

PharmaCare Trends

2021/2022

June 28, 2023
Health Sector Information, Analysis and Reporting Division
for Pharmaceutical, Laboratory and Blood Services Division

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Introduction

This document is published annually by the B.C. Ministry of Health. It provides information about the PharmaCare program for health researchers, government staff and the public.

Data in this publication are from the fiscal year 2021/22 (April 1, 2021, to March 31, 2022) and pertain to drug and medical device and supply coverage claims to which PharmaCare contributed at least a portion of the cost (unless specified otherwise).

For more information about BC PharmaCare programs and policies, visit the [PharmaCare website](#).

Citations

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Comments and inquiries

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Data source

Unless otherwise noted, data in this publication were extracted from the B.C. Ministry of Health, PharmaNet/HealthIdeas data warehouse.

PharmaCare Plans

B.C. residents can be covered under multiple plans at once; plans that provide 100% coverage supersede Fair PharmaCare coverage.

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 by both expenditures and beneficiaries. 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 2022, there were 1,305,756 families registered for Fair PharmaCare. If an individual or family is not registered for Fair PharmaCare, they are assigned a \$10,000 deductible per individual and will receive coverage if their eligible expenses exceed that amount.

Long-term Care (Plan B)

B.C. provides coverage of eligible prescription medications, certain medical supplies and devices, and pharmacy services for permanent residents of licensed long-term care facilities that are registered as PharmaCare Plan B facilities. Individuals in these facilities receive the full cost of eligible prescription drugs and medical supplies and devices up to the PharmaCare accepted maximum. They are not required to meet a deductible or make co-payments, and coverage is provided automatically beginning on the day the patient becomes a resident at a facility. In 2021/22, approximately 32,000 British Columbia residents benefited from this coverage.

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 co-payments.

Since the 1970s, PharmaCare has provided 100% coverage of eligible prescription drugs, certain medical supplies and devices, and pharmacy services for 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. In 2003, when Fair PharmaCare was introduced, Plan C was expanded to also include all seniors receiving income assistance.

Registration for Plan C is done through the Ministry of Social Development and Poverty Reduction or the Ministry of Children and Family Development, and people do not need to apply to PharmaCare for this coverage. Plan C 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 upon registration with the plan.

In 2021/22, Plan C expenditures represented 72% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare) and provided coverage to approximately 185,000 people.

Cystic Fibrosis (Plan D)

Since 1995, individuals with cystic fibrosis who are registered with a provincial cystic fibrosis clinic have received coverage of eligible digestive enzymes under PharmaCare Plan D. PharmaCare pays 100% of the drug cost and the dispensing fee, up to the PharmaCare accepted maximums. Trikafta, an [expensive drug for rare diseases](#), was added as a Plan D benefit in October 2021. In 2021/22, 106 people were taking Trikafta under plan D.

In 2021/22, approximately 400 individuals with cystic fibrosis received coverage under this plan.

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 aged 18 and 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. Through Plan F, PharmaCare provides 100% coverage of eligible prescription drugs, certain medical supplies and devices, and pharmacy services. In 2021/22, more than 3,400 children were eligible for this plan.

Psychiatric Medications (Plan G)

PharmaCare’s Plan G is available to patients with mental health issues and opioid use disorder. In 2021/22, over 49,000 patients with demonstrated clinical and financial need qualified for 100% coverage of the eligible cost of certain psychiatric medications and opioid agonist treatments.

Palliative Care (Plan P)

PharmaCare funds and administers the drug plan portion of the BC Palliative Care Benefits program under PharmaCare Palliative Care (Plan P). Plan P provides 100% coverage for eligible prescription and over-the-counter drugs listed in the Plan P formulary. Local health authorities retain full responsibility for providing the medical supplies and equipment covered by the program.

All B.C. residents enrolled in the BC Medical Services Plan (MSP) 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, 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
- have had a physician or nurse practitioner confirm their medical eligibility under these criteria.

Approximately 16,000 patients received coverage under this plan in 2021/22.

Smoking Cessation (Plan S)

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

Eligible non-prescription nicotine replacement therapy products are provided at no cost to all eligible individuals for up to 12 weeks in a calendar year. Individuals are covered for specific prescription smoking cessation drugs, subject to the rules of their primary PharmaCare plan (i.e., any Fair PharmaCare annual deductible or family maximum).

In 2021/22, the program provided approximately 56,000 patients with free nicotine replacement therapy.

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 individuals living with HIV.

Residents of B.C. living with HIV who are eligible for healthcare services and benefits receive all anti-HIV medications at no cost through the Centre’s drug treatment program.

PharmaCare has funded the Centre’s drug treatment program since 2001. The Provincial Health Services Authority funds the Centre’s administration and research activities.

First Nations Health Benefits (Plan W)

Introduced on October 1, 2017, Plan W is funded by the First Nations Health Authority and provides 100% coverage for eligible prescription drugs and certain medical supplies, certain over-the-counter drugs, some natural health products, and pharmacy services. These had previously been provided by the federal Non-Insured Health Benefits program.

Assurance (Plan Z)

Assurance (Plan Z) is PharmaCare’s universal, 100% paid plan. The plan provides full coverage of all drugs on its drug list for all B.C. residents with active Medical Services Plan (MSP) coverage. (Exceptional processes are in place for residents without MSP coverage.) Plan Z was launched in 2019 to cover Mifegymiso (mifepristone-misoprostol combination). In 2020, the medications for medical assistance in dying (MAiD) were added, and in 2022, Paxlovid (nirmatrelvir/ritonavir) and tecovirimat were added to the Plan Z drug list. In 2021/22, approximately 10,000 patients received coverage under this plan.

Between February 25, 2022, and March 31, 2022, rapid antigen test (RAT) kits were distributed by pharmacies to approximately 800,000 people at a cost of \$4 million and adjudicated through Plan Z. RAT kit beneficiaries and costs have been excluded from the data in this report.

PharmaCare History by Calendar Year

- 1974** BC PharmaCare Program is implemented under the Ministry of Human Resources, offering 3 plans. Plan A provides coverage for seniors. Plan B becomes the prescription drug subsidy plan for low-income individuals not on B.C. income assistance. Plan C covers B.C. income assistance clients.
- 1977** BC PharmaCare is expanded to provide services to long-term care facilities and private hospitals (Plan B). The original Plan B is retired, and Plan E, a universal plan for B.C. residents younger than 65, is introduced.
- 1978** B.C. establishes a drug usage review program to monitor drug utilization and educate practitioners.
- 1987** Ministry of Health takes over the administration of BC PharmaCare. Plan A (seniors) co-payment structure 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 the child’s 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 over more expensive or brand-name drugs. The Drug Benefit Committee is established.
- 1995** Reference Drug Program (RDP) is launched. Pharmacoeconomic Initiative is established at the University of B.C. PharmaNet, a provincewide network for prescription claim processing, is implemented.
- 1996** Maximum Days’ Supply policy is introduced.
- 1997** RDP is expanded to angiotensin-converting enzyme (ACE) inhibitors and calcium channel blockers. RDP evaluations begin. Plan G coverage of psychiatric medications begins.
- 1999** Hospital emergency department 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 MSP 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 service provider for BC PharmaCare and MSP operations. Medical Practice Access to PharmaNet is implemented. BC PharmaCare assumes responsibility for funding and administering the BC Palliative Care Drug Plan (Plan P), 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 (PAD) is launched, offering continuing education to pharmacists and other health professionals. The Province and the 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. Pharmacists' scope of practice is expanded, enabling them to renew and adapt prescriptions.
- 2009** Interim Multi-Source Generics Pricing policy is implemented. Interim policy is introduced to support clinical services fees associated with prescription renewals and adaptations by pharmacists. Frequency of Dispensing policy is introduced. Pharmacists' scope of practice and PharmaCare payment are expanded to cover pharmacist administration of vaccines. Drug Benefit Committee is reconstituted as the "Drug Benefit Council" (DBC) to more accurately reflect the arms-length role expected in the drug review process. DBC composition is modified to include three public members.
- 2010** The Province, 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 Province establishes a maximum accepted list price for all generic drugs within the LCA Program. Interim Multi-Source Generics Pricing policy is discontinued. Full Payment Policy is introduced. Medication Management pilot project begins (Plan M). PharmaCare begins accepting public input into drug coverage reviews through Your Voice. BC PharmaCare's online Formulary Search is launched. Rural Incentive Program for pharmacies is updated.
- 2011** Coverage of smoking cessation products begins (Plan S). PharmaCare payment for medication review services begins.
- 2012** Medication Management pilot project ends. *Pharmaceutical Services Act* comes into force.
- 2013** Drug Price Regulation comes into force. The pan-Canadian Pharmaceutical Alliance (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 are 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 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 is expanded to adults.
- 2017** Plan G financial eligibility is expanded to include people with incomes up to \$42,000 per year, aligning with changes to MSP Premium Assistance. Plan G formulary is expanded to include medications for opioid agonist treatment. First Nations Health Benefits Plan (Plan W) is introduced.
- 2018** The pCPA (excluding Quebec) and CGPA announce a 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 end. Interim universal fully paid coverage of Mifegymiso® is introduced.
- 2019** Fair PharmaCare assistance for families with incomes below \$45,000 is increased through changes to deductibles and family maximums. Assurance (Plan Z), PharmaCare's universal, 100% paid plan, is launched to cover Mifegymiso (mifepristone-misoprostol combination). Biosimilars Initiative launches.

- 2020** The medications for medical assistance in dying (MAiD) are added to Plan Z. Coverage of ADHD drugs is expanded. COPD therapeutic review is completed and coverage updated. Risk mitigation guidance is issued for dual emergencies of opioid overdose crisis and COVID-19. B.C. introduces temporary drug coverage changes to ease access during COVID-19. PRIME, an online application for individuals and sites to request Ministry approval to access PharmaNet, is launched.
- 2021** The Pharmaceutical Care Management Strategy is launched. PharmaCare lists the first continuous glucose monitor. Online Special Authority request system launches for health authorities, with other providers able to join soon after.
- 2022** Paxlovid treatment for COVID-19 added to Plan Z.
- PharmaCare initiates paying pharmacists a fee for distributing rapid antigen test (RAT) kits.
- PharmaCare provides Plan C coverage for 14-day dispenses to people evacuated from their homes due to emergencies such as fire and flood.
- Pharmacist scope of practice expansions enable them to adapt more prescriptions and administer more injectable drugs and vaccines. PharmaCare pays pharmacists a drug administration fee for administering injections of all drugs, except allergy serums, substances for cosmetic use, drugs for travel and drugs intended for self-administration.
- Ukrainians arriving in B.C. through the federal Canada-Ukraine authorization for emergency travel program receive Plan C coverage for one year once enrolled in MSP. They may also access emergency coverage before they are enrolled in MSP.
- The BC Application for Health and Drug Coverage merges the applications for MSP, Fair PharmaCare and Supplementary Benefits into one.
- Eligibility is expanded for Trikafta, an expensive drug for rare diseases used to treat cystic fibrosis.

PharmaCare Expenditures

Interpreting PharmaCare data

The following data regarding costs, expenditures and paid amounts refers to PharmaCare plan expenditures – i.e., the costs associated with Plans B, C, D, F, G, P, S, Z and Fair PharmaCare (Plan I), based on claims submitted by community pharmacies in B.C. The data does not include expenditures for drugs provided through the BC Centre for Excellence in HIV/AIDS or the BC Cancer Agency, medication used in hospitals, sample medication from doctors' offices, drugs used by the provincial retinal disease treatment program, Plan W benefits, COVID-19 RAT kits or any other pharmacy expenditures.

Subject to Fair PharmaCare plan rules, beneficiaries may be responsible for paying some or all of their prescription costs. The claims data reflects claims to which PharmaCare contributed at least a portion of the cost.

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: A request to PharmaCare for payment of the cost of a prescription or pharmacy service. For example, a prescription for a 90-day supply of medication dispensed three times in 30-day supplies 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 be a 30-day supply

Dispensing fee or professional fee: The fee a pharmacy charges to process a prescription

"Paid" costs: Amounts paid by PharmaCare

Beneficiary: A B.C. resident with at least one paid PharmaCare claim during the fiscal year

Fiscal year: April 1 to March 31. For example, the 2022 fiscal year runs from April 1, 2021, to March 31, 2022. Fiscal year of a claim is based on the date of service

PharmaCare Expenditures Overview

Table 1 - PharmaCare claims expenditures

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	35.02	36.71	39.45	40.83	42.35
Number of beneficiaries (millions)	0.72	0.76	0.81	0.78	0.78
Ingredient costs paid (millions)	\$933.07	\$996.15	\$973.94	\$945.60	\$981.34
Professional fees paid ¹ (millions)	\$241.71	\$251.67	\$268.61	\$275.40	\$282.91
Total amount paid ² (millions)	\$1,174.78	\$1,247.82	\$1,242.55	\$1,221.00	\$1,264.25
Avg amount paid per beneficiary ²	\$1,637.55	\$1,641.15	\$1,534.41	\$1,564.03	\$1,614.95
Avg number of claims per beneficiary	48.82	48.28	48.72	52.31	54.10
Avg ingredient cost paid per claim	\$26.64	\$27.14	\$24.69	\$23.16	\$23.17
Avg professional fees paid per claim ¹	\$6.90	\$6.86	\$6.81	\$6.74	\$6.68
Avg amount paid per claim ²	\$33.55	\$33.99	\$31.50	\$29.90	\$29.85
Avg days' supply per claim	16.56	16.18	16.32	15.80	15.26

¹ Includes dispensing fees and long-term care facility capitation fees

² Includes ingredient cost, professional fees and capitation fees

Table 2 - Comparison of PharmaCare claims expenditures for selected fiscal years

	4 years ago 2017/18	1 year ago 2020/21	2021/22	1-year change	4-year change
Number of claims (millions)	35.02	40.83	42.35	3.7%	20.9%
Number of beneficiaries (millions)	0.72	0.78	0.78	0.3%	9.1%
Ingredient cost paid (millions)	\$933.07	\$945.60	\$981.34	3.8%	5.2%
Professional fees paid ¹ (millions)	\$241.71	\$275.40	\$282.91	2.7%	17.0%
Total amount paid ² (millions)	\$1,174.78	\$1,221.00	\$1,264.25	3.5%	7.6%
Avg amount paid per beneficiary ²	\$1,637.55	\$1,564.03	\$1,614.95	3.3%	-1.4%
Avg number of claims per beneficiary	48.82	52.31	54.10	3.4%	10.8%
Avg amount paid per claim ²	\$33.55	\$29.90	\$29.85	-0.2%	-11.0%
Avg days' supply per claim	16.56	15.80	15.26	-3.4%	-7.8%
B.C. population (millions) ³	4.93	5.16	5.21	1.1%	5.8%

Note

Dollar amounts are amounts paid by PharmaCare. Depending on plan rules, beneficiaries may also pay some costs.

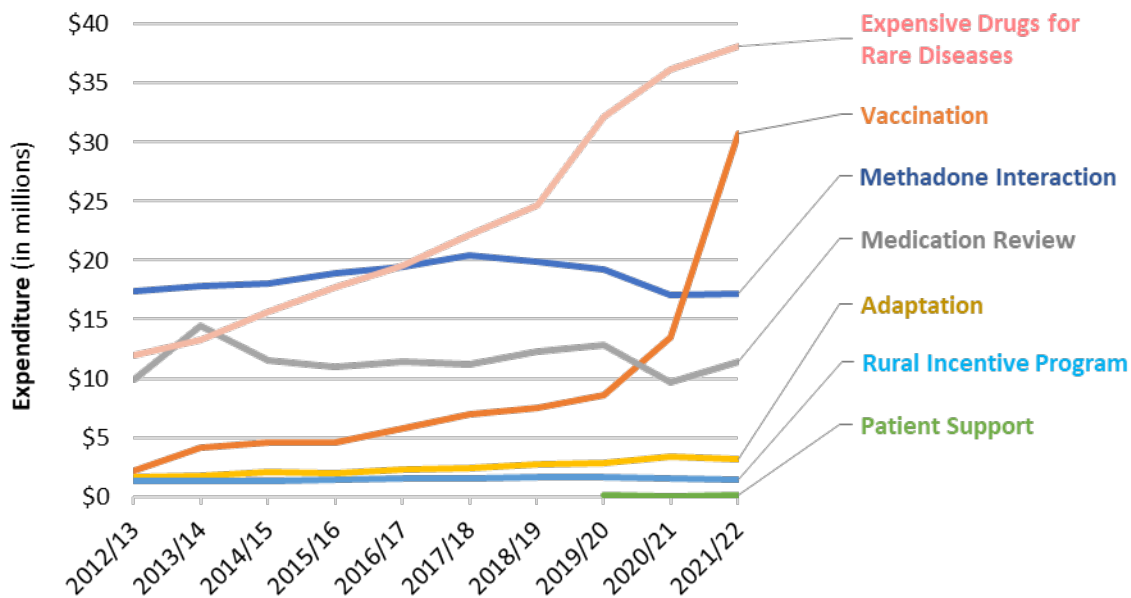
Table 3 - Other PharmaCare expenditures

	2017/18	2018/19	2019/20	2020/21	2021/22
<u>Adaptation fees</u> (millions)	\$2.35	\$2.77	\$2.88	\$3.42	\$3.18
Patient support fees (millions)			\$0.13	\$0.00	\$0.08
<u>Vaccination fees</u> ⁴ (millions)	\$7.01	\$7.46	\$8.55	\$13.49	\$30.78
<u>Medication review fees</u> (millions)	\$11.22	\$12.30	\$12.81	\$9.71	\$11.44
<u>Methadone interaction fees</u> (millions)	\$20.41	\$19.86	\$19.18	\$17.05	\$17.15
<u>Rural incentive program fees</u> (millions)	\$1.56	\$1.66	\$1.65	\$1.56	\$1.38
<u>Expensive drugs for rare diseases</u> (millions)	\$22.15	\$24.66	\$32.13	\$36.19	\$38.08

³ Source: [BC Stats](#). Site accessed on October 25th, 2022.

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

Figure 1 - Other PharmaCare expenditures from 2012/13 to 2021/22



Notes

Over the past 10 years, vaccination fees had the highest annual growth rate, at 30.1%.

Patient support fees are made up of biosimilar transition fees (introduced May 2019) and Paxlovid follow-up fees (introduced February 2022). Following the launch of the [Biosimilars Initiative](#) in May 2019, PharmaCare began paying a fee to pharmacists to assist patients switching from originator drugs to biosimilars. Paxlovid fees are paid for following up with patients taking Paxlovid.

COVID-19 vaccines were added to the list of publicly funded vaccines in March 2021. Fees for administration of these vaccines by pharmacists are included in vaccination fees.

Expensive Drugs for Rare Diseases (EDRD) expenditure excludes Trikafta, and fiscal year is the year the payment is made (actual and accrued) to PHSA, rather than service fiscal year in this report.

PharmaCare Expenditures by Plan

In 2021/22, Plan I (56.0%) and Plan C (31.7%) together accounted for 87.7% of total PharmaCare expenditures.

Figure 2 – PharmaCare expenditures by plan in 2021/22

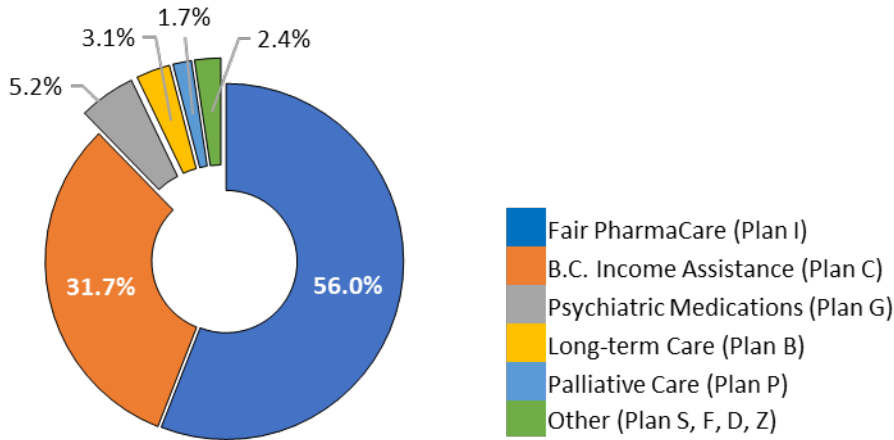
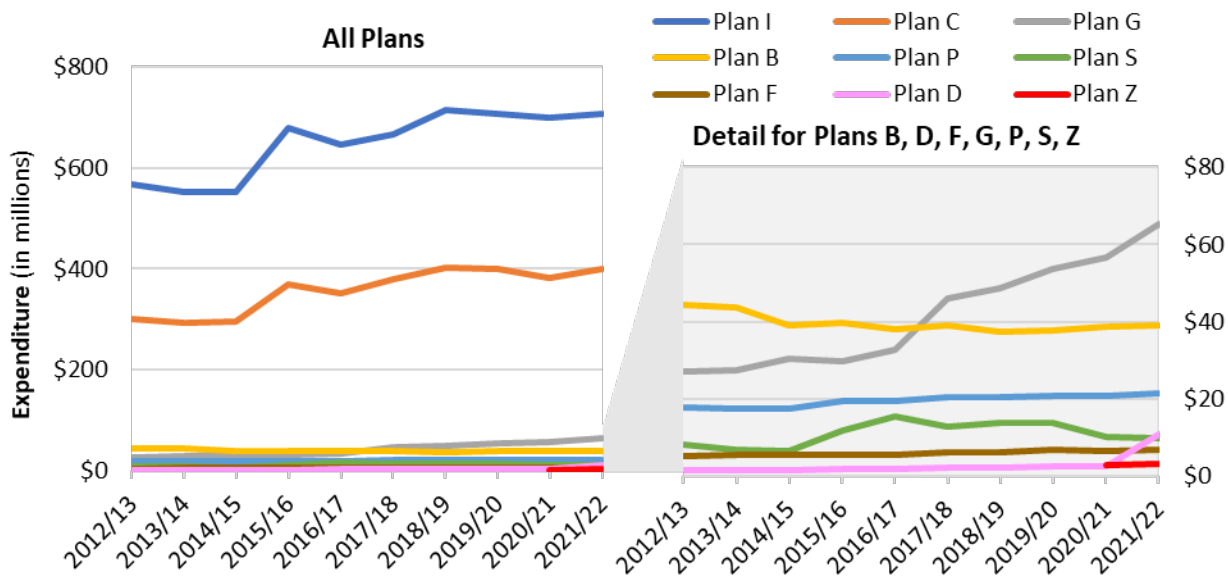


Figure 3 - PharmaCare expenditures by plan from 2012/13 to 2021/22



Notes

Plan Z was launched in August 2019. However, values for 2019/20 were not reported, due to the partial year and the sensitivity of the data, as Mifegymiso was the only drug on the formulary, transitioning over from the interim coverage introduced in 2018 in partnership with the BC Centre for Disease Control (BCCDC). Medications for medical assistance in dying (MAiD) were added on March 20, 2020. Paxlovid, treatment for COVID-19, was listed on January 19, 2022.

Table 4 - Plan I (Fair PharmaCare)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	13.58	14.32	15.87	16.39	16.46
Number of beneficiaries (millions)	0.43	0.47	0.52	0.49	0.49
Ingredient costs paid (millions)	\$573.49	\$618.76	\$600.93	\$590.60	\$598.57
Professional fees paid (millions)	\$94.22	\$97.87	\$107.27	\$109.47	\$108.88
Total amount paid ⁵ (millions)	\$667.71	\$716.63	\$708.20	\$700.07	\$707.45
Avg amount paid per beneficiary ⁵	\$1,543.92	\$1,517.76	\$1,370.09	\$1,414.59	\$1,438.66
Avg number of claims per beneficiary	31.40	30.33	30.69	33.11	33.46
Avg ingredient cost paid per claim	\$42.23	\$43.20	\$37.88	\$36.04	\$36.37
Avg professional fees paid per claim	\$6.94	\$6.83	\$6.76	\$6.68	\$6.62
Avg amount paid per claim ⁵	\$49.17	\$50.03	\$44.64	\$42.72	\$42.99
Avg days' supply per claim	25.63	25.03	25.17	24.28	23.94

Notes

Deductibles and annual family maximums are based on a family's net annual income. Registrants born before 1940 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 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 eligible costs.

Beginning January 1, 2019, 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. Also at that time, the family maximum was reduced for most families with incomes of \$45,000 and lower, and Enhanced Assistance deductibles and family maximums changed. These changes may contribute to the observed increase in Fair PharmaCare expenditures in 2018/19.

For more information about annual deductibles and family maximums, visit [Fair PharmaCare](#).

⁵ Includes ingredient cost and professional fees

Table 5 - Plan B (Long-term Care)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	4.86	4.87	4.96	4.98	5.14
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$26.68	\$24.62	\$25.24	\$25.51	\$27.02
Capitation fees paid (millions)	\$12.35	\$12.71	\$12.51	\$13.09	\$12.10
Total amount paid ⁶ (millions)	\$39.03	\$37.33	\$37.75	\$38.60	\$39.12
Avg amount paid per beneficiary ⁶	\$1,247.51	\$1,193.63	\$1,196.11	\$1,234.36	\$1,231.45
Avg number of claims per beneficiary	155.41	155.79	157.10	159.19	161.83
Avg ingredient cost paid per claim	\$5.49	\$5.05	\$5.09	\$5.13	\$5.26
Avg capitation fees paid per claim	\$2.54	\$2.61	\$2.52	\$2.63	\$2.35
Avg amount paid per claim ⁶	\$8.03	\$7.66	\$7.61	\$7.75	\$7.61
Avg days' supply per claim	8.09	8.04	7.99	7.91	7.86

Notes

In 2021/22, PharmaCare paid pharmacies a capitation fee of \$43.75 per month per serviced bed occupied by a patient receiving PharmaCare coverage under Plan B.

People covered under Plan B are eligible for coverage of [clinical services fees](#).

⁶ Includes ingredient cost and capitation fees

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

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	13.82	14.35	15.27	16.11	17.03
Number of beneficiaries (millions)	0.18	0.18	0.19	0.18	0.18
Ingredient costs paid (millions)	\$269.67	\$288.88	\$279.64	\$259.24	\$271.03
Professional fees paid (millions)	\$111.10	\$113.61	\$119.78	\$124.17	\$130.16
Total amount paid ⁵ (millions)	\$380.77	\$402.49	\$399.42	\$383.41	\$401.19
Avg amount paid per beneficiary ⁵	\$2,128.47	\$2,252.48	\$2,156.94	\$2,119.44	\$2,171.09
Avg number of claims per beneficiary	77.27	80.32	82.44	89.03	92.16
Avg ingredient cost paid per claim	\$19.51	\$20.13	\$18.32	\$16.10	\$15.91
Avg professional fees paid per claim	\$8.04	\$7.92	\$7.85	\$7.71	\$7.64
Avg amount paid per claim ⁵	\$27.55	\$28.05	\$26.16	\$23.81	\$23.56
Avg days' supply per claim	11.38	11.09	10.84	10.51	10.11

Table 7 - Plan D (Cystic Fibrosis)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims	1,873	1,879	2,050	2,180	3,406
Number of beneficiaries	369	368	385	381	399
Ingredient costs paid (millions)	\$2.05	\$2.12	\$2.43	\$2.35	\$10.59
Professional fees paid	\$18,089.85	\$18,100.32	\$19,712.15	\$20,369.05	\$23,153.71
Total amount paid ⁵ (millions)	\$2.07	\$2.14	\$2.45	\$2.37	\$10.61
Avg amount paid per beneficiary ⁵	\$5,610.79	\$5,796.70	\$6,353.94	\$6,220.00	\$26,589.81
Avg number of claims per beneficiary	5.08	5.11	5.32	5.72	8.54
Avg ingredient cost paid per claim	\$1,095.72	\$1,125.64	\$1,183.69	\$1,077.73	\$3,108.10
Avg professional fees paid per claim	\$9.66	\$9.63	\$9.62	\$9.34	\$6.80
Avg amount paid per claim ⁵	\$1,105.38	\$1,135.28	\$1,193.30	\$1,087.07	\$3,114.90
Avg days' supply per claim	46.55	45.58	44.82	40.58	32.63

Table 8 - Plan F (At Home Program)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims	52,405	54,536	59,116	56,173	56,764
Number of beneficiaries	3,287	3,288	3,499	3,346	3,438
Ingredient costs paid (millions)	\$5.52	\$5.63	\$6.09	\$5.76	\$6.07
Professional fees paid (millions)	\$0.49	\$0.51	\$0.55	\$0.52	\$0.53
Total amount paid ⁵ (millions)	\$6.01	\$6.14	\$6.64	\$6.28	\$6.60
Avg amount paid per beneficiary ⁵	\$1,830.57	\$1,868.91	\$1,898.36	\$1,878.24	\$1,919.01
Avg number of claims per beneficiary	15.94	16.59	16.90	16.79	16.51
Avg ingredient cost paid per claim	\$105.42	\$103.29	\$103.00	\$102.53	\$106.87
Avg professional fees paid per claim	\$9.40	\$9.39	\$9.36	\$9.35	\$9.36
Avg amount paid per claim ⁵	\$114.82	\$112.68	\$112.36	\$111.88	\$116.23
Avg days' supply per claim	31.03	30.42	30.59	31.16	31.12

Table 9 - Plan G (Psychiatric Medications)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	1.89	2.26	2.41	2.43	2.76
Number of beneficiaries (millions)	0.04	0.05	0.05	0.05	0.05
Ingredient costs paid (millions)	\$28.85	\$28.25	\$31.96	\$35.04	\$40.80
Professional fees paid (millions)	\$17.14	\$20.46	\$21.67	\$21.43	\$24.41
Total amount paid ⁵ (millions)	\$45.99	\$48.71	\$53.63	\$56.47	\$65.21
Avg amount paid per beneficiary	\$1,054.26	\$1,015.87	\$1,069.97	\$1,162.19	\$1,317.99
Avg number of claims per beneficiary	43.35	47.16	48.02	49.92	55.82
Avg ingredient cost paid per claim	\$15.26	\$12.50	\$13.28	\$14.45	\$14.77
Avg professional fees paid per claim	\$9.06	\$9.05	\$9.00	\$8.84	\$8.84
Avg amount paid per claim ⁵	\$24.32	\$21.54	\$22.28	\$23.28	\$23.61
Avg days' supply per claim	12.00	10.70	10.53	10.42	9.45

Note

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

Table 10 - Plan P (Palliative Care)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	0.67	0.69	0.75	0.76	0.78
Number of beneficiaries	13,654	14,034	14,953	15,354	15,568
Ingredient costs paid (millions)	\$15.29	\$15.48	\$15.30	\$15.20	\$15.62
Professional fees paid (millions)	\$5.07	\$5.05	\$5.41	\$5.52	\$5.61
Total amount paid ⁵ (millions)	\$20.36	\$20.53	\$20.71	\$20.72	\$21.23
Avg amount paid per beneficiary ⁵	\$1,490.55	\$1,462.91	\$1,384.57	\$1,349.12	\$1,363.61
Avg number of claims per beneficiary	49.35	49.52	50.00	49.31	49.81
Avg ingredient cost paid per claim	\$22.69	\$22.28	\$20.46	\$20.07	\$20.14
Avg professional fees paid per claim	\$7.52	\$7.27	\$7.23	\$7.29	\$7.24
Avg amount paid per claim ⁵	\$30.21	\$29.54	\$27.69	\$27.36	\$27.38
Avg days' supply per claim	10.49	10.55	10.67	11.38	11.34

Table 11 - Plan S (Smoking Cessation)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims (millions)	0.14	0.15	0.14	0.11	0.11
Number of beneficiaries	72,593	76,809	75,429	57,348	55,918
Ingredient costs paid (millions)	\$11.51	\$12.40	\$12.35	\$9.12	\$8.64
Professional fees paid (millions)	\$1.33	\$1.44	\$1.41	\$1.06	\$1.04
Total amount paid ⁵ (millions)	\$12.84	\$13.84	\$13.76	\$10.18	\$9.68
Avg amount paid per beneficiary	\$177.00	\$180.25	\$182.45	\$177.53	\$173.11
Avg number of claims per beneficiary	1.89	1.92	1.92	1.89	1.91
Avg ingredient cost paid per claim	\$84.08	\$84.20	\$85.46	\$84.09	\$80.76
Avg professional fees paid per claim	\$9.74	\$9.78	\$9.78	\$9.79	\$9.74
Avg amount paid per claim ⁵	\$93.83	\$93.97	\$95.24	\$93.87	\$90.50
Avg days' supply per claim	27.30	27.33	27.52	27.59	27.35

Table 12 - Plan Z (Assurance)

	2017/18	2018/19	2019/20	2020/21	2021/22
Number of claims	–	–	–	14,051	17,254
Number of beneficiaries	–	–	–	8,511	9,884
Ingredient costs paid (millions)	–	–	–	\$2.77	\$3.00
Professional fees paid (millions)	–	–	–	\$0.13	\$0.15
Total amount paid ⁵ (millions)	–	–	–	\$2.90	\$3.15
Avg amount paid per beneficiary	–	–	–	\$340.83	\$319.22
Avg number of claims per beneficiary	–	–	–	1.65	1.75
Avg ingredient cost paid per claim	–	–	–	\$197.40	\$174.01
Avg professional fees paid per claim	–	–	–	\$9.05	\$8.85
Avg amount paid per claim ⁵	–	–	–	\$206.45	\$182.86
Avg days' supply per claim	–	–	–	1.20	1.32

Note

Plan Z was launched in August 2019. However, values for 2019/20 were not reported, due to the partial year and the sensitivity of the data, as Mifegymiso was the only drug on the formulary, transitioning over from the interim coverage introduced in 2018 in partnership with the BC Centre for Disease Control (BCCDC). Medications for medical assistance in dying (MAiD) were added on March 20, 2020. Paxlovid, treatment for COVID-19, was listed on January 19, 2022.

PharmaCare Drugs

Number of drugs covered

A common question is, “How many drugs does PharmaCare cover?” This number changes constantly as new drugs and lower-cost versions of existing drugs are introduced to the PharmaCare drug list.

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

- As the number of products identified by the Drug Identification Number (DIN) supplied by First Databank or the Pseudo-Identification Number (PIN) created by PharmaCare⁷
- As the number of drugs, described by the generic drug name or therapeutic class

A drug may be available in varying strengths and 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 means the number of individual DINs/PINs; the number of drugs refers to the number of chemicals.

Table 13 - Number of products covered in 2021/22

Products dispensed in B.C. ⁸	11,065
Products dispensed in B.C., eligible for PharmaCare coverage ⁹	5,879
Products that received PharmaCare reimbursement ¹⁰	5,732

Table 14 - Number of drugs covered in 2021/22

Drugs dispensed in B.C. ⁸	2,832
Drugs dispensed in BC, eligible for PharmaCare coverage ⁹	1,132
Drugs that received PharmaCare reimbursement ¹⁰	1,108

Formulary Expansion

In 2021/22, PharmaCare funded 28 new brand-name drugs and added 183 generic drugs to the formulary (18 to new Low Cost Alternative categories and 165 to existing categories).

Top 10 Drugs

The Ministry of Health is often asked which drugs are prescribed most in B.C. Although all prescriptions filled at B.C. community pharmacies are processed through PharmaNet, this report covers only prescriptions for which PharmaCare paid at least a portion of the cost. Table 15 shows the top 10 drugs by PharmaCare expenditure. Table 16 shows the top 10 drugs by the number of PharmaCare beneficiaries who bought them.

In 2021/22, adalimumab and infliximab (biologics; see Table 15 for usage) and sofosbuvir/velpatasvir (treatment of

⁷ View [PINs](#) for more information

⁸ Products/drugs with at least one dispensation in B.C. during the fiscal year

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

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

hepatitis C) were the most expensive drugs for PharmaCare, with adalimumab having the largest expenditure for any single drug (\$72.36 million).

The annual growth rate in expenditures for adalimumab and infliximab was 7.3% and -0.9% respectively over the past 10 years.

Table 15 - Top 10 drugs by PharmaCare expenditure in 2021/22

Generic name	Typical usage	PharmaCare expenditure (millions)
adalimumab	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradenitis suppurativa	\$72.36
infliximab	rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	\$46.24
sofosbuvir/ velpatasvir	hepatitis C	\$42.52
vedolizumab	ulcerative colitis, Crohn's disease	\$36.51
paliperidone palmitate	schizophrenia, other psychosis	\$29.01
methadone	opioid use disorder, pain	\$26.57
glecaprevir/pibrentasvir	hepatitis C	\$23.72
apixaban	blood clots, strokes, deep vein thrombosis (DVT), pulmonary embolism (PE)	\$21.63
aripiprazole	schizophrenia, other psychosis	\$21.19
morphine	pain	\$19.97

Notes

PharmaCare expenditure includes amounts paid to pharmacies for both the ingredient cost and dispensing fees.

PharmaCare expenditure for methadone does not include interaction fees for pharmacists witnessing methadone ingestion.

Figure 4 - Top 10 drugs by PharmaCare expenditure between 2012/13 and 2021/22

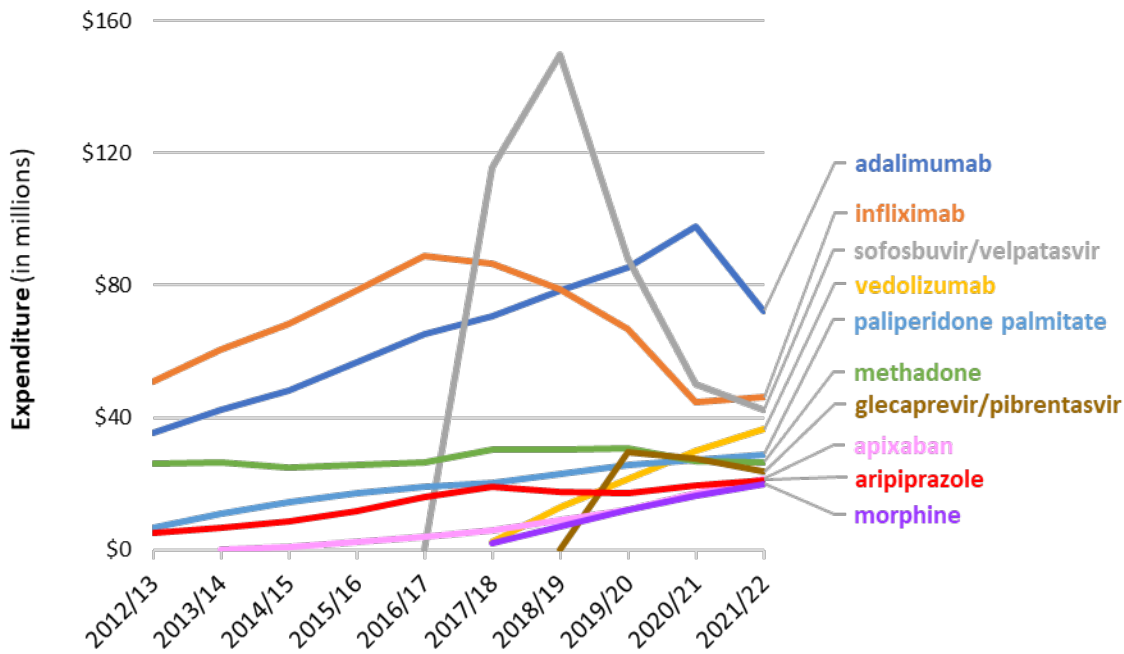
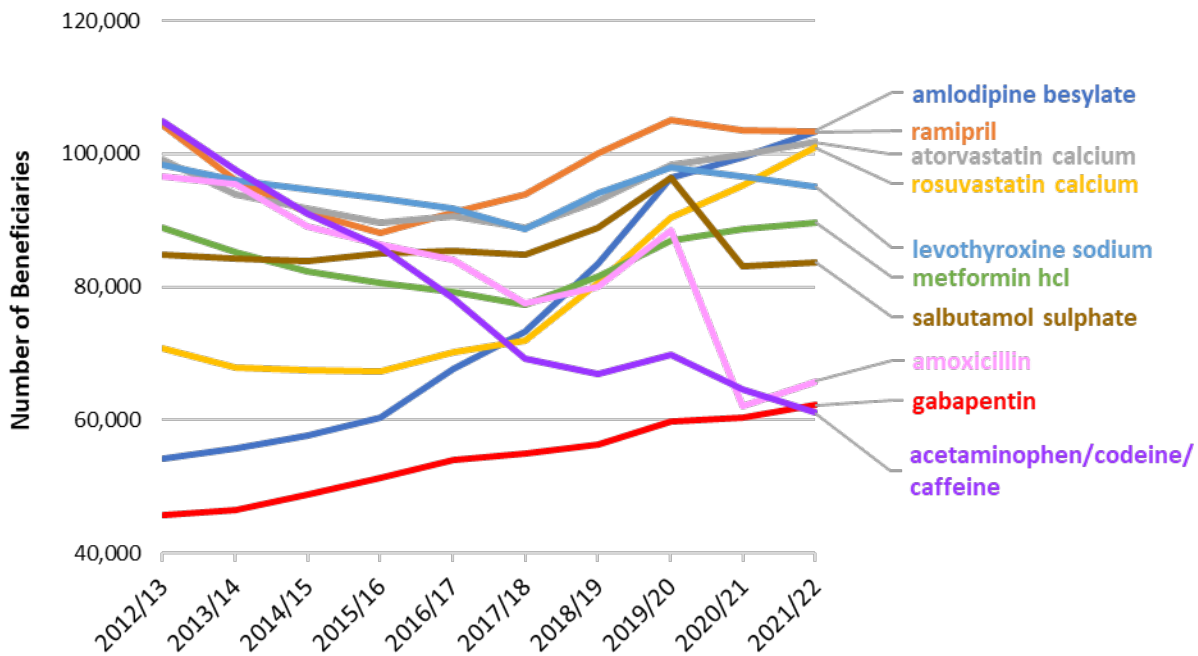


Table 16 - Top 10 drugs by number of PharmaCare beneficiaries in 2021/22

Generic name	Typical usage	PharmaCare beneficiaries
amlodipine besylate	hypertension	103,414
ramipril	hypertension	103,273
atorvastatin calcium	high cholesterol	101,734
rosuvastatin calcium	high cholesterol	100,995
levothyroxine sodium	hypothyroidism	95,139
metformin hcl	diabetes	89,740
salbutamol sulphate	asthma and lung diseases	83,743
amoxicillin	bacterial infections	65,795
gabapentin	seizures, nerve pain	62,213
acetaminophen/codeine/caffeine	pain	61,137

Figure 5 - Top 10 Drugs by number of beneficiaries between 2012/13 and 2021/22



Note

The rise and subsequent fall in number of salbutamol beneficiaries could be partially explained by the increased demand for these products at the start of the COVID-19 pandemic, as patients stocked up to have them on hand. The drop in amoxicillin beneficiaries is attributed to the COVID-19 pandemic and the closing of dental offices--significant users of amoxicillin.

PharmaCare Beneficiaries

A total of 782,842 B.C. residents (15.0% of the B.C. population) received PharmaCare benefits in 2021/22.

The number of PharmaCare beneficiaries remained constant at around 0.8 million between 2012/13 and 2021/22. Over this same period, the annual growth rate of the number of paid claims was 3.2%.

Figure 6 - Beneficiaries and paid claims between 2012/13 and 2021/22

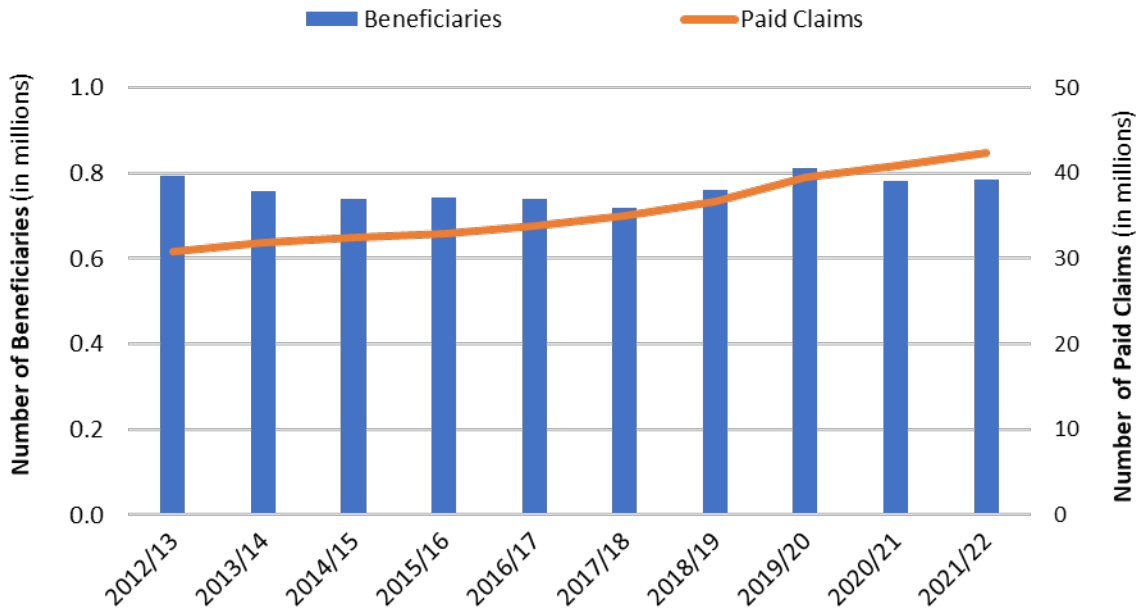


Table 17 - PharmaCare beneficiaries by age group in 2021/22

The table below documents the number of PharmaCare beneficiaries in 2021/22 by five-year age groups, showing that the percentage of individuals receiving assistance from PharmaCare in 2021/22 increases with age.

Age	B.C. population ¹¹	PharmaCare beneficiaries	Portion of age group receiving benefits
0-4	224,047	6,731	3.0%
5-9	246,211	9,168	3.7%
10-14	251,411	11,281	4.5%
15-19	261,976	18,757	7.2%
20-24	338,188	29,585	8.7%
25-29	363,551	37,178	10.2%
30-34	386,080	36,503	9.5%
35-39	376,638	36,934	9.8%
40-44	334,800	36,348	10.9%
45-49	322,847	34,486	10.7%
50-54	346,230	41,201	11.9%
55-59	372,514	52,437	14.1%
60-64	365,418	65,070	17.8%
65-69	323,950	72,831	22.5%
70-74	274,428	74,813	27.3%
75-79	183,286	67,492	36.8%
80-84	119,775	62,041	51.8%
85-89	74,394	50,119	67.4%
90+	49,061	39,866	81.3%
Total	5,214,805	782,842	15.0%

Note

There is one PharmaCare beneficiary with unknown age; they are captured in the Total in the table above.

¹¹ Source: [BC Stats](#). accessed October 25, 2022.

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 2021/22

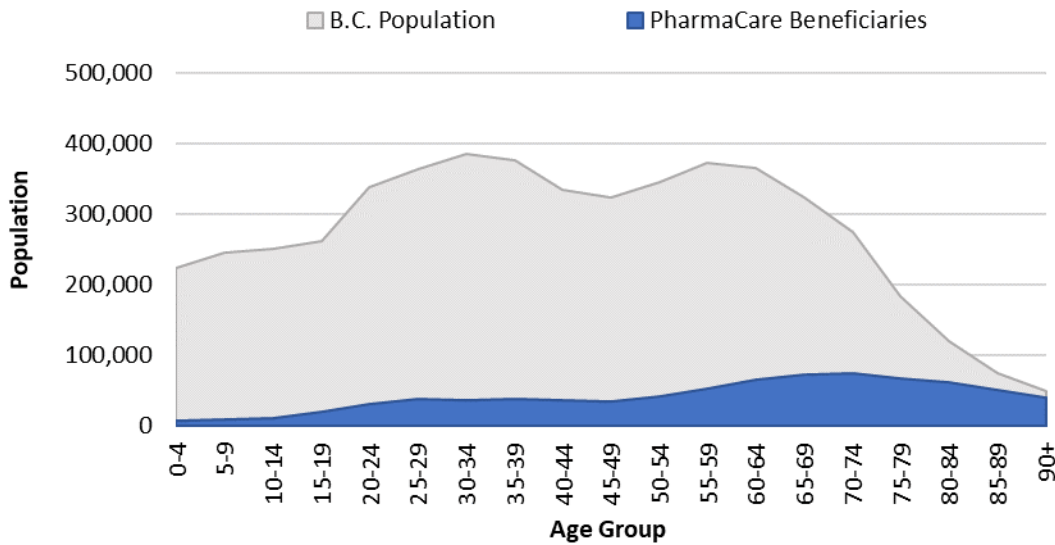
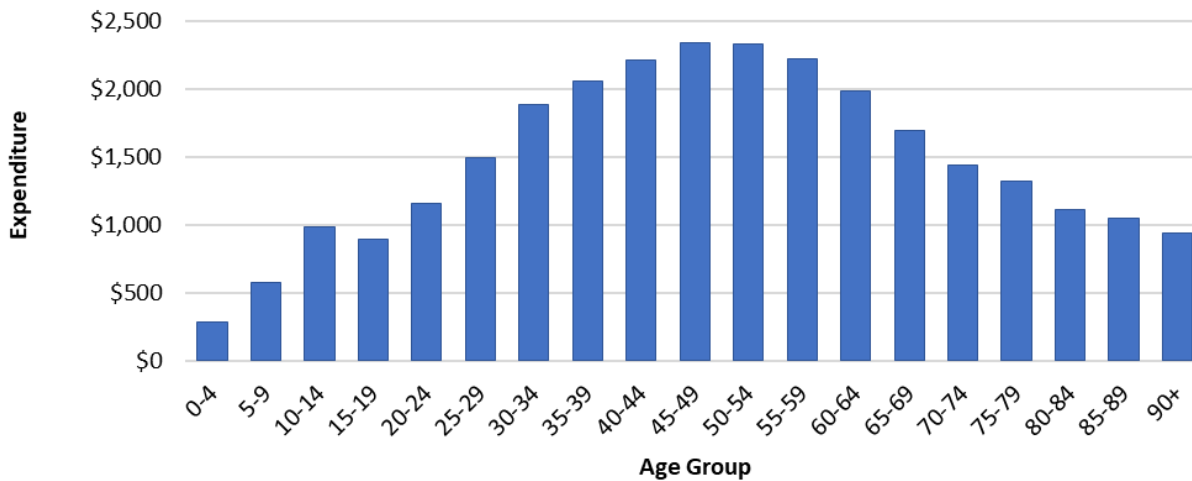


Figure 8 - Average annual PharmaCare expenditure per beneficiary by age group in 2021/22



Note

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

Resources

The websites below provide additional information about drug programs and policies in B.C. and the rest of Canada.

B.C. 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](#)

[B.C. College of Oral Health Professionals](#)

[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 and territorial government websites

[Alberta Health](#)

[Manitoba PharmaCare Program](#)

[New Brunswick Prescription Drug Program](#)

[Newfoundland & Labrador Prescription Drug Program](#)

[Northwest Territories Health Care Plan](#)

[Nova Scotia Pharmacare](#)

[Nunavut Health Services](#)

[Ontario Public Drug Programs](#)

[Prince Edward Island PharmaCare](#)

[Quebec Prescription Drug Insurance](#)

[Saskatchewan Prescription Drug Plans and Health Coverage](#)

[Yukon Pharmacare](#)

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](#)

[Canada's Drug and Health Technology Agency](#)

Canadian association websites

[Canadian Medical Association](#)

[Canadian Pharmacists Association](#)

[Neighbourhood Pharmacy Association of Canada](#)