



Ministry of  
Health



2019-2020

# PharmaCare Trends

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

Prepared April 2021

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# 1. Introduction

This document updates information previously made available in *PharmaCare Trends*, published by the BC Ministry of Health. It provides information about the PharmaCare program for health researchers, government staff, and the public.

Data in this publication is for the fiscal year 2019/2020.

## 1.1 Citations

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2019/2020, Pharmaceutical, Laboratory and Blood Services Division and Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, Victoria, BC (2019/2020).

## 1.2 Comments and Inquiries

Please direct comments and inquiries:

- by email to [MoHAnalytics@gov.bc.ca](mailto:MoHAnalytics@gov.bc.ca); or
- by mail to Health Sector Information, Analysis and Reporting Division, Ministry of Health, PO Box 9652, STN PROV GOV, Victoria B.C., V8W 9P4

## 1.3 Data Sources

Unless otherwise noted, data in this publication was extracted from the BC Ministry of Health, PharmaNet/HealthIdeas data warehouse.

## 2. PharmaCare Plans

### 2.1 Fair PharmaCare (Plan I)

The Fair PharmaCare plan took effect on May 1, 2003 and is the largest drug coverage plan under the BC PharmaCare program. Assistance for registered individuals is based on their annual net income. For registered families, assistance is based on the combined annual net income of both spouses. At the end of March 2020, there were 1,270,903 families registered for Fair PharmaCare. If an individual or family is not registered for Fair PharmaCare, they are assigned a \$10,000 deductible and will receive coverage if their eligible expenses exceed that amount.

### 2.2 Residential Care (Plan B)

B.C. provides coverage of prescription medications for long-term residents of licensed residential care facilities that are registered as Plan B facilities. Individuals in these facilities receive 100% coverage of eligible prescription costs. They are not required to meet a deductible or make co-payments, and coverage is provided automatically beginning the first day the patient becomes a resident at a facility. In 2019/2020, approximately 32,000 British Columbians benefited from this coverage.

### 2.3 Income Assistance (Plan C)

The B.C. drug plan for recipients of provincial income assistance does not require them to meet a deductible or make any co-payments.

PharmaCare coverage (100% of eligible prescription costs) has been available to recipients of B.C. income assistance through the ministry responsible for social assistance, and to children and youth in the care of the Ministry of Children and Family Development, since the 1970s. In 2003, when Fair PharmaCare was introduced, Plan C was expanded to include all seniors receiving income assistance.

Registration in Plan C is automatic, and coverage remains in place until a person's income assistance ends, at which time they can receive coverage under the income-based Fair PharmaCare plan.

In 2019/2020, Plan C expenditures represented 75% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare), providing coverage to approximately 185,000 residents.

### 2.4 Cystic Fibrosis (Plan D)

Since 1995, individuals with cystic fibrosis who registered with a provincial cystic fibrosis clinic have received coverage of eligible digestive enzymes. PharmaCare pays 100% of the drug cost and the dispensing fee, up to the PharmaCare accepted maximums.

In 2019/2020, approximately 390 individuals with cystic fibrosis received coverage under this plan.

### 2.5 Children in the At Home Program (Plan F)

The *At Home Program*, administered by the Ministry of Children and Family

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

Plan F provides eligible benefits, at no charge, to children receiving “full” or “medical only” benefits under the *At Home Program*. Both the dispensing fee and 100% of eligible drug costs are covered. In 2019/2020, approximately 3,500 children were eligible for this plan.

## 2.6 Psychiatric Medications (Plan G)

PharmaCare’s Plan G is available to patients with mental health issues and opioid use disorder. In 2019/2020, more than 50,000 patients who demonstrated clinical and financial need qualified for 100% coverage of the eligible cost of certain psychiatric medications and opioid agonist treatments.

## 2.7 Palliative Care (Plan P)

PharmaCare funds and administers the drug plan portion of the BC Palliative Care Benefits program. Local health authorities retain full responsibility for providing the medical supplies and equipment covered by the program. The drug portion is called the Palliative Care Drug Plan (Plan P).

All B.C. residents enrolled in the BC Medical Services Plan are eligible for the BC Palliative Care Benefits Program if they:

- are living at home, which is defined as wherever the person is living, whether in their own home, or with family or friends, or in a supportive or assisted living residence, or in a hospice unit in a residential care facility (e.g., a community hospice bed that is not covered under PharmaCare Plan B);
- have been diagnosed with a life-threatening illness or condition;
- have a life expectancy of up to six months;
- consent to the focus of care being palliative rather than treatment aimed at cure; and
- the individual’s physician confirms their medical eligibility under these criteria.

Roughly 15,000 patients received coverage under this plan in 2019/2020.

## 2.8 Nicotine Replacement Therapies (Plan S)

The Smoking Cessation Program, introduced on September 30, 2011, covers smoking cessation products for eligible B.C. residents who want to stop smoking or using other tobacco products.

Eligible nicotine replacement therapy products are provided at no cost to all eligible individuals regardless of the rules of their primary PharmaCare plan. Individuals are covered for specific prescription smoking cessation drugs under the rules of their primary PharmaCare plan (including any annual deductible or family maximum requirement).

In 2019/2020, the program provided over 75,000 patients with free nicotine replacement therapy.

## **2.9 BC Centre for Excellence in HIV/AIDS (Plan X)**

Established in 1992, the BC Centre for Excellence in HIV/AIDS is Canada's largest HIV/AIDS research and treatment facility. It provides support and treatment services for persons living with HIV.

Residents of B.C. infected with HIV who are eligible for health care services and benefits receive all anti-HIV medications at no cost through the centre's drug treatment program.

Since 2001, the Centre for Excellence has received funding for its drug treatment program from PharmaCare. Funding for administration and research flows through the Provincial Health Services Authority.

## **2.10 First Nations Health Benefits (Plan W)**

On October 1, 2017, First Nations Health Authority (FNHA) clients joined the BC PharmaCare program. On that date, most FNHA clients who had previously been receiving benefits through Health Canada's Non-Insured Health Benefits (NIHB) program became eligible for Plan W. Plan W provides 100% coverage of eligible prescription costs and certain medical supplies and pharmacy services, as well as certain over-the-counter drugs, devices, and some health products. All FNHA clients continue to be eligible for coverage under other PharmaCare plans. Plan W is funded by the First Nations Health Authority.

## **2.11 Assurance (Plan Z)**

Assurance (Plan Z) is PharmaCare's universal, 100% paid plan. The plan provides full coverage of any drugs on its formulary for all B.C. residents with active Medical Services Plan (MSP) coverage. (An exceptional process is in place for residents in the wait period for MSP coverage.) Plan Z was launched in 2019 to cover Mifegymiso® (mifepristone-misoprostol combination). In 2020, the medications for medical assistance in dying were added to the plan.

For more information on BC PharmaCare programs and policies, visit <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.
	The Drug Benefit Committee is established.
	Therapeutics Initiative is established at the University of B.C.
1995	Reference Drug Program (RDP) is launched.
	Pharmacoeconomic Initiative is established at the University of B.C.
	PharmaNet (province-wide network for prescription claim processing) is implemented.
1996	Maximum Days' Supply policy is introduced.
1997	RDP is expanded to ACE inhibitors and Calcium Channel Blockers. RDP evaluations begin.
	Plan G coverage of psychiatric medications begins.
1999	Hospital Emergency Departments Access to PharmaNet is launched.
2000	Medical Practice Access to PharmaNet pilot project begins.
2001	Responsibility for all drugs acting on cancerous tumours is transferred to the BC Cancer Agency.
2002	Plan A splits into two components - regular Plan A and Plan A1 for seniors receiving Premium Assistance for their Medical Services Plan payments.
	Coverage of Early Fills Policy is introduced.
2003	Income-based Fair PharmaCare Plan is introduced, focusing resources on B.C. families who are most in need. Fair PharmaCare replaces both the Universal Plan (Plan E) and the Seniors Plan (Plan A).

2005	Fair PharmaCare Monthly Deductible Payment Option is introduced to help families distribute their expenses over the course of the year.
	Health Insurance BC becomes the alternate service delivery provider for BC PharmaCare and Medical Services Plan operations.
	Medical Practice Access to PharmaNet is implemented.
	BC PharmaCare assumes responsibility for funding and administering the BC Palliative Care Drug Plan, the drug plan portion of the BC Palliative Care Benefits program (Plan P).
2007	Alzheimer's Drug Therapy Initiative (ADTI) is launched.
	Hospital Access to PharmaNet is launched.
2008	Provincial Academic Detailing is launched.
	The Province and BC Pharmacy Association sign an Interim Agreement to implement the drug procurement patient care options recommended in the report of the Pharmaceutical Task Force.
	Travel Supply Policy is introduced.
	Expanded scope of practice for pharmacists takes effect (prescription renewal and adaptation).
2009	Interim Multi-Source Generics Pricing policy is implemented.
	Interim policy is introduced to support clinical services fees associated with prescription renewals and adaptations.
	Frequency of Dispensing policy is introduced.
	Pharmacists' scope of practice and PharmaCare payment are expanded to include the administration of vaccines by pharmacists.
	Drug Benefit Committee is reconstituted as the "Drug Benefit Council" (DBC) to more appropriately reflect the arms-length role expected in carrying out the drug review process. DBC is modified to include the participation of three public members.
2010	The B.C. Government, the B.C. Pharmacy Association and the Canadian Association of Chain Drug Stores sign the Pharmacy Services Agreement initiating changes to BC PharmaCare fees and policies.
	The B.C. Government establishes a maximum accepted list price for all generic drugs subject to the LCA Program. Interim Multi-Source Generics Pricing policy discontinued.
	Full Payment Policy is introduced.
	Medication Management pilot project begins (Plan M).
	PharmaCare begins accepting public input into drug coverage reviews through the <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 (Plan S).
	PharmaCare payment for medication review services begins.
2012	Medication Management pilot project ends.
	<i>Pharmaceutical Services Act</i> comes into force.



2013	Drug Price Regulation comes into force.
	pCPA Generic Pricing Framework (5-year agreement) comes into force.
2014	Provider Regulation comes into force.
2015	Drug Plans Regulation comes into force.
	Information Management Regulation comes into force.
	Quantity Limits for Blood Glucose Test Strips policy is introduced.
	Community Practice Access to PharmaNet (COMPAP) replaces Medical Practice Access to PharmaNet (MPAP) as PharmaNet access expands to include Nurse Practitioners.
2016	Drug Price Regulation is amended to allow for indefinite listings and offer exclusive generic drug designation.
	The Alzheimer's Drug Therapy Initiative (ADTI) is completed and coverage of cholinesterase inhibitor drugs for Alzheimer's disease begins.
	Coverage of ADHD medications expanded to adults.
2017	Plan G financial eligibility criteria are expanded to include those with income up to \$42,000 per year, following changes to Medical Services Plan Premium Assistance.
	Plan G formulary is expanded to include medications for opioid agonist treatment.
	First Nations Health Benefits Plan (Plan W) is introduced.
2018	pCPA (excluding Quebec) and CGPA announce a new 5-year initiative (to March 31, 2023) that will reduce prices of nearly 70 of the most commonly prescribed drugs with the objective to provide overall discounts to brand-name equivalents. Exclusive generics listings ended.
	Interim program for universal fully-paid coverage of Mifegymiso is introduced in January 2018.
2019	Fair PharmaCare assistance for families with incomes below \$45,000 is increased as of January 1, 2019, through changes to deductibles and family maximums.
	Assurance (Plan Z), PharmaCare's universal, 100% paid plan is launched to cover Mifegymiso® (mifepristone-misoprostol combination).
	Launch of the Biosimilars Initiative.
2020	The medications for medical assistance in dying (MAiD) are added to Plan Z.
	Coverage of ADHD drugs is expanded.
	COPD therapeutic review and coverage updates.
	Risk mitigation guidance for dual emergencies of opioid overdose crisis and COVID-19.
	COVID-19 health system access-related temporary criteria and coverage changes.

## 4. PharmaCare Expenditures

### 4.1 Interpreting PharmaCare Data

The following data regarding costs, expenditures and paid amounts refers only to PharmaCare plan expenditures - i.e., costs associated with Plans B, C, D, F, G, P, S and Fair PharmaCare (indicated in the tables as "Plan I") based on claims submitted by community pharmacies in B.C. The data does not include expenditures for drugs provided through the B.C. Centre for Excellence in HIV/AIDS or the BC Cancer Agency, medication used in hospitals, sample medication from doctors' offices, expensive drugs for rare diseases, the provincial retinal disease treatment program, Plan W and Plan Z, or any additional pharmacy expenditures.

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

### Significant Policy Changes to PharmaCare Plans

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

### Data Quality Note

Data for this report was extracted from the B.C. Ministry of Health HealthIdeas data warehouse and may not reconcile exactly with previous reports due to data quality improvements.

### Definitions

Claim(s)	A request for payment of the cost of processing a prescription made to PharmaCare. For example, a prescription for a 90-day supply of medication dispensed at 30-day intervals would count as three claims.
Days' Supply	The length of time a supply of medication dispensed will last based on the dosage prescribed. For example, 60 tablets at a dosage of one tablet twice daily would equal a 30-day supply.
Dispensing fee/ Professional fee	The fee a pharmacy charges to process a prescription.
Ingredient cost paid / Professional fee paid / Total paid cost	Amounts paid by PharmaCare.
Beneficiary	B.C. residents with at least one paid claim under the PharmaCare program during the fiscal year.
Fiscal year	April 1 to March 31 of the following year. For example, 2019/2020 corresponds to the period April 1, 2019 to March 31, 2020.

## 4.2 PharmaCare Expenditures Overview

**Table 1 - PharmaCare Claims Expenditures**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	32.92	33.77	35.02	36.71	39.45
Number of beneficiaries (millions)	0.74	0.74	0.72	0.76	0.81
Ingredient costs paid (millions)	\$925.01	\$878.10	\$933.07	\$996.15	\$973.93
Professional fees paid <sup>1</sup> (millions)	\$231.07	\$233.35	\$241.71	\$251.67	\$268.61
<b>Total amount paid<sup>2</sup> (millions)</b>	<b>\$1,156.08</b>	<b>\$1,111.45</b>	<b>\$1,174.79</b>	<b>\$1,247.83</b>	<b>\$1,242.55</b>
Avg amount paid per beneficiary <sup>2</sup>	\$1,558.78	\$1,505.69	\$1,637.54	\$1,641.15	\$1,534.41
Avg number of claims per beneficiary	44.39	45.74	48.82	48.28	48.72
Avg ingredient cost paid per claim	\$28.10	\$26.01	\$26.64	\$27.14	\$24.69
Avg professional fees paid per claim <sup>1</sup>	\$7.02	\$6.91	\$6.90	\$6.86	\$6.81
Avg amount paid per claim <sup>2</sup>	\$35.12	\$32.92	\$33.55	\$33.99	\$31.50
Avg days' supply per claim	18.34	17.60	16.56	16.18	16.32

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

	4 Years Ago 2015/2016	1 Year Ago 2018/2019	2019/2020	1-Year Change	4-Year Change
Number of claims (millions)	32.92	36.71	39.45	7.5%	19.8%
Number of beneficiaries (millions)	0.74	0.76	0.81	6.5%	9.2%
Ingredient cost paid (millions)	\$925.01	\$996.15	\$973.93	-2.2%	5.3%
Professional fees paid <sup>1</sup> (millions)	\$231.07	\$251.67	\$268.61	6.7%	16.2%
<b>Total amount paid<sup>2</sup> (millions)</b>	<b>\$1,156.08</b>	<b>\$1,247.83</b>	<b>\$1,242.55</b>	<b>-0.4%</b>	<b>7.5%</b>
Avg amount paid per beneficiary <sup>2</sup>	\$1,558.78	\$1,641.15	\$1,534.41	-6.5%	-1.6%
Avg number of claims per beneficiary	44.39	48.28	48.72	0.9%	9.7%
Avg amount paid per claim <sup>2</sup>	\$35.12	\$33.99	\$31.50	-7.3%	-10.3%
Avg days' supply per claim	18.34	16.18	16.32	0.8%	-11.0%
Total B.C. population (millions) <sup>3</sup>	4.78	5.00	5.07	1.4%	6.2%

Notes:

Dollar amounts refer to amounts paid by PharmaCare. Depending on coverage rules, beneficiaries may also pay a portion of the total drug cost.

<sup>1</sup> Includes dispensing fees and residential care facility capitation fees.

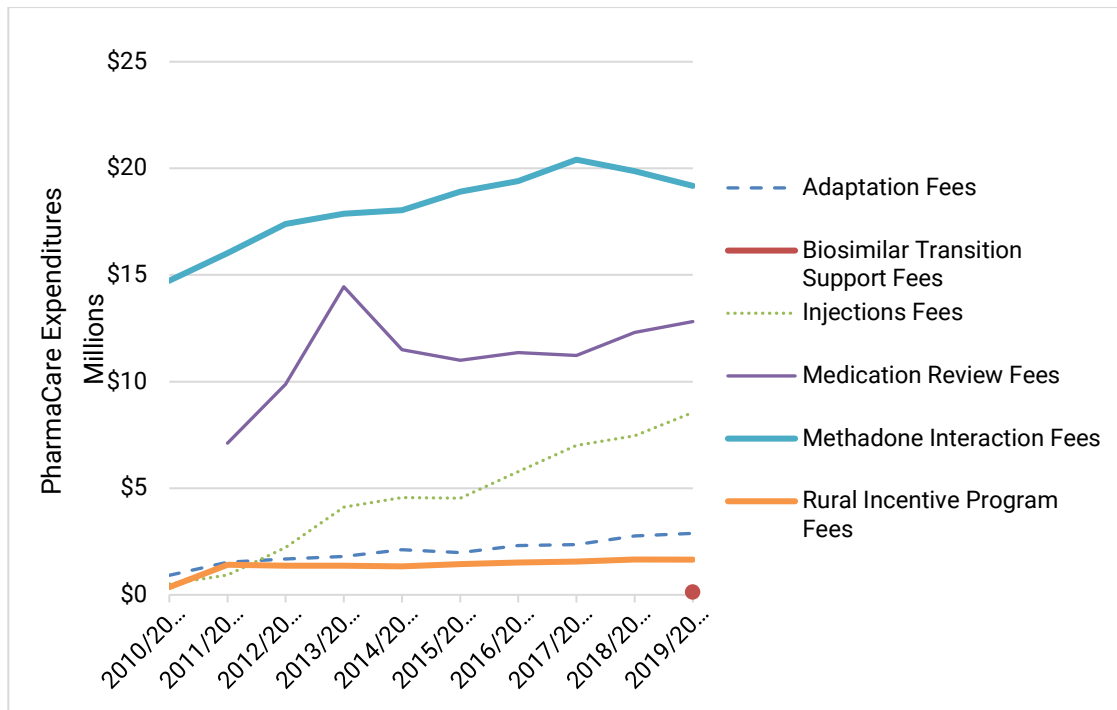
<sup>2</sup> Includes ingredient cost, professional and capitation fees.

<sup>3</sup> Source: [BC Stats](#). Site accessed on January 11, 2021.

**Table 3 – Other PharmaCare Expenditures**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
<a href="#">Adaptation Fees</a> (millions)	\$1.98	\$2.31	\$2.35	\$2.77	\$2.88
<a href="#">Biosimilar Transition Support Fees</a> (millions)	–	–	–	–	\$0.12
<a href="#">Injections Fees</a> <sup>4</sup> (millions)	\$4.53	\$5.77	\$7.01	\$7.46	\$8.55
<a href="#">Medication Review Fees</a> (millions)	\$10.99	\$11.37	\$11.22	\$12.30	\$12.81
<a href="#">Methadone Interaction Fees</a> (millions)	\$18.90	\$19.41	\$20.41	\$19.86	\$19.18
<a href="#">Rural Incentive Program Fees</a> (millions)	\$1.44	\$1.51	\$1.56	\$1.66	\$1.65

Methadone interaction fees have been consistently higher than other clinical service fees. Over the past ten years, injection fees and rural incentive program fees had the highest annual growth rates, at 32.6% and 18.4% respectively.

**Figure 1 – Pharmacy Services Fees between 2010/2011 and 2019/2020**

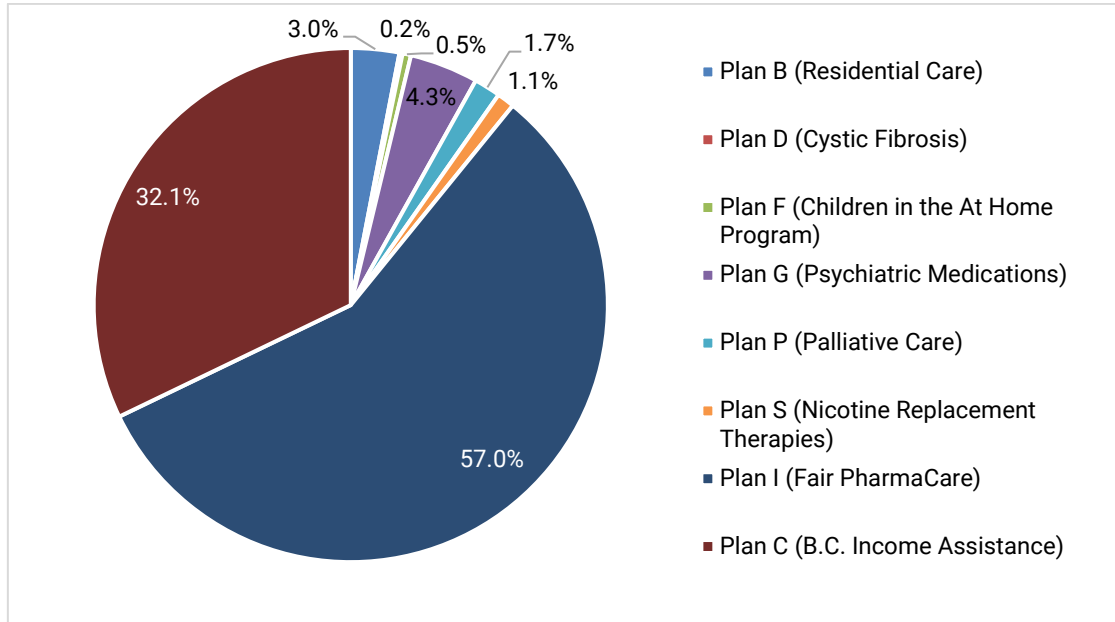
Following the launch of the Biosimilars Initiative in May 2019, PharmaCare paid \$0.12 million (2019/2020) in biosimilar patient support fees. This fee is paid to pharmacists to identify patients and provide information to assist with biosimilar transition—switching patients from originator drugs to biosimilar counterparts.

<sup>4</sup> For fiscal years 2017/18, 2018/19 and 2019/20, injections fees category also includes pharmacy dispensing fees for Mifegymiso through the interim full coverage program, prior to the August 2019 launch of Plan Z.

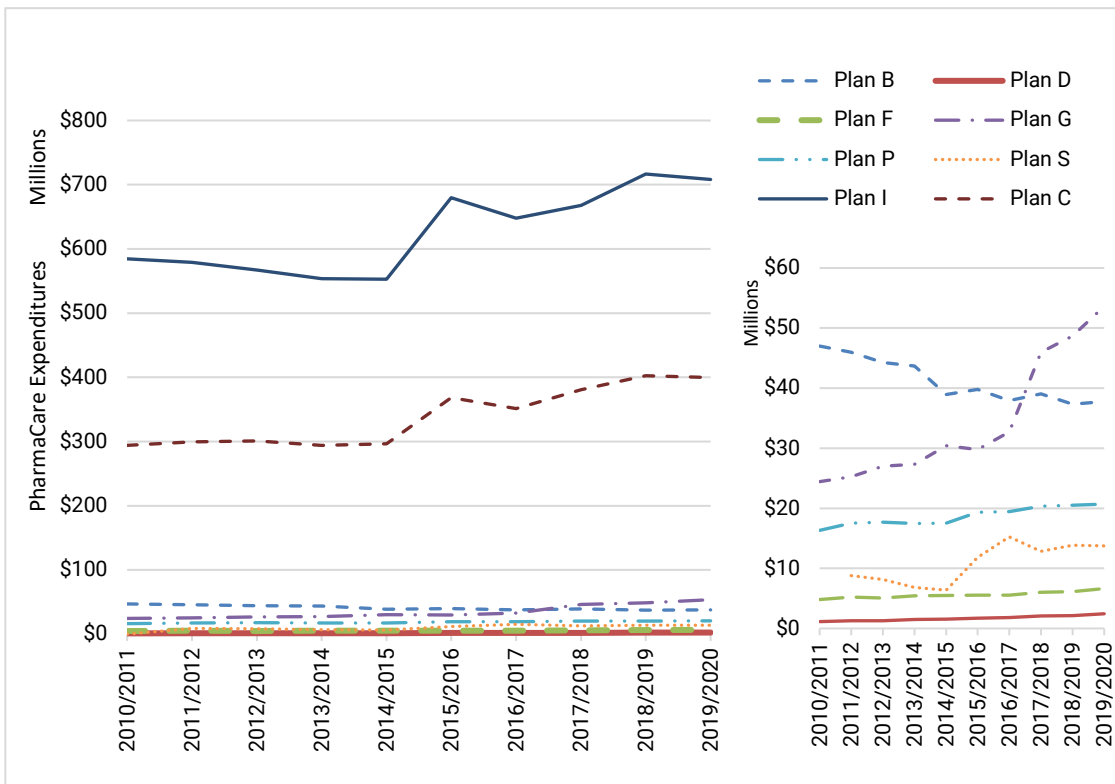
### 4.3 PharmaCare Expenditures by Plan

In 2019/2020, Plan I (57.0%) and Plan C (32.1%) accounted for more than 89% of total PharmaCare expenditures.

**Figure 2 – PharmaCare Expenditures by Plan in 2019/2020**



**Figure 3 – PharmaCare Expenditures by Plan between 2010/2011 and 2019/2020**



**Table 4 - Plan I (Fair PharmaCare)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	13.41	13.64	13.58	14.32	15.87
Number of beneficiaries (millions)	0.48	0.46	0.43	0.47	0.52
Ingredient costs paid (millions)	\$583.73	\$551.02	\$573.49	\$618.76	\$600.93
Professional fees paid (millions)	\$95.94	\$96.65	\$94.22	\$97.87	\$107.27
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$679.66</b>	<b>\$647.66</b>	<b>\$667.71</b>	<b>\$716.64</b>	<b>\$708.20</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,419.96	\$1,398.71	\$1,543.92	\$1,517.76	\$1,370.09
Avg number of claims per beneficiary	28.02	29.46	31.40	30.33	30.69
Avg ingredient cost paid per claim	\$43.52	\$40.40	\$42.23	\$43.20	\$37.88
Avg professional fees paid per claim	\$7.15	\$7.09	\$6.94	\$6.83	\$6.76
Avg amount paid per claim <sup>5</sup>	\$50.67	\$47.48	\$49.17	\$50.03	\$44.64
Avg days' supply per claim	28.03	26.83	25.63	25.03	25.17

## Notes:

- Deductibles and annual family maximums are based on a family's net annual income. Registrants born in or before 1939 are eligible for enhanced assistance.
- Individuals and families registered for Fair PharmaCare pay full drug costs and dispensing fees until they reach their deductible. Once the deductible is met, PharmaCare pays 70% of eligible costs until they reach their annual family maximum. Once the annual family maximum is met, PharmaCare covers 100% of all eligible costs.
- Individuals and families receiving Fair PharmaCare Enhanced Assistance pay full drug costs and dispensing fees until they reach their deductible. Once the deductible is met, PharmaCare pays 75% of eligible costs, until they reach their annual family maximum. Once the annual family maximum is met, PharmaCare covers 100% of all eligible costs.
- Fair PharmaCare assistance for families with incomes \$45,000 or lower increased on January 1, 2019. As part of these changes, families with net incomes \$30,000 or lower no longer have a deductible, and PharmaCare pays 70% of eligible costs from the first claim until they reach their annual family maximum, which was lowered for most income bands \$45,000 or lower. (Enhanced Assistance deductibles and family maximums also changed.) This change may contribute to the observed increase in Fair PharmaCare expenditure in 2018/19.
- For more information on deductibles and annual family maximums, visit [BC Fair PharmaCare](#).

**Table 5 - Plan B (Residential Care)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	4.67	4.74	4.86	4.87	4.96
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$26.88	\$27.03	\$26.68	\$24.62	\$25.24
Capitation fees paid (millions)	\$12.94	\$10.91	\$12.35	\$12.71	\$12.51
<b>Total amount paid<sup>6</sup> (millions)</b>	<b>\$39.81</b>	<b>\$37.93</b>	<b>\$39.03</b>	<b>\$37.34</b>	<b>\$37.75</b>
Avg amount paid per beneficiary <sup>6</sup>	\$1,331.74	\$1,229.41	\$1,247.51	\$1,193.63	\$1,196.11

<sup>5</sup> Includes ingredient cost and professional fees.<sup>6</sup> Includes ingredient cost and capitation fees.

Avg number of claims per beneficiary	156.28	153.56	155.41	155.79	157.10
Avg ingredient cost paid per claim	\$5.75	\$5.70	\$5.49	\$5.05	\$5.09
Avg capitation fees paid per claim	\$2.77	\$2.30	\$2.54	\$2.61	\$2.52
Avg amount paid per claim <sup>6</sup>	\$8.52	\$8.01	\$8.03	\$7.66	\$7.61
Avg days' supply per claim	8.51	8.32	8.09	8.04	7.99

Notes:

- Plan B does not have professional fees. PharmaCare pays a capitation fee of \$43.75 per month per serviced bed occupied by a patient receiving PharmaCare coverage under Plan B.

**Table 6 - Plan C (B.C. Income Assistance)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	13.08	13.45	13.82	14.35	15.27
Number of beneficiaries (millions)	0.17	0.18	0.18	0.18	0.19
Ingredient costs paid (millions)	\$261.08	\$241.68	\$269.67	\$288.88	\$279.64
Professional fees paid (millions)	\$107.28	\$109.38	\$111.10	\$113.61	\$119.78
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$368.36</b>	<b>\$351.05</b>	<b>\$380.77</b>	<b>\$402.49</b>	<b>\$399.41</b>
Avg amount paid per beneficiary <sup>5</sup>	\$2,129.82	\$2,002.96	\$2,128.44	\$2,252.46	\$2,156.93
Avg number of claims per beneficiary	75.65	76.77	77.27	80.31	82.44
Avg ingredient cost paid per claim	\$19.95	\$17.96	\$19.51	\$20.13	\$18.32
Avg professional fees paid per claim	\$8.20	\$8.13	\$8.04	\$7.92	\$7.85
Avg amount paid per claim <sup>5</sup>	\$28.15	\$26.09	\$27.55	\$28.05	\$26.16
Avg days' supply per claim	11.99	11.64	11.38	11.09	10.84

**Table 7 - Plan D (Cystic Fibrosis)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims	2,015	1,979	1,873	1,879	2,050
Number of beneficiaries	346	370	369	368	385
Ingredient costs paid (millions)	\$1.68	\$1.79	\$2.05	\$2.12	\$2.43
Professional fees paid	\$18,823.89	\$18,890.56	\$18,089.85	\$18,100.32	\$19,712.15
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$1.70</b>	<b>\$1.81</b>	<b>\$2.07</b>	<b>\$2.13</b>	<b>\$2.45</b>
Avg amount paid per beneficiary <sup>5</sup>	\$4,909.93	\$4,894.94	\$5,610.79	\$5,796.70	\$6,353.94
Avg number of claims per beneficiary	5.82	5.35	5.08	5.11	5.32
Avg ingredient cost paid per claim	\$833.75	\$905.63	\$1,095.72	\$1,125.64	\$1,183.69
Avg professional fees paid per claim	\$9.34	\$9.55	\$9.66	\$9.63	\$9.62
Avg amount paid per claim <sup>5</sup>	\$843.09	\$915.17	\$1,105.38	\$1,135.28	\$1,193.30
Avg days' supply per claim	43.90	45.45	46.55	45.58	44.82

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

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims	49,510	50,116	52,405	54,536	59,115
Number of beneficiaries	3,067	3,118	3,287	3,288	3,499
Ingredient costs paid (millions)	\$5.11	\$5.08	\$5.52	\$5.63	\$6.09
Professional fees paid (millions)	\$0.46	\$0.47	\$0.49	\$0.51	\$0.55
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$5.57</b>	<b>\$5.55</b>	<b>\$6.02</b>	<b>\$6.14</b>	<b>\$6.64</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,816.15	\$1,780.02	\$1,830.57	\$1,868.91	\$1,898.34
Avg number of claims per beneficiary	16.14	16.07	15.94	16.59	16.89
Avg ingredient cost paid per claim	\$103.15	\$101.34	\$105.42	\$103.29	\$103.00
Avg professional fees paid per claim	\$9.35	\$9.41	\$9.40	\$9.39	\$9.36
Avg amount paid per claim <sup>5</sup>	\$112.51	\$110.75	\$114.82	\$112.68	\$112.36
Avg days' supply per claim	30.01	30.90	31.03	30.42	30.59

**Table 9 - Plan G (Psychiatric Medications)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	1.02	1.11	1.89	2.26	2.41
Number of beneficiaries (millions)	0.04	0.04	0.04	0.05	0.05
Ingredient costs paid (millions)	\$20.87	\$23.06	\$28.85	\$28.25	\$31.96
Professional fees paid (millions)	\$8.90	\$9.67	\$17.14	\$20.46	\$21.67
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$29.77</b>	<b>\$32.73</b>	<b>\$46.00</b>	<b>\$48.71</b>	<b>\$53.63</b>
Avg amount paid per beneficiary	\$839.55	\$871.95	\$1,054.26	\$1,015.87	\$1,069.97
Avg number of claims per beneficiary	28.63	29.49	43.35	47.16	48.02
Avg ingredient cost paid per claim	\$20.55	\$20.83	\$15.26	\$12.50	\$13.28
Avg professional fees paid per claim	\$8.77	\$8.74	\$9.06	\$9.05	\$9.00
Avg amount paid per claim <sup>5</sup>	\$29.32	\$29.56	\$24.32	\$21.54	\$22.28
Avg days' supply per claim	19.44	17.95	12.00	10.70	10.53

## Notes:

- On January 18, 2017, PharmaCare expanded coverage of methadone and buprenorphine with naloxone (Suboxone) by adding these two drugs to the Plan G formulary, resulting in an increase in Plan G expenditure since 2017/18.



**Table 10 - Plan P (Palliative Care)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	0.57	0.64	0.67	0.69	0.75
Number of beneficiaries	12,152	12,769	13,654	14,034	14,953
Ingredient costs paid (millions)	\$14.92	\$14.55	\$15.29	\$15.48	\$15.30
Professional fees paid (millions)	\$4.45	\$4.91	\$5.07	\$5.05	\$5.41
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$19.36</b>	<b>\$19.46</b>	<b>\$20.35</b>	<b>\$20.53</b>	<b>\$20.70</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,593.54	\$1,523.79	\$1,490.55	\$1,462.91	\$1,384.57
Avg number of claims per beneficiary	47.09	49.80	49.35	49.52	50.00
Avg ingredient cost paid per claim	\$26.06	\$22.87	\$22.69	\$22.28	\$20.46
Avg professional fees paid per claim	\$7.77	\$7.72	\$7.52	\$7.27	\$7.23
Avg amount paid per claim <sup>5</sup>	\$33.84	\$30.60	\$30.21	\$29.54	\$27.69
Avg days' supply per claim	11.45	10.72	10.49	10.55	10.67

**Table 11 - Plan S (Nicotine Replacement Therapies)**

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Number of claims (millions)	0.11	0.14	0.14	0.15	0.14
Number of beneficiaries	62,723	74,285	72,593	76,809	75,429
Ingredient costs paid (millions)	\$10.75	\$13.91	\$11.51	\$12.40	\$12.35
Professional fees paid (millions)	\$1.08	\$1.34	\$1.33	\$1.44	\$1.41
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$11.84</b>	<b>\$15.25</b>	<b>\$12.85</b>	<b>\$13.84</b>	<b>\$13.76</b>
Avg amount paid per beneficiary	\$188.70	\$205.25	\$177.00	\$180.25	\$182.45
Avg number of claims per beneficiary	1.79	1.86	1.89	1.92	1.92
Avg ingredient cost paid per claim	\$95.84	\$100.79	\$84.08	\$84.20	\$85.46
Avg professional fees paid per claim	\$9.66	\$9.71	\$9.74	\$9.78	\$9.78
Avg amount paid per claim <sup>5</sup>	\$105.50	\$110.50	\$93.83	\$93.97	\$95.24
Avg days' supply per claim	27.23	27.34	27.30	27.33	27.52

## 5. PharmaCare Drugs

### 5.1 Number of Drugs Covered

A common question is how many drugs PharmaCare covers. This number changes constantly as new drugs, and lower cost versions of existing drugs, are introduced to the market.

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

1. As the number of products, defined by the Drug Identification Number (DIN) supplied by First Databank or the Pseudo-Identification Number (PIN) created by PharmaCare.<sup>7</sup>
2. As the number of drugs, defined by the generic drug or the therapeutic class.

A drug may be available in varying strengths or formulations and may be marketed by different manufacturers, which means the same drug may be available as many different products. Some drugs may also need a separate identifier for PharmaCare purposes (i.e., a PIN may be needed to distinguish a specific use of a drug from other uses).

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

**Table 12 - Number of Products Covered in 2019/2020**

Products dispensed in BC <sup>8</sup>	11,374
Products dispensed in BC, eligible for PharmaCare coverage <sup>9</sup>	6,151
Products that received PharmaCare reimbursement <sup>10</sup>	6,009

**Table 13 - Number of Drugs Covered in 2019/2020**

Drugs dispensed in BC <sup>8</sup>	2,797
Drugs dispensed in BC, eligible for PharmaCare coverage <sup>9</sup>	1,148
Drugs that received PharmaCare reimbursement <sup>10</sup>	1,124

### 5.2 Formulary Expansion

Between April 1, 2019, and March 31, 2020, PharmaCare funded 22 new brand name drugs. In addition, 181 generic drugs were added to the formulary (9 to new Low Cost Alternative categories and 172 to existing categories).

<sup>7</sup> View [PINs](#) for more information.

<sup>8</sup> Products/Drugs with at least one dispensation in B.C. during the fiscal year.

<sup>9</sup> Products/Drugs with at least one dispensation in B.C. and a total accepted amount greater than zero during the fiscal year.

<sup>10</sup> Products/Drugs with at least one dispensation in B.C. and a total paid amount greater than zero during the fiscal year.

### 5.3 Top Ten Drugs

The Ministry of Health is often asked which drugs are most commonly prescribed in B.C. Although all prescriptions filled at B.C. community pharmacies are processed through PharmaNet, this report covers only those prescriptions for which PharmaCare paid at least a portion of the cost. Table 14 shows the top ten drugs by PharmaCare expenditures. Table 15 shows the top ten drugs by the number of PharmaCare beneficiaries taking those drugs.

In 2019/2020, sofosbuvir/velpatasvir (treatment of hepatitis C), adalimumab (biologic), and infliximab (biologic) were the most expensive drugs to PharmaCare, with sofosbuvir/velpatasvir having the largest expenditure (\$88 million).

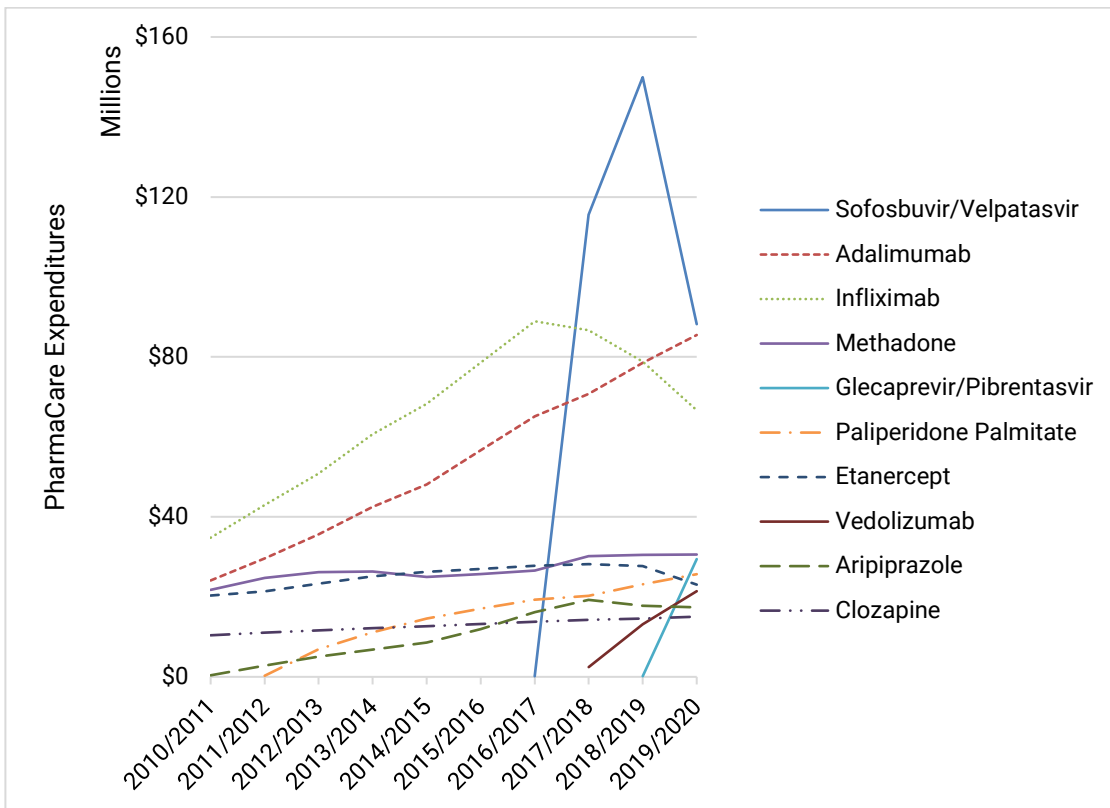
The annual growth rate of sofosbuvir/velpatasvir has been 399.8% since 2016/2017. Adalimumab and infliximab had an annual growth rate of 13.5% and 6.7% respectively over the past 10 years.

**Table 14 - Top Ten Drugs by PharmaCare Reimbursement in 2019/2020**

Generic Name	Typical Usage	PharmaCare Reimbursement (in millions)
<b>Sofosbuvir/Velpatasvir</b>	Hepatitis C	<b>\$88.21</b>
<b>Adalimumab</b>	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradenitis suppurativa	<b>\$85.48</b>
<b>Infliximab</b>	Rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	<b>\$66.66</b>
<b>Methadone</b>	Opioid use disorder, pain	<b>\$30.59</b>
<b>Glecaprevir/Pibrentasvir</b>	Hepatitis C	<b>\$29.44</b>
<b>Paliperidone Palmitate</b>	Schizophrenia, other psychosis	<b>\$25.67</b>
<b>Etanercept</b>	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis	<b>\$23.04</b>
<b>Vedolizumab</b>	Ulcerative colitis and Crohn's disease	<b>\$21.42</b>
<b>Aripiprazole</b>	Schizophrenia, other psychosis	<b>\$17.35</b>
<b>Clozapine</b>	Schizophrenia, other psychosis	<b>\$15.05</b>

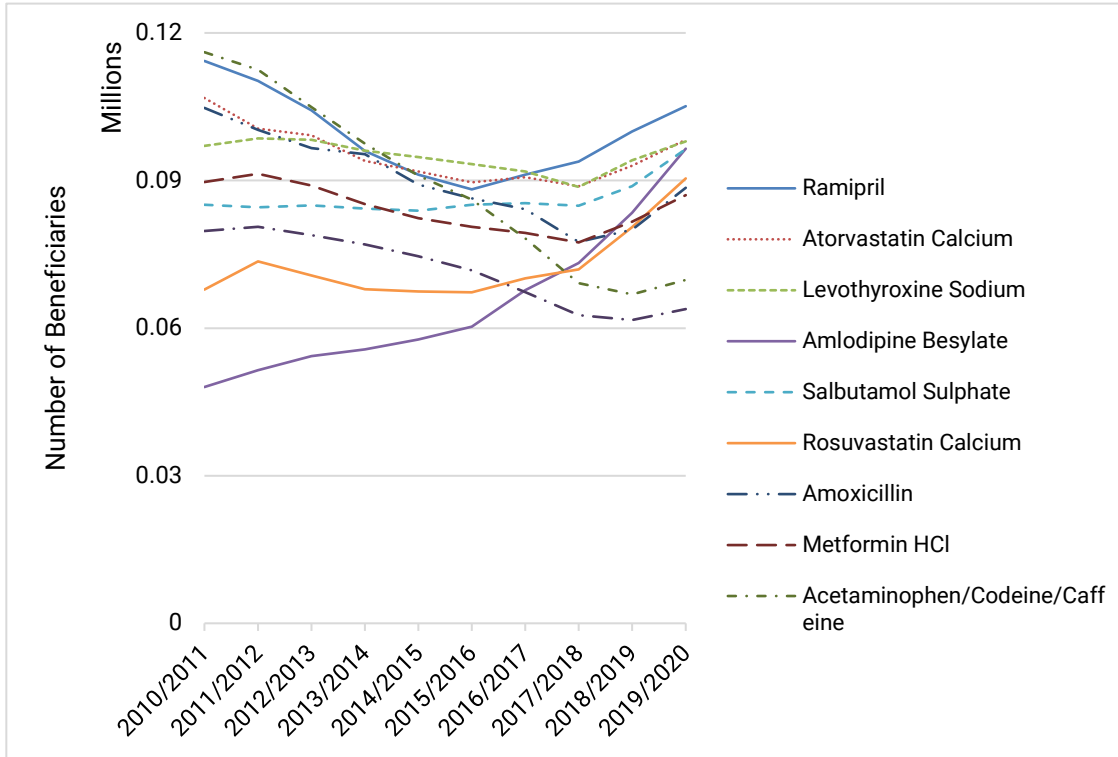
Notes:

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

**Figure 4 – Top Ten Drugs by PharmaCare Reimbursement between 2010/2011 and 2019/2020****Table 15 - Top Ten Drugs by Number of PharmaCare Beneficiaries in 2019/2020**

Generic Name	Typical Usage	PharmaCare Beneficiaries
<b>Ramipril</b>	Hypertension	<b>105,085</b>
<b>Atorvastatin Calcium</b>	High cholesterol	<b>98,257</b>
<b>Levothyroxine Sodium</b>	Hypothyroidism	<b>97,938</b>
<b>Amlodipine Besylate</b>	Hypertension	<b>96,467</b>
<b>Salbutamol Sulphate</b>	Asthma and lung diseases	<b>96,387</b>
<b>Rosuvastatin Calcium</b>	High cholesterol	<b>90,423</b>
<b>Amoxicillin</b>	Bacterial infections	<b>88,541</b>
<b>Metformin HCL</b>	Diabetes	<b>87,006</b>
<b>Acetaminophen/Codeine/Caffeine</b>	Pain	<b>69,788</b>
<b>Lorazepam</b>	Anxiety disorder	<b>63,846</b>

**Figure 5 – Top Ten Drugs by Number of Beneficiaries between 2010/2011 and 2019/2020**

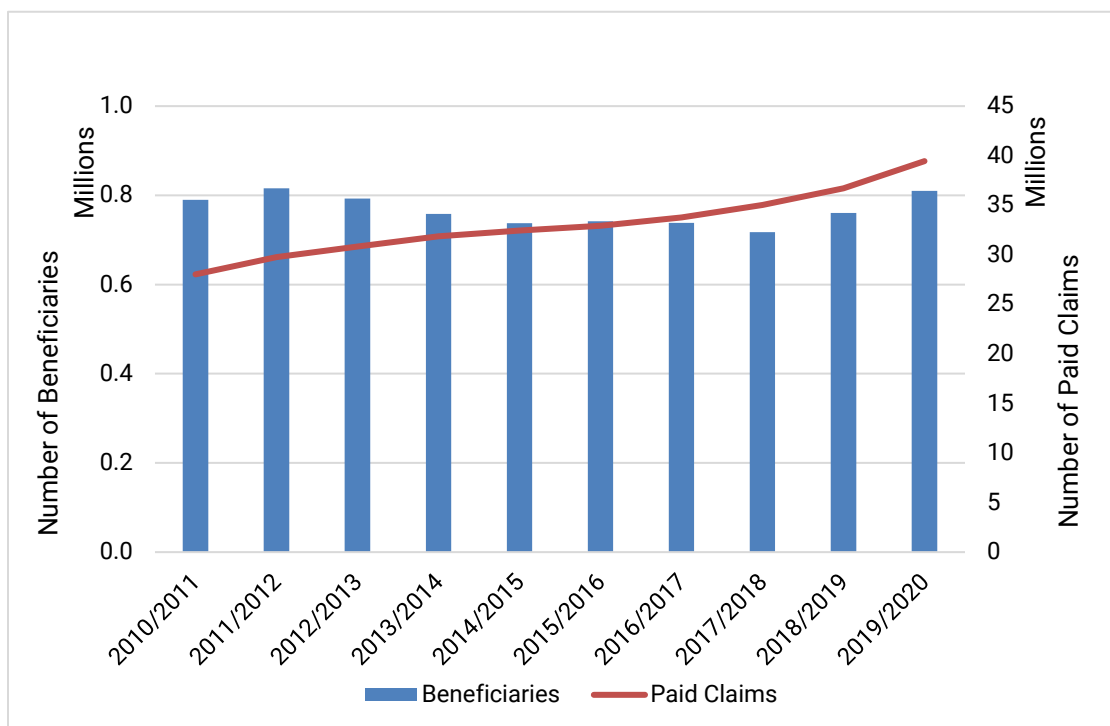


## 6. PharmaCare Beneficiaries

A total of 809,791 provincial residents (16% of the entire B.C. population) received PharmaCare benefits in 2019/2020.

The number of PharmaCare beneficiaries has remained relatively constant at around 0.8 million over from 2010/2011 to 2019/2020, while the number of paid claims increased at an annual growth rate of 3.5%.

**Figure 6 – Beneficiaries and Paid Claims**



Note: "Beneficiaries" refers to B.C. residents with at least one paid claim under the PharmaCare program during the fiscal year.

### 6.1 PharmaCare Beneficiaries by Age Group

The table below documents the number of PharmaCare beneficiaries in 2019/2020 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2019/2020 increases with age.

**Table 16 - PharmaCare Beneficiaries by Age Group in 2019/2020**

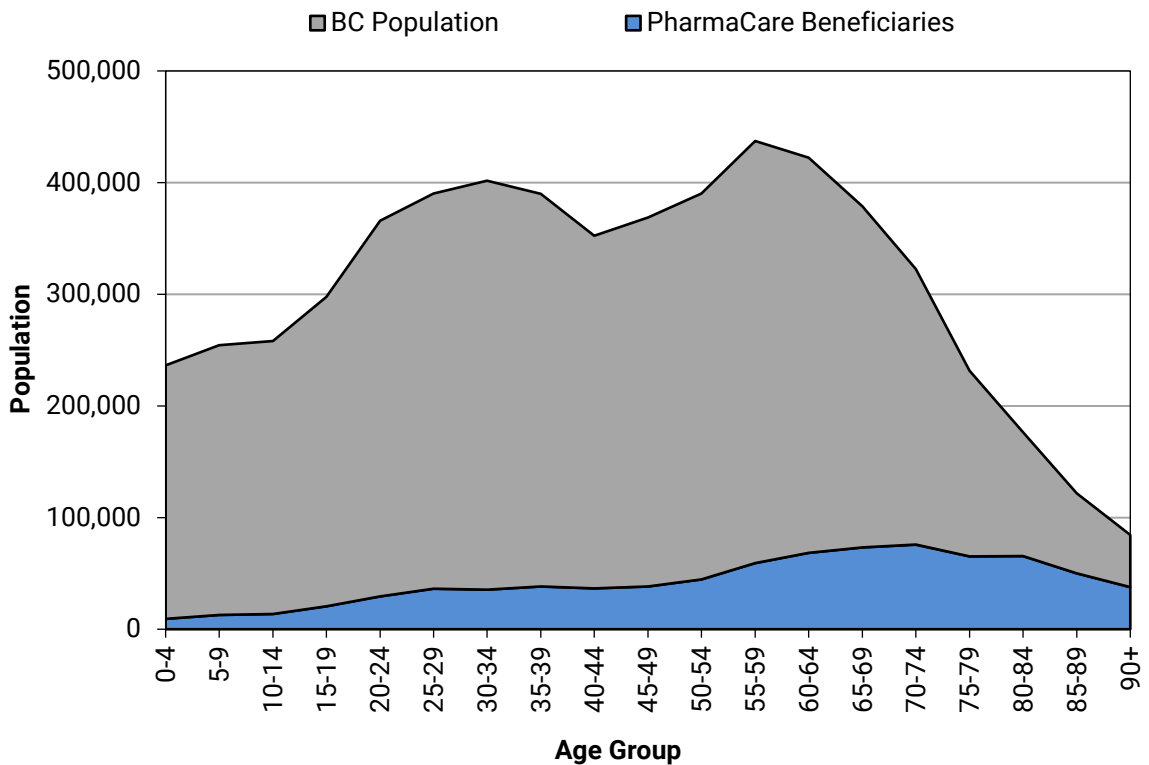
Age Group	Total B.C. Population <sup>11</sup>	Number of PharmaCare Beneficiaries	Percentage of Age Group Receiving Benefits
0-4	227,118	9,267	4.1%
5-9	241,803	12,685	5.2%
10-14	244,657	13,574	5.5%
15-19	277,122	20,555	7.4%

<sup>11</sup> Source: [BC Stats](https://www2.gov.bc.ca/gov2/BCStats). Site accessed on January 11, 2021.

20-24	336,531	29,380	8.7%
25-29	354,021	36,168	10.2%
30-34	366,111	35,461	9.7%
35-39	351,725	38,205	10.9%
40-44	315,716	36,543	11.6%
45-49	330,697	38,152	11.5%
50-54	345,770	44,558	12.9%
55-59	377,943	59,315	15.7%
60-64	354,060	68,273	19.3%
65-69	305,446	73,299	24.0%
70-74	246,972	75,702	30.7%
75-79	166,322	65,256	39.2%
80-84	110,843	65,601	59.2%
85-89	71,831	49,956	69.5%
90+	46,648	37,841	81.1%
<b>Total</b>	<b>5,071,336</b>	<b>809,791</b>	<b>16.0%</b>

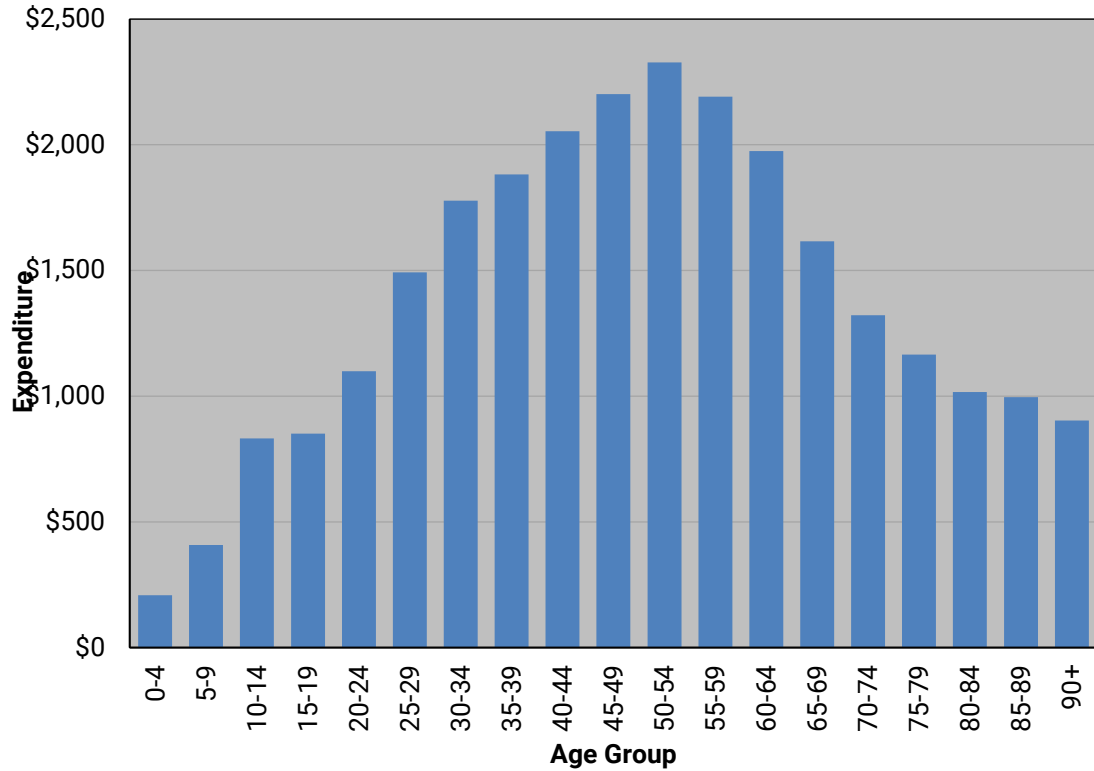
The graph below depicts data from the preceding table and compares the number of PharmaCare beneficiaries to B.C.'s total population by five-year age groups.

**Figure 7 - PharmaCare Beneficiaries Compared to B.C. Population in 2019/2020**



## 6.2 Average PharmaCare Expenditures per Beneficiary

**Figure 8 – Average Annual PharmaCare Expenditures per Beneficiary by Age Group in 2019/2020**



**Notes:**

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



## 7. Resources

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

### British Columbia websites

- [B.C. Ministry of Health](#)
- [BC Centre for Excellence in HIV/AIDS](#)
- [BC Centre on Substance Use](#)
- [BC Mental Health and Substance Use Services](#)
- [BC PharmaCare](#)
- [British Columbia College of Nurses and Midwives](#)
- [British Columbia Pharmacy Association](#)
- [British Columbia Podiatric Medical Association](#)
- [College of Dental Surgeons of B.C.](#)
- [College of Optometrists of B.C.](#)
- [College of Pharmacists of B.C.](#)
- [College of Physicians & Surgeons of B.C.](#)
- [Doctors of BC](#)
- [Therapeutics Initiative](#)

### Provincial websites

- [Alberta Health and Wellness](#)
- [Manitoba PharmaCare Program](#)
- [New Brunswick Prescription Drug Program](#)
- [Newfoundland & Labrador Prescription Drug Program](#)
- [Northwest Territories Health Programs](#)
- [Nova Scotia Pharmacare](#)
- [Nunavut Health and Social Services](#)
- [Ontario Drug Benefit Program](#)
- [Prince Edward Island Health Services](#)
- [Quebec Prescription Drug Insurance](#)
- [Saskatchewan Health plans-and-health-coverage](#)
- [Yukon Health & Social Services](#)

**Federal websites**

- [Health Canada](#)
- [Health Canada, Drug Product Database](#)
- [Patented Medicine Prices Review Board](#)
- [Public Health Agency of Canada](#)

**National websites**

- [Canadian Institute for Health Information](#)
- [Canadian Agency for Drugs and Technologies in Health, Canadian Optimal Medication Prescribing & Utilization Service](#)
- [Canadian Agency for Drugs and Technologies in Health, Common Drug Review](#)

**Canadian association websites**

- [Canadian Medical Association](#)
- [Canadian Pharmacists Association](#)
- [Neighbourhood Pharmacy Association of Canada](#)