
Avg ingredient cost paid per claim	\$38.47	\$38.12	\$35.94	\$34.70	\$33.99	\$33.94	\$43.52
Avg total amount paid per claim	\$45.03	\$45.05	\$43.38	\$42.14	\$41.33	\$41.20	\$50.67
Avg days' supply per claim	35.40	34.91	33.62	32.06	30.61	29.34	28.03

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

## 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](http://www.gov.bc.ca/fairpharmacare).

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

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	0.37	0.40	0.43	0.48	0.52	0.54	0.57
Number of beneficiaries	9,862	10,579	10,924	11,084	11,251	11,549	12,152
Ingredient costs paid (millions)	\$12.11	\$13.23	\$13.91	\$13.67	\$13.21	\$13.26	\$14.92
Professional fees paid (millions)	\$2.75	\$3.10	\$3.63	\$4.02	\$4.26	\$4.27	\$4.45
<b>Total amount paid (millions)</b>	<b>\$14.86</b>	<b>\$16.33</b>	<b>\$17.54</b>	<b>\$17.69</b>	<b>\$17.47</b>	<b>\$17.53</b>	<b>\$19.37</b>
Avg number of claims per beneficiary	37.19	37.38	39.44	42.93	46.49	46.89	47.09
Avg total paid cost per beneficiary	\$1,507.18	\$1,543.44	\$1,605.08	\$1,595.52	\$1,552.76	\$1,517.83	\$1,593.54
Avg professional fees paid per claim	\$7.51	\$7.84	\$8.41	\$8.44	\$8.14	\$7.89	\$7.77
Avg ingredient cost paid per claim	\$33.02	\$33.45	\$32.28	\$28.72	\$25.26	\$24.48	\$26.06
Avg total amount paid per claim	\$40.53	\$41.29	\$40.69	\$37.16	\$33.40	\$32.37	\$33.84
Avg days' supply per claim	15.57	15.29	14.86	13.71	12.39	11.89	11.45

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

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

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Number of claims (millions)	0.10	0.09	0.08	0.07	0.11
Number of beneficiaries	51,985	49,743	40,406	36,720	62,723
Ingredient costs paid (millions)	\$7.85	\$7.29	\$6.08	\$5.70	\$10.75
Professional fees paid (millions)	\$0.95	\$0.88	\$0.73	\$0.68	\$1.08
<b>Total amount paid (millions)</b>	<b>\$8.80</b>	<b>\$8.17</b>	<b>\$6.81</b>	<b>\$6.38</b>	<b>\$11.83</b>
Avg number of claims per beneficiary	1.95	1.85	1.90	1.94	1.79
Avg total paid cost per beneficiary	\$169.43	\$164.22	\$168.58	\$173.70	\$188.70
Avg professional fees paid per claim	\$9.43	\$9.58	\$9.55	\$9.59	\$9.66
Avg ingredient cost paid per claim	\$77.57	\$79.07	\$79.17	\$79.94	\$95.84
Avg total amount paid per claim	\$87.00	\$88.65	\$88.72	\$89.53	\$105.50
Avg days' supply per claim	27.12	27.23	27.13	27.16	27.23

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2009, to March 31, 2016.

## 5. PharmaCare Data

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

Fiscal Year	4 Years Ago	1 Year Ago	2015/	1 Year	4 Year
	2011/2012	2014/2015	2016	Change	Change
Number of claims (millions)	29.77	32.45	32.92	1.4%	10.6%
Number of beneficiaries (millions)	0.82	0.74	0.74	0.0%	-9.8%
Avg number of claims per beneficiary	36.49	43.98	44.39	0.9%	21.6%
Ingredient cost paid* (millions)	\$767.49	\$721.92	\$925.01	28.1%	20.5%
Professional and capitation fees paid^ (millions)	\$215.29	\$227.66	\$231.07	1.5%	7.3%
Total amount paid (millions)	\$982.78	\$949.58	\$1,156.08	21.7%	17.6%
Avg total amount paid per claim	\$33.02	\$29.26	\$35.12	20.0%	6.4%
Avg days' supply per claim	22.40	19.10	18.34	-4.0%	-18.1%
Avg total paid cost per beneficiary	\$1,204.64	\$1,287.02	\$1,558.66	21.1%	29.4%
Total B.C. population (millions)	4.58	4.70	4.76	1.7%	4.6%

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.

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 2015/16 <sup>a</sup>	10,946
DINs eligible for PharmaCare coverage in 2015/16 <sup>a,b</sup>	5,141
DINs that received PharmaCare reimbursement in 2015/16 <sup>a,b,c</sup>	4,960

Table L—Unique Chemicals Covered

Unique chemicals approved for use by Health Canada in 2015/16 <sup>a</sup>	1,622
Unique chemicals eligible for PharmaCare coverage in 2015/16 <sup>a,b</sup>	686
Unique chemicals that received PharmaCare reimbursement in 2015/16 <sup>a,b,c</sup>	752

Sources:

- (1) Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved July 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.  
 (2) Health Canada, Drug Product Database.

Notes:

- <sup>a</sup> This includes only those DINs/chemicals that are (i) found in the Health Canada database and were active as of March 31 2016, (ii) approved by Health Canada for human use  
<sup>b</sup> On March 31, 2016, each DIN/chemical was covered under at least one PharmaCare plan.  
<sup>c</sup> In the last fiscal year, one or more PharmaCare beneficiaries was reimbursed for this DIN/chemical.

## 5.2 Formulary Expansion

Between April 1, 2015, and March 31, 2016, PharmaCare funded 16 new brand name drugs<sup>2</sup>. In addition, 350 generic drugs were added to the formulary (11 to new LCA categories and 339 to existing LCA categories).<sup>3</sup>

## 5.3 Top Ten Drugs

The division is often asked which drugs are most commonly prescribed in B.C. Although all prescriptions filled at B.C. community pharmacies are processed on PharmaNet, Pharmaceutical Services Division tracks only those prescriptions for which PharmaCare paid a portion of the cost.

Table M—Top Ten Drugs by PharmaCare Reimbursement 2015/16

Generic Name	Typical Usage	PharmaCare Reimbursement
LEDIPASVIR/SO FOSBUVIR	HCV	\$147.40 million
INFLIXIMAB	Rheumatoid arthritis, Ankylosing Spondylitis, Crohn's disease, Psoriasis	\$78.62 million
ADALIMUMAB	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's disease, psoriasis	\$56.70 million
SOFOSBUVIR	HCV	\$37.26 million
ETANERCEPT	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's disease, psoriasis	\$26.97 million
METHADONE	Opioid addiction / Pain	\$26.47 million
PALIPERIDONE	Schizophrenia, Schizoaffective disorder	\$18.28 million
QUETIAPINE FUMARATE	Schizophrenia, psychosis	\$16.15 million
SALMETEROL/F LUTICASONE	Chronic obstructive pulmonary disease, asthma	\$13.81 million
ATORVASTATIN	High cholesterol	\$13.57 million

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.

### 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.

<sup>2</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. Formulary Management database, Pharmaceutical Services Division, Ministry of Health.

<sup>3</sup> Business Management, Supplier Relations, and Systems branch, Pharmaceutical Services Division, monthly updates to Low Cost Alternative Program/Reference Drug Program information.

Table N—Top Ten Drugs by Number of PharmaCare Beneficiaries 2015/16

Generic Name	Typical Usage	Distinct Beneficiaries
AMOXICILLIN	Bacterial infection	105,000
ACETAMINOPHEN WITH CODEINE 30MG	Pain and fever	94,000
LEVOTHYROXINE	Hypothyroidism	93,000
RAMIPRIL	High blood pressure	92,000
ATORVASTATIN	High cholesterol	90,000
SALBUTAMOL	Asthma and lung diseases	85,000
METFORMIN	Diabetes	81,000
LORAZEPAM	Anxiety	72,000
ROSUVASTATIN	High cholesterol	67,000
HYDROCHLOROTHIAZIDE	High blood pressure	64,000

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.

Note: Includes all medication strengths.

## 5.4 PharmaCare Beneficiaries

### PharmaCare Beneficiaries 2015/16

As shown below, a total of 741,729 provincial residents (15.6% of the entire B.C. population) received PharmaCare benefits in 2015/16.

The table below documents the number of PharmaCare beneficiaries in 2015/16 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2015/16 increased with age.

Table O—PharmaCare Beneficiaries by Age Group 2015/16

Age Group	Total B.C. Population	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	224,086	9,863	4.4%
5-9	237,459	12,251	5.2%
10-14	233,444	11,471	4.9%
15-19	264,085	18,402	7.0%
20-24	299,396	29,739	9.9%
25-29	315,301	34,712	11.0%
30-34	329,932	32,205	9.8%
35-39	308,022	30,068	9.8%
40-44	307,792	30,197	9.8%
45-49	335,767	36,424	10.8%
50-54	367,061	47,051	12.8%
55-59	362,146	54,162	15.0%
60-64	325,995	58,051	17.8%
65-69	285,907	61,954	21.7%
70-74	198,991	54,449	27.4%
75-79	143,937	70,595	49.0%
80-84	105,056	67,391	64.1%
85-89	68,510	49,184	71.8%
90+	47,169	33,548	71.1%
<b>TOTAL</b>	<b>4,760,056</b>	<b>741,717</b>	<b>15.6%</b>

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for period April 1, 2015, to March 31, 2016.

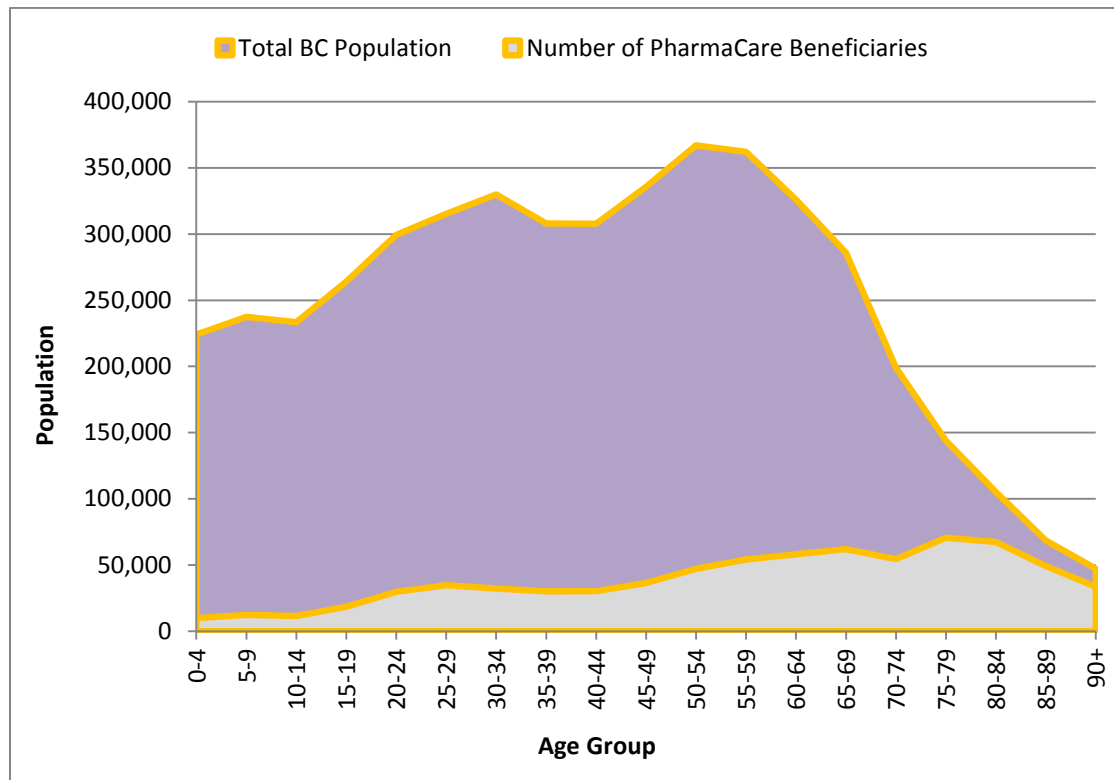
Notes: The above table reflects patient ages at March 31, 2016.



## PharmaCare Beneficiaries Compared to B.C. Population 2015/16

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.

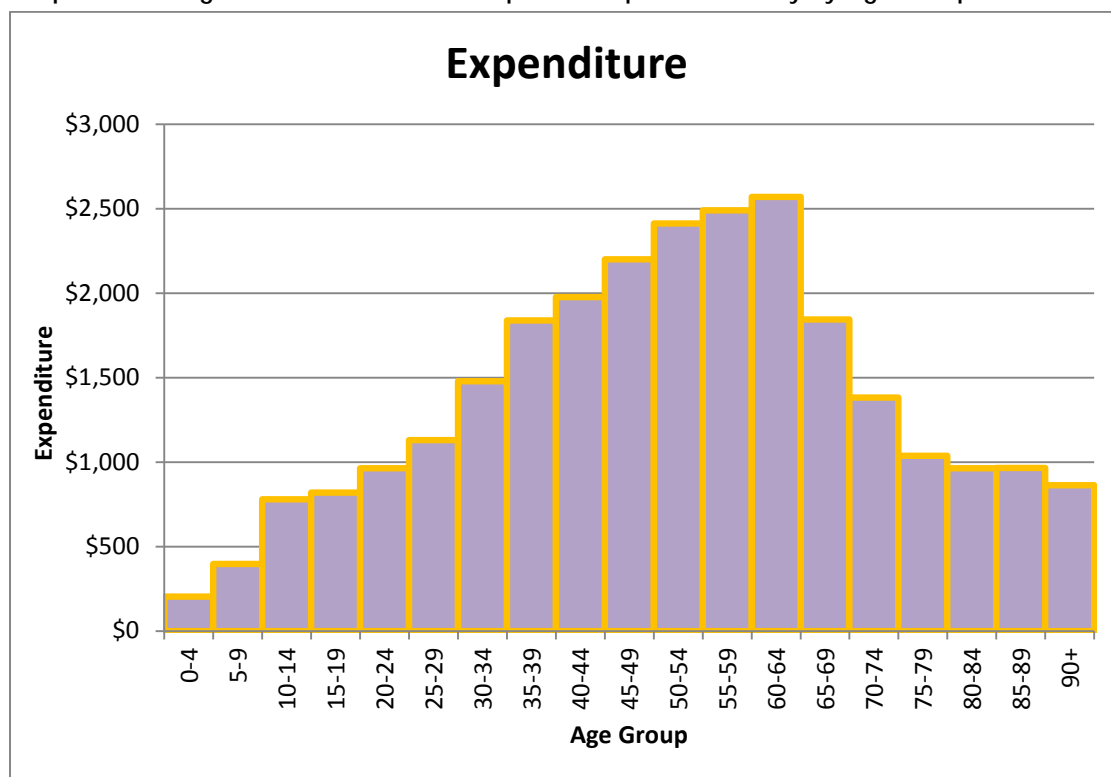
Graph A—PharmaCare Beneficiaries in 2015/16 Compared to B.C. Population



Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for period April 1, 2015, to March 31, 2016.

## Average Annual PharmaCare Expenditures per Beneficiary by Age Group 2015/16

Graph B—Average Annual PharmaCare Expenditure per Beneficiary by Age Group in 2015/16



Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.

## 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
2009/2010	\$812,924	\$316,590	-
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

Source: Health Sector Information, Analysis and Reporting, Integrated Analytics: Community & Cross Sector, Ministry of Health. Retrieved June 2017, HealthIdeas. Data for the period April 1, 2015, to March 31, 2016.

## 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](http://www.gov.bc.ca/health)
- BC PharmaCare [www.gov.bc.ca/pharmacare](http://www.gov.bc.ca/pharmacare)
- BC Mental Health and Substance Use Services [www.bcmhsus.ca](http://www.bcmhsus.ca)
- BC Centre on Substance Use [www.bccsu.ca](http://www.bccsu.ca)
- 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 B.C. [www.bcpharmacists.org](http://www.bcpharmacists.org)
- College of Physicians & Surgeons of B.C. [www.cpsbc.ca](http://www.cpsbc.ca)
- College of Dental Surgeons of B.C. [www.cdsbc.org](http://www.cdsbc.org)
- College of Midwives of B.C. [www.cmbc.bc.ca](http://www.cmbc.bc.ca)
- College of Registered Nurses of British Columbia [www.crnbc.ca](http://www.crnbc.ca)
- British Columbia Nurse Practitioner Association [www.bcnpa.org](http://www.bcnpa.org)
- College of Optometrists of B.C. [www.optometrybc.com](http://www.optometrybc.com)
- British Columbia Podiatric Medical Association [www.bcpodiatrists.ca](http://www.bcpodiatrists.ca)
- Doctors of BC [www.doctorsofbc.ca](http://www.doctorsofbc.ca)
- British Columbia Pharmacy Association [www.bcpharmacy.ca](http://www.bcpharmacy.ca)

### Provincial websites

- Alberta Health and Wellness [www.health.alberta.ca/services/drug-coverage-services.html](http://www.health.alberta.ca/services/drug-coverage-services.html)
- Saskatchewan Health [www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage](http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage)
- 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/en/public/programs/drugs/default.aspx](http://www.health.gov.on.ca/en/public/programs/drugs/default.aspx)
- Quebec Prescription Drug Insurance [www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/description.aspx](http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/description.aspx)
- Newfoundland & Labrador Prescription Drug Program [www.health.gov.nl.ca/health/prescription/index.html](http://www.health.gov.nl.ca/health/prescription/index.html)
- Nova Scotia Pharmacare [www.gov.ns.ca/health/pharmacare/](http://www.gov.ns.ca/health/pharmacare/)
- New Brunswick Prescription Drug Program [www.gnb.ca/0051/0212/index-e.asp](http://www.gnb.ca/0051/0212/index-e.asp)
- Prince Edward Island Health Services [www.healthpei.ca/index.php3?number=1026180&lang=E](http://www.healthpei.ca/index.php3?number=1026180&lang=E)
- Northwest Territories Health Programs [www.hss.gov.nt.ca/health-landing](http://www.hss.gov.nt.ca/health-landing)

- Yukon Health & Social Services [www.hss.gov.yk.ca](http://www.hss.gov.yk.ca)
- 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/about-cadth/what-we-do/products-services/cdr](http://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](http://www.cadth.ca/about-cadth/what-we-do/products-services/optimal-use)

#### Canadian association websites

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