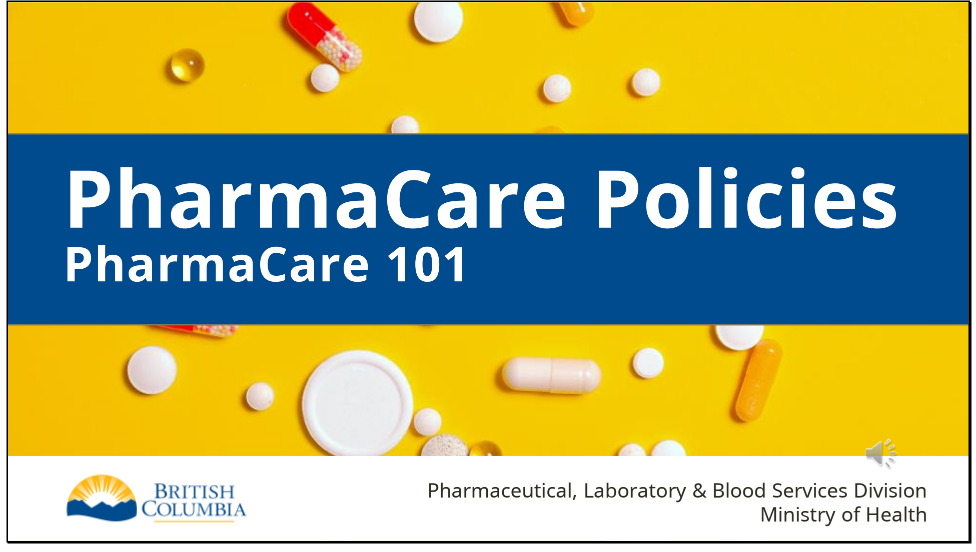
Welcome to PharmaCare 101 – PharmaCare policies



Days' Supply Policies

Travel Supply

Section 5.4

- Exception to refilling too soon policy
- Once per 180 days
- Top up to PharmaCare maximum days' supply for travel outside B.C.

Maximum Days' Supply

Section 5.1

30 DAYS

- First prescription
- Short-term medications
- Expensive medications

100 DAYS

- Drugs for chronic conditions

Refilling Too Soon Policy

Section 5.2

14 DAYS

- Remaining supply must be ≤ 14 days for refill

First up are the days' supply policies.

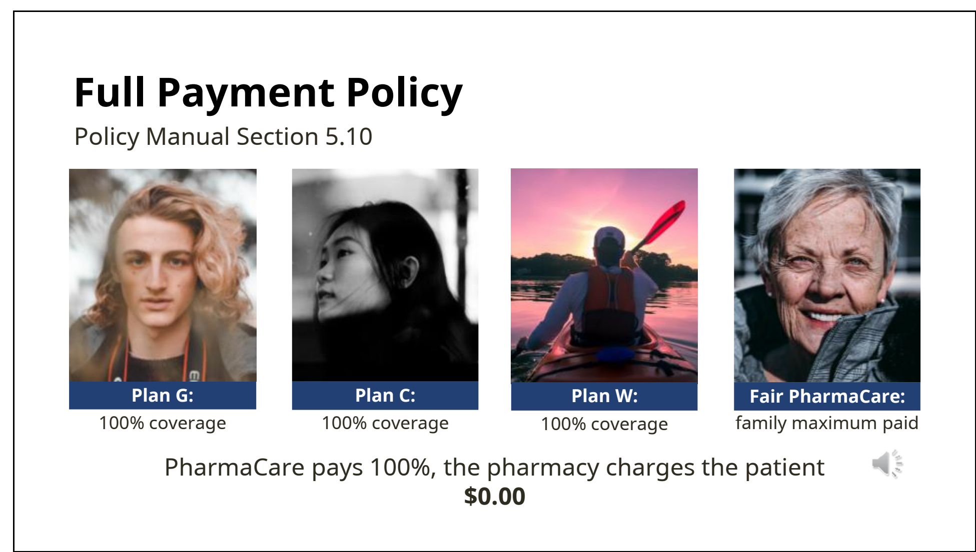
The maximum days' supply is the maximum number of days PharmaCare will cover per dispense

- Initial prescriptions, short term use medications (such as narcotics, and antibiotics), and very expensive medications have a 30-day maximum. So the dispense can be covered if it is for 30 days or fewer
- For medications for chronic conditions, the maximum is 100 days.

Our Refill Too Soon policy means that PharmaCare does not cover prescription refills when the patient has more than a 14-day supply remaining from a previous fill. This is to prevent stockpiling, or waste of a drug when a prescriber changes a prescription.

The travel supply policy is an exception to the refill too soon policy. Under this policy, once every 6 months, a person can request a top-up of their prescription up to the maximum days' supply for the purpose of travel outside B.C.

In practice, this means that a person who has 30 days remaining at home of their chronic condition medication, for example, can receive an additional 70 days of medication in order to have the maximum 100 days supply on hand for their travels.



The Full Payment Policy is an important way that we protect patients.

For people on a 100% paid plan (such as the Psychiatric Medications Plan (Plan G), Income Assistance (Plan C), or First Nations Health Benefits (Plan W) or people who have met their family maximum on the Fair PharmaCare plan, a pharmacy must not charge any additional costs related to full benefit products.

For example, PharmaCare reimburses a $10.00 dispensing fee for each prescription. While a pharmacy may set its own dispensing fee, for example $13.00, the pharmacy cannot charge the $3.00 difference to any person for whom the full payment policy applies.

As a reminder, people can choose any pharmacy they like, based on professional fees, location, hours of operation, service, or any other reason.

The maximum pricing policy sets a maximum price that PharmaCare will pay for any drug covered through our program. It is based on the manufacturer list price plus an 8% mark-up for most drugs.

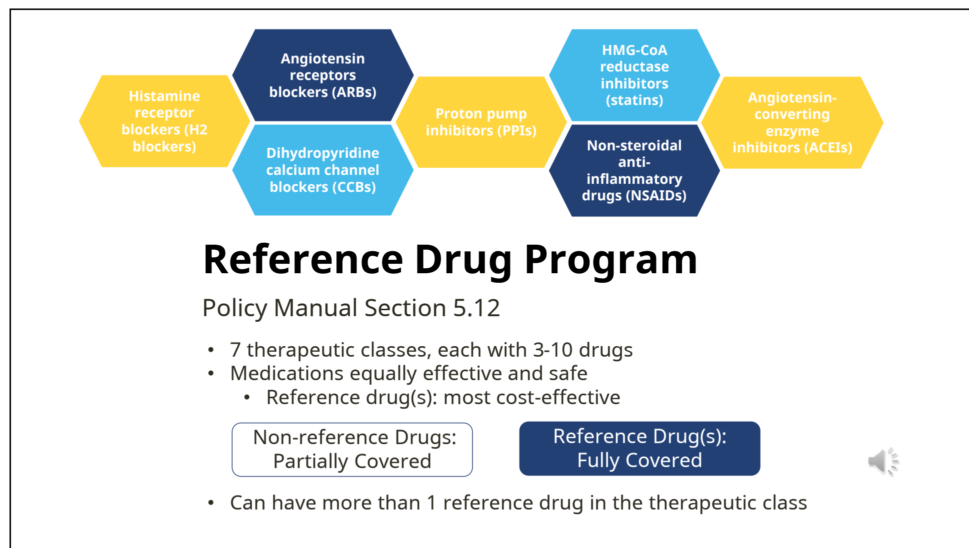
For high-cost drugs, under the High-Cost Drugs Policy, the mark-up is limited to 5% or less. For interest, the maximum mark-up for a number of the hepatitis C drugs, such as Harvoni and Epclusa, is 2%.

The Low Cost Alternative policy generally applies to drugs that have generic versions. Under the LCA program, drugs are placed in categories based on the drug, strength and formulation. A maximum accepted list price is set for each LCA category, based on the number of manufacturers represented in that category.

In general, lower-priced generics become fully covered as they are within our maximum accepted list price. The more expensive brand-name product becomes partially covered.

Generic drugs have identical active ingredients and deliver the same health benefits as brand name drugs, so buying a lower-priced generic drug does not compromise care.

If a person chooses to get a brand-name product for which there is a low cost alternative, they are required to pay the difference in cost.



The Reference Drug Program is based on therapeutic classes of equally safe and effective drugs. There are currently seven classes in our reference drug program. PharmaCare reviews the cost of the drugs within each category and determines a maximum daily cost it will cover.

Each category has at least one drug that costs no more than the daily maximum price, so it is fully covered. This is a category's "reference" drug. Since all drugs within the therapeutic class are equally safe and effective, purchasing a lower-priced reference drug does not compromise care.

For example, in the class of statins, all treating the same problem, we would fully cover the cheapest one.
Other drugs in the class, which are more expensive, become the non-reference drugs, and are partially covered.

If a person chooses to get a non-reference drug, they must pay the difference in cost.
If there is a clinical reason that prevents a person from taking a reference product, prescribers may apply for Special Authority for full benefit coverage of the non-reference product.

The frequency-of-dispensing policy limits the number of dispensing fees that PharmaCare will reimburse for dispensing frequencies of fewer than 28 days.

When a prescriber orders daily dispensing, PharmaCare will pay up to 3 dispensing fees per day.

When a prescriber or pharmacist initiates 2-to-27-day dispensing, PharmaCare will pay up to 5 dispensing fees at any one time.

For pharmacist-initiated 2-to-27 day supplies, the pharmacist must complete a Frequency of Dispensing Authorization form and fax it to the prescriber.

Visit Section 8.3 in the PharmaCare Policy Manual for more information on the Frequency of Dispensing policy.

Thanks for watching this PharmaCare 101 video on PharmaCare policies. To watch more videos, visit gov.bc.ca/PharmaCare101