PharmaCare Trends
2024/2025

BRITISH COLUMBIA | Ministry of Health

BC PharmaCare Trends 2024/2025

This document reports on BC PharmaCare expenditure and beneficiary data from 2024-2025. It provides information about the PharmaCare program for health researchers, government staff and the public.

$1,839.00 M
total PharmaCare expenditure[1]

6,306
products covered

49.36 M
paid claims[2]

1.03 M
number of beneficiaries[3]

191
new generic drugs covered

adalimumab
top drug by PharmaCare expenditure ($63.23 million)

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rosuvastatin calcium
top drug by number of beneficiaries (128,360 beneficiaries)

[1]Includes payments for PharmaCare plan expenditure as well as other expenditures (e.g., vaccine administrations, medication reviews). Refer to table 3 for details.

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

[3]Individuals with at least one paid claim.

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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 fiscal year 2020/2021 to 2024/2025 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 2024/2025, Health System Policy and Oversight Division and Corporate Services Division, BC Ministry of Health, Victoria, B.C. (2024/2025).

Comments and inquiries

Please direct comments and inquiries to:

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or by mail to:

Corporate Services Division

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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 2024/2025, there were 2,379,624 individuals and 1,374,708 families registered for Fair PharmaCare. Anyone enrolled in the Medical Services Plan (MSP) but 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 2024/2025, approximately 33,000 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 and Indigenous Governing Bodies. In 2003, when Fair PharmaCare was introduced, Plan C was expanded to also include all seniors receiving income assistance.

Registration for most people on 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 eligibility 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 MSP.

In 2024/2025, Plan C expenditures represented 70% of the total expenditure for all specialty plans (i.e., plans other than Fair PharmaCare) and provided coverage to more than 224,000 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 2024/2025, over 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 2024/2025, more than 4,200 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 2024/2025, approximately 49,000 patients with 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 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.

Approximately 16,000 patients received coverage under this plan in 2024/2025.

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 2024/2025, the program provided more than 59,000 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 MSP coverage. In some cases, exceptional processes are in place for residents without MSP coverage. In 2024/2025, approximately 236,000 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 five-year initiative (to March 31, 2023) that will reduce prices of nearly 70 of the most 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 ends in 2024, at which time PharmaCare starts 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.

2024 Indigenous Governing Bodies can confirm Plan C coverage for children and youth in the care of these bodies.

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. The 2024/2025 fiscal year runs from April 1, 2024, to March 31, 2025. The fiscal year of a claim is based on the date of service.

PharmaCare expenditures overview

PharmaCare expenditures – summary

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	40.83	42.35	43.48	46.64	**49.36**
Number of beneficiaries (millions)	0.78	0.78	0.79	1.01	**1.03**
Ingredient costs paid (millions)	$945.60	$972.92	$1,026.63	$1,135.70	**$1,259.30**
Professional fees paid[1] (millions)	$275.40	$282.93	$289.56	$315.57	**$328.11**
Total amount paid[2] (millions)	$1,221.00	$1,255.85	$1,316.19	$1,451.27	**$1,587.41**
Avg amount paid per beneficiary2	$1,564.03	$1,604.23	$1,656.62	$1,441.20	**$1,540.94**
Avg number of claims per beneficiary	52.31	54.10	54.73	46.32	**47.92**
Avg ingredient cost paid per claim	$23.16	$22.97	$23.61	$24.35	**$25.51**
Avg professional fees paid per claim1	$6.74	$6.68	$6.66	$6.77	**$6.65**
Avg amount paid per claim2	$29.90	$29.65	$30.27	$31.11	**$32.16**
Avg days' supply per claim	15.80	15.26	14.85	14.79	**14.57**

Table 1. PharmaCare expenditure summary from 2020/2021 to 2024/2025.

PharmaCare expenditures – comparison to previous years

	2020/2021	2023/2024	2024/2025	1 Year Change	**4 Years Change**
Number of claims (millions)	40.83	46.64	49.36	5.8%	**20.9%**
Number of beneficiaries (millions)	0.78	1.01	1.03	2.3%	**32.0%**
Ingredient cost paid (millions)	$945.60	$1,135.70	$1,259.30	10.9%	**33.2%**
Professional fees paid[1] (millions)	$275.40	$315.57	$328.11	4.0%	**19.1%**
Total amount paid2 (millions)	$1,221.00	$1,451.27	$1,587.41	9.4%	**30.0%**
Avg amount paid per beneficiary2	$1,564.03	$1,441.20	$1,540.94	6.9%	**-1.5%**
Avg number of claims per beneficiary	52.31	46.32	47.92	3.5%	**-8.4%**
Avg amount paid per claim2	$29.90	$31.11	$32.16	3.4%	**7.5%**
Avg days' supply per claim	15.80	14.79	14.57	-1.5%	**-7.8%**
B.C. population (millions)[3]	5.18	5.52	5.70	3.3%	**10.1%**

Table 2. Comparison of 2024/2025 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 July 16, 2025.

Other PharmaCare expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Adaptation fees (millions)	$3.42	$3.18	$4.45	$7.45	**$9.10**
Patient support fees (millions)	$0.00	$0.05	$0.41	$0.34	**$0.00**
Vaccination/Injection fees[4] (millions)	$13.49	$30.78	$54.99	$48.88	**$43.65**
Medication review fees (millions)	$9.71	$11.44	$10.04	$12.95	**$11.74**
Methadone interaction fees (millions)	$17.05	$17.15	$16.86	$17.20	**$16.71**
Rural incentive program subsidies (millions)	$1.56	$1.38	$1.40	$1.42	**$1.43**
Rapid antigen test distribution (millions)		$4.01	$3.84	$1.01	**$0.60**
Minor ailments and contraception services (millions)				$5.11	**$9.43**
Expensive drugs for rare diseases (millions)	$36.19	$46.64	$100.70	$152.96	**$158.92**

Table 3. Other PharmaCare expenditures from 2020/2021 to 2024/2025, not related to Plans B, C, D, F, G, I, P, S, and Z.

[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.

Other PharmaCare expenditures

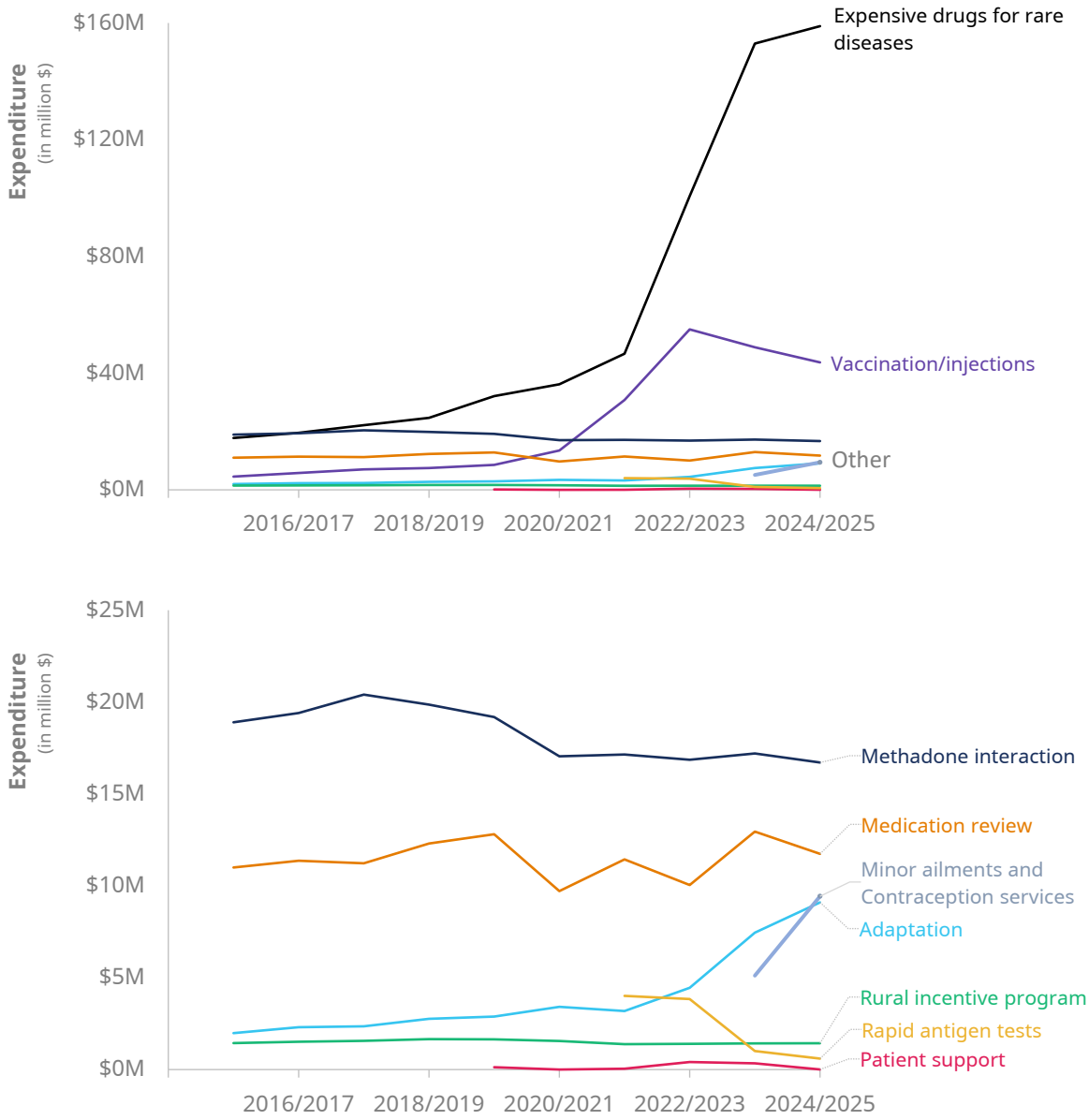

Figure 1. (top) Trends in other PharmaCare expenditures from 2015/2016 to 2024/2025, not related to Plans B, C, D, F, G, I, P, S, and Z. (bottom) Detail for additional PharmaCare expenditure types.

Notes

- Over the past 10 years, vaccination/injections fees had the highest annual growth rate, at 28.6%
- 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

biosimilars. Paxlovid fees are paid for following up and assessment for patients taking Paxlovid.

- COVID-19 vaccines were added to the list of publicly funded vaccines in March 2021. Fees for administration of these vaccines by pharmacists are included in vaccination fees.
- Expensive Drugs for Rare Diseases expenditure includes Trikafta, and fiscal year is the year the payment is made (actual and accrued) to the Provincial Health Services Authority, rather than service fiscal year.

PharmaCare expenditures by plan

In 2024/2025, Plan I (53.7 %) and Plan C (32.3%) together accounted for 86% of total PharmaCare plan expenditures.

2024/2025 PharmaCare expenditures by plan

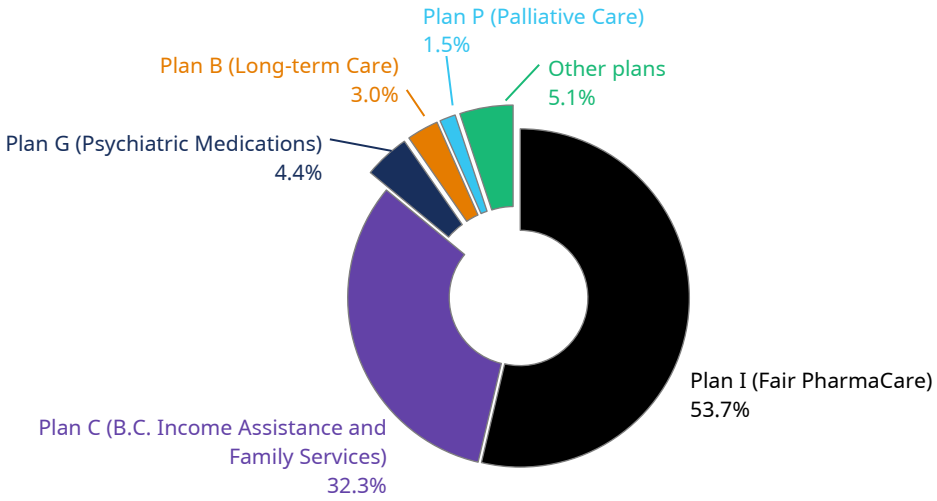

Figure 2. PharmaCare expenditure by plan for fiscal year 2024/2025. "Other plans" category includes: Plan S (Smoking Cessation), Plan F (Children in the At Home Program), Plan D (Cystic Fibrosis), and Plan Z (Assurance).

Trend in PharmaCare expenditures by plan

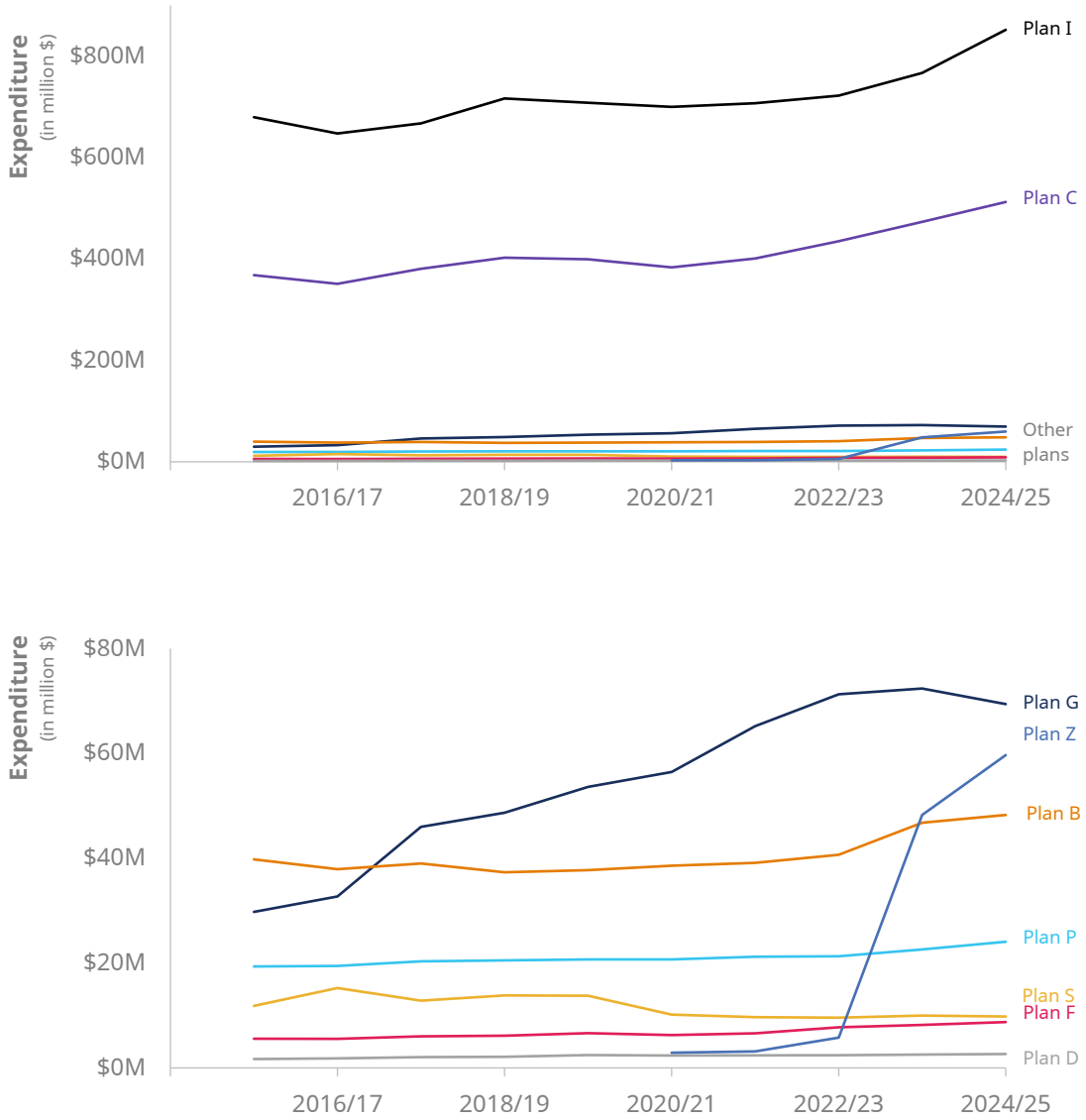

Figure 3. (top) Trend in PharmaCare expenditure by plan from 2015/2016 to 2024/2025. (bottom) Detail for plans G, Z, B, P, S, F, and D.

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 paying Paxlovid dispensing fees 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 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 expenditures 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 expenditures beginning in 2017/2018.

Plan I expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	16.39	16.46	16.25	16.90	**18.01**
Number of beneficiaries (millions)	0.49	0.49	0.47	0.48	**0.50**
Ingredient costs paid (millions)	$590.60	$598.40	$616.11	$658.01	**$737.02**
Professional fees paid (millions)	$109.47	$108.88	$106.16	$109.17	**$115.17**
Total amount paid[5] (millions)	$700.07	$707.28	$722.27	$767.18	**$852.19**
Avg amount paid per beneficiary[5]	$1,414.58	$1,438.32	$1,520.87	$1,599.83	**$1,716.90**
Avg number of claims per beneficiary	33.11	33.46	34.21	35.25	**36.28**
Avg ingredient cost paid per claim	$36.04	$36.36	$37.92	$38.93	**$40.92**
Avg professional fees paid per claim	$6.68	$6.62	$6.53	$6.46	**$6.39**
Avg amount paid per claim[5]	$42.72	$42.98	$44.46	$45.39	**$47.32**
Avg days' supply per claim	24.28	23.94	23.73	22.89	**22.31**

Table 4. Plan I (Fair PharmaCare) expenditure from 2020/2021 to 2024/2025.

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

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	4.98	5.14	5.24	5.47	**5.94**
Number of beneficiaries (millions)	0.03	0.03	0.03	0.03	**0.03**
Ingredient costs paid (millions)	$25.51	$27.02	$27.80	$28.55	**$29.61**
Capitation fees paid (millions)	$13.09	$12.12	$12.88	$18.23	**$18.67**
Total amount paid[6] (millions)	$38.60	$39.14	$40.68	$46.78	**$48.28**
Avg amount paid per beneficiary6	$1,234.36	$1,232.10	$1,266.71	$1,451.31	**$1,468.32**
Avg number of claims per beneficiary	159.19	161.83	163.21	169.73	**180.72**
Avg ingredient cost paid per claim	$5.13	$5.26	$5.30	$5.22	**$4.98**
Avg capitation fees paid per claim	$2.63	$2.36	$2.46	$3.33	**$3.14**
Avg amount paid per claim6	$7.75	$7.61	$7.76	$8.55	**$8.12**
Avg days' supply per claim	7.91	7.86	7.89	7.80	**7.81**

Table 5. Plan B (Long-term Care) expenditure from 2020/2021 to 2024/2025.

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.

[6] Includes ingredient cost and capitation fees.

Plan C expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	16.11	17.03	18.14	19.66	**20.87**
Number of beneficiaries (millions)	0.18	0.18	0.20	0.21	**0.22**
Ingredient costs paid (millions)	$259.24	$270.99	$297.07	$324.76	**$356.69**
Professional fees paid (millions)	$124.17	$130.16	$137.99	$148.48	**$155.83**
Total amount paid[5] (millions)	$383.41	$401.15	$435.06	$473.24	**$512.52**
Avg amount paid per beneficiary[5]	$2,119.44	$2,170.85	$2,201.14	$2,207.15	**$2,282.66**
Avg number of claims per beneficiary	89.03	92.17	91.80	91.69	**92.95**
Avg ingredient cost paid per claim	$16.10	$15.91	$16.37	$16.52	**$17.09**
Avg professional fees paid per claim	$7.71	$7.64	$7.61	$7.55	**$7.47**
Avg amount paid per claim[5]	$23.81	$23.55	$23.98	$24.07	**$24.56**
Avg days' supply per claim	10.51	10.11	9.83	9.42	**9.31**

Table 6. Plan C (B.C. Income Assistance and Family Services) expenditure from 2020/2021 to 2024/2025.

Plan D expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims	2,180	2,349	2,052	2,060	**2,366**
Number of beneficiaries	381	387	389	393	**416**
Ingredient costs paid (millions)	$2.35	$2.38	$2.41	$2.53	**$2.63**
Professional fees paid	$20,369.05	$19,482.87	$20,102.62	$20,224.50	**$21,722.45**
Total amount paid[5] (millions)	$2.37	$2.40	$2.43	$2.55	**$2.65**
Avg amount paid per beneficiary[5]	$6,220.00	$6,198.61	$6,253.62	$6,501.59	**$6,381.45**
Avg number of claims per beneficiary	5.72	6.07	5.28	5.24	**5.69**
Avg ingredient cost paid per claim	$1,077.73	$1,012.93	$1,175.71	$1,230.53	**$1,112.83**
Avg professional fees paid per claim	$9.34	$8.29	$9.80	$9.82	**$9.18**
Avg amount paid per claim[5]	$1,087.07	$1,021.23	$1,185.51	$1,240.35	**$1,122.01**
Avg days' supply per claim	40.58	37.45	42.97	43.13	**38.16**

Table 7. Plan D (Cystic Fibrosis) expenditure from 2020/2021 to 2024/2025.

Notes

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

Plan F expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims	56,173	56,765	58,644	60,075	**63,974**
Number of beneficiaries	3,346	3,438	3,643	3,908	**4,208**
Ingredient costs paid (millions)	$5.76	$6.07	$7.20	$7.65	**$8.15**
Professional fees paid (millions)	$0.52	$0.53	$0.55	$0.57	**$0.60**
Total amount paid[5] (millions)	$6.28	$6.60	$7.75	$8.22	**$8.75**
Avg amount paid per beneficiary[5]	$1,878.24	$1,919.10	$2,129.57	$2,101.37	**$2,079.52**
Avg number of claims per beneficiary	16.79	16.51	16.10	15.37	**15.20**
Avg ingredient cost paid per claim	$102.53	$106.88	$122.85	$127.29	**$127.44**
Avg professional fees paid per claim	$9.35	$9.36	$9.44	$9.41	**$9.34**
Avg amount paid per claim[5]	$111.88	$116.23	$132.29	$136.70	**$136.78**
Avg days' supply per claim	31.16	31.12	31.42	31.02	**31.15**

Table 8. Plan F (At Home Program) expenditure from 2020/2021 to 2024/2025.

Plan G expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	2.43	2.76	2.85	2.69	**2.45**
Number of beneficiaries (millions)	0.05	0.05	0.05	0.05	**0.05**
Ingredient costs paid (millions)	$35.04	$40.80	$46.46	$49.25	**$48.99**
Professional fees paid (millions)	$21.43	$24.41	$24.84	$23.15	**$20.44**
Total amount paid[5] (millions)	$56.47	$65.21	$71.30	$72.40	**$69.43**
Avg amount paid per beneficiary[5]	$1,162.19	$1,317.99	$1,402.44	$1,435.30	**$1,423.96**
Avg number of claims per beneficiary	49.92	55.82	56.13	53.35	**50.21**
Avg ingredient cost paid per claim	$14.45	$14.77	$16.28	$18.30	**$20.01**
Avg professional fees paid per claim	$8.84	$8.84	$8.70	$8.60	**$8.35**
Avg amount paid per claim[5]	$23.28	$23.61	$24.99	$26.90	**$28.36**
Avg days' supply per claim	10.42	9.45	9.40	9.85	**10.71**

Table 9. Plan G (Psychiatric Medications) expenditure from 2020/2021 to 2024/2025.

Plan P expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	0.76	0.78	0.79	0.83	**0.88**
Number of beneficiaries	15,354	15,568	15,734	16,024	**15,878**
Ingredient costs paid (millions)	$15.20	$15.62	$15.62	$16.65	**$17.87**
Professional fees paid (millions)	$5.52	$5.61	$5.69	$5.96	**$6.21**
Total amount paid[5] (millions)	$20.72	$21.23	$21.31	$22.61	**$24.08**
Avg amount paid per beneficiary[5]	$1,349.12	$1,363.61	$1,354.65	$1,410.97	**$1,516.48**
Avg number of claims per beneficiary	49.31	49.81	50.05	51.64	**55.11**
Avg ingredient cost paid per claim	$20.07	$20.14	$19.84	$20.12	**$20.42**
Avg professional fees paid per claim	$7.29	$7.24	$7.23	$7.21	**$7.10**
Avg amount paid per claim[5]	$27.36	$27.38	$27.07	$27.32	**$27.52**
Avg days' supply per claim	11.38	11.34	11.05	11.05	**10.82**

Table 10. Plan P (Palliative Care) expenditure from 2020/2021 to 2024/2025.

Plan S expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims (millions)	0.11	0.11	0.11	0.11	**0.11**
Number of beneficiaries	57,348	55,918	57,369	60,017	**59,316**
Ingredient costs paid (millions)	$9.12	$8.64	$8.54	$8.89	**$8.73**
Professional fees paid (millions)	$1.06	$1.04	$1.05	$1.10	**$1.09**
Total amount paid[5] (millions)	$10.18	$9.68	$9.59	$9.99	**$9.82**
Avg amount paid per beneficiary[5]	$177.53	$173.11	$167.18	$166.37	**$165.47**
Avg number of claims per beneficiary	1.89	1.91	1.88	1.88	**1.90**
Avg ingredient cost paid per claim	$84.09	$80.76	$79.40	$78.74	**$77.58**
Avg professional fees paid per claim	$9.79	$9.74	$9.74	$9.70	**$9.66**
Avg amount paid per claim[5]	$93.87	$90.50	$89.14	$88.44	**$87.24**
Avg days' supply per claim	27.59	27.35	27.45	27.35	**26.96**

Table 11. Plan S (Smoking Cessation) expenditure from 2020/2021 to 2024/2025.

Plan Z expenditures

	2020/2021	2021/2022	2022/2023	2023/2024	**2024/2025**
Number of claims	14,051	17,254	40,824	916,460	**1,040,808**
Number of beneficiaries	8,511	9,884	31,364	241,814	**235,833**
Ingredient costs paid (millions)	$2.77	$3.00	$5.40	$39.40	**$49.62**
Professional fees paid (millions)	$0.13	$0.15	$0.38	$8.89	**$10.09**
Total amount paid[5] (millions)	$2.90	$3.15	$5.78	$48.29	**$59.71**
Avg amount paid per beneficiary[5]	$340.83	$319.22	$184.09	$199.68	**$253.15**
Avg number of claims per beneficiary	1.65	1.75	1.30	3.79	**4.41**
Avg ingredient cost paid per claim	$197.40	$174.01	$132.18	$42.99	**$47.67**
Avg professional fees paid per claim	$9.05	$8.85	$9.25	$9.70	**$9.69**
Avg amount paid per claim[5]	$206.45	$182.86	$141.43	$52.69	**$57.36**
Avg days' supply per claim	1.20	1.32	3.31	37.52	**34.59**

Table 12. Plan Z (Assurance) expenditure from 2020/2021 to 2024/2025.

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 paying Paxlovid dispensing fees 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 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 expenditures 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]	**11,598**
Products dispensed in B.C., eligible for PharmaCare coverage[9]	**6,306**
Products that received PharmaCare reimbursement[10]	**6,135**

Table 13. Number of products covered by PharmaCare in 2024/2025.

Number of drugs or medical devices/supplies covered

Drugs or medical devices/supplies dispensed in B.C.[8]	**2,772**
Drugs or medical devices/supplies dispensed in B.C., eligible for PharmaCare coverage[9]	**1,128**
Drugs or medical devices/supplies that received PharmaCare reimbursement10	**1,103**

Table 14. Number of drugs or medical devices/supplies covered by PharmaCare in 2024/2025.

Formulary Expansion

In 2024/2025, PharmaCare added 191 generic drugs to the formulary and created 41 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 2024/2025, adalimumab, semaglutide, and vedolizumab were the drugs PharmaCare spent the most on, with adalimumab having the largest expenditure for any single drug ($63.23 million).

The annual growth rate in expenditures over the past 10 years for adalimumab was 1.2%.

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	**$63.23**
semaglutide	diabetes and obesity	**$62.80**
vedolizumab	ulcerative colitis and crohn's disease	**$60.69**
infliximab	rheumatoid arthritis, ankylosing spondylitis, crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	**$47.28**
morphine	pain	**$38.90**
sofosbuvir/velpatasvir	hepatitis C	**$34.47**
paliperidone palmitate	schizophrenia, other psychosis	**$33.39**
aripiprazole	schizophrenia, other psychosis	**$27.44**
methadone	opioid use disorder, pain	**$25.95**
risankizumab	psoriatic arthritis, crohn's disease, psoriasis, ulcerative colitis	**$24.68**

Table 15. Top 10 drugs by PharmaCare expenditure in 2024/2025.

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.

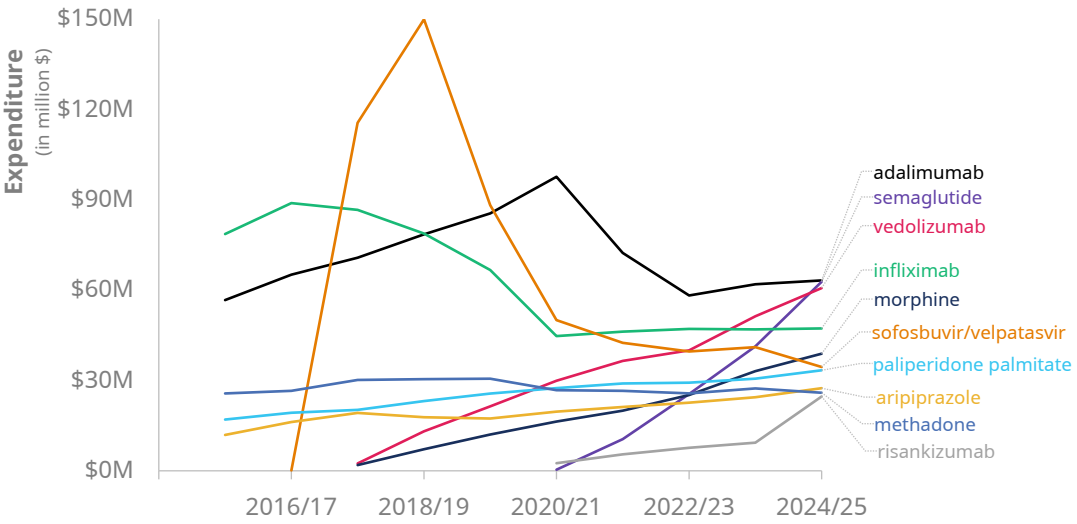

Figure 4. Trend in PharmaCare expenditures from 2015/2016 to 2024/2025 for the 10 drugs with the highest expenditure in 2024/2025.

Top 10 drugs by number of PharmaCare beneficiaries

Generic name	Typical usage	PharmaCare beneficiaries
rosuvastatin calcium	high cholesterol	**128,360**
amlodipine besylate	hypertension	**114,483**
atorvastatin calcium	high cholesterol	**108,107**
ramipril	hypertension	**106,266**
metformin hcl	diabetes	**98,335**
levothyroxine sodium	hypothyroidism	**92,425**
salbutamol sulphate	asthma and lung diseases	**89,776**
amoxicillin	bacterial infections	**88,168**
levonorgestrel	emergency contraception	**78,169**
gabapentin	seizures, nerve pain	**66,660**

Table 16. Top 10 drugs by number of PharmaCare beneficiaries in 2024/2025.

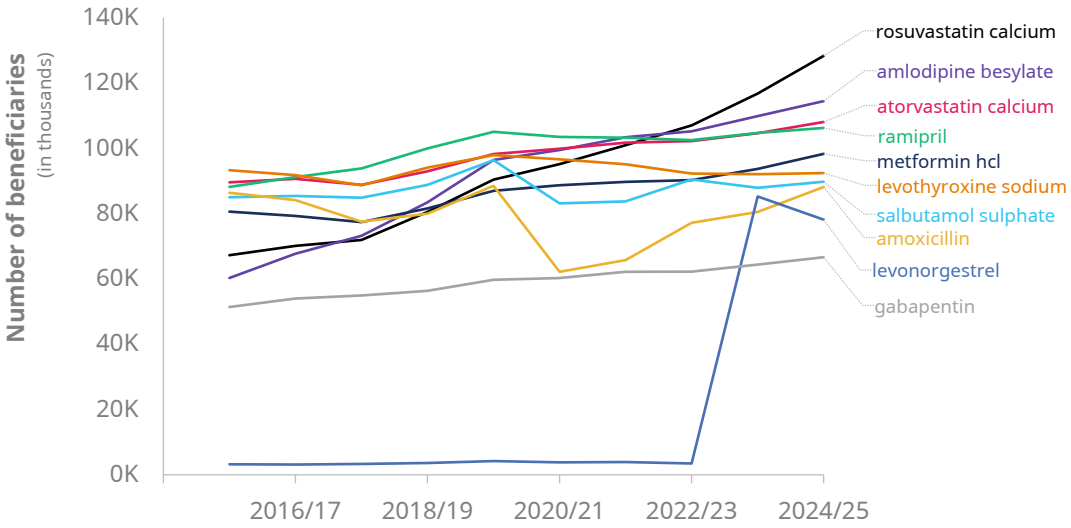

Figure 5. Trend in PharmaCare beneficiaries from 2015/2016 to 2024/2025 for the 10 drugs with the highest number of beneficiaries in 2024/2025.

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 beneficiaries was likely explained by contraceptives covered under Plan Z by PharmaCare starting April 1, 2023.

PharmaCare beneficiaries

A total of 1,030,157 B.C. residents (18.1% of the B.C. population) received PharmaCare benefits in 2024/2025. Since 2015/2016, 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. In comparison, the increase between 2023/2024 and 2024/2025 was 2.3%. The annual growth rate of the number of paid claims over the ten-year period was 4.6%.

Trend in PharmaCare beneficiaries and paid claims

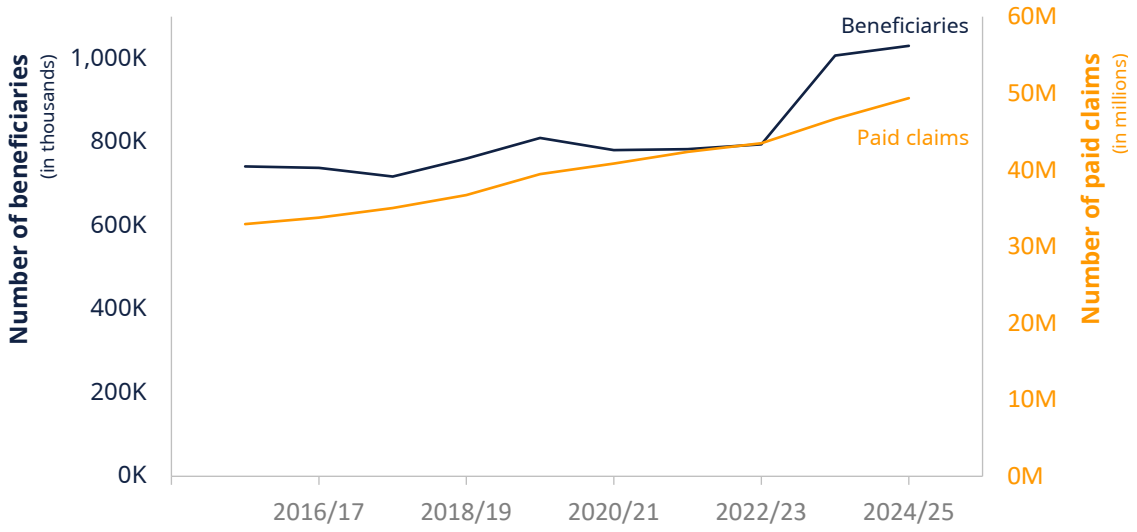

Figure 6. Trend in PharmaCare beneficiaries and paid claims from 2015/2016 to 2024/2025.

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

2024/2025 PharmaCare beneficiaries by age

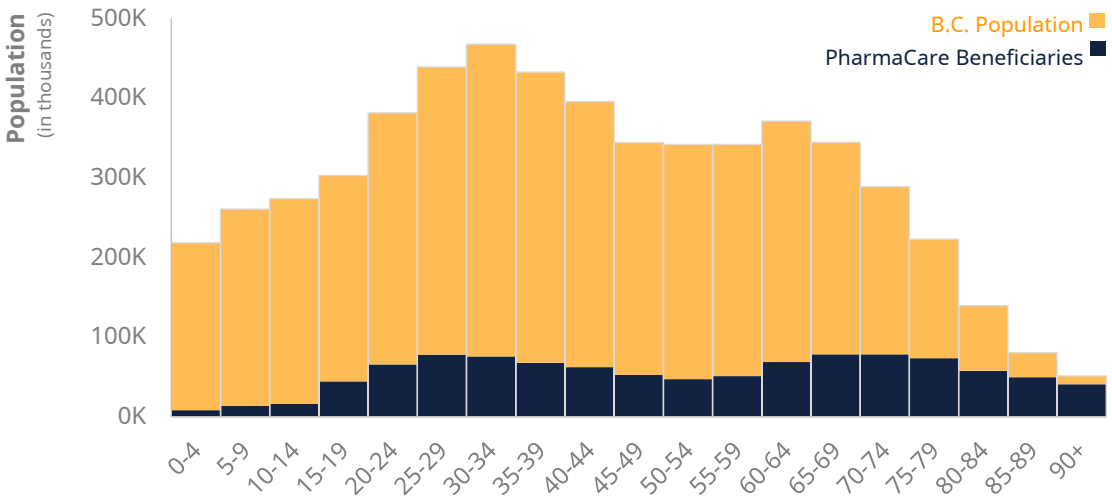

Figure 7. Distribution of B.C. population and PharmaCare beneficiaries by age in 2024/2025.

2024/2025 Average annual expenditure per beneficiary by age

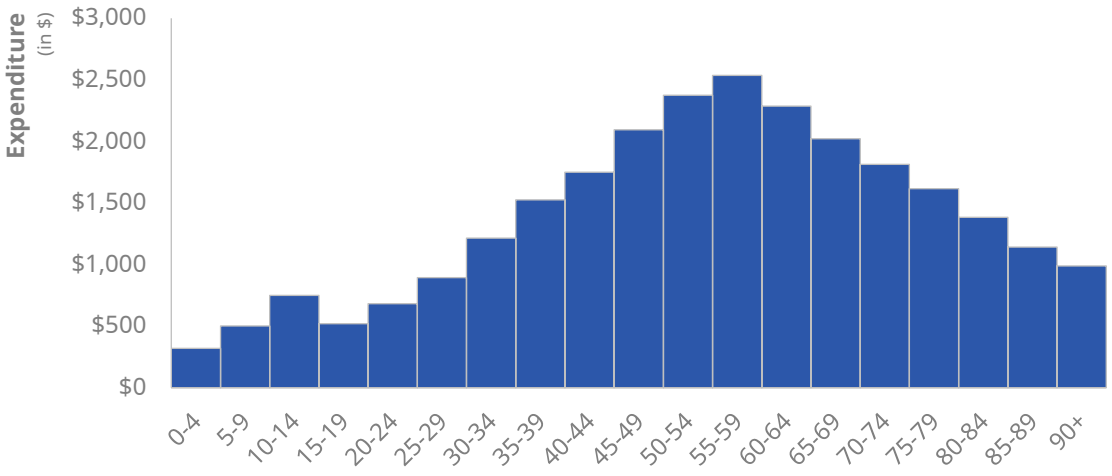

Figure 8. Distribution of the average annual PharmaCare expenditure per beneficiary by age in 2024/2025.

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 2024/2025 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	218,306	8,354	$319.04	**3.8%**
5-9	260,781	13,926	$501.51	**5.3%**
10-14	273,832	16,304	$749.43	**6.0%**
15-19	302,897	44,502	$519.50	**14.7%**
20-24	381,444	65,632	$681.60	**17.2%**
25-29	439,065	77,847	$894.44	**17.7%**
30-34	467,607	75,643	$1,214.55	**16.2%**
35-39	432,575	67,668	$1,525.00	**15.6%**
40-44	395,734	62,253	$1,750.36	**15.7%**
45-49	344,072	52,489	$2,094.84	**15.3%**
50-54	341,771	47,312	$2,375.33	**13.8%**
55-59	341,779	51,107	$2,536.05	**15.0%**
60-64	371,221	68,767	$2,287.13	**18.5%**
65-69	344,441	78,368	$2,021.10	**22.8%**
70-74	288,786	78,304	$1,814.07	**27.1%**
75-79	222,984	73,599	$1,616.00	**33.0%**
80-84	139,460	57,694	$1,383.56	**41.4%**
85-89	80,425	49,571	$1,141.77	**61.6%**
90+	51,250	40,817	$988.27	**79.6%**
Total	5,698,430	1,030,157	$1,522.82	**18.1%**

Table 17. PharmaCare beneficiaries and average annual expenditure by age group in 2024/2025.

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 July 16, 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 Heath 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