

PharmaCare Trends

2023/2024



Ministry of
Health

BC PharmaCare Trends 2023/2024

This document reports on BC PharmaCare expenditure and beneficiary data from 2023-2024. It provides information about the PharmaCare program for health researchers, government staff and the public.

6,241
products covered



264
new generic drugs covered



1.01 M
Number of beneficiaries¹



\$1,698.59 M
Total PharmaCare expenditure³



46.64 M
paid claims²



rosuvastatin calcium
top drug by number of beneficiaries



adalimumab
top drug by PharmaCare expenditure



¹Individuals with at least one paid claim.

²Some exclusions apply (e.g., vaccine administrations, medication reviews). Refer to table 3 for details.

³Includes 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 2019/2020 to 2023/2024 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 2023/2024, Health Sector Policy and Oversight Division and Corporate Services Division, BC Ministry of Health, Victoria, B.C. (2023/2024).

Comments and inquiries

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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 2023/2024, there were 2,351,422 individuals and 1,347,713 families registered for Fair PharmaCare. 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 person becomes a resident at a facility. In 2023/2024, more than 32,000 B.C. residents benefited from this coverage.

B.C. Income Assistance and Family Services (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 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 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.

As of September 23, 2022, people arriving in B.C. through the Canada-Ukraine authorization for emergency travel program (CUAET) have been enrolled in Plan C for eligible medication costs for one year. The coverage is activated as soon as a CUAET arrival has a Personal Health Number assigned by BC Medical Services Plan (MSP).

In 2023/2024, Plan C expenditures represented 69% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare) and provided coverage to more than 214,000 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 2023/2024, 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 2023/2024, more than 3,900 children were eligible for this plan.

Psychiatric Medications (Plan G)

PharmaCare’s Plan G is available to patients with mental health issues and/or opioid use disorder. In 2023/2024, more than 50,000 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
- have had a physician or nurse practitioner confirm their medical eligibility under these criteria

More than 16,000 patients received coverage under this plan in 2023/2024.

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 2023/2024, the program provided more than 60,000 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 in place for residents without MSP coverage). In 2023/2024, approximately 242,000 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 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 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 (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. 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** The 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 pays for Paxlovid dispensing fees only, the drug cost is covered by the federal government. The federal drug supply ended in 2024, at which time PharmaCare started paying for the drug cost as well.
- PharmaCare initiates paying pharmacists a fee for distributing 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.
- 2023** Contraceptives added to Plan Z.
- Pharmacist scope of practice expands, enabling them to provide direct treatment for 21 minor ailments and contraceptives.

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. It also contains limited data on expenditures for drugs provided through the BC Centre for Excellence in HIV/AIDS. The data does not include expenditures for drugs provided through 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 2023/2024 fiscal year runs from April 1, 2023, to March 31, 2024. The fiscal year of a claim is based on the date of service.

PharmaCare Expenditures Overview

PharmaCare Expenditures – Summary

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	39.45	40.83	42.35	43.48	46.64
Number of beneficiaries (millions)	0.81	0.78	0.78	0.79	1.01
Ingredient costs paid (millions)	\$973.94	\$945.60	\$972.92	\$1,026.63	\$1,135.70
Professional fees paid ¹ (millions)	\$268.61	\$275.40	\$282.93	\$289.56	\$315.57
Total amount paid² (millions)	\$1,242.55	\$1,221.00	\$1,255.85	\$1,316.19	\$1,451.27
Avg amount paid per beneficiary ²	\$1,534.41	\$1,564.03	\$1,604.23	\$1,656.62	\$1,441.20
Avg number of claims per beneficiary	48.72	52.31	54.10	54.73	46.32
Avg ingredient cost paid per claim	\$24.69	\$23.16	\$22.97	\$23.61	\$24.35
Avg professional fees paid per claim ¹	\$6.81	\$6.74	\$6.68	\$6.66	\$6.77
Avg amount paid per claim ²	\$31.50	\$29.90	\$29.65	\$30.27	\$31.11
Avg days' supply per claim	16.32	15.80	15.26	14.85	14.79

Table 1. PharmaCare expenditure summary from 2019/2020 to 2023/2024.

PharmaCare Expenditures – Comparison to previous years

	2019/2020	2022/2023	2023/2024	1 Year Change	4 Years Change
Number of claims (millions)	39.45	43.48	46.64	7.3%	18.2%
Number of beneficiaries (millions)	0.81	0.79	1.01	26.7%	24.4%
Ingredient cost paid (millions)	\$973.94	\$1,026.63	\$1,135.70	10.6%	16.6%
Professional fees paid ¹ (millions)	\$268.61	\$289.56	\$315.57	9.0%	17.5%
Total amount paid² (millions)	\$1,242.55	\$1,316.19	\$1,451.27	10.3%	16.8%
Avg amount paid per beneficiary ²	\$1,534.41	\$1,656.62	\$1,441.20	-13.0%	-6.1%
Avg number of claims per beneficiary	48.72	54.73	46.32	-15.4%	-4.9%
Avg amount paid per claim ²	\$31.50	\$30.27	\$31.11	2.8%	-1.2%
Avg days' supply per claim	16.32	14.85	14.79	-0.4%	-9.3%
B.C. population (millions) ³	5.11	5.36	5.52	3.0%	8.0%

Table 2. Comparison of 2023/2024 PharmaCare expenditure with selected fiscal years.

Note

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

¹ Dispensing fees and Plan B capitation fees.

² Ingredient cost, dispensing fees, and Plan B capitation fees.

³ Source: [BC Stats](#). Site accessed on February 10th, 2025.

Other PharmaCare Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Adaptation fees (millions)	\$2.88	\$3.42	\$3.18	\$4.45	\$7.45
Patient support fees (millions)	–	\$0.00	\$0.05	\$0.41	\$0.34
Vaccination/Injection fees ⁴ (millions)	\$8.55	\$13.49	\$30.78	\$54.99	\$48.88
Medication review fees (millions)	\$12.81	\$9.71	\$11.44	\$10.04	\$12.95
Methadone interaction fees (millions)	\$19.18	\$17.05	\$17.15	\$16.86	\$17.20
Rural incentive program subsidies (millions)	\$1.65	\$1.56	\$1.38	\$1.40	\$1.42
Rapid antigen test distribution (millions)	–	–	\$4.01	\$3.84	\$1.01
Minor ailments (millions)	–	–	–	–	\$5.11
Expensive drugs for rare diseases (millions)	\$32.13	\$36.19	\$46.64	\$100.70	\$152.96

Table 3. Other PharmaCare expenditures from 2019/2020 to 2023/2024, not related to Plans B, C, D, F, G, I, P, S, and Z.

Other PharmaCare Expenditures

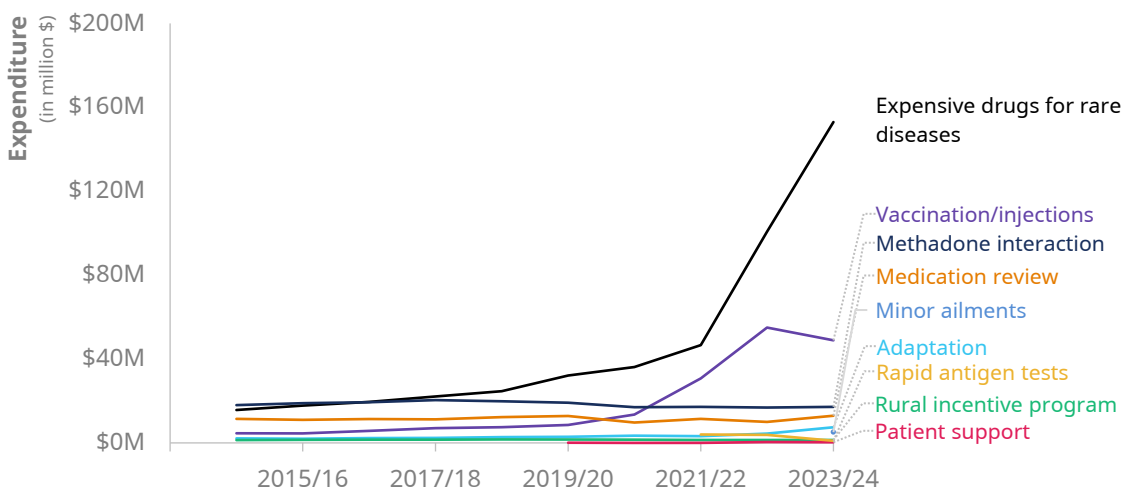


Figure 1. Trends in other PharmaCare expenditures from 2014/2015 to 2023/2024, not related to Plans B, C, D, F, G, I, P, S, and Z.

Notes

- Over the past 10 years, vaccination/injections fees had the highest annual growth rate, at 30.1%.
- 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 in June 2022 and ended December 31, 2023). 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

⁴ For fiscal year 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.

biosimilars. Paxlovid fees are paid for following up and assessment for patients taking Paxlovid. Over the past five years, patient support fees had an annual growth rate of 27.5%.

- 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.

PharmaCare Expenditures by Plan

In 2023/2024, Plan I (52.9 %) and Plan C (32.6%) together accounted for 85.5% of total PharmaCare plan expenditure.

2023/2024 PharmaCare Expenditure by Plan

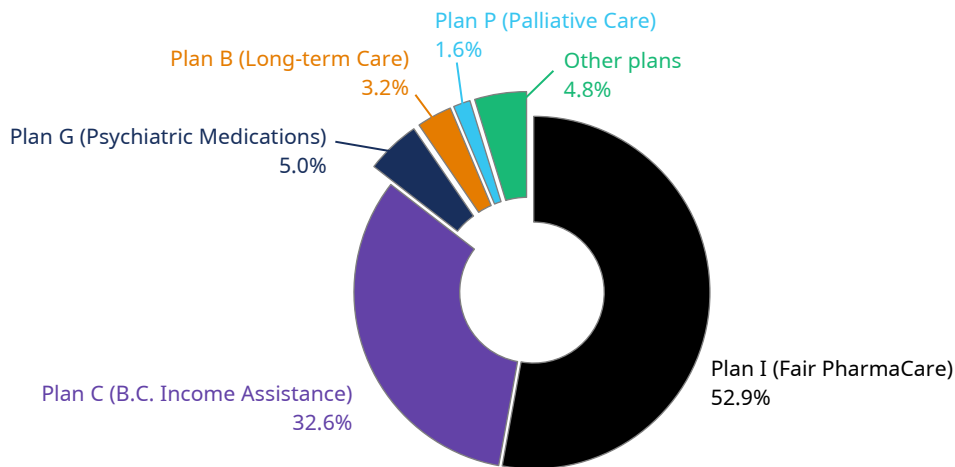


Figure 2. PharmaCare expenditure by plan for fiscal year 2023/2024. “Other plans” category includes: Plan S (Smoking Cessation), Plan F (Children in the At Home Program), Plan D (Cystic Fibrosis), Plan Z (Assurance).

Trend in PharmaCare Expenditure by Plan

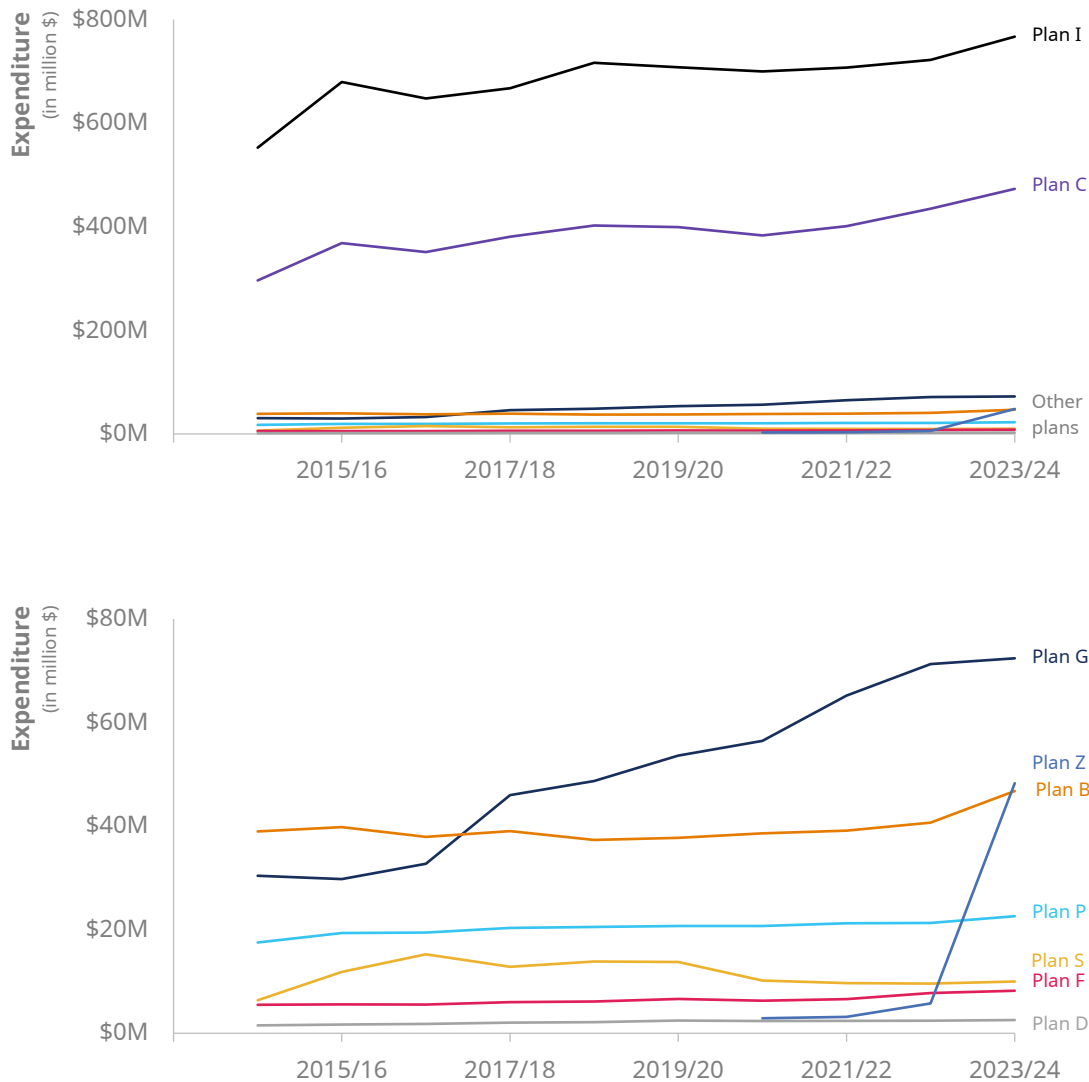


Figure 3. (top) Trend in PharmaCare expenditure by plan from 2014/2015 to 2023/2024. (bottom) Detail for plans G, Z, B, P, S, F, and D.

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 (for medical abortion) 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. In February 2022, PharmaCare began to pay for dispensing fees for Paxlovid under Plan Z and in June 2022, select hepatitis C drugs were also added to Plan Z for BC Corrections patients. In April 2023, contraceptives were added to the Plan Z as part of the free contraceptives program in B.C. In June 2023, existing OAT benefit drugs were included in Plan Z. The 2023 updates caused a significant increase in Plan Z expenditure in 2023/2024 compared to the previous fiscal year.

- 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.
- 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. 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 expenditure beginning in 2017/2018.

Plan I Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	15.87	16.39	16.46	16.25	16.90
Number of beneficiaries (millions)	0.52	0.49	0.49	0.47	0.48
Ingredient costs paid (millions)	\$600.93	\$590.60	\$598.40	\$616.11	\$658.01
Professional fees paid (millions)	\$107.27	\$109.47	\$108.88	\$106.16	\$109.17
Total amount paid⁵ (millions)	\$708.20	\$700.07	\$707.28	\$722.27	\$767.18
Avg amount paid per beneficiary ⁵	\$1,370.09	\$1,414.58	\$1,438.32	\$1,520.87	\$1,599.83
Avg number of claims per beneficiary	30.69	33.11	33.46	34.21	35.25
Avg ingredient cost paid per claim	\$37.88	\$36.04	\$36.36	\$37.92	\$38.93
Avg professional fees paid per claim	\$6.76	\$6.68	\$6.62	\$6.53	\$6.46
Avg amount paid per claim ⁵	\$44.64	\$42.72	\$42.98	\$44.46	\$45.39
Avg days' supply per claim	25.17	24.28	23.94	23.73	22.89

Table 4. Plan I (Fair PharmaCare) expenditure from 2019/2020 to 2023/2024.

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](#).

⁵ Includes ingredient cost and professional fees.

Plan B Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	4.96	4.98	5.14	5.24	5.47
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	0.03
Ingredient costs paid (millions)	\$25.24	\$25.51	\$27.02	\$27.80	\$28.55
Capitation fees paid (millions)	\$12.51	\$13.09	\$12.12	\$12.88	\$18.23
Total amount paid⁶ (millions)	\$37.75	\$38.60	\$39.14	\$40.68	\$46.78
Avg amount paid per beneficiary ⁶	\$1,196.11	\$1,234.36	\$1,232.10	\$1,266.71	\$1,451.31
Avg number of claims per beneficiary	157.10	159.19	161.83	163.21	169.73
Avg ingredient cost paid per claim	\$5.09	\$5.13	\$5.26	\$5.30	\$5.22
Avg capitation fees paid per claim	\$2.52	\$2.63	\$2.36	\$2.46	\$3.33
Avg amount paid per claim ⁶	\$7.61	\$7.75	\$7.61	\$7.76	\$8.55
Avg days' supply per claim	7.99	7.91	7.86	7.89	7.80

Table 5. Plan B (Long-term Care) expenditure from 2019/2020 to 2023/2024.**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](#).

⁶ Includes ingredient cost and capitation fees.

Plan C Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	15.27	16.11	17.03	18.14	19.66
Number of beneficiaries (millions)	0.19	0.18	0.18	0.20	0.21
Ingredient costs paid (millions)	\$279.64	\$259.24	\$270.99	\$297.07	\$324.76
Professional fees paid (millions)	\$119.78	\$124.17	\$130.16	\$137.99	\$148.48
Total amount paid⁵ (millions)	\$399.42	\$383.41	\$401.15	\$435.06	\$473.24
Avg amount paid per beneficiary ⁵	\$2,156.96	\$2,119.44	\$2,170.85	\$2,201.14	\$2,207.15
Avg number of claims per beneficiary	82.44	89.03	92.17	91.80	91.69
Avg ingredient cost paid per claim	\$18.32	\$16.10	\$15.91	\$16.37	\$16.52
Avg professional fees paid per claim	\$7.85	\$7.71	\$7.64	\$7.61	\$7.55
Avg amount paid per claim ⁵	\$26.16	\$23.81	\$23.55	\$23.98	\$24.07
Avg days' supply per claim	10.84	10.51	10.11	9.83	9.42

Table 6. Plan C (B.C. Income Assistance) expenditure from 2019/2020 to 2023/2024.**Plan D Expenditure**

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims	2,050	2,180	2,349	2,052	2,060
Number of beneficiaries	385	381	387	389	393
Ingredient costs paid (millions)	\$2.43	\$2.35	\$2.38	\$2.41	\$2.53
Professional fees paid	\$19,712.15	\$20,369.05	\$19,482.87	\$20,102.62	\$20,224.50
Total amount paid⁵ (millions)	\$2.45	\$2.37	\$2.40	\$2.43	\$2.55
Avg amount paid per beneficiary ⁵	\$6,353.94	\$6,220.00	\$6,198.61	\$6,253.62	\$6,501.59
Avg number of claims per beneficiary	5.32	5.72	6.07	5.28	5.24
Avg ingredient cost paid per claim	\$1,183.69	\$1,077.73	\$1,012.93	\$1,175.71	\$1,230.53
Avg professional fees paid per claim	\$9.62	\$9.34	\$8.29	\$9.80	\$9.82
Avg amount paid per claim ⁵	\$1,193.30	\$1,087.07	\$1,021.23	\$1,185.51	\$1,240.35
Avg days' supply per claim	44.82	40.58	37.45	42.97	43.13

Table 7. Plan D (Cystic Fibrosis) expenditure from 2019/2020 to 2023/2024.**Notes**

- Trikafta (an Expensive Drug for Rare Diseases) is excluded from Plan D Expenditure.

Plan F Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims	59,116	56,173	56,765	58,644	60,075
Number of beneficiaries	3,499	3,346	3,438	3,643	3,908
Ingredient costs paid (millions)	\$6.09	\$5.76	\$6.07	\$7.20	\$7.65
Professional fees paid (millions)	\$0.55	\$0.52	\$0.53	\$0.55	\$0.57
Total amount paid⁵ (millions)	\$6.64	\$6.28	\$6.60	\$7.75	\$8.22
Avg amount paid per beneficiary ⁵	\$1,898.36	\$1,878.24	\$1,919.10	\$2,129.57	\$2,101.37
Avg number of claims per beneficiary	16.90	16.79	16.51	16.10	15.37
Avg ingredient cost paid per claim	\$103.00	\$102.53	\$106.88	\$122.85	\$127.29
Avg professional fees paid per claim	\$9.36	\$9.35	\$9.36	\$9.44	\$9.41
Avg amount paid per claim ⁵	\$112.36	\$111.88	\$116.23	\$132.29	\$136.70
Avg days' supply per claim	30.59	31.16	31.12	31.42	31.02

Table 8. Plan F (At Home Program) expenditure from 2019/2020 to 2023/2024.**Plan G Expenditures**

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	2.41	2.43	2.76	2.85	2.69
Number of beneficiaries (millions)	0.05	0.05	0.05	0.05	0.05
Ingredient costs paid (millions)	\$31.96	\$35.04	\$40.80	\$46.46	\$49.25
Professional fees paid (millions)	\$21.67	\$21.43	\$24.41	\$24.84	\$23.15
Total amount paid⁵ (millions)	\$53.63	\$56.47	\$65.21	\$71.30	\$72.40
Avg amount paid per beneficiary ⁵	\$1,069.97	\$1,162.19	\$1,317.99	\$1,402.44	\$1,435.30
Avg number of claims per beneficiary	48.02	49.92	55.82	56.13	53.35
Avg ingredient cost paid per claim	\$13.28	\$14.45	\$14.77	\$16.28	\$18.30
Avg professional fees paid per claim	\$9.00	\$8.84	\$8.84	\$8.70	\$8.60
Avg amount paid per claim ⁵	\$22.28	\$23.28	\$23.61	\$24.99	\$26.90
Avg days' supply per claim	10.53	10.42	9.45	9.40	9.85

Table 9. Plan G (Psychiatric Medications) expenditure from 2019/2020 to 2023/2024.

Plan P Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	0.75	0.76	0.78	0.79	0.83
Number of beneficiaries	14,953	15,354	15,568	15,734	16,024
Ingredient costs paid (millions)	\$15.30	\$15.20	\$15.62	\$15.62	\$16.65
Professional fees paid (millions)	\$5.41	\$5.52	\$5.61	\$5.69	\$5.96
Total amount paid⁵ (millions)	\$20.71	\$20.72	\$21.23	\$21.31	\$22.61
Avg amount paid per beneficiary ⁵	\$1,384.57	\$1,349.12	\$1,363.61	\$1,354.65	\$1,410.97
Avg number of claims per beneficiary	50.00	49.31	49.81	50.05	51.64
Avg ingredient cost paid per claim	\$20.46	\$20.07	\$20.14	\$19.84	\$20.12
Avg professional fees paid per claim	\$7.23	\$7.29	\$7.24	\$7.23	\$7.21
Avg amount paid per claim ⁵	\$27.69	\$27.36	\$27.38	\$27.07	\$27.32
Avg days' supply per claim	10.67	11.38	11.34	11.05	11.05

Table 10. Plan P (Palliative Care) expenditure from 2019/2020 to 2023/2024.**Plan S Expenditures**

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims (millions)	0.14	0.11	0.11	0.11	0.11
Number of beneficiaries	75,429	57,348	55,918	57,369	60,017
Ingredient costs paid (millions)	\$12.35	\$9.12	\$8.64	\$8.54	\$8.89
Professional fees paid (millions)	\$1.41	\$1.06	\$1.04	\$1.05	\$1.10
Total amount paid⁵ (millions)	\$13.76	\$10.18	\$9.68	\$9.59	\$9.99
Avg amount paid per beneficiary ⁵	\$182.45	\$177.53	\$173.11	\$167.18	\$166.37
Avg number of claims per beneficiary	1.92	1.89	1.91	1.88	1.88
Avg ingredient cost paid per claim	\$85.46	\$84.09	\$80.76	\$79.40	\$78.74
Avg professional fees paid per claim	\$9.78	\$9.79	\$9.74	\$9.74	\$9.70
Avg amount paid per claim ⁵	\$95.24	\$93.87	\$90.50	\$89.14	\$88.44
Avg days' supply per claim	27.52	27.59	27.35	27.45	27.35

Table 11. Plan S (Smoking Cessation) expenditure from 2019/2020 to 2023/2024.

Plan Z Expenditures

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Number of claims	–	14,051	17,254	40,824	916,460
Number of beneficiaries	–	8,511	9,884	31,364	241,814
Ingredient costs paid (millions)	–	\$2.77	\$3.00	\$5.40	\$39.40
Professional fees paid (millions)	–	\$0.13	\$0.15	\$0.38	\$8.89
Total amount paid⁵ (millions)	–	\$2.90	\$3.15	\$5.78	\$48.29
Avg amount paid per beneficiary ⁵	–	\$340.83	\$319.22	\$184.09	\$199.68
Avg number of claims per beneficiary	–	1.65	1.75	1.30	3.79
Avg ingredient cost paid per claim	–	\$197.40	\$174.01	\$132.18	\$42.99
Avg professional fees paid per claim	–	\$9.05	\$8.85	\$9.25	\$9.70
Avg amount paid per claim ⁵	–	\$206.45	\$182.86	\$141.43	\$52.69
Avg days' supply per claim	–	1.20	1.32	3.31	37.52

Table 12. Plan Z (Assurance) expenditure from 2020/2021 to 2023/2024.

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.

In February 2022, PharmaCare began to pay for dispensing fees for Paxlovid under Plan Z and in June 2022, select hepatitis C drugs were also added to Plan Z for BC Corrections patients. In April 2023, contraceptives were added to the Plan Z as part of the free contraceptives program in B.C. In June 2023, existing OAT benefit drugs were included in Plan Z. Updates in 2023 caused a significant increase in Plan Z expenditure in 2023/2024 compared to the previous fiscal year.

PharmaCare Drugs or Medical Devices/Supplies

Number of drugs or medical devices/supplies covered

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

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

- As the number of products identified by the drug identification number (DIN) and product identification number (PIN)⁷.
- 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. ⁸	11,459
Products dispensed in B.C., eligible for PharmaCare coverage ⁹	6,241
Products that received PharmaCare reimbursement ¹⁰	6,098

Table 13. Number of products covered by PharmaCare in 2023/2024.

Number of Drugs or Medical Devices/Supplies Covered

Drugs or medical devices/supplies dispensed in B.C. ⁸	2,713
Drugs or medical devices/supplies dispensed in B.C., eligible for PharmaCare coverage ⁹	1,131
Drugs or medical devices/supplies that received PharmaCare reimbursement ¹⁰	1,113

Table 14. Number of drugs or medical devices/supplies covered by PharmaCare in 2023/2024.

Formulary Expansion

In 2023/2024, PharmaCare added 264 generic drugs to the formulary and created 30 new LCA categories.

⁷ View [PINs](#) for more information.

⁸ Products with at least one dispense in B.C. during the fiscal year.

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

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

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 2023/2024, adalimumab, vedolizumab, and infliximab were the drugs PharmaCare spent the most on, with adalimumab having the largest expenditure for any single drug (\$61.95 million).

The annual growth rate in expenditures over the past 10 years for adalimumab was 2.9%.

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	\$61.95
vedolizumab	ulcerative colitis and Crohn's disease	\$51.35
infliximab	rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	\$46.99
semaglutide	diabetes and obesity	\$41.33
sofosbuvir/velpatasvir	hepatitis C	\$41.09
morphine	pain	\$33.08
paliperidone palmitate	schizophrenia, other psychosis	\$30.60
methadone	opioid use disorder, pain	\$27.37
aripiprazole	schizophrenia, other psychosis	\$24.45
glecaprevir/pibrentasvir	hepatitis C	\$20.73

Table 15. Top 10 drugs by PharmaCare expenditure in 2023/2024.

Notes

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

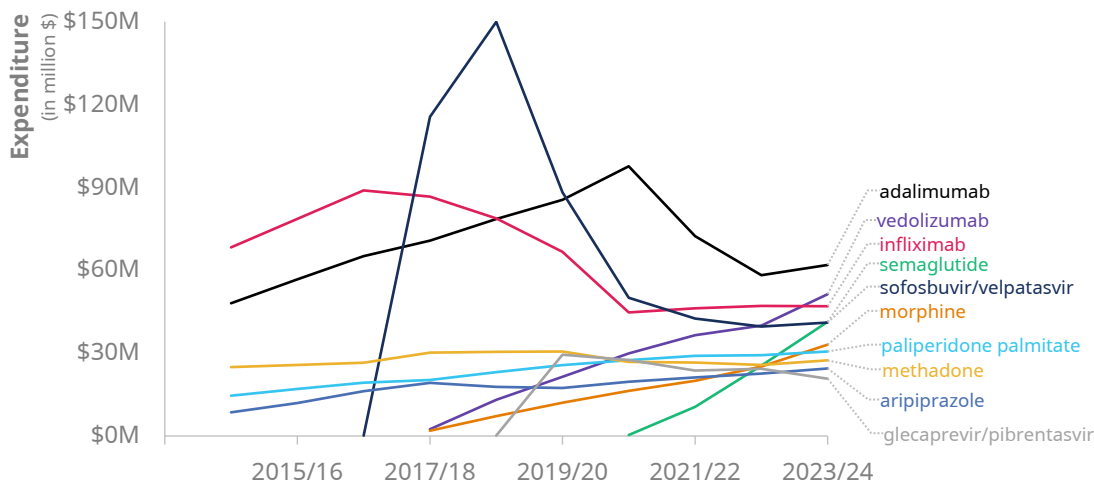


Figure 4. Trend in PharmaCare expenditures from 2014/2015 to 2023/2024 for the 10 drugs with the highest expenditure in 2023/2024.

Top 10 Drugs by Number of PharmaCare Beneficiaries

Generic name	Typical usage	PharmaCare beneficiaries
rosuvastatin calcium	high cholesterol	116,785
amlodipine besylate	hypertension	109,898
ramipril	hypertension	104,733
atorvastatin calcium	high cholesterol	104,660
metformin hcl	diabetes	93,695
levothyroxine sodium	hypothyroidism	92,092
salbutamol sulphate	asthma and lung diseases	87,915
levonorgestrel	emergency contraception	85,281
amoxicillin	bacterial infections	80,546
levonorgestrel/ethinyl estradiol	contraceptive	69,667

Table 16. Top 10 drugs by number of PharmaCare beneficiaries in 2023/2024.

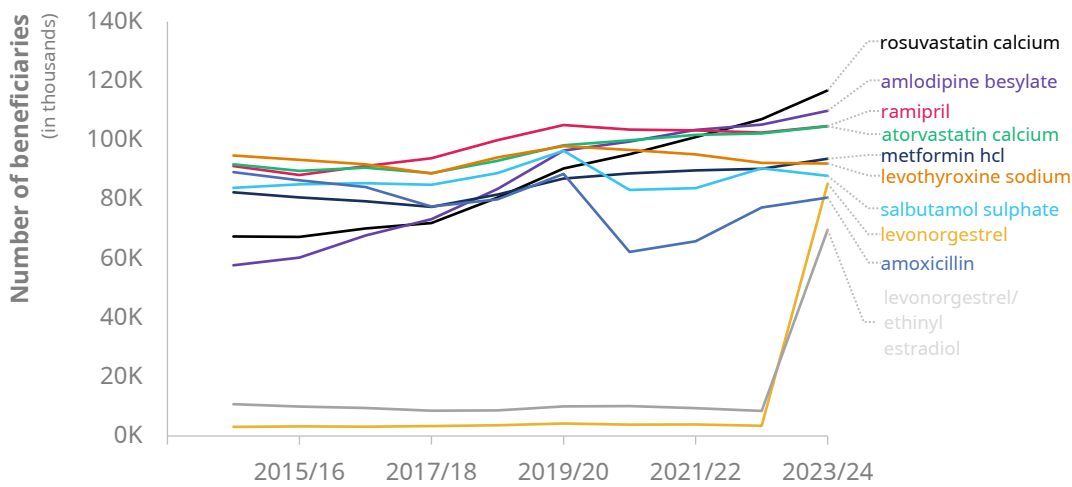


Figure 5. Trend in PharmaCare beneficiaries from 2014/2015 to 2023/2024 for the 10 drugs with the highest number of beneficiaries in 2023/2024.

Notes

- 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, which are significant users of amoxicillin.
- The steep rise in the number of levonorgestrel and levonorgestrel/ethinyl estradiol beneficiaries was likely explained by contraceptives covered under Plan Z by PharmaCare starting April 1, 2023.

PharmaCare Beneficiaries

A total of 1,006,983 B.C. residents (18.2% of the B.C. population) received PharmaCare benefits in 2023/2024. Since 2014/2015, the number of beneficiaries has been stable except for a significant increase in 2023/2024. It increased by 26.7% compared to 2022/2023; this was likely attributed to contraceptives covered under Plan Z starting April 2023. The annual growth rate of the number of paid claims over the ten-year period was 4.1%.

Trend in PharmaCare Beneficiaries and Paid Claims

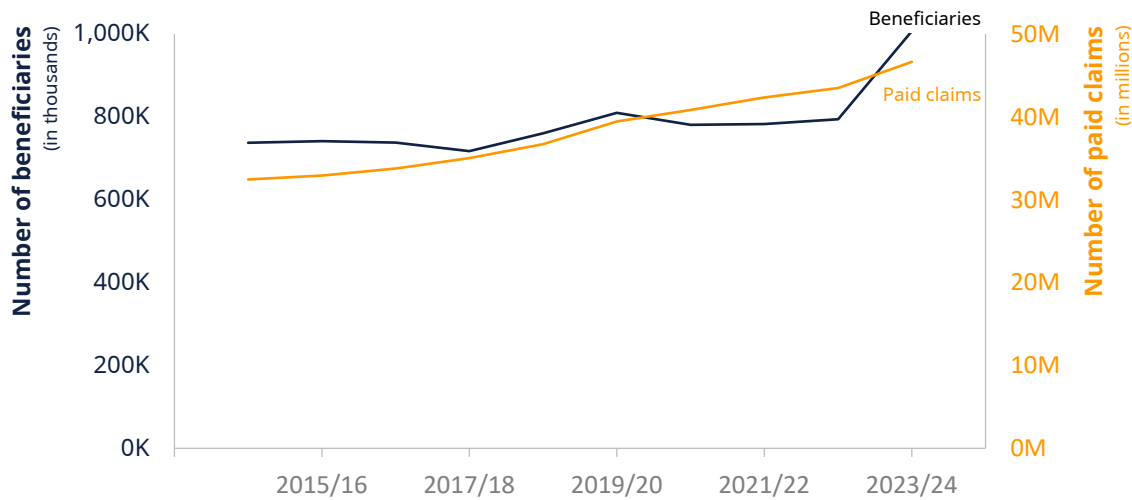


Figure 6. Trend in PharmaCare beneficiaries and paid claims from 2014/2015 to 2023/2024.

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

2023/2024 PharmaCare Beneficiaries by Age

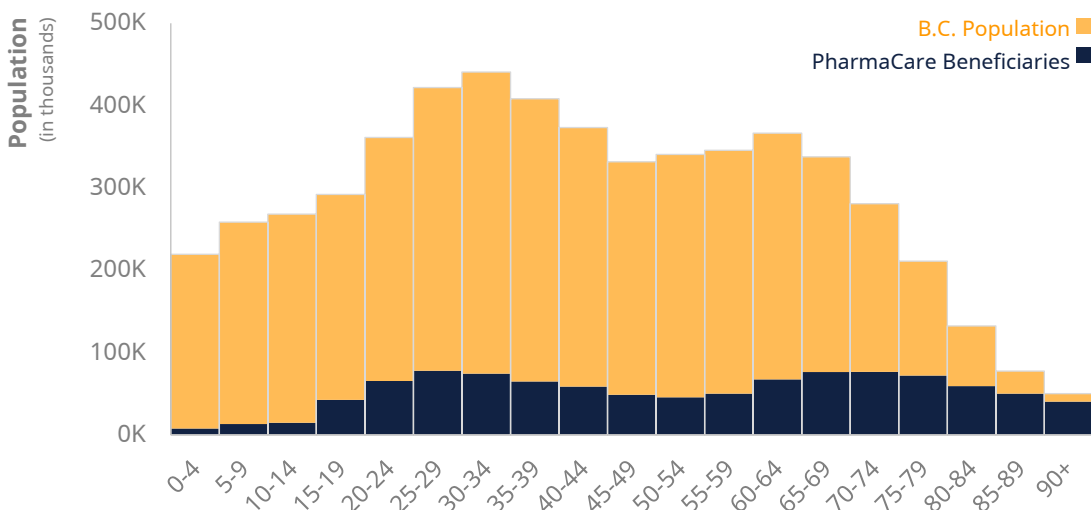


Figure 7. Distribution of B.C. population and PharmaCare beneficiaries by age in 2023/2024.

2023/2024 Average Annual Expenditure per Beneficiary by Age

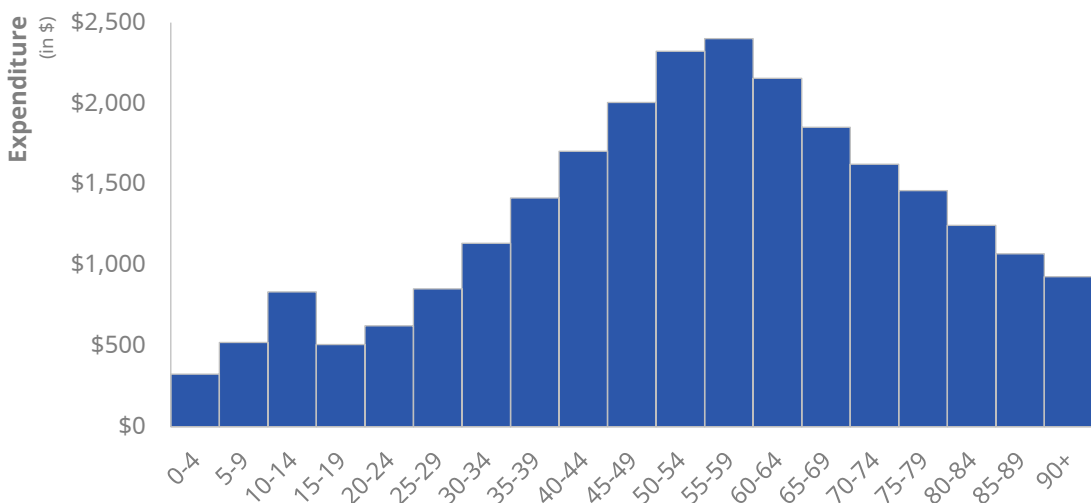


Figure 8. Distribution of the average annual PharmaCare expenditure per beneficiary by age in 2023/2024.

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 documents the number of PharmaCare beneficiaries in 2023/2024 by five-year age groups.

PharmaCare Beneficiaries by Five-Year Age Group

Age	B.C. population ¹¹	PharmaCare beneficiaries	Average annual expenditure per beneficiary	Portion of age group receiving benefits
0-4	219,523	7,869	\$325.24	3.6%
5-9	258,536	13,256	\$521.36	5.1%
10-14	268,266	14,700	\$833.99	5.5%
15-19	292,208	42,527	\$507.97	14.6%
20-24	361,376	65,594	\$623.98	18.2%
25-29	421,928	77,855	\$852.61	18.5%
30-34	440,751	74,514	\$1,134.55	16.9%
35-39	408,388	64,964	\$1,415.32	15.9%
40-44	373,410	58,610	\$1,703.68	15.7%
45-49	331,740	48,886	\$2,005.65	14.7%
50-54	340,803	45,728	\$2,322.77	13.4%
55-59	345,671	50,137	\$2,400.52	14.5%
60-64	366,623	67,407	\$2,155.65	18.4%
65-69	337,870	76,319	\$1,852.91	22.6%
70-74	280,775	76,642	\$1,623.39	27.3%
75-79	211,133	72,075	\$1,460.32	34.1%
80-84	132,333	59,346	\$1,246.19	44.8%
85-89	77,513	50,190	\$1,069.16	64.8%
90+	50,166	40,363	\$927.49	80.5%
Unknown	-	1	\$10.01	-
Total	5,519,013	1,006,983	\$1,423.10	18.2%

Table 17. PharmaCare beneficiaries and average annual expenditure by age group in 2023/2024.

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).

¹¹ Source: [BC Stats](#), accessed February 10, 2025.

Resources

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

BC websites

[BC 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](#)

[BC College of Oral Health Professionals](#)

[College of Health and Care Professionals of BC](#)

[College of Pharmacists of BC](#)

[College of Physicians and Surgeons of BC](#)

[Doctors of BC](#)

[Therapeutics Initiative](#)

[College of Complementary Health Professionals of BC](#)

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](#)

[Canada's Drug Agency](#)

Canadian association websites

[Canadian Medical Association](#)

[Canadian Pharmacists Association](#)

[Neighbourhood Pharmacy Association of Canada](#)