



National Prescription Drug Utilization Information
System Database—Plan Information: Summary of
Changes, July 1, 2012

The page features decorative wavy lines in grey and teal that flow across the background, framing the central content area.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

Introduction

This summary of changes to plan information, from June 2005 to July 2012, is provided for federal, provincial and territorial public drug benefit plans and programs for jurisdictions providing data to the National Prescription Drug Utilization Information System (NPDUIS) Database at the Canadian Institute for Health Information (CIHI).

The version of the NPDUIS plan information document in which the change was documented is included as the “report version.”

The current plan information document is the July 2012 version available at <http://www.cihi.ca/drugs> or from CIHI [Publications](#).

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Summary of Changes

British Columbia

Effective February 1, 2001: Palliative Care Program (Plan P) no longer required patients to be enrolled in the palliative care portion of home and community care.

(Report version: [January 2006](#))

Effective January 1, 2008: PharmaCare no longer reimburses prescription or medical supply costs paid before the date a family registers for Fair PharmaCare. These costs will count towards the Fair PharmaCare deductible and annual family maximum; however, costs above the deductible will not be reimbursed. (Report version: [January 2008](#))

Effective May 1, 2008: PharmaCare provides coverage for out-of-province travel supplies of medication up to the usual PharmaCare maximum days' supply for the drug.

(Report version: [July 2008](#))

Effective January 1, 2009:

Interim Policy—Pricing for New Multi-Source Generic Drugs: Where there is more than one source for a new generic drug, the ingredient cost paid by PharmaCare will be adjusted by a cost-reduction factor. The cost-reduction factor is specific to each generic drug and is equal to the difference between

- The new generic drug manufacturer's list price for the new generic drug; and
- Fifty percent of the brand name manufacturer's list price for the equivalent brand name drug, based on the average price for the last 12 months.

Interim Policy—Pharmacist Clinical Services Associated With Prescription Adaptation: Pharmacists will be reimbursed for prescription adaptation services, defined as

- Renewing a prescription;
- Changing the dose, formulation or regimen of a prescription to enhance patient outcomes; and
- Making a therapeutic drug substitution within the same therapeutic class.

For renewing and/or changing the dose, formulation or regimen of a prescription, pharmacists will be paid up to the maximum \$8.60 PharmaCare dispensing fee. For making a therapeutic drug substitution, pharmacists will be paid up to twice the maximum \$8.60 PharmaCare dispensing fee (that is, \$17.20).

These interim policies are part of an interim agreement between the Province of British Columbia and the BC Pharmacy Association, which expires on December 31, 2009. However, the parties have agreed to seek a longer-term agreement under which these, or similar, policies may continue.

(Report version: [July 2009](#))

British Columbia (cont'd)

Effective February 1, 2009:

The Frequency of Dispensing Policy limits the number of dispensing fees that PharmaCare pays for drugs dispensed in less than a 28-day supply:

- PharmaCare pays a maximum of three dispensing fees for drugs dispensed daily.
- PharmaCare pays a maximum of five dispensing fees for drugs dispensed in a 2- to 27-day supply.

(Report version: [July 2009](#))

Effective October 15, 2009: Regulatory changes expanded B.C. pharmacists' scope of practice to include the administration of vaccinations. Authorized pharmacists are paid \$10 for each publicly funded vaccination provided. (Report version: [July 2010](#))

Effective January 1, 2010: A transition agreement came into effect to bridge the period required to develop a long-term agreement to ensure the continuation of benefits specified in the interim policy. (Report version: [July 2010](#))

Effective January 1, 2010: PharmaCare pays all participating pharmacies a set amount for providing clinical services associated with prescription adaptation by a pharmacist for patients if the patient is a resident of British Columbia. Clinical services fees are paid whether or not the drug or the patient is covered by PharmaCare.

Fees are paid only for prescription adaptation as defined by the College of Pharmacists of BC Professional Practice Policy 58 (PPP-58). That is

1. Renewing a prescription.
2. Changing the dose, formulation or regimen of a prescription.
3. Making a therapeutic drug substitution within the same therapeutic class.

Effective July 28, 2010:

On July 7, 2010, a new agreement was signed between B.C.'s Ministry of Health, the BC Pharmacy Association (BCPhA) and the Canadian Association of Chain Drugstores (CACDS).

- Maximum reimbursable fee increases from \$8.60 to \$9.10.
- From July 28 to October 14, 2010, the cost reduction factor for new multiple-source generic drugs is the difference between
 - The manufacturer's list price for the drug; and
 - 42% of the manufacturer's list price for the equivalent brand drug.

Effective October 15, 2010:

- PharmaCare reimburses up to \$9.60 for dispensing fees.
- Capitation fees increase to \$43.75 for pharmacy services to residential care facilities.

British Columbia (cont'd)

- The maximum that PharmaCare reimburses for brand name and generic drugs eligible for PharmaCare coverage is the manufacturer's list price plus 8%.
- Introduction of "Full Payment" (no copayment) Policy. If a patient is receiving full PharmaCare coverage, a pharmacy is not permitted to collect directly from that patient any amount above the maximum drug price and maximum dispensing fee set by PharmaCare. This applies to patients covered under plans B, C, D, F, G and P and those that have reached the Fair PharmaCare family maximum.

(Report version: [January 2011](#))

- During the period October 15, 2010, to July 3, 2011, the Maximum Accepted List Price (MALP) for existing generics that are subject to the Low-Cost Alternative (LCA) policy is 50% of the brand list price as of January 1, 2010; the MALP for new generics that are subject to the LCA policy is 42% of the brand list price as of January 1, 2010.

(Report version: [July 2011](#))

Effective November 1, 2010: The Rural Incentive Program was enhanced to more fully support community-based pharmacy in rural B.C. The qualifying claim volume was increased from 750 to 1,700 and the subsidy to rural pharmacies increased as well. (Report version: [July 2011](#))

Effective April 1, 2011:

The B.C. Medication Review Services program was introduced with three types of review:

1. Medication Review—Standard (MR-S)
 2. Medication Review—Pharmacist Consultation (MR-PC)
 3. Medication Review—Follow-Up (MR-F)
- PharmaCare reimburses certain high-cost drugs eligible to a maximum price based on the manufacturer's list price plus a 5% markup.
 - The maximum amount that PharmaCare reimburses for prescription renewals and changes increases to \$10.00 from \$8.60. The fee for therapeutic substitution remains the same, at \$17.20.

(Report version: [July 2011](#))

Effective July 4, 2011:

- Dispensing fees that are covered by PharmaCare increase from \$9.60 to \$10.00.
- During the period from July 4, 2011, to April 2012, the MALP for every generic drug that is subject to the LCA policy is 40% of the brand list price as of January 1, 2010.

(Report version: [July 2011](#))

British Columbia (cont'd)

Effective September 30, 2011:

- The B.C. Smoking Cessation Program offers British Columbians nicotine replacement therapy (NRT) products (nicotine gum and patches) at no cost and smoking cessation prescription drugs as benefits under PharmaCare. The program covers two types of smoking cessation aids:
- Two prescription smoking cessation drugs, bupropion (brand name Zyban®) and varenicline (brand name Champix®)
 - Eligible non-prescription (over-the-counter) nicotine replacement therapy chewing gum or patches
- B.C. residents can get up to 12 continuous weeks (84 continuous days) of coverage for either one NRT product or one prescription drug once every calendar year (January 1 through December 31).

(Report version: [July 2012](#))

Effective April 1, 2012: Termination of the Pharmacy Services Agreement (PSA). Current PharmaCare policies will **not** change as a result of the PSA termination until further notice.

(Report version: [July 2012](#))

Effective April 2, 2012: The MALP that manufacturers can charge for generic low-cost alternative products is reduced to 35% of the equivalent brand product's list price.

(Report version: [July 2012](#))

Effective May 31, 2012:

- Royal assent of the *Pharmaceutical Services Act*.

(Report version: [July 2012](#))

Alberta

(Effective date unknown): Non-Group Coverage: Change to the income ranges for subsidized premiums: singles, less than \$17,450; family with no children, less than \$26,200; family with children, less than \$32,210. (Report version: [July 2008](#))

Effective April 1, 2009: The Rare Diseases Drug Program introduced to cover catastrophic drug costs for Albertans with extremely rare diseases resulting from genetic disorders.

(Report version: [July 2009](#))

Effective July 1, 2009: Non-Group premium and income ranges for subsidized premiums changed. The monthly premium for singles is \$41.00, subsidized to \$28.70 (for singles with incomes less than \$20,970). The family premium is \$82.00, subsidized to \$57.40 (for a family with no children with an income less than \$33,240 and a family with children with an income less than \$39,250). These changes are retroactive to 2006. (Report version: [July 2009](#))

Alberta (cont'd)

Effective July 1, 2010: Non-Group Coverage premiums were increased to make premiums comparable to those of employer and private plans. The monthly premium for singles is \$63.50, subsidized to \$44.45 (for singles with incomes less than \$20,970). The family premium is \$118.00, subsidized to \$82.60 (for a family with no children with an income less than \$33,240 and a family with children with an income less than \$39,250). (Report version: [July 2010](#))

The price for **existing** generic drugs is reduced to 56% of the brand price from April 2010. The price for new generic drugs is reduced to 45% of the brand price from April 2010. (Report version: [July 2011](#))

Effective July 1, 2012: The fixed price is further reduced to 35% of the brand price for both existing and new generic drugs. (Report version: [July 2012](#))

Saskatchewan

Effective December 1, 2005: The maximum dispensing fee increased to \$8.21 from \$7.97. (Report version: [September 2006](#))

Effective October 1, 2006: The maximum dispensing fee increased to \$8.46 from \$8.21.

Effective July 1, 2007:

- New Seniors' Drug Plan for residents age 65 or older: Seniors pay no more than \$15 per prescription for drugs listed under the Saskatchewan formulary. (Report version: [July 2007](#))
- The Workers' Health Benefits Program designed to help lower-income workers access health services was implemented. (Report version: [January 2008](#))
- The Saskatchewan Children's Insulin Pump Program was implemented. (Report version: [January 2008](#))

Effective October 1, 2007: The maximum dispensing fee increased to \$8.63 from \$8.46. (Report version: [July 2008](#))

Effective July 1, 2008:

- An income test component was introduced to the Seniors' Drug Plan. Saskatchewan residents who are age 65 or older with a reported income (line 236) that is less than the limit for the federal age credit (\$64,044 for 2006 or \$65,450 for 2007) will be eligible. Eligible seniors pay no more than \$15 per prescription for drugs listed in the Saskatchewan formulary or approved under Exception Drug Status (Maximum Allowable Cost [MAC] and LCA policies apply).
- The Children's Drug Plan is available to all Saskatchewan children age 14 or younger. The Children's Drug Plan will ensure that families pay a maximum of \$15 for drugs listed on the Saskatchewan formulary and for those approved under Exception Drug Status (MAC and LCA policies apply).

(Report version: [July 2008](#))

Saskatchewan (cont'd)

Effective March 19, 2008: The Saskatchewan Workers' Health Benefits Program was discontinued. Working adults without children who are currently enrolled and receiving benefits will maintain coverage until June 2010, if they continue to meet the original criteria. (Report version: [July 2008](#))

Effective August 1, 2009: The maximum dispensing fee increased from \$8.63 to \$9.15. (Report version: [July 2010](#))

Effective August 1, 2010: The maximum dispensing fee increased from \$9.15 to \$9.43. (Report version: [January 2011](#))

Effective March 4, 2011:

The Drug Plan and Extended Benefits Branch (DPEBB) will pay the following amount in Patient Assessment Fees (PAF) to community pharmacies:

\$6.00—Continuing existing prescriptions

- Patient requires interim supplies because remaining supplies will not be sufficient until the date of his/her next appointment with a practitioner.
- Maximum of FOUR (4) claims in a 28-day period per patient

OR

\$6.00—Continuing existing prescriptions

- Patient is unable to access his/her supplies due to distance or other reasons.
- Maximum of FOUR (4) claims in a 28-day period per patient

OR

\$6.00—Increasing suitability of drug

- Pharmacist may alter dosage form if more beneficial for the patient.
- Maximum of FOUR (4) claims in a 28-day period per patient

\$6.00—Insufficient information

- Pharmacist may alter missing information in order to dispense the drug.
- Maximum of ONE (1) claim in a 28-day period per patient

\$10.00—Continuing existing prescriptions

- Patient is in an emergency situation and requires supplies until he/she can consult a practitioner.
- Maximum of ONE (1) claim in a 28-day period per patient

Saskatchewan (cont'd)

\$25.00—Drug reconciliation

- Pharmacist may prescribe a drug to a patient recently discharged if the patient has not obtained a continuing prescription while in hospital, licensed special care home or personal care home. Pharmacist may prescribe a drug if the patient has been admitted to a hospital, licensed special care home or personal care home and the pharmacist determines that the patient should receive the drug.
- Maximum of ONE (1) claim in a 28-day period per patient

(Report version: [July 2011](#))

Effective April 1, 2011:

Changes to generic drug pricing and pharmacy reimbursement are as follows:

Phase 1—Effective April 1, 2011

- The first group of Standing Offer Contract (SOC) products expire.
- Products in these former SOC categories will transition to 35% of the brand name price.
- The price requirement for first entry generic drug submissions received after April 1, 2011, will be 40% of brand name.

Phase 2—Effective May 1, 2011

- A select group (priority listing) of existing generic drugs will be listed at 45% of brand name.
- The maximum dispensing fee will increase to \$9.85.

Phase 3—Effective June 1, 2011

- The price requirement for the remainder of existing generic drugs will be 45% of brand name.
- Changes to the wholesale markup and cap will be implemented.

Phase 4—Effective October 1, 2011

- Products in the second group of SOC categories expire.
- As SOC inventory is depleted in these categories, the price requirement will immediately transition to 35% of brand name.

Phase 5—Effective April 1, 2012

- Price requirement for all existing generic drugs will be 35% of brand name.
- Price requirement for first entry generic submissions received after April 1, 2012, will be 35% of brand name.
- The maximum dispensing fee will increase to \$10.25.

(Report version: [July 2011](#))

Effective May 1, 2011: The maximum dispensing fee increased from \$9.43 to \$9.85.

(Report version: [July 2011](#))

Saskatchewan (cont'd)

Effective June 1, 2011:

The following wholesale markups are in effect:

- Insulins—5%
- SOC products—6%
- Generic drugs—6%
- Most other drugs—8.5%

(Report version: [July 2012](#))

Effective March 21, 2012: The prescription cost for the Seniors' Drug Plan and the Children's Drug Plan has increased from \$15 to \$20. (Report version: [July 2012](#))

Effective April 1, 2012: The maximum dispensing fee has increased to \$10.25 from \$9.85. (Report version: [July 2012](#))

Manitoba

Effective April 1, 2006: Pharmacare deductible rates increased, from between 2.44% and 5.25%, to between 2.56% and 5.51%. (Report version: [September 2006](#))

Effective February 2, 2007: The Deductible Installment Payment Program for Pharmacare is a financing program that provides eligible Pharmacare beneficiaries with high monthly prescription drug costs (relative to their average monthly income) the opportunity to pay the annual deductible in monthly instalments. (Report version: [July 2008](#))

Effective April 1, 2008: Pharmacare deductible rates increased, from between 2.56% and 5.51%, to between 2.69% and 5.79%. (Report version: [July 2008](#))

Effective April 1, 2009: Manitoba's Pharmacare deductible rate structure changed to include more income brackets, allowing for a more gradual increase in deductibles. (Report version: [July 2009](#))

Effective January 1, 2011: The deductible rate increased from between 2.71% and 6.12% for 2010–2011 to between 2.73% and 6.17% for 2011–2012. (Report version: [July 2011](#))

Effective April 12, 2012: The deductible rate increased from between 2.73% and 6.17% for 2011–2012 to between 2.81% and 6.36% for 2012–2013. (Report version: [July 2012](#))

Ontario

Effective September 27, 2005: Limited-use prescription forms are no longer required from the physician. (Report version: [July 2009](#))

Effective October 1, 2006: The maximum dispensing fee was increased to \$7.00 from \$6.54. (Report version: [July 2007](#))

Effective October 23, 2006:

- The Ontario Public Drug Programs may enter into listing agreements with manufacturers.
- The price of a generic product must be no more than 50% of the corresponding brand product.

(Report version: [July 2009](#))

Effective March 2007: Cost-to-operator claims are restricted to cases where a pharmacy is unable to acquire an interchangeable generic product and must dispense the original product or an interchangeable generic product with a higher drug benefit price. (Report version: [July 2009](#))

Effective April 1, 2007: The markup paid on eligible Ontario Drug Benefit (ODB) claims was reduced from 10% to 8%. (Report version: [July 2007](#))

Effective April 2007: Introduction of professional allowance for a medication review program, MedsCheck. Residents of Ontario with three or more chronic conditions are eligible to receive annual MedsCheck reviews. Follow-up MedsCheck reviews were introduced in November 2007. (Report version: [July 2009](#))

Effective May 16, 2008: For limited-use prescriptions, reason for use codes can be handwritten on the prescription or provided electronically or verbally by the physician. (Report version: [July 2009](#))

Effective August 1, 2008: Changes in the conditions for payment of professional/dispensing fee. Dispensing fee shall be set at a maximum of two fees per medication per patient per month; exceptions are for patients in long-term care homes and/or drugs in exemption medication list. (Report version: [July 2009](#))

Effective November 27, 2008: The Exceptional Access Program introduced a telephone request service for selected drugs. (Report version: [July 2009](#))

Effective July 1, 2010:

- The price of multiple-source drugs must be no more than 25% of the price of the original brand product. This percentage has decreased from 50%.
- Higher dispensing fees for pharmacies, tiered dispensing fees for rural pharmacies.

(Report version: [July 2011](#))

Ontario (cont'd)

Effective September 2010: The MedsCheck program expanded to incorporate residents of licensed long-term care homes, all people in Ontario who are living with diabetes, as well as those who are homebound and not able to attend their community pharmacy for the service. (Report version: [July 2011](#))

Effective April 1, 2011: Dispensing fees for non-rural pharmacies increased to \$8.20 from \$7.00, and for rural pharmacies, they now range from \$9.20 to \$12.30. (Report version: [July 2011](#))

Effective September 1, 2011: A smoking cessation program has been implemented. (Report version: [July 2012](#))

Effective April 1, 2012: Dispensing fees for non-rural pharmacies increased to \$8.40 from \$8.20, and for rural pharmacies, they now range from \$9.45 to \$12.61. (Report version: [July 2012](#))

Effective April 1, 2012:

Interchangeable products that are supplied in the private market and designated as listed drug products under the *Ontario Drug Benefit Act* (ODBA) will be required to be priced at the same Drug Benefit Price (DBP) as set out under the ODBA (that is, priced at a maximum of 25% of the original product price). (Report version: [July 2012](#))

New Brunswick

Effective January 1, 2009: The dispensing fees were increased. (Report version: [July 2009](#))

Effective September 1, 2009: Increase in professional fees. (Report version: [January 2010](#))

Effective October 21, 2009: A new plan, Plan C (Influenza), came into effect. (Report version: [January 2010](#))

Effective March 31, 2010: The H1N1 program (Plan C) ended and dispensing the provincial pandemic supply of oseltamivir (Tamiflu), under the Provincial Antiviral Stockpile guidelines, stopped. (Report version: [July 2010](#))

Effective August 24, 2010: Plan I has been added for the seasonal influenza vaccine. NBPDP provides the adjudication of these claims for Public Health.

Effective November 2, 2010: Plan P has been added for tuberculosis drugs approved by Public Health for treatment of active TB. NBPDP provides the adjudication of these claims for Public Health.

New Brunswick (cont'd)

Effective April 1, 2011:

The dispensing fee for each eligible methadone claim is as follows:

- \$11.75—Effective April 1, 2011
- \$10.60—Effective June 1, 2011
- \$9.40—Effective September 1, 2011

(Report version: [July 2011](#))

Effective January 1, 2012: The maximum annual copay contribution for seniors receiving the Guaranteed Income Supplement (GIS) was increased to \$500 from \$250.

(Report version: [July 2012](#))

Effective June 1, 2012:

The dispensing fee for each prescription of an interchangeable drug is \$10.40. A pharmacy markup of 4% of the drug cost, to a maximum of \$50.00, will also be paid.

The dispensing fee for non-interchangeable drugs (including compounded methadone oral solution and Metadol™ oral solution) and extemporaneous preparations has been increased. No markup on drug cost will be paid to pharmacies.

The New Brunswick Prescription Drug Program (NBPDP) rural pharmacy incentive will pay an additional \$2 dispensing fee for each of the first 10,000 NBPDP prescriptions filled per fiscal year to qualifying pharmacies.

(Report version: [July 2012](#))

Nova Scotia

Effective January 1, 2006: Nova Scotia Diabetes Assistance Program (Plan D) was introduced. (Report version: [January 2006](#))

Effective April 1, 2004: The annual premium was increased to \$390 from \$360 for the Seniors' Pharmacare Program for people who do not receive the Guaranteed Income Supplement (GIS). The late entry premium penalty for seniors who do not join the program when they become eligible was reduced to five years. The penalty was previously for as long as they were in the program. (Report version: [January 2006](#))

(Effective date unknown): A 10% markup was implemented on injectable products and ostomy supplies. (Report version: [January 2006](#))

Effective April 1, 2006, to March 31, 2007: The professional fee and the ingredient cost for these fees were increased for all programs: For prescriptions with an ingredient cost of up to \$145 (was \$140), the maximum fee is \$10.42 (was \$10.12). For prescriptions with a drug ingredient cost of more than \$145 (was \$140), the maximum fee is \$15.64 (was \$15.18). (Report version: [September 2006](#))

Nova Scotia (cont'd)

Effective April 1, 2006: Seniors' Pharmacare Program: For people who do not receive the GIS, the premium was increased to \$400 a year. The annual maximum copayment increased to \$360 (was \$350). (Report version: [September 2006](#))

Effective April 1, 2007: The annual premium was increased to \$424 from \$400. The annual maximum copayment was increased to \$382 from \$360. (Report version: [January 2008](#))

Effective August 15, 2007:

- Drug costs for prescriptions will be eligible for a 0.5% markup.
- Professional fees for compounded prescriptions (except methadone) are \$15.63.

(Report version: [January 2008](#))

Effective March 1, 2008: Nova Scotia Family Pharmacare drug plan designed to help Nova Scotians with the cost of prescription drugs was introduced. The program offers protection against drug costs for families who have no drug coverage or if the cost of prescription drugs becomes a financial burden to them. The program is available to all Nova Scotians with a valid health card; there is no premium or fee to join the program. The annual out-of-pocket cost is capped at a percentage of family income. (Report version: [January 2008](#))

Effective April 1, 2008:

- The \$30 per prescription copayment maximum was eliminated under the Seniors' Pharmacare Program.
- The eligible pharmacy markup increased to 1% from 0.5%.

(Report version: [July 2008](#))

Effective April 1, 2009:

- The eligible pharmacy markup increased to 2% from 1%. (Report version: [July 2008](#))
- The copayment for the Seniors' Pharmacare Program (Plan S) decreased to 30% from 33%. (Report version: [July 2009](#))

Effective April 1, 2010:

Seniors' Pharmacare will cover up to 100 test strips per fiscal year for patients with diabetes not using insulin. Coverage for patients with type 1 and type 2 diabetes using insulin remains unaffected. (Report version: [July 2010](#))

Enrolment under the Diabetes Assistance Program ceased. New patients can choose to register in the Family Pharmacare Program.

Nova Scotia (cont'd)

Effective July 1, 2011:

A cap is set on the price of generic drugs, including generic drugs currently covered by Pharmacare and new ones, at a percentage of the equivalent brand name drug.

The cap will be phased in over a one-year period, as follows:

- July 1, 2011—45%
- January 1, 2012—40%
- July 1, 2012—35%

(Report version: [July 2011](#))

Effective July 1, 2011:

Period	Prescriptions for Drugs and Supplies	Pharmacare Reimbursement
July 1, 2011, to July 31, 2011	Ostomy supplies	AAC or, where applicable, MAC or Special MAC plus 10.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$10.73.
	Injectables (except insulin)	AAC or, where applicable, MAC or Special MAC plus 10.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$10.73.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$16.10.
	All other prescriptions for drugs or supplies	AAC or, where applicable, MAC, MAC less the Pharmacare Allowance, or Special MAC, plus 2.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$10.73.
August 1, 2011, to August 31, 2011	Ostomy supplies	AAC plus 10.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$10.73.
	Injectables (except insulin)	AAC or, where applicable, MRP or PRP, plus 10.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$10.73.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a maximum Pharmacare dispensing fee of \$16.10.
	All other prescriptions for drugs or supplies	AAC plus 2.0% (to a maximum of \$50 per prescription) or MRP or PRP plus 6.0% (to a maximum of \$50 per prescription), plus a Pharmacare dispensing fee of \$10.73.
September 1, 2011, to December 31, 2011	Ostomy supplies	AAC plus 10.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.10 and a maximum Pharmacare dispensing fee of \$10.73.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.10 and a maximum Pharmacare dispensing fee of \$16.10.

Nova Scotia (cont'd)

Effective July 1, 2011 (cont'd):

Period	Prescriptions for Drugs and Supplies	Pharmacare Reimbursement
September 1, 2011, to December 31, 2011 (cont'd)	All other prescriptions for drugs or supplies	MLP plus 10.5% (to a maximum of \$250 per prescription) including methadone, or MRP or PRP plus 6.0% (to a maximum of \$250 per prescription), plus a transition fee of \$0.10 and a maximum Pharmacare dispensing fee of \$10.73.
January 1, 2012, to March 31, 2012	Ostomy supplies	AAC plus 10.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.25 and a maximum Pharmacare dispensing fee of \$10.73.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.25 and a maximum Pharmacare dispensing fee of \$16.10.
	All other prescriptions for drugs or supplies	MLP plus 10.5% (to a maximum of \$250 per prescription) including methadone, or MRP or PRP plus 6.0% (to a maximum of \$250 per prescription), plus a transition fee of \$0.25 and a maximum Pharmacare dispensing fee of \$10.73.
April 1, 2012, to March 31, 2013	Ostomy supplies	AAC plus 10.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.75 and a maximum Pharmacare dispensing fee of \$10.90.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a transition fee of \$0.75 and a maximum Pharmacare dispensing fee of \$16.35.
	All other prescriptions for drugs or supplies	MLP plus 10.5% (to a maximum of \$250 per prescription) including methadone, or MRP or PRP plus 6.0% (to a maximum of \$250 per prescription) plus a transition fee of \$0.75 and a maximum Pharmacare dispensing fee of \$10.90.
April 1, 2013, to June 30, 2014	Ostomy supplies	AAC plus 10.0% (to a maximum of \$50 per prescription), plus a transition fee of \$1.05 and a maximum Pharmacare dispensing fee of \$11.05.
	Compounded extemporaneous products (except methadone and injectables)	AAC plus 2.0% (to a maximum of \$50 per prescription), plus a transition fee of \$1.05 and a maximum Pharmacare dispensing fee of \$16.58.
	All other prescriptions for drugs or supplies	MLP plus 10.5% (to a maximum of \$250 per prescription) including methadone, or MRP or PRP plus 6.0% (to a maximum of \$250 per prescription), plus a transition fee of \$1.05 and a maximum Pharmacare dispensing fee of \$11.05.

Note

For more information, please refer to www.gov.ns.ca/health/Pharmacare/info_pro/pharmacists_bulletins/pharma_bulletins/BA-Tariff-Agreement-July-2011.pdf.

(Report version: July 2012)

Nova Scotia (cont'd)

Effective September 1, 2011:

The Pharmacare Programs have developed three new professional services:

- Basic Medication Review Service (\$52.50)
- Therapeutic Substitution (\$26.25)
- Prescription Adaptation (\$14.00)

Advanced Medication Review: Maximum special services fee of \$150

(Report version: [July 2012](#))

Effective April 1, 2012:

Dispensing fees increased to \$16.35 from \$16.10 for compounded extemporaneous products (except methadone and injectables) and other prescriptions for drugs or supplies increased to \$10.90 from \$10.73.

(Report version: [July 2012](#))

Prince Edward Island

(Effective date unknown): Three new programs were added: the Erythropoietin Program, the High-Cost Drug Program and the Quit Smoking Program. The Multiple Sclerosis Program was incorporated into the High-Cost Drug Program. (Report version: [September 2006](#))

(Effective date unknown): The professional fees for the Financial Assistance, Diabetes, Sexually Transmitted Diseases (STD) and Quit Smoking programs were increased to \$7.50 from \$7.00. (Report version: [September 2006](#))

Effective 2005: The age restriction on the Phenylketonuria Program was removed. (Report version: [July 2009](#))

Effective November 1, 2007: The income range to qualify for the Family Health Benefit Program is as follows: For families with one child younger than age 18 or younger than age 25 and in full-time attendance at a post-secondary educational institution (such as university or community college), the net annual family income must be less than \$24,800, plus \$3,000 for each additional child. (Report version: [July 2008](#))

(Effective date unknown): The income ranges for the Family Health Benefits Plan (Plan F) were changed. Youth younger than age 25 and in full-time attendance at a post-secondary educational institution (such as university or community college) are also eligible for coverage under Plan F. (Report version: [July 2008](#))

Effective January 1, 2008: Professional fees were increased for the Financial Assistance, Diabetes, STD and Quit Smoking programs. (Report version: [July 2008](#))

Prince Edward Island (cont'd)

Effective April 1, 2008: The MAC list is now distributed on a monthly basis, instead of every six months. For cases where there is no MAC, the maximum markup portion of the calculation decreased from 13.5% to 13.0%. (Report version: [July 2008](#))

Effective November 14, 2008: Coverage for blood glucose test strips was added to the Diabetes Control Program for people using insulin. Cost is \$11 for a maximum of 100 strips every 30 days. (Report version: [July 2009](#))

Effective April 1, 2009: The professional fees for the Children in Care, Diabetes (oral medications and test strips only), Financial Assistance, Quit Smoking and STD programs increased from \$7.96 to \$8.20 for prescription drugs, from \$7.73 to \$7.96 for non-prescription drugs and from \$11.94 to \$12.30 for extemporaneous compounds. The drug surcharge for the Family Health Benefit, Nursing Home and Seniors' Drug Cost Assistance programs increased to 9.5% of the defined drug cost, to a maximum of \$60. The high-cost drug surcharge for multiple sclerosis drugs and other high-cost drugs is 7.5% of the defined drug cost, to a maximum of \$150. The monthly capitation fee for the Nursing Home Program increased from \$50.09 to \$51.99. (Report version: [July 2009](#))

Effective September 1, 2010: The Seniors' Drug Cost Assistance Program copayment decreased from \$11.00 to \$8.25. (Report version: [January 2011](#))

Newfoundland and Labrador

Effective January 31, 2007: The Access Plan focuses on providing assistance to low-income individuals and families who need help paying for their prescription medications. The program is available for families with children (age 18 or younger) with annual incomes of \$30,000 or less, couples (without children) with annual incomes of \$21,000 or less and single individuals with annual incomes of \$19,000 or less. (Report version: [July 2007](#))

Effective October 31, 2007:

The Assurance Plan provides financial support to residents for eligible high drug costs, either based on one drug or the combined cost of many drugs.

Individuals and families will have their annual out-of-pocket drug costs capped as per the following table:

Annual Net Income	Maximum Percentage of Net Income to Spend on Drug Costs
\$0–\$39,999	5%
\$40,000–\$74,999	7.5%
\$75,000–\$149,999	10%

For example, for a family with income of \$35,000 and annual drug costs of \$6,000, the maximum contribution per year would be 5% of the family's income, which is \$1,750 (5% x \$35,000). The program will use the following calculation to determine copay:

$$(35,000 \times 5\%) / \$6,000 = 29.17\%$$

Newfoundland and Labrador (cont'd)

Each time a prescription for an eligible benefit is filled, the family will pay 29.17% of the total cost of the prescription.

(Report version: [January 2008](#))

Effective July 10, 2007: Changes were made to the prescription cost components, professional and extemporaneous preparations fees and ingredient pricing policy. (Report version: [January 2008](#))

Effective January 1, 2008: The professional and extemporaneous preparations fees were increased. Changes apply until March 31, 2011. (Report version: [July 2008](#))

Effective August 1, 2010: The income ranges for the Access Plan were increased. The Access Plan focuses on providing assistance to low-income individuals and families who need help paying for their prescription medications. The program is available for families with children (age 18 or younger), including single parents, with annual incomes of \$42,870 or less; couples (without children) with annual incomes of \$30,009 or less; and single individuals with annual incomes of \$27,151 or less.

The following table gives examples of who is eligible and the degree of coverage received:

Single Individuals			Couples (No Children)			Families (With Children) (Includes Single Parents)		
Income Amount	Gov't Pays	Client Pays	Income Amount	Gov't Pays	Client Pays	Income Amount	Gov't Pays	Client Pays
Equal to or less than \$18,577	80.0%	20.0%	Equal to or less than \$21,435	80.0%	20.0%	Equal to or less than \$30,009	80.0%	20.0%
\$19,000	77.5%	22.5%	\$22,000	76.7%	23.3%	\$31,000	76.1%	23.9%
\$20,000	71.7%	28.3%	\$23,000	70.9%	29.1%	\$32,000	72.3%	27.7%
\$21,000	65.9%	34.1%	\$24,000	65.0%	35.0%	\$33,000	68.4%	31.6%
\$22,000	60.0%	40.0%	\$25,000	59.2%	40.8%	\$34,000	64.5%	35.5%
\$23,000	54.2%	45.8%	\$26,000	53.4%	46.6%	\$35,000	60.6%	39.4%
\$24,000	48.4%	51.6%	\$27,000	47.6%	52.4%	\$36,000	56.7%	43.3%
\$25,000	42.5%	57.5%	\$28,000	41.7%	58.3%	\$37,000	52.8%	47.2%
\$26,000	36.7%	63.3%	\$29,000	35.9%	64.1%	\$38,000	48.9%	51.1%
\$27,000	30.9%	69.1%	\$30,000	30.1%	69.9%	\$39,000	45.0%	55.0%
\$27,151	30.0%	70.0%	\$30,009	30.0%	70.0%	\$40,000	41.2%	58.8%
\$27,152 or higher	Not qualified	100.0%	\$30,010 or higher	Not qualified	100.0%	\$41,000	37.3%	62.7%
						\$42,000	33.4%	66.6%
						\$42,870	30.0%	70.0%
						\$42,871 or higher	Not qualified	100.0%

(Report version: [January 2011](#))

Newfoundland and Labrador (cont'd)

Effective April 1, 2012: The professional fee for the Foundation Plan, Access Plan and Assurance Plan increased to \$8.25 from \$7.15, retroactive to April 1, 2011.

(Report version: [July 2012](#))

Effective April 16, 2012:

The professional fee for the Foundation Plan, Access Plan and Assurance Plan changed to

- \$10.90—for drug costs between \$0 and \$49.99
- \$21.95—for drug costs between \$50.00 and \$249.99
- \$49.85—for drug costs of \$250.00+

These fees will remain in effect until March 31, 2013.

The professional fee for the 65Plus Plan changed to

- \$10.90—for drug costs between \$0 and \$249.99
- \$39.59—for drug costs of \$250.00+

No surcharge can be applied to the prescription cost under any NLPDP Plan (that is, neither NLPDP nor client can be billed or charged a surcharge).

Seniors will pay a copay not to exceed \$6 per prescription. Pharmacies with fees of less than \$6 can charge seniors the full amount of their fee.

Cognitive Services:

- Refusal to fill:
Pharmacies may bill up to the maximum dispensing fee of up to double the base dispensing fee of \$10.90.
- Medication management:
Pharmacies may bill up to the maximum dispensing fee of \$10.90 (the base dispensing fee)
- Medication review:
The new agreement allows for payment for medication review as a cognitive service.
Pharmacies may bill \$52.50 (48 times per year)

(Report version: [July 2012](#))

Yukon

(Effective date unknown): The deductible for the Children's Drug and Optical Program may be waived or reduced, depending on income. (Report version: [January 2006](#))

Health Canada—First Nations and Inuit Health Branch

Effective September 9, 2008: Changes were made to the Non-Insured Health Benefits (NIHB) Short-Term Dispensing Policy. Prescriptions for most chronic medications should be refilled no sooner than every 28 days. NIHB will reduce the professional fee on most chronic medications that are dispensed fewer than 28 days apart. (Report version: [July 2010](#))

Public Drug Program Websites

For current and more detailed information regarding specific federal, provincial or territorial drug programs:

British Columbia PharmaCare

www.health.gov.bc.ca/pharmacare

Alberta Prescription Drug Program

<http://www.health.alberta.ca/services/prescription-program.html>

Saskatchewan Drug Plan

<http://formulary.drugplan.health.gov.sk.ca>

Manitoba Pharmacare Program

www.gov.mb.ca/health/pharmacare/index.html

Ontario Drug Benefit Program

<http://www.health.gov.on.ca/en/public/programs/drugs/default.aspx>

New Brunswick Prescription Drug Program

www.gnb.ca/0212/intro-e.asp

Nova Scotia Pharmacare

<http://www.gov.ns.ca/health/pharmacare/>

Prince Edward Island Pharmacy Services

www.gov.pe.ca/sss/index.php3?number=1026179&lang=E

Newfoundland and Labrador Prescription Drug Program

www.health.gov.nl.ca/health/prescription/index.html

Yukon Pharmacare

www.hss.gov.yk.ca/pharmacare.php

Health Canada—First Nations and Inuit Health Branch

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php

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