



# PharmaCare Trends 2022/2023

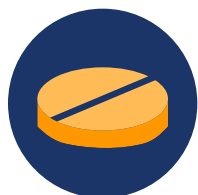


# BC PharmaCare Trends 2022-2023

This document reports on BC PharmaCare expenditure and beneficiary data from 2022-2023. It provides information about the PharmaCare program for health researchers, government staff and the public.



**6,079**  
products covered



**211**  
new generic drugs covered



**43 M**  
paid claims<sup>2</sup>

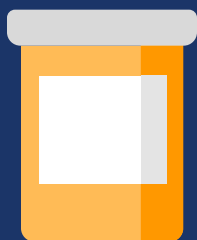
**794,501**

Number of beneficiaries<sup>1</sup>



**adalimumab**

top drug by  
PharmaCare expenditure



**rosuvastatin**

**calcium**  
top drug by number  
of beneficiaries



**\$1,509 M**

total PharmaCare  
expenditure<sup>3</sup>



<sup>1</sup>Individuals with at least one paid claim. <sup>2</sup>Some exclusions apply (e.g., vaccine administrations, medication reviews). Refer to table 3 for details. <sup>3</sup>Includes payments for PharmaCare plan expenditure as well as other expenditures (e.g., vaccine administrations, medication reviews). Refer to table 3 for details.

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## Introduction

This document is published annually 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 from the fiscal year 2018/2019 to 2022/2023 and pertains to claims for drugs and medical devices and supplies 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

This document must be cited as the source for any information extracted from it. Suggested citation: PharmaCare Trends 2022/2023, Pharmaceutical, Laboratory and Blood Services Division and Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, Victoria, B.C. (2022/2023).

### Comments and inquiries

Please direct comments and inquiries to:

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or by mail to:

Health Sector Information, Analysis and Reporting Division  
Ministry of Health  
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### Data source

Unless otherwise noted, data in this publication was extracted from PharmaNet, the provincewide network owned and operated by the Ministry of Health. PharmaNet keeps a record of every dispense in B.C. community pharmacies, along with some outpatient health facilities such as hospital pharmacies dispensing drugs to outpatients.

## PharmaCare Plans

B.C. residents can be covered under multiple plans.

### 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. Coverage is based on family net income. At the end of fiscal year 2022/2023, there were 1,321,368 families registered for Fair PharmaCare. A family can be an individual or a couple, with or without children. Anyone not registered for Fair PharmaCare is assigned a \$10,000 deductible 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 full coverage for 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 2022/2023, more than 32,000 B.C. 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 devices and supplies, and pharmacy services for recipients of B.C. income 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 include all seniors receiving income assistance.

Registration for Plan C is done through the ministry responsible for social assistance or the ministry responsible for children and families; 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 register for and receive coverage under the Fair PharmaCare plan.

In 2022/2023, Plan C expenditures represented 73% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare) and provided coverage to approximately 198,000 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 Plan D. PharmaCare pays 100% of the drug cost and the dispensing fee, up to the PharmaCare accepted maximums.

In 2022/2023, 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 equipment, and pharmacy services. In 2022/2023, more than 3,600 children were eligible for this plan.

### Psychiatric Medications (Plan G)

PharmaCare’s Plan G is available to people with mental health needs and/or opioid use disorder. In 2022/2023, approximately 51,000 patients with demonstrated clinical and financial need received 100% coverage of the eligible cost of certain psychiatric medications and opioid agonist treatment.

### 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 of 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 meet the following criteria:

- 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 their care being palliative rather than treatment aimed at cure
- Have had a physician or nurse practitioner confirm their medical eligibility under these criteria

Approximately 16,000 patients received coverage under this plan in 2022/2023.

### 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.

In 2022/2023, the program provided more than 57,000 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.

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 of eligible prescription drugs, medical supplies, over-the-counter drugs, natural health products, and pharmacy services. Before 2017, these had been provided by the federal Non-Insured Health Benefits program. Plan W beneficiaries and costs are not included in this report.

### 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. (In some cases, exceptional processes are available to people without active MSP coverage). In 2022/2023, more than 31,000 patients received coverage under this plan.



## PharmaCare History by Calendar Year

- 1974** BC PharmaCare Program is implemented under the Ministry of Human Resources, offering three plans. Plan A provides coverage for seniors. Plan B applies to 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 children with complex disabilities to live at home by assisting their families with the cost of the child's drugs.
- 1990** Triplicate Prescription Program and Rural Incentive Program begins.
- 1993** Trial Prescription Program begins.
- 1994** Low Cost Alternative (LCA) program is introduced to encourage the use of equally effective lower-cost drugs over more expensive or brand-name drugs. Drug Benefit Committee is established.
- 1995** Reference Drug Program (RDP) is launched. Pharmacoeconomic Initiative is established at the University of British Columbia. PharmaNet, a provincewide network for prescription claim processing, is implemented.
- 1996** Maximum Days' Supply policy is introduced.
- 1997** RDP is expanded to include 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).
- 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 (five-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 and Canadian Generic Pharmaceutical Association announce a five-year initiative (to March 31, 2023) that will reduce prices of nearly 70 of the most commonly prescribed drugs. Exclusive generics listings end. Interim universal fully paid coverage of Mifegymiso® (mifepristone-misoprostol combination) 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. 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. 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** Pharmaceutical Care Management Strategy is launched. PharmaCare begins covering the first continuous glucose monitor. Online Special Authority request system (eForms) launches.
- 2022** Paxlovid treatment for COVID-19 added to Plan Z.
- PharmaCare initiates paying pharmacies a fee for distributing COVID-19 rapid antigen test (RAT) kits.
- PharmaCare begins providing Plan C coverage of a 14-day supply of eligible medications to people evacuated from their homes due to emergencies such as fires and floods.
- Pharmacist scope of practice expands, enabling 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.
- 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, I, P, S, and Z, 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, nor for medication used in hospitals, sample medication from physician offices, drugs used by the Provincial Retinal Disease Treatment Program, Plan W benefits, distribution of COVID-19 rapid antigen test kits or any other pharmacy expenditures, unless specified.

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

### Data quality note

Data for this report was extracted from PharmaNet and may not reconcile exactly with previous Trends 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 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 2022/2023 fiscal year runs from April 1, 2022, to March 31, 2023. The fiscal year of a claim is based on the date of service.

## PharmaCare Expenditures Overview

### PharmaCare Expenditures - Summary

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	36.71	39.45	40.83	42.35	<b>43.48</b>
Number of beneficiaries (millions)	0.76	0.81	0.78	0.78	<b>0.79</b>
Ingredient costs paid (millions)	\$996.15	\$973.94	\$945.60	\$972.92	<b>\$1,026.62</b>
Professional fees paid <sup>1</sup> (millions)	\$251.67	\$268.61	\$275.40	\$282.93	<b>\$289.56</b>
<b>Total amount paid<sup>2</sup> (millions)</b>	<b>\$1,247.82</b>	<b>\$1,242.55</b>	<b>\$1,221.00</b>	<b>\$1,255.85</b>	<b>\$1,316.18</b>
Avg amount paid per beneficiary <sup>2</sup>	\$1,641.15	\$1,534.41	\$1,564.03	\$1,604.23	<b>\$1,656.61</b>
Avg number of claims per beneficiary	48.28	48.72	52.31	54.10	<b>54.73</b>
Avg ingredient cost paid per claim	\$27.14	\$24.69	\$23.16	\$22.97	<b>\$23.61</b>
Avg professional fees paid per claim <sup>1</sup>	\$6.86	\$6.81	\$6.74	\$6.68	<b>\$6.66</b>
Avg amount paid per claim <sup>2</sup>	\$33.99	\$31.50	\$29.90	\$29.65	<b>\$30.27</b>
Avg days' supply per claim	16.18	16.32	15.80	15.26	<b>14.85</b>

**Table 1.** PharmaCare expenditure summary from 2018/2019 to 2022/2023.

### PharmaCare Expenditures – Comparison to previous years

	4 years ago 2018/2019	1 year ago 2021/2022	2022/2023	1-year change	4-year change
Number of claims (millions)	36.71	42.35	<b>43.48</b>	2.7%	<b>18.5%</b>
Number of beneficiaries (millions)	0.76	0.78	<b>0.79</b>	1.5%	<b>4.5%</b>
Ingredient cost paid (millions)	\$996.15	\$972.92	<b>\$1,026.62</b>	5.5%	<b>3.1%</b>
Professional fees paid <sup>1</sup> (millions)	\$251.67	\$282.93	<b>\$289.56</b>	2.3%	<b>15.1%</b>
<b>Total amount paid<sup>2</sup> (millions)</b>	<b>\$1,247.82</b>	<b>\$1,255.85</b>	<b>\$1,316.18</b>	4.8%	<b>5.5%</b>
Avg amount paid per beneficiary <sup>2</sup>	\$1,641.15	\$1,604.23	<b>\$1,656.61</b>	3.3%	<b>0.9%</b>
Avg number of claims per beneficiary	48.28	54.10	<b>54.73</b>	1.2%	<b>13.4%</b>
Avg amount paid per claim <sup>2</sup>	\$33.99	\$29.65	<b>\$30.27</b>	2.1%	<b>-11.0%</b>
Avg days' supply per claim	16.18	15.26	<b>14.85</b>	-2.7%	<b>-8.2%</b>
B.C. population (millions) <sup>3</sup>	5.01	5.21	<b>5.32</b>	1.9%	<b>6.1%</b>

**Table 2.** Comparison of 2022/2023 PharmaCare expenditure with selected fiscal years.

### Note

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

<sup>1</sup> Dispensing fees and Plan B capitation fees

<sup>2</sup> Ingredient cost, professional fees, and Plan B capitation fees

<sup>3</sup> Source: [BC Stats](#). Site accessed November 17, 2023

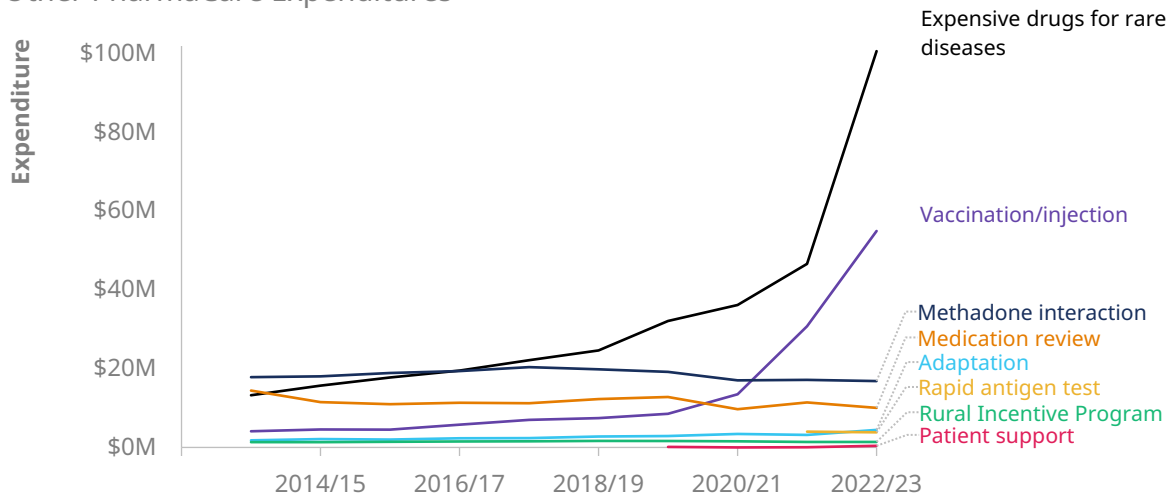
some costs.

Other PharmaCare Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
<a href="#">Adaptation fees</a> (millions)	\$2.77	\$2.88	\$3.42	\$3.18	<b>\$4.45</b>
Patient support fees (millions)		\$0.13	\$0.00	\$0.05	<b>\$0.41</b>
<a href="#">Vaccination/injection fees</a> <sup>4</sup> (millions)	\$7.46	\$8.55	\$13.49	\$30.78	<b>\$54.99</b>
<a href="#">Medication review fees</a> (millions)	\$12.30	\$12.81	\$9.71	\$11.44	<b>\$10.04</b>
<a href="#">Methadone interaction fees</a> (millions)	\$19.86	\$19.18	\$17.05	\$17.15	<b>\$16.86</b>
<a href="#">Rural Incentive Program subsidies</a> (millions)	\$1.66	\$1.65	\$1.56	\$1.38	<b>\$1.40</b>
<a href="#">Rapid antigen test distribution</a> (millions)				\$4.01	<b>\$3.84</b>
<a href="#">Expensive drugs for rare diseases</a> (millions)	\$24.66	\$32.13	\$36.19	\$46.64	<b>\$100.70</b>

**Table 3.** Other PharmaCare expenditures from 2018/2019 to 2022/2023, not related to Plans B, C, D, F, G, I, P, S, and Z.

Other PharmaCare Expenditures



**Figure 1.** Trends in other PharmaCare expenditures from 2013/2014 to 2022/2023, not related to Plans B, C, D, F, G, I, P, S, and Z.

**Notes**

- Over the past 10 years, vaccination/injections fees had the highest annual growth rate, at 33.4%.
- Patient support fees are made up of biosimilar transition fees (introduced in May 2019), Paxlovid follow-up fees (introduced in February 2022 and ended March 31, 2023) and Paxlovid assessment fees (introduced June 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 and assessment of patients taking Paxlovid. Over the past four years, patient support fees had an annual growth rate of 47.7%.

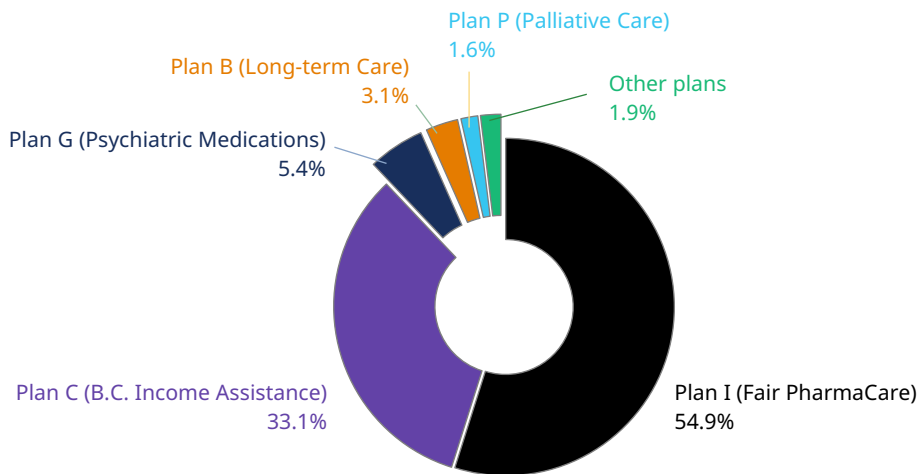
<sup>4</sup> For fiscal years 2017/2018, 2018/2019, 2019/2020, the vaccination fees category also includes pharmacy dispensing fees for Mifegymiso through the interim full coverage program prior to the August 2019 launch of Plan Z.

- 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 expenditure includes Trikafta, and fiscal year is the year the payment is made (actual and accrued) to Provincial Health Services Authority, rather than service fiscal year in this report.

## PharmaCare Expenditures by Plan

In 2022/2023, Plan I (54.9 %) and Plan C (33.1%) together accounted for 87.9% of total PharmaCare plan expenditures.

2022/2023 PharmaCare Expenditures by Plan



**Figure 2.** PharmaCare expenditures by plan for fiscal year 2022/2023. “Other plans” category includes: Plan S (Smoking Cessation), Plan F (Children in the At Home Program), Plan D (Cystic Fibrosis), Plan Z (Assurance).

Trends in PharmaCare Expenditures by Plan

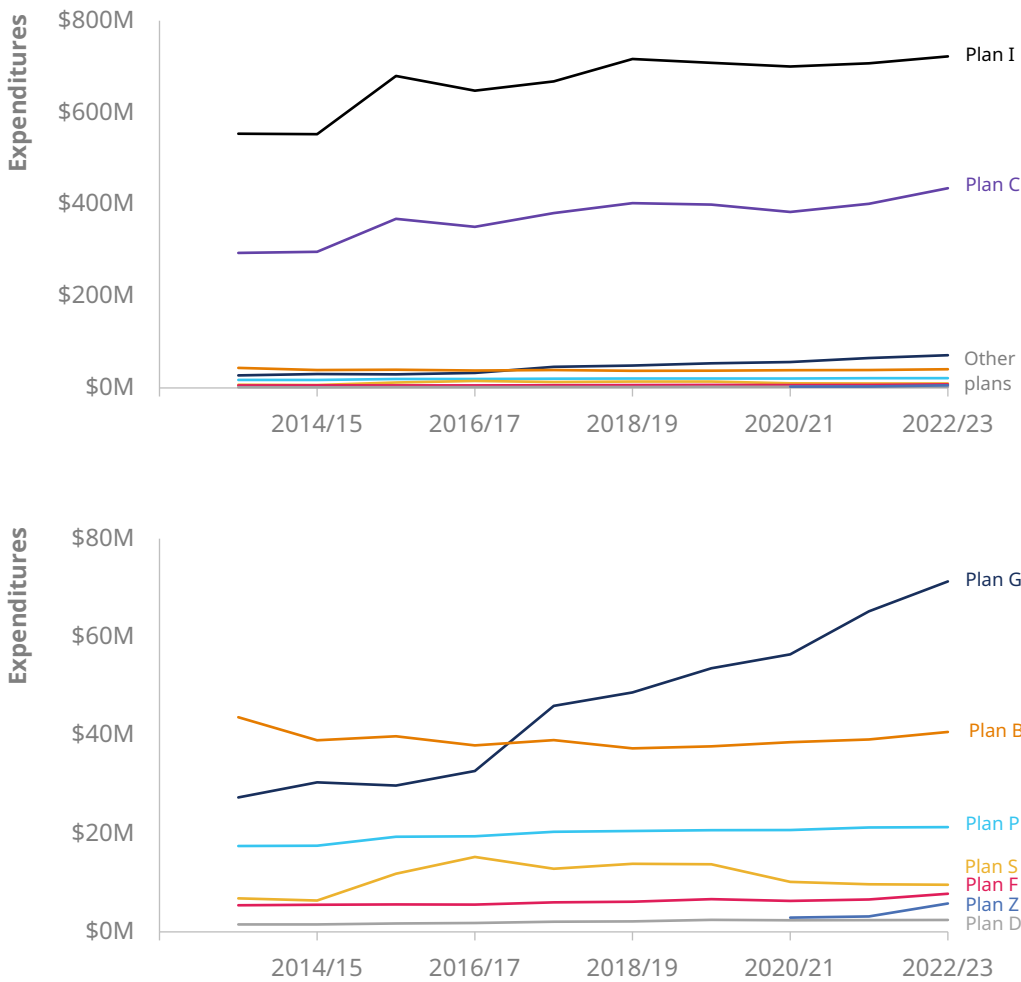


Figure 3. (top) Trends in PharmaCare expenditures by plan from 2013/2014 to 2022/2023. (bottom) Detail for plans G, B, P, S, F, Z, and D.

Notes

- Plan Z was launched in August 2019. However, values for 2019/2020 were not reported due to the partial year and the sensitivity of the data, as Mifegymiso was the only drug in the formulary, transitioning over from the interim coverage introduced in 2018 in partnership with the BC Centre for Disease Control.
- Beginning January 1, 2019, families with net incomes \$30,000 or lower no longer had a deductible, and PharmaCare pays 70% of eligible costs from the first claims until they reach their annual family maximum. The family maximum was also reduced for most families with incomes of \$45,000 and lower, and deductibles and family maximums changed for those with Enhanced Assistance (for people born before 1940). These changes may contribute to the observed increase in Fair PharmaCare expenditures in 2018/2019.
- 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 expenditures beginning in 2017/2018.



## Plan I Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	14.32	15.87	16.39	16.46	<b>16.25</b>
Number of beneficiaries (millions)	0.47	0.52	0.49	0.49	<b>0.47</b>
Ingredient costs paid (millions)	\$618.76	\$600.93	\$590.60	\$598.40	<b>\$616.11</b>
Professional fees paid (millions)	\$97.87	\$107.27	\$109.47	\$108.88	<b>\$106.16</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$716.63</b>	<b>\$708.20</b>	<b>\$700.07</b>	<b>\$707.28</b>	<b>\$722.27</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,517.76	\$1,370.09	\$1,414.59	\$1,438.32	<b>\$1,520.87</b>
Avg number of claims per beneficiary	30.33	30.69	33.11	33.46	<b>34.21</b>
Avg ingredient cost paid per claim	\$43.20	\$37.88	\$36.04	\$36.36	<b>\$37.92</b>
Avg professional fees paid per claim	\$6.83	\$6.76	\$6.68	\$6.62	<b>\$6.53</b>
Avg amount paid per claim <sup>5</sup>	\$50.03	\$44.64	\$42.72	\$42.98	<b>\$44.46</b>
Avg days' supply per claim	25.03	25.17	24.28	23.94	<b>23.73</b>

Table 4. Plan I (Fair PharmaCare) expenditures from 2018/2019 to 2022/2023

## Notes

- Deductibles and annual family maximums are based on family's net annual income.
- 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 (75% for Enhanced Assistance beneficiaries born before 1940) until they reach their annual family maximum. Once the annual family maximum is met, PharmaCare covers 100% of eligible costs.
- For more information about annual deductibles and family maximums, visit [Fair PharmaCare](#).

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

## Plan B Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	4.87	4.96	4.98	5.14	<b>5.24</b>
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	<b>0.03</b>
Ingredient costs paid (millions)	\$24.62	\$25.24	\$25.51	\$27.02	<b>\$27.80</b>
Capitation fees paid (millions)	\$12.71	\$12.51	\$13.09	\$12.12	<b>\$12.88</b>
<b>Total amount paid<sup>6</sup> (millions)</b>	<b>\$37.33</b>	<b>\$37.75</b>	<b>\$38.60</b>	<b>\$39.14</b>	<b>\$40.68</b>
Avg amount paid per beneficiary <sup>6</sup>	\$1,193.63	\$1,196.11	\$1,234.36	\$1,232.10	<b>\$1,266.71</b>
Avg number of claims per beneficiary	155.79	157.10	159.19	161.83	<b>163.21</b>
Avg ingredient cost paid per claim	\$5.05	\$5.09	\$5.13	\$5.26	<b>\$5.30</b>
Avg capitation fees paid per claim	\$2.61	\$2.52	\$2.63	\$2.36	<b>\$2.46</b>
Avg amount paid per claim <sup>6</sup>	\$7.66	\$7.61	\$7.75	\$7.61	<b>\$7.76</b>
Avg days' supply per claim	8.04	7.99	7.91	7.86	<b>7.89</b>

Table 5. Plan B (Long-term Care) expenditures from 2018/2019 to 2022/2023

## Notes

- During most of 2022/2023, PharmaCare paid pharmacies a capitation fee of \$43.75 per month per serviced bed occupied by a patient receiving PharmaCare coverage under Plan B. On March 1, 2023, the capitation fee increased to \$65.
- People covered under Plan B are eligible for coverage of [clinical services fees](#).

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

## Plan C Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	14.35	15.27	16.11	17.03	<b>18.14</b>
Number of beneficiaries (millions)	0.18	0.19	0.18	0.18	<b>0.20</b>
Ingredient costs paid (millions)	\$288.88	\$279.64	\$259.24	\$270.99	<b>\$297.07</b>
Professional fees paid (millions)	\$113.61	\$119.78	\$124.17	\$130.16	<b>\$137.99</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$402.49</b>	<b>\$399.42</b>	<b>\$383.41</b>	<b>\$401.15</b>	<b>\$435.06</b>
Avg amount paid per beneficiary <sup>5</sup>	\$2,252.48	\$2,156.94	\$2,119.43	\$2,170.84	<b>\$2,201.13</b>
Avg number of claims per beneficiary	80.32	82.44	89.03	92.16	<b>91.80</b>
Avg ingredient cost paid per claim	\$20.13	\$18.32	\$16.10	\$15.91	<b>\$16.37</b>
Avg professional fees paid per claim	\$7.92	\$7.85	\$7.71	\$7.64	<b>\$7.61</b>
Avg amount paid per claim <sup>5</sup>	\$28.05	\$26.16	\$23.81	\$23.55	<b>\$23.98</b>
Avg days' supply per claim	11.09	10.84	10.51	10.11	<b>9.83</b>

Table 6. Plan C (B.C. Income Assistance) expenditures from 2018/2019 to 2022/2023

## Plan D Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims	1,879	2,050	2,180	2,349	<b>2,052</b>
Number of beneficiaries	368	385	381	387	<b>389</b>
Ingredient costs paid (millions)	\$2.12	\$2.43	\$2.35	\$2.38	<b>\$2.41</b>
Professional fees paid	\$18,100.32	\$19,712.15	\$20,369.05	\$19,482.87	<b>\$20,102.62</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$2.14</b>	<b>\$2.45</b>	<b>\$2.37</b>	<b>\$2.40</b>	<b>\$2.43</b>
Avg amount paid per beneficiary <sup>5</sup>	\$5,796.70	\$6,353.94	\$6,220.00	\$6,198.61	<b>\$6,253.62</b>
Avg number of claims per beneficiary	5.11	5.32	5.72	6.07	<b>5.28</b>
Avg ingredient cost paid per claim	\$1,125.64	\$1,183.69	\$1,077.73	\$1,012.93	<b>\$1,175.71</b>
Avg professional fees paid per claim	\$9.63	\$9.62	\$9.34	\$8.29	<b>\$9.80</b>
Avg amount paid per claim <sup>5</sup>	\$1,135.28	\$1,193.30	\$1,087.07	\$1,021.23	<b>\$1,185.51</b>
Avg days' supply per claim	45.58	44.82	40.58	37.45	<b>42.97</b>

Table 7. Plan D (Cystic Fibrosis) expenditures from 2018/2019 to 2022/2023

## Plan F Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims	54,536	59,116	56,173	56,764	<b>58,644</b>
Number of beneficiaries	3,288	3,499	3,346	3,438	<b>3,643</b>
Ingredient costs paid (millions)	\$5.63	\$6.09	\$5.76	\$6.07	<b>\$7.20</b>
Professional fees paid (millions)	\$0.51	\$0.55	\$0.52	\$0.53	<b>\$0.55</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$6.14</b>	<b>\$6.64</b>	<b>\$6.28</b>	<b>\$6.60</b>	<b>\$7.75</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,868.91	\$1,898.36	\$1,878.24	\$1,919.01	<b>\$2,129.57</b>
Avg number of claims per beneficiary	16.59	16.90	16.79	16.51	<b>16.10</b>
Avg ingredient cost paid per claim	\$103.29	\$103.00	\$102.53	\$106.87	<b>\$122.85</b>
Avg professional fees paid per claim	\$9.39	\$9.36	\$9.35	\$9.36	<b>\$9.44</b>
Avg amount paid per claim <sup>5</sup>	\$112.68	\$112.36	\$111.88	\$116.23	<b>\$132.29</b>
Avg days' supply per claim	30.42	30.59	31.16	31.12	<b>31.42</b>

Table 8. Plan F (At Home Program) expenditures from 2018/2019 to 2022/2023

## Plan G Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	2.26	2.41	2.43	2.76	<b>2.85</b>
Number of beneficiaries (millions)	0.05	0.05	0.05	0.05	<b>0.05</b>
Ingredient costs paid (millions)	\$28.25	\$31.96	\$35.04	\$40.80	<b>\$46.46</b>
Professional fees paid (millions)	\$20.46	\$21.67	\$21.43	\$24.41	<b>\$24.84</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$48.71</b>	<b>\$53.63</b>	<b>\$56.47</b>	<b>\$65.21</b>	<b>\$71.30</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,015.87	\$1,069.97	\$1,162.19	\$1,317.99	<b>\$1,402.44</b>
Avg number of claims per beneficiary	47.16	48.02	49.92	55.82	<b>56.13</b>
Avg ingredient cost paid per claim	\$12.50	\$13.28	\$14.45	\$14.77	<b>\$16.28</b>
Avg professional fees paid per claim	\$9.05	\$9.00	\$8.84	\$8.84	<b>\$8.70</b>
Avg amount paid per claim <sup>5</sup>	\$21.54	\$22.28	\$23.28	\$23.61	<b>\$24.99</b>
Avg days' supply per claim	10.70	10.53	10.42	9.45	<b>9.40</b>

Table 9. Plan G (Psychiatric Medications) expenditures from 2018/2019 to 2022/2023

## Plan P Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	0.69	0.75	0.76	0.78	<b>0.79</b>
Number of beneficiaries	14,034	14,953	15,354	15,568	<b>15,734</b>
Ingredient costs paid (millions)	\$15.48	\$15.30	\$15.20	\$15.62	<b>\$15.62</b>
Professional fees paid (millions)	\$5.05	\$5.41	\$5.52	\$5.61	<b>\$5.69</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$20.53</b>	<b>\$20.71</b>	<b>\$20.72</b>	<b>\$21.23</b>	<b>\$21.31</b>
Avg amount paid per beneficiary <sup>5</sup>	\$1,462.91	\$1,384.57	\$1,349.12	\$1,363.59	<b>\$1,354.60</b>
Avg number of claims per beneficiary	49.52	50.00	49.31	49.81	<b>50.05</b>
Avg ingredient cost paid per claim	\$22.28	\$20.46	\$20.07	\$20.14	<b>\$19.84</b>
Avg professional fees paid per claim	\$7.27	\$7.23	\$7.29	\$7.24	<b>\$7.23</b>
Avg amount paid per claim <sup>5</sup>	\$29.54	\$27.69	\$27.36	\$27.38	<b>\$27.07</b>
Avg days' supply per claim	10.55	10.67	11.38	11.34	<b>11.05</b>

Table 10. Plan P (Palliative Care) expenditures from 2018/2019 to 2022/2023

## Plan S Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims (millions)	0.15	0.14	0.11	0.11	<b>0.11</b>
Number of beneficiaries	76,809	75,429	57,348	55,918	<b>57,369</b>
Ingredient costs paid (millions)	\$12.40	\$12.35	\$9.12	\$8.64	<b>\$8.54</b>
Professional fees paid (millions)	\$1.44	\$1.41	\$1.06	\$1.04	<b>\$1.05</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>\$13.84</b>	<b>\$13.76</b>	<b>\$10.18</b>	<b>\$9.68</b>	<b>\$9.59</b>
Avg amount paid per beneficiary <sup>5</sup>	\$180.25	\$182.45	\$177.53	\$173.11	<b>\$167.18</b>
Avg number of claims per beneficiary	1.92	1.92	1.89	1.91	<b>1.88</b>
Avg ingredient cost paid per claim	\$84.20	\$85.46	\$84.09	\$80.76	<b>\$79.40</b>
Avg professional fees paid per claim	\$9.78	\$9.78	\$9.79	\$9.74	<b>\$9.74</b>
Avg amount paid per claim <sup>5</sup>	\$93.97	\$95.24	\$93.87	\$90.50	<b>\$89.14</b>
Avg days' supply per claim	27.33	27.52	27.59	27.35	<b>27.45</b>

Table 11. Plan S (Smoking Cessation) expenditures from 2018/2019 to 2022/2023

Plan Z Expenditures

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Number of claims	-	-	14,051	17,254	<b>40,824</b>
Number of beneficiaries	-	-	8,511	9,884	<b>31,364</b>
Ingredient costs paid (millions)	-	-	\$2.77	\$3.00	<b>\$5.40</b>
Professional fees paid (millions)	-	-	\$0.13	\$0.15	<b>\$0.38</b>
<b>Total amount paid<sup>5</sup> (millions)</b>	<b>-</b>	<b>-</b>	<b>\$2.90</b>	<b>\$3.15</b>	<b>\$5.78</b>
Avg amount paid per beneficiary <sup>5</sup>	-	-	\$340.83	\$319.22	<b>\$184.09</b>
Avg number of claims per beneficiary	-	-	1.65	1.75	<b>1.30</b>
Avg ingredient cost paid per claim	-	-	\$197.40	\$174.01	<b>\$132.18</b>
Avg professional fees paid per claim	-	-	\$9.05	\$8.85	<b>\$9.25</b>
Avg amount paid per claim <sup>5</sup>	-	-	\$206.45	\$182.86	<b>\$141.43</b>
Avg days' supply per claim	-	-	1.20	1.32	<b>3.31</b>

Table 12. Plan Z (Assurance) expenditures from 2020/2021 to 2022/2023

## PharmaCare Drugs, Medical Devices and Supplies

### Number of drugs, medical devices and supplies covered (eligible benefits)

A common question is, “How many drugs, medical devices and supplies does PharmaCare cover?” This number changes constantly as new products or lower-cost versions of existing products are added to the PharmaCare formulary.

The number of eligible benefits can be expressed in two ways:

- As the number of products by drug identification number (DIN) and pseudo-identification number (PIN)<sup>7</sup>
- As the number of products described by the generic drug name, therapeutic class or drug brand name

The same chemical, for example, may be available in multiple strengths and formulations, and marketed by different manufacturers. Some drugs may also need a separate identifier for PharmaCare purposes (i.e., PharmaCare may designate the same product with more than one PIN to distinguish different uses of the same drug).

In the totals below, the number of products means the number of individual DINs/PINs. The number of drugs, medical devices and supplies refers to the number of unique chemical entities, medical devices or supplies.

### Number of Products Covered

Products dispensed in B.C. <sup>8</sup>	<b>11,326</b>
Products dispensed in B.C., eligible for PharmaCare coverage <sup>9</sup>	<b>6,079</b>
Products that received PharmaCare reimbursement <sup>10</sup>	<b>5,921</b>

**Table 13.** Number of products covered by PharmaCare in 2022/2023

### Number of Drugs, Medical Devices and Supplies Covered

Drugs, medical devices and supplies dispensed in B.C. <sup>8</sup>	<b>2,737</b>
Drugs, medical devices and supplies dispensed in B.C., eligible for PharmaCare coverage <sup>9</sup>	<b>1,127</b>
Drugs, medical devices and supplies that received PharmaCare reimbursement <sup>10</sup>	<b>1,105</b>

**Table 14.** Number of drugs, medical devices and supplies covered by PharmaCare in 2022/2023

<sup>7</sup> Refer to [PINs](#) for more information

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

<sup>9</sup> Products with at least one dispense in B.C. and for which PharmaCare accepted some or all of the cost during the fiscal year

<sup>10</sup> Products with at least one dispense in B.C. and for which PharmaCare paid some or all of the cost during the fiscal year

## Formulary expansion

In 2022/2023, PharmaCare added 211 generic drugs to the formulary and created eight new LCA 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 received them.

In 2022/2023, adalimumab, infliximab, and vedolizumab were the drugs PharmaCare spent the most on, with adalimumab having the largest expenditure for any single drug (\$58.22 million).

The annual growth rate in expenditures over the past 10 years for adalimumab and infliximab was 3.6% and -2.8%, respectively.

### Top 10 Drugs by PharmaCare Expenditure

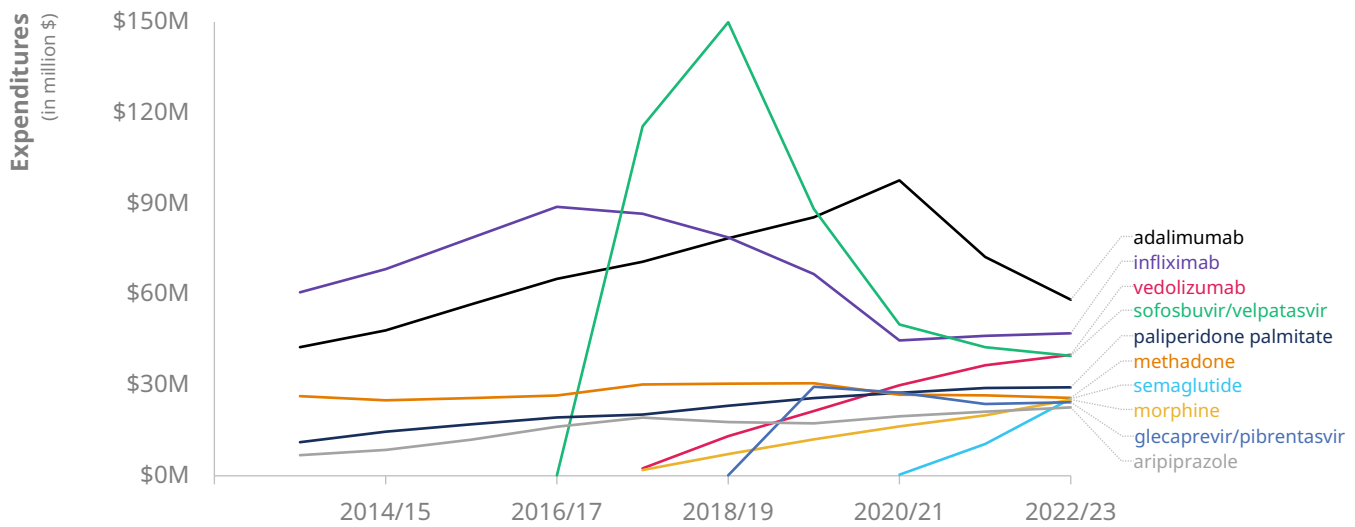
Generic name	Typical usage	PharmaCare expenditure (millions)
adalimumab	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, ulcerative colitis, hidradenitis suppurativa	<b>\$58.22</b>
infliximab	rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	<b>\$47.11</b>
vedolizumab	ulcerative colitis and Crohn's disease	<b>\$39.99</b>
sofosbuvir/velpatasvir	hepatitis C	<b>\$39.63</b>
paliperidone palmitate	schizophrenia, other psychosis	<b>\$29.25</b>
methadone	opioid use disorder, pain	<b>\$25.73</b>
semaglutide	diabetes and obesity	<b>\$25.49</b>
morphine	pain	<b>\$25.17</b>
glecaprevir/pibrentasvir	hepatitis C	<b>\$24.33</b>
aripiprazole	schizophrenia, other psychosis	<b>\$22.61</b>

**Table 15.** Top 10 drugs by PharmaCare expenditure in 2022/2023

### Notes

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



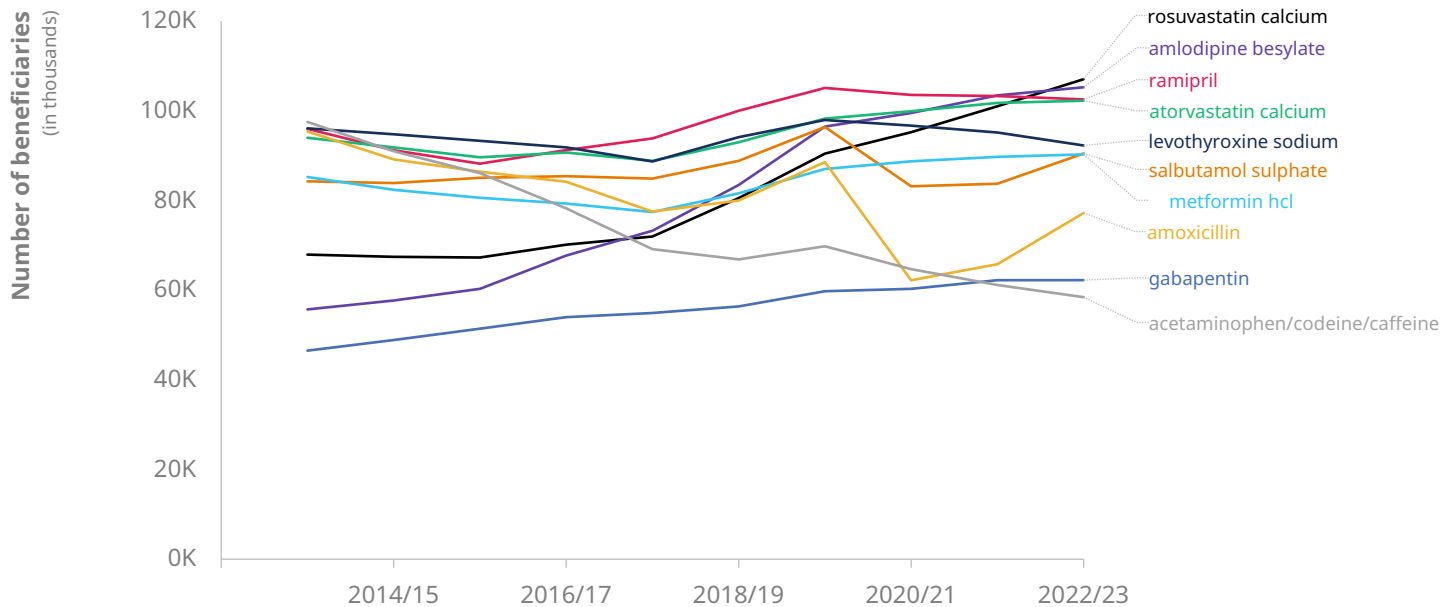


**Figure 4.** Trend in PharmaCare expenditures from 2013/2014 to 2022/2023 for the 10 drugs with the highest expenditures in 2022/2023

Top 10 Drugs by Number of PharmaCare Beneficiaries

Generic name	Typical usage	PharmaCare beneficiaries
rosuvastatin calcium	high cholesterol	107,041
amlodipine besylate	hypertension	105,240
ramipril	hypertension	102,534
atorvastatin calcium	high cholesterol	102,238
levothyroxine sodium	hypothyroidism	92,272
salbutamol sulphate	asthma and lung diseases	90,471
metformin hcl	diabetes	90,272
amoxicillin	bacterial infections	77,196
gabapentin	seizures, nerve pain	62,230
acetaminophen/codeine/caffeine	pain	58,431

**Table 16.** Top 10 drugs by number of PharmaCare beneficiaries in 2022/2023



**Figure 5.** Trend in PharmaCare beneficiaries from 2013/2014 to 2022/2023 for the 10 drugs with the highest number of beneficiaries in 2022/2023

**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, who are significant users of amoxicillin.

## PharmaCare Beneficiaries

A total of 794,501 B.C. residents (15.0% of the population) received PharmaCare benefits in 2022/2023. This number has remained relatively stable since 2013/2014. The annual growth rate for the number of paid claims over this period was 3.5%.

### Trends in PharmaCare Beneficiaries and Paid Claims

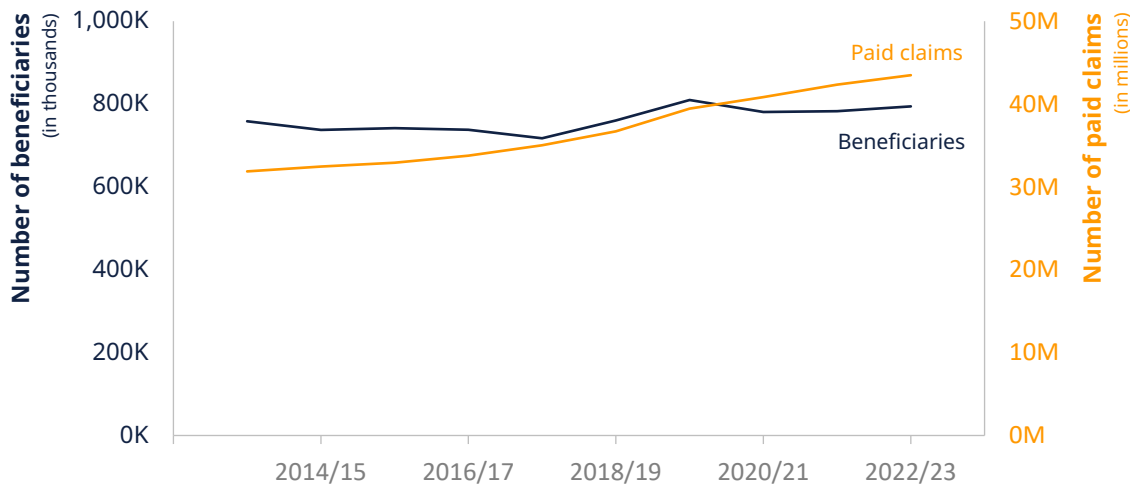


Figure 6. Trends in PharmaCare beneficiaries and paid claims from 2013/2014 to 2022/2023

The graph below compares the number of PharmaCare beneficiaries to B.C.’s total population by five-year age groups.

2022/2023 PharmaCare Beneficiaries by Age

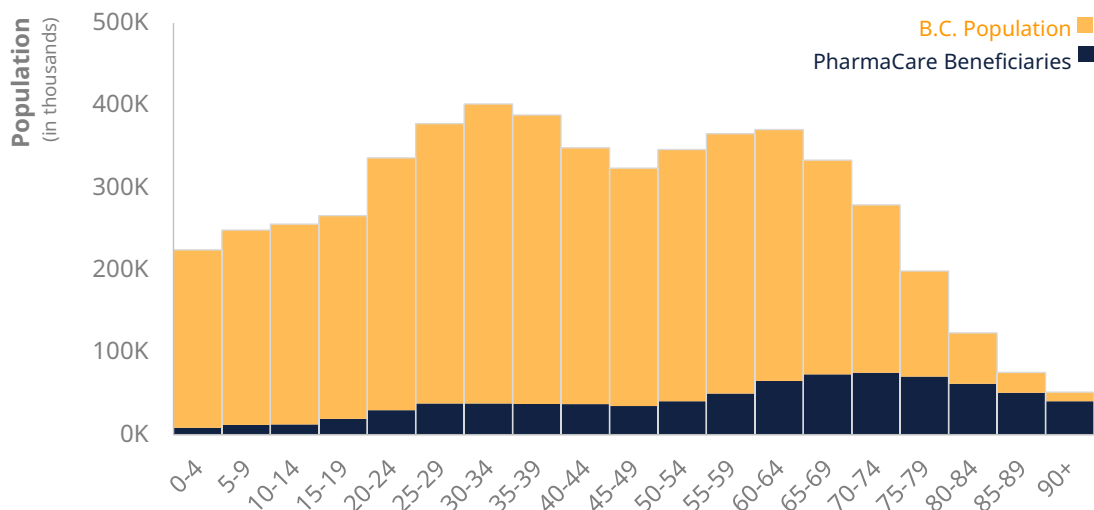


Figure 7. Distribution of B.C. population and PharmaCare Beneficiaries by age in 2022/2023

2022/2023 Average Annual Expenditure per Beneficiary by Age

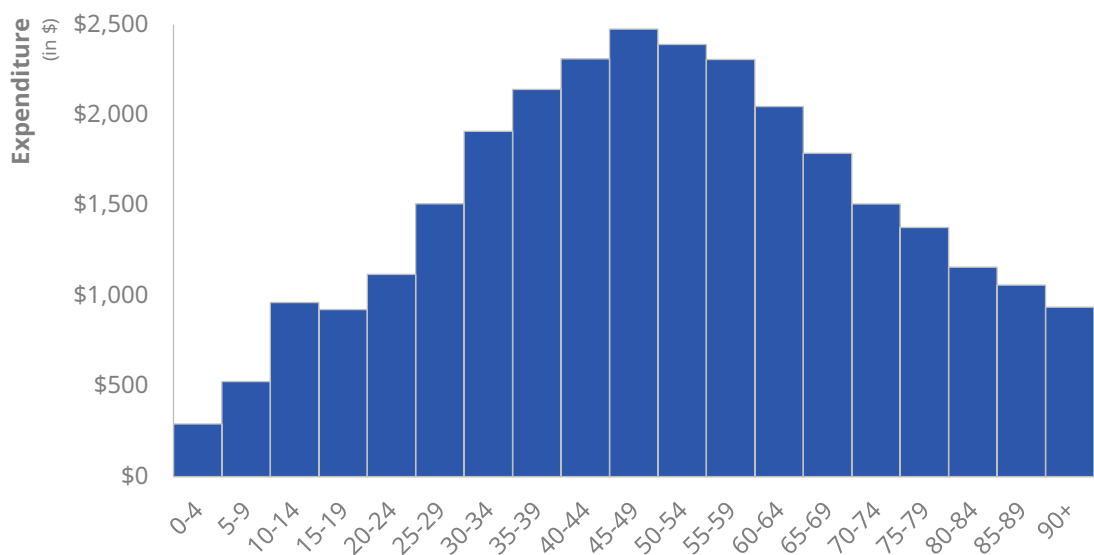


Figure 8. Distribution of the average annual PharmaCare expenditure per beneficiary by age in 2022/2023

**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).

The table below shows the number of PharmaCare beneficiaries in 2022/2023 by five-year age groups.

#### PharmaCare Beneficiaries by Five-Year Age Group

Age	B.C. population <sup>11</sup>	PharmaCare beneficiaries	Average annual expenditure per beneficiary	Portion of age group receiving benefits
0-4	224,485	8,327	\$290.82	3.7%
5-9	248,497	11,912	\$525.57	4.8%
10-14	255,823	12,372	\$962.53	4.8%
15-19	266,114	19,268	\$923.57	7.2%
20-24	336,226	29,731	\$1,118.64	8.8%
25-29	377,834	37,769	\$1,508.54	10.0%
30-34	401,623	37,780	\$1,908.98	9.4%
35-39	388,297	37,191	\$2,141.00	9.6%
40-44	348,487	37,050	\$2,310.47	10.6%
45-49	323,763	34,754	\$2,474.54	10.7%
50-54	346,242	40,678	\$2,389.80	11.7%
55-59	365,543	49,961	\$2,306.77	13.7%
60-64	370,571	65,292	\$2,046.78	17.6%
65-69	333,553	73,326	\$1,787.82	22.0%
70-74	279,034	75,237	\$1,507.76	27.0%
75-79	198,699	70,588	\$1,377.50	35.5%
80-84	123,499	61,816	\$1,158.36	50.1%
85-89	75,649	50,804	\$1,058.67	67.2%
90+	51,625	40,645	\$936.71	78.7%
<b>Total</b>	<b>5,315,564</b>	<b>794,501</b>	<b>\$1,640.40</b>	<b>14.9%</b>

**Table 17.** PharmaCare beneficiaries and average annual expenditure by five-year age group in 2022/2023

<sup>11</sup> Source: [BC Stats](#). accessed November 17, 2023.