



Saskatchewan
Health

Annual Statistical Report 1999-00

Saskatchewan Health

Drug Plan and Extended
Benefits Branch

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 1999-00. It contains statistical data concerning the programs administered by the Drug Plan and Extended Benefits Branch, including the Drug Plan, Supplementary Health Program, Family Health Benefits and Saskatchewan Aids to Independent Living.

Comments or questions concerning the material in this document may be addressed to:

Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Contents

Mission Statement	2
Eligibility for Coverage	3
Highlights for 1999-00	4
The Drug Plan	6
Background	6
History of Deductibles	7
Objectives	8
Types of Drug Plan Coverage	9
Drugs Covered by the Drug Plan	18
Saskatchewan Formulary Process	19
Encouraging Appropriate Drug Use.....	21
Pharmacy Claims Processing	22
Formulary and EDS Drug Utilization 1999-00	23
1999-00 Utilization Trends	37
Supplementary Health & Family Health Benefits	42
Background	42
Objectives	43
Eligible Beneficiaries.....	43
Saskatchewan Aids to Independent Living (SAIL)	52
Background	52
Eligible Beneficiaries	53
Objectives	53

Tables and Figures

Figure 1	Prescriptions Dispensed by Age Groups, Eligible and Active Beneficiaries	23
Figure 2	Prescriptions Volume by Pharmacologic - Therapeutic Classification	32
Table 1	Prescription Use and Drug Plan Payment	8
Table 2	Prescription Drug Utilization by Age and Sex of Active Beneficiary	24
Table 3	Prescription Drug Utilization by Over/Under 65	26
Table 4	Prescription Cost to Families Approved Under Special Support Program	28
Table 5	Prescription Cost to Families Exempt from paying a Deductible	29
Table 6	Prescription Cost to Families Who First Paid Full Cost up to a Deductible	30
Table 7	Prescriptions by Pharmacologic - Therapeutic Classification	31
Table 8	Pharmacies by Location	33
Table 9	Pharmacies by Type of Ownership	33
Table 10	Drug Acquisition Cost by Manufacturer	34
Table 11	Prescription Drug Utilization Trend by Age of Active Beneficiary	38
Table 12	Prescription Trend by Pharmacologic - Therapeutic Classification	40
Table 13	Prescription Drug Plan Payments Summary	41
Table 14	Supplementary Health Program & Family Health Benefits Payments.....	45
Table 15	Caseloads and SAIL Payments	53
Table 16	Special Needs Equipment Program – Loans	59
Table 17	Special Needs Equipment Program – Repairs	59
Table 18	Orthopaedic Services – Appliances Issued.....	60
Table 19	Orthopaedic Services – Appliances Repaired.....	60

Drug Plan & Extended Benefits Branch

The Drug Plan and Extended Benefits Branch was formed on April 1, 1996 by amalgamating the Drug Plan program, the Supplementary Health program, the Saskatchewan Aids to Independent Living program, and the Income testing for Special Care Homes.

MISSION STATEMENT

Drug Plan and Extended Benefits Branch provides benefits to the eligible Saskatchewan population by:

- promoting optimal, cost-effective drug therapy and extended benefits
- subsidizing qualifying residents and
- facilitating the use of the database

The following kinds of activities contribute to achieving the Mission:

- leading policy development on Drug Plan, SAIL, Supplementary Health and Family Health Benefits related issues
- providing Drug Plan benefits to the eligible Saskatchewan population
- providing non-insured health benefits to residents nominated for Supplementary Health benefits by Saskatchewan Social Services, and for residents receiving Family Health Benefits
- providing Saskatchewan Aids to Independent Living (SAIL) Program benefits to eligible residents
- administering, on behalf of Health Districts, income tested resident charges for residents of Special Care Homes
- providing case management services in appropriate areas
- improving program delivery and accountability to the public and the Legislature through trends analysis and annual statistical reports
- providing funds for various initiatives that encourage appropriate use of drugs, e.g. Community Drug Utilization Program
- using the claims paid database for various studies to promote appropriate use of drugs

Eligibility for Coverage

Drug Plan

Eligible

All Saskatchewan residents with valid Saskatchewan Health coverage unless coverage is provided by another federal or provincial government or non-government agency.

Active beneficiaries

A resident of Saskatchewan who received an eligible prescription.

Not Eligible

Beneficiaries eligible under the Medical Services Division of Indian Health Canada, Department of Veteran Affairs, Royal Canadian Mounted Police, Canadian Forces, Workers' Compensation, and Federal Penitentiary.

Supplementary Health

Eligible

People nominated for coverage by Saskatchewan Social Services, inmates of correctional institutions, nominated seniors in special care homes or hospitals whose incomes are below the Saskatchewan Income Plan level and Saskatchewan Income Plan recipients living in the community.

Family Health Benefits

Eligible

Families who receive the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement.

Saskatchewan Aids to Independent Living (SAIL)

Eligible

People with long term disabilities or illnesses, which leave them unable to function fully, may receive specialized benefits to help them achieve more independent and active lifestyles.

Saskatchewan residents with valid Saskatchewan Health coverage.

Not Eligible

Beneficiaries eligible under departments or agencies of the Government of Canada, the Workers' Compensation Board, Saskatchewan Government Insurance, or are residents of general, rehabilitation or extended care hospitals.

Highlights for 1999-2000

Drug Plan

- One in every four families that received a prescription received a financial benefit.
- At June 30, 1999, a total of 950,653 individuals, representing approximately 522,308 family units were eligible to receive Drug Plan benefits.
- A total of 633,259 individual beneficiaries representing 433,820 family units, purchased eligible prescriptions. This represents 67.0% of eligible individuals.
- Tendering of certain high volume interchangeable drug groups helped to keep Formulary drug prices low. Estimated savings for Saskatchewan residents and the Drug Plan in 1999-2000 were approximately \$13.6M.
- Terminally ill patients covered under the Palliative Care Program received 64,040 prescriptions at no charge. The Drug Plan payment for Palliative Care was \$2.9 million.
- **The Special Support Program:**
 - helped 38,912 families (65% were senior families)
 - provided benefits in the amount of \$41.7 million
 - dispensed an average of 35.1 prescriptions to each active beneficiary
 - dispensed an average of 48.2 prescriptions to each family unit
 - assisted on average 65.4% of the total prescription costs.
- **Active beneficiaries not subject to a deductible:**
 - helped 60,043 families
 - provided benefits of \$32.4 million
 - dispensed an average of 10.9 prescriptions to each active beneficiary
 - dispensed an average of 15.1 prescriptions to each family unit
 - assisted on average 98.1% of the total prescription costs.
- **Active beneficiaries who are subject to a deductible and a co-payment:**
 - provided benefits of \$11.2 million
 - dispensed an average of 8.5 prescriptions to each active beneficiary
 - dispensed an average of 12.6 prescriptions to each family unit
 - assisted on average 10.4% of the total prescription costs.
- **Drug claims processed for Formulary and Exception Drug Status drugs:**
 - processed 7.0 million prescriptions during April 1/99 to March 31/00
 - provided benefits in the amount of \$85.4 million
 - average drug acquisition cost per prescription was \$20.97
 - average mark-up paid to pharmacies was \$2.23
 - average dispensing fee paid to pharmacies was \$6.02.

Supplementary Health

- The average number of eligible beneficiaries under the program was 57,286.
- Net payments for the program were \$12.75 million during the fiscal 12-month period.
- Program expenditures per beneficiary rose from \$156.61 in 1997-98 to \$222.52 in 1999-00. These figures do not include Formulary Drugs (covered by the Drug Plan).

Family Health Benefit Program (Implemented August 1, 1998)

- The number of eligible beneficiaries under the program in March 2000 was 71,403 (31,311 adults and 40,092 children). The number of eligible families was 21,007.
- Net payments for the program were \$4.49 million from April 1, 1999 to March 31, 2000. These figures do not include Formulary Drugs (covered by the Drug Plan).

Saskatchewan Aids to Independent Living (SAIL)

- The number of caseloads was 6,810 in 1999-00, an increase of 424 over the previous year.
- Net payments during the 12-month period were \$1.95 million for Orthopaedic services and \$2.97 million for Special Needs Equipment.
- The SAIL Oxygen program was changed in 1996-97 to provide benefits according to medical criteria. The program cost in 1999-00 was \$7.1 million compared to \$8.9 million in 1995-96.
- Net payments for approved beneficiaries were \$5.35 million for non-formulary drugs and \$0.6 million for ostomy supplies in the fiscal 12-month period.
- A total 4,611 orthopaedic issues were made in 1999-00, a slight decrease of 202 from the previous year. The number of repairs was 3,374, an increase of 333 over the previous year.
- A total 28,273 wheelchairs and other special needs equipment aids were loaned to beneficiaries in 1999-00, an increase of 448 over the previous year. The number of needs equipment repairs was 3,810, a decrease of 457 over the previous year, but an increase of 1,821 over 1997-98.

The Drug Plan

Background

- Enabling legislation for the Drug Plan, The Prescription Drugs Act was assented to on May 10, 1974.
- The Drug Plan began providing benefits on September 1, 1975. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug. During the first full year, \$14.9 million was paid in benefits; the average prescription cost was \$6.04; and the average consumer share was \$1.96 per prescription.
- On July 1, 1987, a mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.
- On July 1, 1987, the Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.
- On July 1, 1987, Palliative Care coverage was introduced.
- On January 1, 1989, Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication on-line real time.
- On January 1, 1989, eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.
- On March 8, 1991, beneficiaries in Special Care Homes who previously paid a maximum \$3.95 for each prescription, became part of the deductible plan.
- On July 1, 1991, the coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group is covered only up to lowest listed price in the group.
- In October 1997, implemented a Managed Care Fee for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.
- In December 1997, the Task Force on High Cost Drugs was appointed to determine improvements that would be appropriate to the way government evaluates new pharmaceuticals such as bringing greater transparency to the process; review the implications of providing new drugs in the scope of the Saskatchewan Prescription Drug Plan; and identify actions Saskatchewan should take at the federal, provincial and territorial level, including approaches to a National Pharmacare Program.

-
- In August 1999, implemented a Trial Prescription Program.

* Refers to *History of Deductibles*.

History of Deductibles:

- **July 1, 1987**
 - Annual deductible of \$125 (regular family), then a co-payment of 20%.
 - Annual deductible of \$75 (senior family), then a co-payment of 20%.
 - Annual deductible of \$50 (single senior), then a co-payment of 20%.
- **March 8, 1991**
 - Annual deductibles as above (1987), then a co-payment of 25%.
 - Residents of Special Care Homes became part of the deductible program.
- **May 19, 1992**
 - Semi-annual deductible of \$190 (regular family), then a co-payment of 35% to a \$375 maximum, then 10% co-payment.
 - Single Senior and Senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a \$375 maximum, then 10% co-payment.
- **March 19, 1993**
 - Families became eligible for the Special Support program, where the co-payment is determined based on family income. Co-payment is set based on the relation between family income and eligible drug cost.
 - Family Income Plan recipients, Saskatchewan Income Plan recipients, and Guaranteed Income Supplement recipients in special care homes, a semi-annual deductible of \$100 then a co-payment of 35%.
 - All other Guaranteed Income Supplement recipients, a semi-annual deductible of \$200 then a co-payment of 35%.
 - All other family units subject to a deductible and not approved for Special Support, a semi-annual deductible of \$850, then a co-payment of 35%.
- **December 1, 1997**
 - The \$50,000 family income cap for the Special Support program was removed.
- **August 1, 1998**
 - The Family Health Benefits program was introduced to replace the Family Income Plan, adults a semi-annual deductible of \$100 then a co-payment of 35%, and children no charge.

OBJECTIVES

The Drug Plan has been established to:

- provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness;
- reduce the direct cost of prescription drugs to Saskatchewan residents;
- reduce the cost of drug materials;
- encourage the rational use of prescription drugs.

Table 1 - Prescription Use & Drug Plan Payment

Type of Beneficiary	Active Beneficiaries ¹	Number of Prescriptions ²	%	Total Drug Plan Payment ³	%
April 1999 - March 2000					
Saskatchewan Assistance Plan Recipients					
-Prescription Charge Subsidized, (Plan One)	23,966	305,826	4.4	\$ 9,600,429	11.2
-Prescription Charge Fully Covered					
Special Drugs for Plan One	2,632	35,911	0.5	964,481	1.1
Plan One Dependents to Age 18	12,468	56,768	0.8	1,161,425	1.4
Plans Two and Three	9,369	241,250	3.4	6,887,839	8.1
Special Beneficiaries					
-Paraplegics	1,283	35,822	0.5	1,169,958	1.4
-Cystic Fibrosis	92	2,269	0.0	495,564	0.6
-Chronic Renal Disease	633	37,849	0.5	2,420,227	2.8
-Others for Certain Drugs ⁴	1,438	21,763	0.3	4,533,808	5.3
Family Health Benefits					
-Children	28,749	105,314	1.5	2,283,312	2.7
-Adults	20,868	105,649	1.5	648,714	0.8
Palliative Care	2,387	64,040	0.9	2,918,560	3.4
Emergency Assistance	148	829	0.0	17,479	0.0
Special Support	53,361	1,873,827	26.7	41,723,584	48.9
Income Supplement Recipients					
-Saskatchewan Income Plan	7,684	151,685	2.2	1,606,705	1.9
-Guaranteed Income Supplement					
Special Care Home	2,339	76,807	1.1	860,201	1.0
Community	22,418	385,567	5.5	2,924,802	3.4
Regular Deductible Program	<u>443,424</u>	<u>3,513,404</u>	50.1	<u>5,151,608</u>	6.0
Total	633,259	7,014,580	100.0	\$ 85,368,696	100.0

1 Active Beneficiaries are more than in other tables as a beneficiary can appear in more than one type in the same year.

2 Refers to Formulary and Exception Drug Status drugs.

3 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

4 Prescriptions for certain drugs have been restated to show under Special Beneficiaries to conform with co-payments policies established when approving coverage of new high cost MS drugs.

Types of Drug Plan Coverage

1. Saskatchewan Assistance Plan Coverage

Residents receiving benefits through the Saskatchewan Assistance Plan (SAP) are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

a. Plan One

Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of \$2.00, for all Formulary and approved Exception Drug Status drugs.

Dependents under 18 years of age are entitled to receive the above benefits at no charge.

b. Plan Two

Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients at no charge.

Plan Two coverage is provided to assist Plan One beneficiaries who require several drugs on a regular long-term basis. Eligibility for Plan Two coverage is determined on the basis of a physician's review of medication requirements, and application to the Drug Plan and Extended Benefits Branch.

c. Plan Three

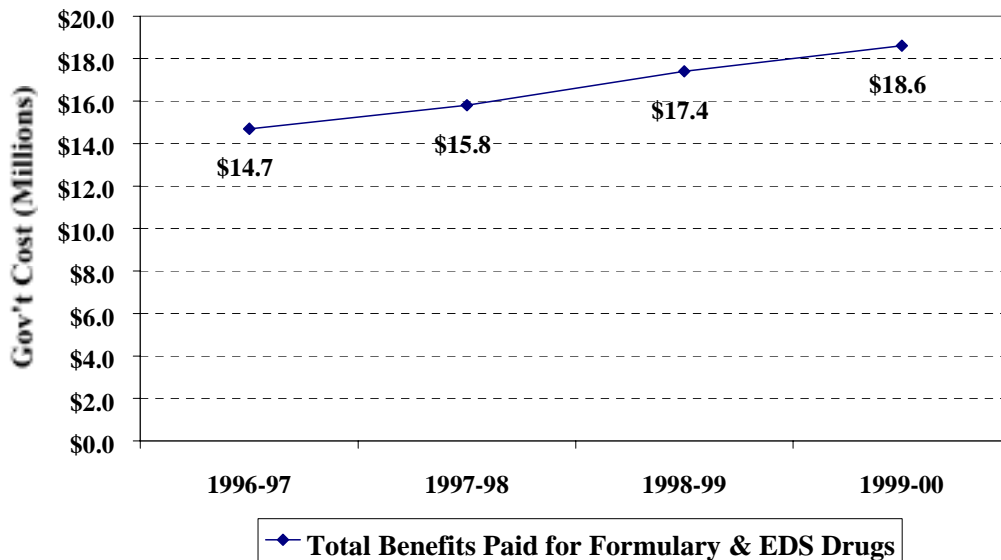
Plan Three beneficiaries are entitled to receive all Formulary drugs and certain non-Formulary drugs at no charge. Supplementary Health covers the cost of certain non-Formulary drugs and the cost of megavitamins and allergenic extracts for Plan One and Plan Two beneficiaries.

Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial jails.

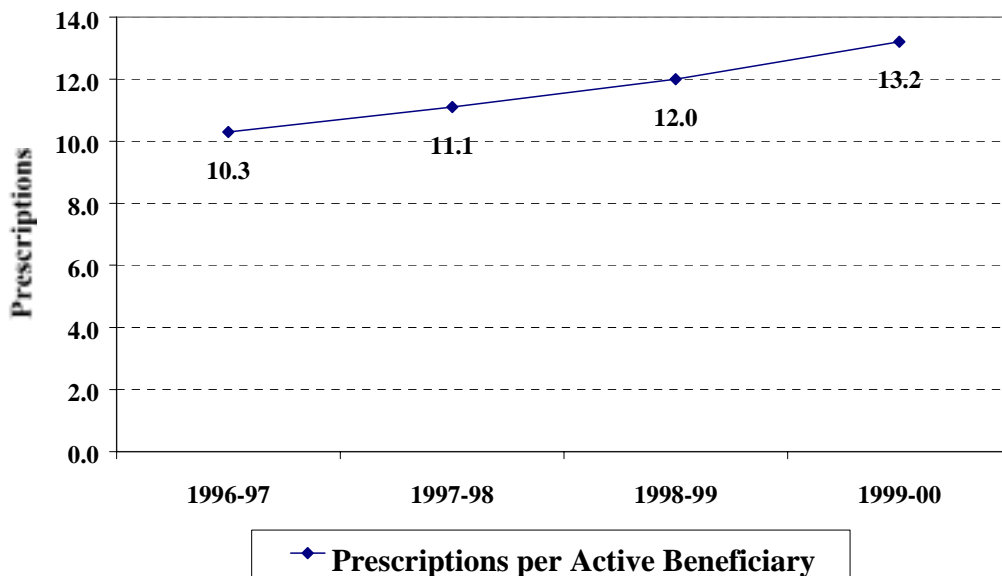
Saskatchewan Assistance Plan Coverage (Continued)

	<u>1996-97</u>	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>
Number of SAP				
Active Beneficiaries	57,134	54,666	51,797	48,435

Saskatchewan Assistance Plan Drug Coverage



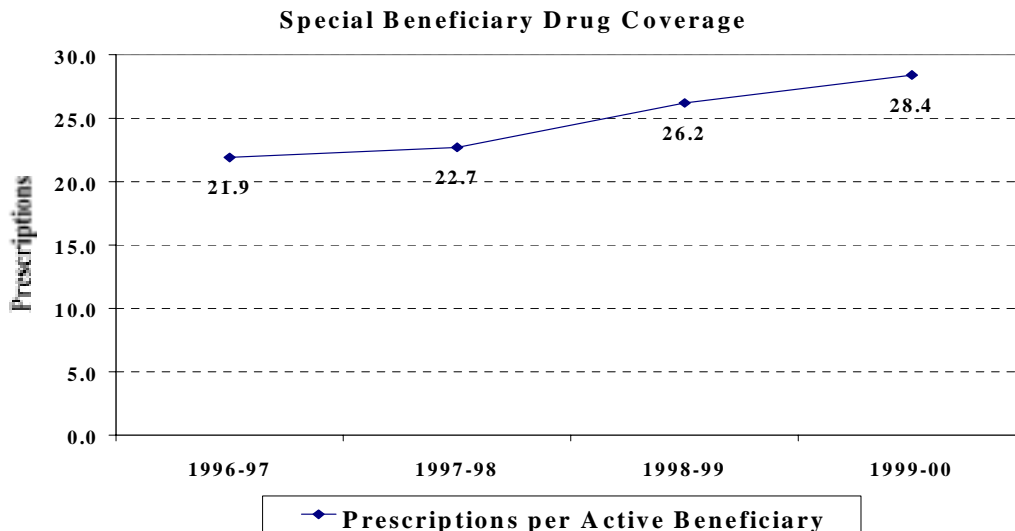
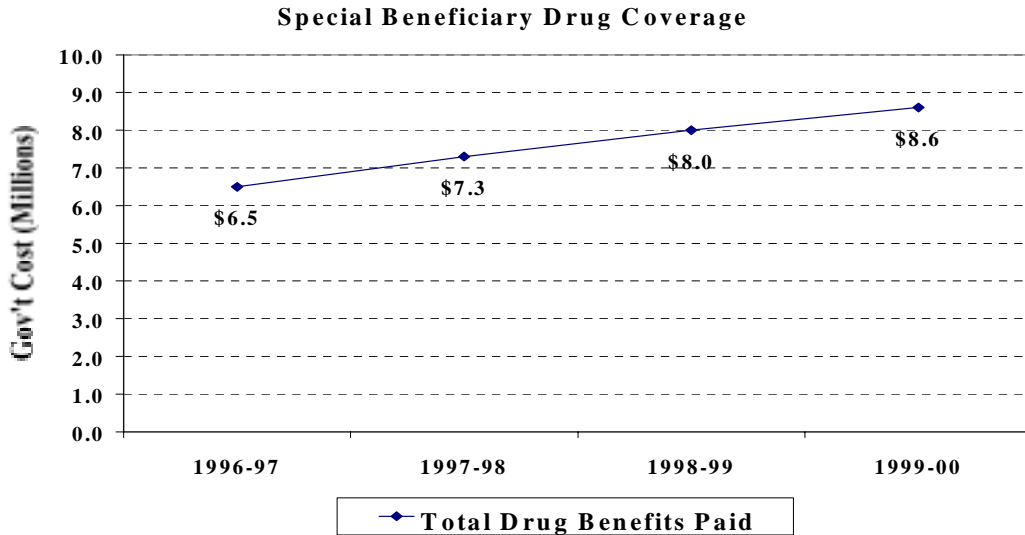
Saskatchewan Assistance Plan Drug Coverage



2. Special Beneficiaries

Special Beneficiaries include persons under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no charge high cost drugs. These beneficiaries are entitled to receive certain non-Formulary drugs, Exception Drug Status drugs, and all prescribed Formulary drugs at no charge under the Drug Plan.

	<u>1996-97</u>	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>
Number of Active Beneficiaries	3,154	3,318	3,234	3,446

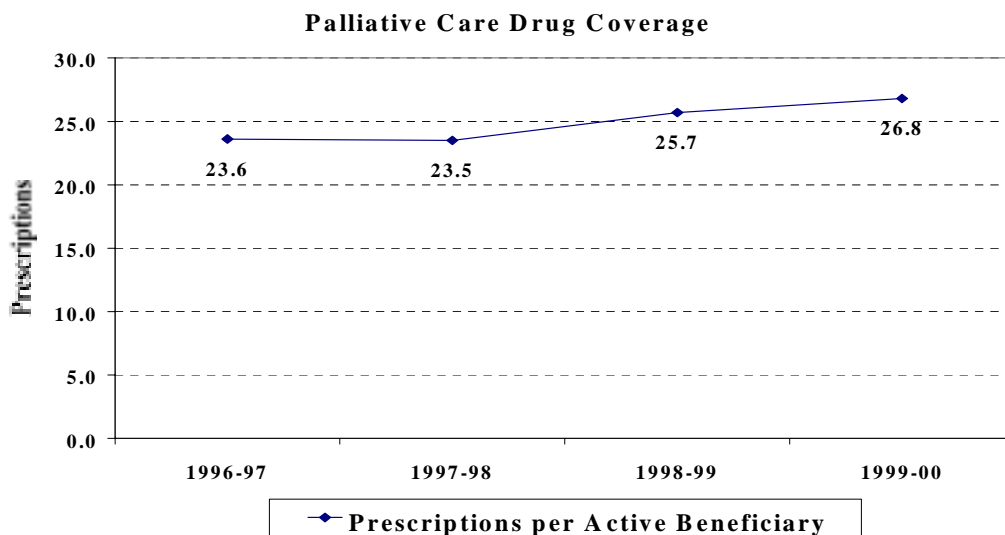
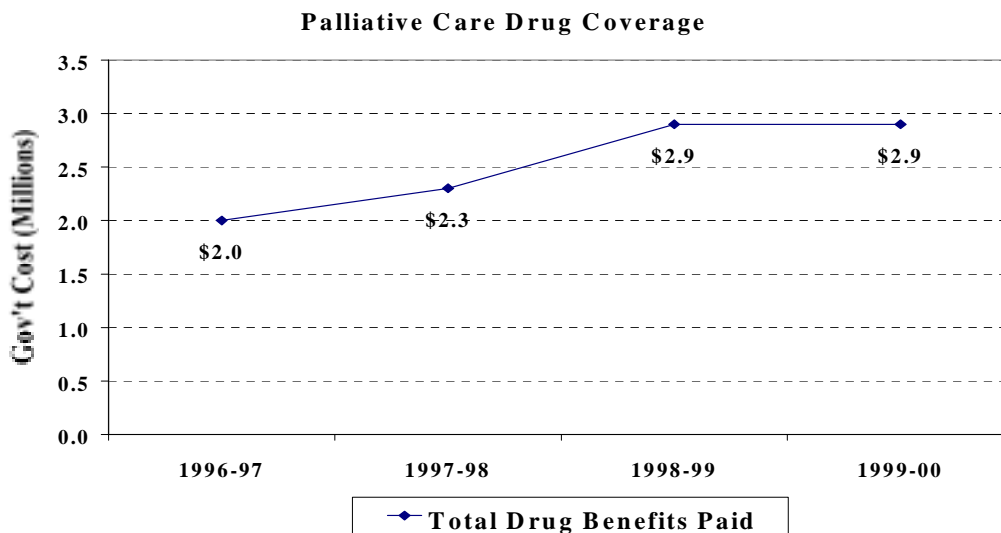


3. Palliative Care Coverage

Persons in late stages of terminal illness are entitled to receive at no cost:

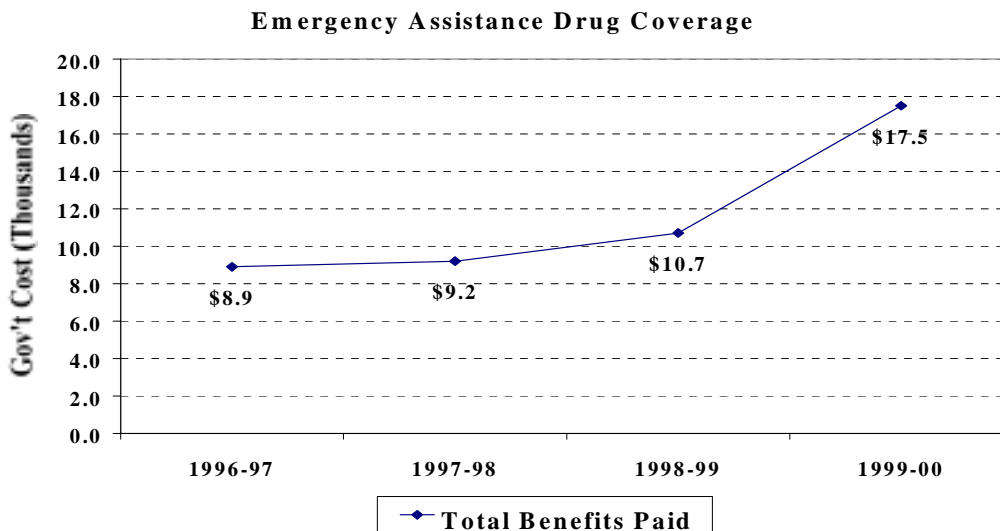
- regular Formulary drugs;
- EDS drugs where prior approval has been granted;
- most laxatives.

	<u>1996-97</u>	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>
Number of Active Beneficiaries	1,915	2,149	2,281	2,387



4. Emergency Assistance

Residents who require immediate treatment with covered prescription drugs and who are unable to cover the cost, may access emergency assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. The level of assistance provided will be in accordance with the consumer's ability to pay. Emergency assistance is available on one occasion, after which the beneficiary is then encouraged to apply for Special Support.



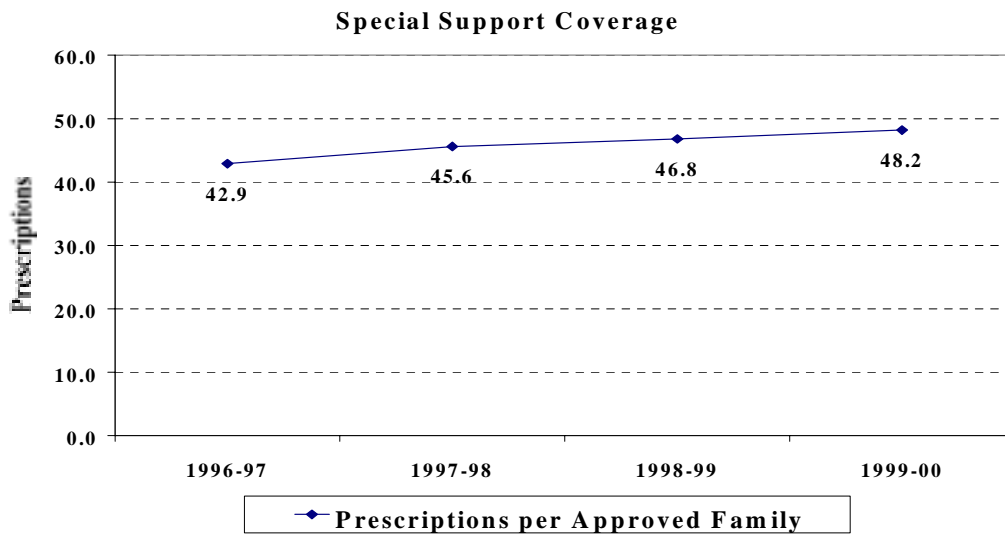
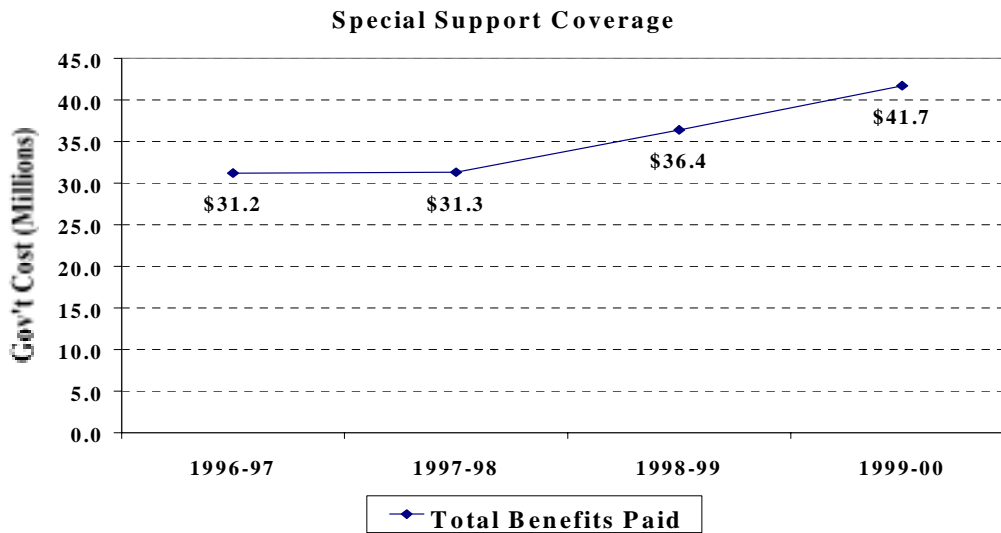
5. Special Support Coverage

The Special Support program helps **those families whose drug costs are high in relation to their income**. Based on the information provided on the application form along with Drug Plan records, the Drug Plan may lower the deductible and assign the consumer a lower co-payment to spread the costs over the year.

If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family may qualify for Special Support. Residents must apply for Special Support as the Drug Plan does not have access to the required information related to income.

Special Support Coverage (Continued)

	<u>1996-97</u>	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>
Number of approved Special Support Families	38,201	36,298	37,421	38,912

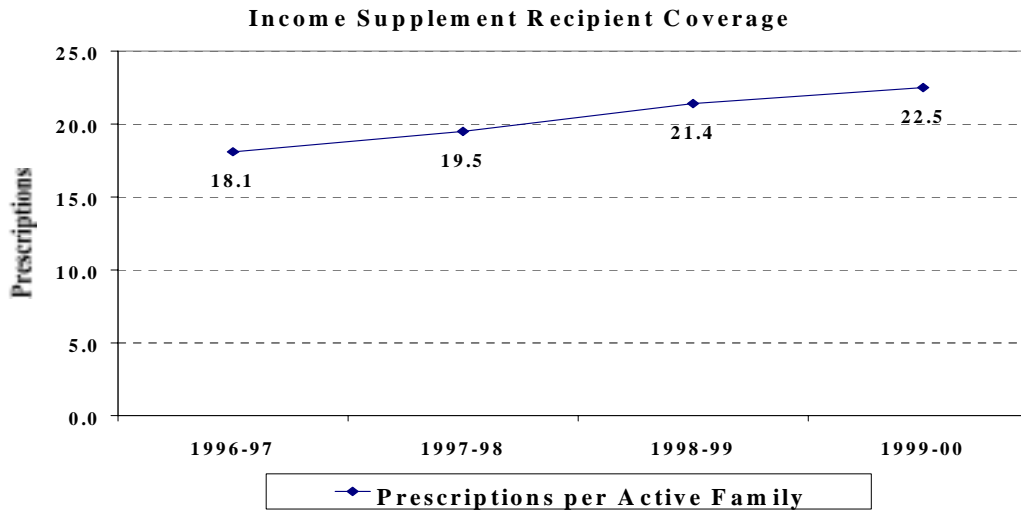
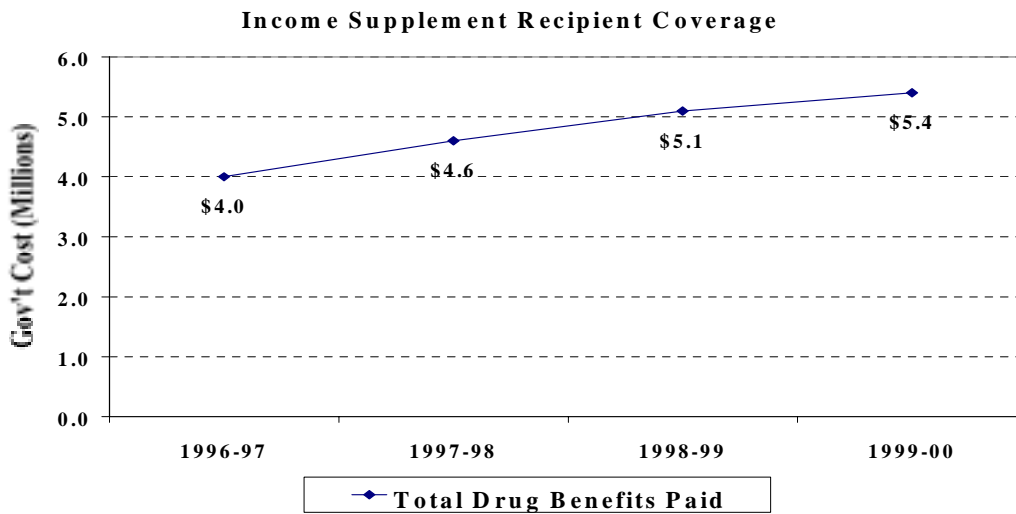


6. Income Supplement Recipients

Single seniors and senior families receiving the Saskatchewan Income Supplement (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a \$100 semi-annual deductible. Other single seniors and senior families receiving GIS have a \$200 semi-annual deductible. Any of these families who have high drug costs may also apply for Special Support. Other seniors who have higher incomes and low drug costs pay the regular \$850 semi-annual deductible.

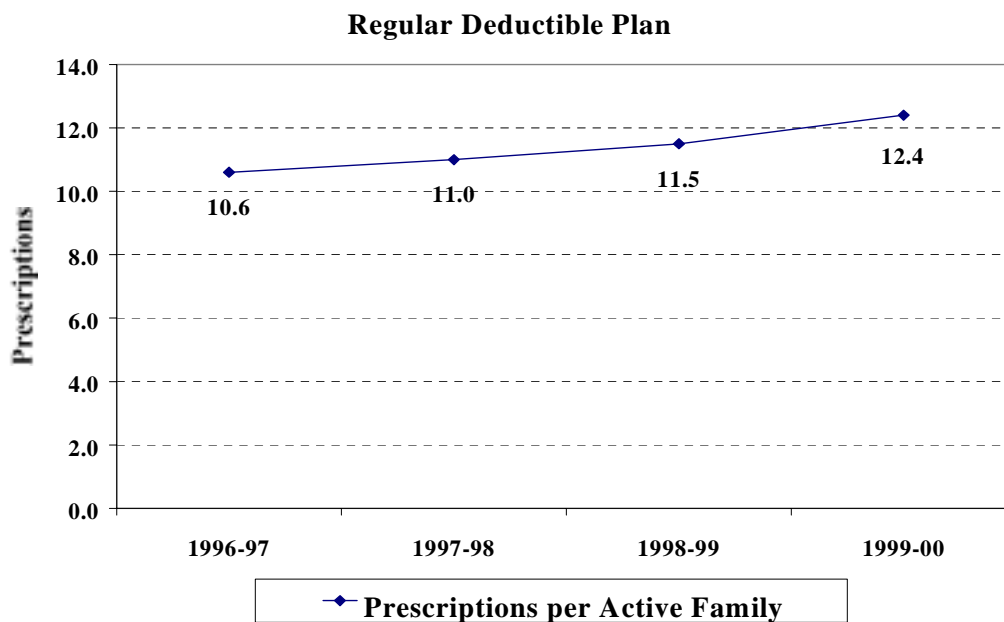
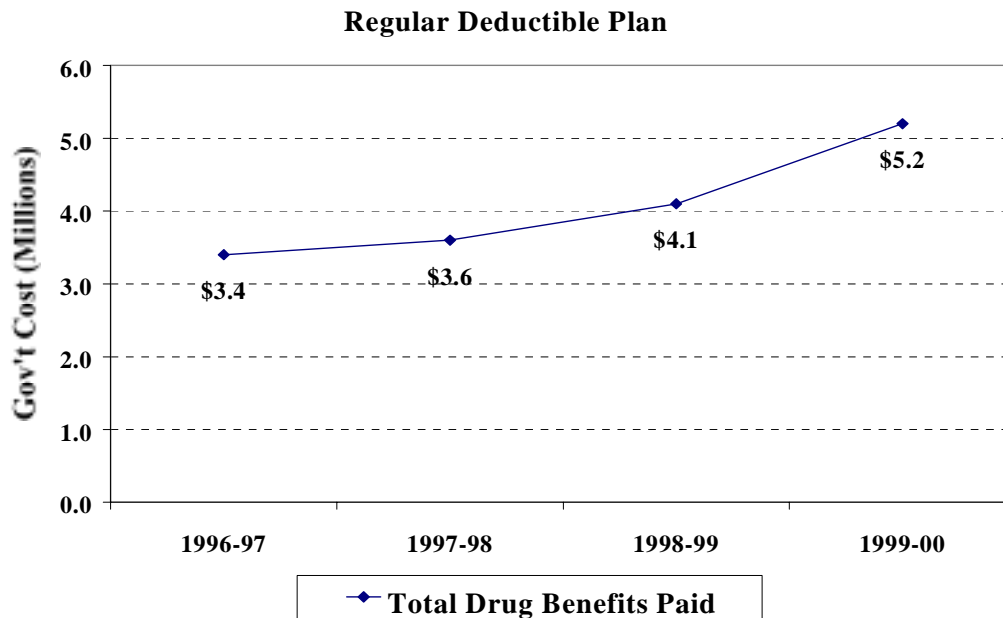
Note: The number of 98-99 families is reduced because families formerly in the Family Income Plan and now in Family Health Benefits are now not included in this chart, and because more families are approved for special support.

	<u>1996-97</u>	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>
Number of Active Families	30,379	31,143	28,899	27,351



7. Regular Deductible Program

Families who are not eligible for any other Drug Plan coverage have an \$850 semi-annual deductible, and pay a 35% co-payment after they have reached their deductible.



8. Family Health Benefit Program

Effective August 1, 1998, families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement were eligible for the new Family Health Benefits.

Comprehensive Supplementary Health Benefits became available to children under the age of 18 who qualified (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

Partial benefits became available for adults in qualifying families (eye examinations, chiropractic co-payments, \$100 semi-annual Family Drug Plan deductible with a 35% consumer co-payment there after).

	1998-99	1999-00
Number of Active Children	22,039	28,749
Average number of Prescriptions per Child	3.2	3.7
Cost of the Program	\$1.5M	\$2.3M

Number of Active Adults	17,585	20,868
Average number of Prescriptions per Adult	6.4	5.1
Cost of the Program	\$0.4M	\$0.6M

Note: Not included in the above chart for 1999-00 is a program cost of \$1,588,100 for Active Adults approved for special support.

Drugs Covered by the Drug Plan

With the exception of insulin and urine and blood testing agents for diabetics, a prescription is required from a physician, dentist or optometrist for all drugs eligible for coverage under the Drug Plan.

The Formulary

The Drug Plan and Extended Benefits Branch prepares, maintains, and distributes the Saskatchewan Formulary. The Formulary is a listing of therapeutically effective drugs of proven high quality that have been approved for coverage under the Drug Plan.

Drugs listed in the Formulary are periodically reviewed and additions and deletions are recommended when necessary. Revised editions of the Formulary are published yearly in July, followed up with updates approximately every quarter. The goal of the Formulary is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients. The July 1999 Saskatchewan Formulary after two updates listed 3,097 Formulary drug products and 447 published Exception Drug Status (EDS) products.

Exception Drug Status

Certain drugs are approved for coverage under Exception Drug Status, upon review and recommendation of the Saskatchewan Formulary Committee. The drugs usually fall into one of the following categories:

1. The drug is ordinarily administered only to hospital in-patients but is being administered outside of a hospital because of unusual circumstances.
2. The drug is not ordinarily prescribed or administered in Saskatchewan, but is being prescribed because it is required in the diagnosis or treatment of an illness, disability, or condition rarely found in Saskatchewan.
3. The drug is infrequently used because Formulary products are usually effective, but are contraindicated or found to be ineffective due to the clinical condition of the patient.
4. The drug has been deleted from the Formulary but is required by patients previously stabilized on the drug.

Drugs approved for Exception Drug Status coverage are subject to the same deductible and co-payment as the patient's Formulary drugs, with the exception of certain high cost drugs which are provided at no charge to the patient.

Over-the-Counter Products

Over-the-counter (OTC) products are generally not included as benefits of the Drug Plan.

Saskatchewan Formulary Process

Product Selection

The Minister of Health relies on the recommendations of two supporting committees; the Drug Quality Assessment Committee, and the Saskatchewan Formulary Committee in order to decide which products will be included as benefits.

The Drug Plan and Extended Benefits Branch provides resources and staff support to the Committees in the review of products for listing in the Saskatchewan Formulary. This support includes forecasting drug costs and preparing use/cost analysis reports.

- **Drug Quality Assessment Committee**

The Drug Quality Assessment Committee (DQAC) is appointed by the Minister of Health to:

- evaluate manufacturer submissions for consideration for coverage of new drugs and report its findings to the Saskatchewan Formulary Committee.
- review available manufacturing documentation including clinical documents, scientific studies reports and published literature.
- evaluate comparative bioavailability studies and/or comparative clinical studies to determine compliance with accepted standards for interchangeability.

- **Saskatchewan Formulary Committee**

The Saskatchewan Formulary Committee (SFC), appointed by the Minister of Health, has the following functions:

- recommends to the Minister of Health additions and deletions to the Saskatchewan Formulary. The SFC considers economic information including utilization patterns as well as clinical assessment by the DQAC assessment.
- provides advice in compiling and maintaining the Saskatchewan Formulary.
- identifies those products which are “interchangeable”. Interchangeable products are different brands of the same drug that are equivalent in therapeutic effectiveness and quality.
- conducts reviews of new drug products and re-evaluation of listed products based on new information about use, efficacy and cost.

Product Interchangeability and Pricing

One function of the Saskatchewan Formulary Committee is to identify interchangeable drug groups. Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality.

The Formulary lists two types of interchangeable drug groups; Maximum Allowable Cost, and Standing Offer Contract.

- **Maximum Allowable Cost**

In order to ensure price stability for the Formulary period, the Drug Plan and Extended Benefits Branch requires drug manufacturers to provide guaranteed maximum prices for the period. The prices constitute the Maximum Allowable Cost the Drug Plan will allow for those products during the effective Formulary period.

Any drug in a Maximum Allowable Cost interchangeable group can be used to fill a prescription. The drug cost component in the approved prescription price is the actual acquisition cost of the drug up to the lowest price listed in the Formulary within that interchangeable group.

- **Standing Offer Contract (SOC)**

The Drug Plan tenders the drugs in certain interchangeable groups to obtain the lowest possible price. An accepted tender, called SOC, requires the manufacturer to guarantee delivery of the specific drug to pharmacies through approved distributors at the contracted price. In return, the manufacturer's product will be used almost exclusively. This tender process, in 1999-2000 saved Saskatchewan residents and the Drug Plan approximately \$13.6M.

Only the accepted tendered drug can be used to fill a prescription in an SOC interchangeable group. If a prescription is ordered as "no substitution" for any brand other than the SOC brand listed, the Drug Plan will cover the actual acquisition cost up to the listed SOC unit price. The difference in acquisition cost between the brand dispensed and the cost covered by the Drug Plan is the responsibility of the consumer.

"No Substitution" Prescription Drug Coverage

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the physician may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

Product Distribution

Two distribution networks are used to deliver drugs to pharmacies; manufacturers direct to pharmacies, or manufacturers to pharmacies via distributors and Saskatchewan wholesalers.

Encouraging Appropriate Drug Use

The Drug Plan uses a number of activities to encourage appropriate use of drugs:

- Use of the claims processing system to perform various edit and assessment checks.
- Use of Exception Drug Status coverage where drugs are only intended for use in certain circumstances. e.g. products intended for second line use.
- Provides funding support for:
 - a) The College of Medicine Drug Evaluation Support - Roving Professorship Program to assist in the drug review process, to provide expert opinions on an ad hoc basis, and to deliver drug information to promote the optimal use of pharmaceuticals in the province.
 - b) The College of Pharmacy Dial Access Drug Information Service, a province-wide drug information service for health professionals.
 - c) The Consumer Drug Information Service, Canada's first province-wide telephone drug information service for consumers.
 - d) The Triplicate Prescription Program operated by the College of Physicians and Surgeons, a two part written prescription to monitor prescribing for a select panel of prescription drugs with intent to reduce abuse and diversion.
 - e) A community drug utilization program pilot project in the Saskatoon Health District as an educational resource to assist physicians in selecting the most appropriate and cost-effective drug therapy for their patients.
- Use of the Drug Plan database for internal and external drug use studies, pharmaco-epidemiological studies, and research projects by outside agencies.

Note: Bibliography of completed studies is available upon request.
- Use of product assurance agreements with drug manufacturers. The Drug Plan monitors use of a particular drug to ensure utilization and health outcomes occur as stated in the manufacturers documentation submitted to the Saskatchewan Formulary Committee. Where that does not occur, an intervention may occur and a financial adjustment may be made against the manufacturer.

-
- The trial prescription program, started as a joint project with the Saskatchewan Pharmaceutical Association, and now managed by the Drug Plan. The pharmacist is encouraged to dispense a seven to ten day supply for the initial prescription of certain drugs, monitor the effect on the patient and if the outcomes are positive, dispense the full prescription as directed by the physician. There is no additional cost to the resident for this service.

Pharmacy Claims Processing

An on-line computer network transmits prescription information from the pharmacy to the central computer where it is checked against stored data to determine whether it can be approved for payment. Checking includes: is the drug a benefit, does the beneficiary have health coverage and the type, is the quantity dispensed within appropriate levels, is the number of prescriptions for the beneficiary within limits, is the prescription a duplicate or possible duplicate of another dispensed prescription, is the prescriber authorized, are the unit costs within limits. The prescription claim is adjudicated and cost information is then transmitted back to the pharmacy, detailing the consumer share and Drug Plan share.

- **Pharmacy Reimbursements**

At March 31, 2000, there were 371 pharmacies providing Drug Plan eligible services.

According to the Agreement between Saskatchewan Health and pharmacy proprietors, the prescription cost is calculated by adding the acquisition cost of the drug material, the submitted mark-up and dispensing fee (up to a maximum).

The maximum dispensing fee was increased from \$6.93 to \$7.08 on August 23, 1999, followed by an increase to \$7.15 on February 28, 2000. A further increase to \$7.22 will occur on February 28, 2001. A maximum mark-up was implemented on August 23, 1999. The maximum mark-up allowance calculated on the prescription drug cost is: 30% for drug cost up to \$6.30, 15% for drug cost between \$6.31 and \$15.80, 10% for drug cost of \$15.81 to \$200.00, and a maximum mark-up of \$20.00 for drug cost over \$200.00.

For urine-testing agents the pharmacy receives acquisition cost along with the mark-up and a 50% mark-up in place of the dispensing fee. For insulin, the pharmacy receives acquisition cost plus a negotiated mark-up.

- **Prescription Quantities**

The Drug Plan places no limitation on the quantities of drugs that may be prescribed. Prescribers shall exercise their professional judgment in determining the course and duration of treatment for their patients. However, in most cases, the Drug Plan will not pay benefits or credit deductibles for more than a 3-month supply of a drug at one time.

The pharmacist may charge one dispensing fee for each prescription for most drugs listed in the Formulary. If a prescription is for a duration of one month or more, the pharmacist is entitled to charge a dispensing fee for each 34 day supply, however the Agreement does not prohibit the pharmacist from dispensing more than a 34 day supply for one fee. The Agreement also contains a list of Two-Month and 100-day supply drugs. Prescribing and dispensing should be in these quantities once the medical therapy of a patient is in the maintenance stage, unless there are unusual circumstances that require these quantities not be dispensed.

Formulary and EDS Drug Utilization 1999-2000

At June 30, 1999, a total of 950,603 individuals, representing approximately 522,308 family units were eligible to receive Drug Plan benefits.

A total of 633,259 individual beneficiaries representing 433,820 family units, purchased eligible prescriptions. This represents 66.6% of eligible individuals.

1. Overall 1999-2000 Utilization

Figure 1 compares active Drug Plan beneficiaries to the eligible population and shows the percentage of total prescriptions dispensed to each age group. This shows that the 65+ age group, while 14.8% of the eligible population, represent 20.1% of Drug Plan active beneficiaries, and receive 46.0% of all prescriptions.

Figure 1
Prescriptions Dispensed by Age Groups, Eligible and Active Beneficiaries

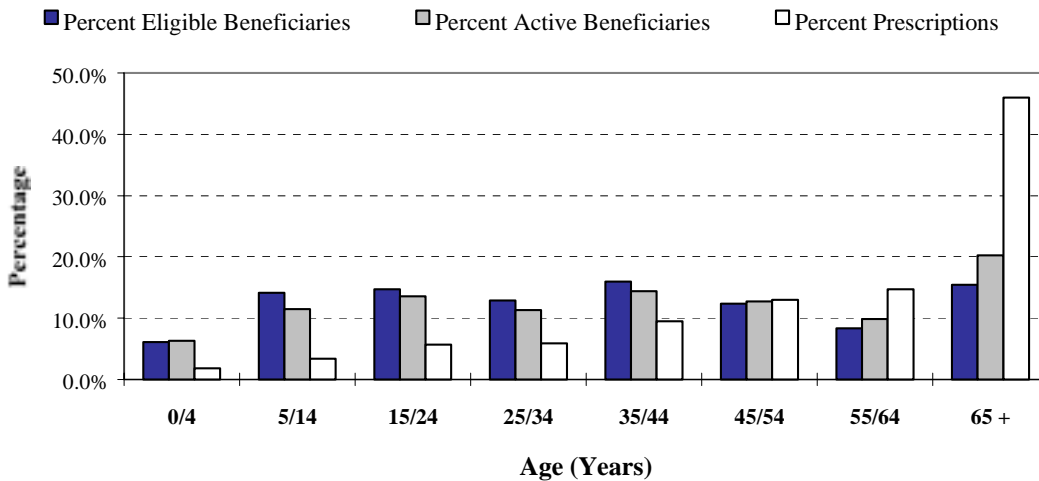


Table 2 presents prescription drug utilization by age and sex of the beneficiary. It also shows that drug utilization increases with age, with the larger increases beginning at age 45.

Table 2
Prescription Drug Utilization by Age and Sex of Active Beneficiary

Age of Consumer ⁵	Active Beneficiaries	Number of Prescriptions ¹	Drug Material Cost ²	Dispensing Fee ³	Total Drug Plan Payment ⁴
April 1999 - March 2000 (as submitted for all prescriptions to all beneficiaries)					
Male					
0 - 4	20,717	69,460	\$ 622,693	\$ 432,925	\$ 506,560
5 - 14	36,806	130,215	2,381,864	791,807	1,495,104
15 - 24	35,276	136,251	3,464,092	801,264	1,892,331
25 - 34	28,320	135,975	3,748,654	819,277	2,413,441
35 - 44	39,728	266,290	8,085,289	1,626,770	4,844,192
45 - 54	36,295	370,343	11,062,925	2,212,923	5,196,903
55 - 64	28,570	433,703	12,039,253	2,521,940	5,399,532
65 - 74	27,835	579,495	14,750,948	3,376,229	7,190,659
75 - 84	17,757	441,227	9,813,315	2,699,328	4,998,267
85 and over	6,607	188,181	3,434,350	1,202,217	2,179,417
Male Total	277,911	2,751,140	\$ 69,403,383	\$ 16,484,680	\$ 36,116,406
Female					
0 - 4	19,386	60,097	\$ 621,497	\$ 376,188	\$ 549,392
5 - 14	35,728	107,373	1,829,959	657,956	1,275,163
15 - 24	50,710	261,587	5,551,904	1,546,639	2,330,604
25 - 34	43,563	277,522	6,853,165	1,628,677	3,191,623
35 - 44	51,646	399,702	10,598,877	2,382,875	5,448,876
45 - 54	44,504	542,681	12,544,094	3,193,331	5,717,053
55 - 64	33,792	597,610	13,194,583	3,459,538	6,141,589
65 - 74	32,924	744,159	17,184,686	4,422,281	8,920,686
75 - 84	28,989	816,286	17,132,086	5,111,494	10,056,605
85 and over	14,106	456,423	7,831,304	2,974,274	5,620,699
Female Total	355,348	4,263,440	\$ 93,342,155	\$ 25,753,253	\$ 49,252,290
Both Sexes					
0 - 4	40,103	129,557	\$ 1,244,190	\$ 809,113	\$ 1,055,952
5 - 14	72,534	237,588	4,211,823	1,449,763	2,770,267
15 - 24	85,986	397,838	9,015,996	2,347,903	4,222,935
25 - 34	71,883	413,497	10,601,819	2,447,954	5,605,064
35 - 44	91,374	665,992	18,684,166	4,009,645	10,293,068
45 - 54	80,799	913,024	23,607,019	5,406,254	10,913,956
55 - 64	62,362	1,031,313	25,233,836	5,981,478	11,541,121
65 - 74	60,759	1,323,654	31,935,634	7,798,510	16,111,345
75 - 84	46,746	1,257,513	26,945,401	7,810,822	15,054,872
85 and over	20,713	644,604	11,265,654	4,176,491	7,800,116
Grand Total	633,259	7,014,580	\$162,745,538	\$ 42,237,933	\$ 85,368,696

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 The Dispensing fee charged by pharmacy for the prescriptions dispensed.

4 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

5 Age of beneficiary as at March 31, 2000.

2. 1998-99 Utilization by Type of Beneficiary

Drug Plan benefits are directed at families with low incomes, families with high drug costs and those with a combination of the two. Table 3 summarizes the beneficiaries into five main groups:

1. beneficiaries approved for a Special Support co-payment;
2. beneficiaries exempt from paying a deductible, who are on Saskatchewan Assistance Plan (SAP), S.A.I.L. beneficiaries, palliative care, or receive certain drugs;
3. beneficiaries approved for Family Health Benefits;
4. beneficiaries approved for Income Supplement under Saskatchewan Income Plan (SIP), and Guaranteed Income Supplement (GIS);
5. beneficiaries under the \$850 semi-annual deductible.

Table 3
Prescription Drug Utilization by Over/Under 65

April 1999 - March 2000

Type of Beneficiary	Active Beneficiaries	Number of Prescriptions ¹	Payment Patient Paid	Average Cost to Patient	Drug Plan Payment ²	Average Cost to Drug Plan
Beneficiaries approved under Special Support Program						
Under 65	20,480	501,877	\$ 6,622,725	\$ 323.38	\$ 15,714,218	\$ 767.30
65 and over	32,881	1,371,950	15,418,946	\$ 468.93	26,009,366	\$ 791.02
Sub-Total	<u>53,361</u>	<u>1,873,827</u>	<u>\$ 22,041,671</u>	<u>\$ 413.07</u>	<u>\$ 41,723,584</u>	<u>\$ 781.91</u>
Beneficiaries exempt from paying a Deductible (e.g. SAP, SAIL, Palliative Care)						
Under 65	49,562	639,480	\$ 597,234	\$ 12.05	\$ 24,653,945	\$ 497.44
65 and over	4,706	162,018	26,546	\$ 5.64	5,498,346	\$1,168.37
Sub-Total	<u>54,268</u>	<u>801,498</u>	<u>\$ 623,780</u>	<u>\$ 11.49</u>	<u>\$ 30,152,291</u>	<u>\$ 555.62</u>
Beneficiaries receiving Family Health Benefits (excludes prescriptions under Special Support)						
Under 65	49,547	210,057	\$ 1,832,006	\$ 36.98	\$ 2,923,210	\$ 59.00
65 and over	70	906	13,113	\$ 187.32	8,816	\$ 125.94
Sub-Total	<u>49,617</u>	<u>210,963</u>	<u>\$ 1,845,119</u>	<u>\$ 37.19</u>	<u>\$ 2,932,026</u>	<u>\$ 59.09</u>
Beneficiaries receiving Income Supplements (SIP & GIS not covered under Special Support)						
Under 65	2,682	36,657	\$ 598,613	\$ 223.20	\$ 279,689	\$ 104.28
65 and over	29,759	577,402	8,442,022	\$ 283.68	5,112,019	\$ 171.78
Sub-Total	<u>32,441</u>	<u>614,059</u>	<u>\$ 9,040,635</u>	<u>\$ 278.68</u>	<u>\$ 5,391,708</u>	<u>\$ 166.20</u>
Beneficiaries under Regular Deductible Program (not eligible for any other Drug Plan coverage)						
Under 65	382,770	2,400,738	\$ 58,996,616	\$ 154.13	\$ 2,831,301	\$ 7.40
65 and over	60,802	1,113,495	27,065,550	\$ 445.14	\$ 2,337,786	\$ 38.45
Sub-Total	<u>443,572</u>	<u>3,514,233</u>	<u>\$ 86,062,166</u>	<u>\$ 194.02</u>	<u>\$ 5,169,087</u>	<u>\$ 11.65</u>
Grand Total	633,259	7,014,580	\$119,613,371		\$ 85,368,696	

1 Refers to Formulary and Exception Drug Status drugs.

2 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

3. 1999-2000 Utilization by Families

Tables 4, 5, and 6 show the breakdown of prescription utilization, family cost, and government cost for all families using one or more prescriptions in the fiscal year by three categories of families:

1. Families that applied for Special Support and were granted a reduced co-payment because their annual drug costs exceeded 3.4% of their annual family income;
2. Families exempt from the deductible program. (e.g. Saskatchewan Assistance Plan families, S.A.I.L. beneficiaries, Palliative Care, children of families approved for Family Health Benefits);
3. Families that reached a deductible before a reduced co-payment was granted.

In 'Families Approved under the Special Support Program' (Table 4), 38,912 families who had high drug costs in relation to their income received \$41.7 million in benefits, which equals an average payment of \$1,072.25 per family which is an increase of 10.2% over the previous year.

In 'Families Exempt from the Deductible Program' (Table 5), the average payment on behalf of each active family was \$540.21 which is an increase of 3.1% over the previous year.

In 'Families Under the Deductible Program' (Table 6), the average payment on behalf of each active family was \$33.47. Families included in this table are:

- Those that have a \$100 semi-annual deductible because they are adults of families approved for Family Health Benefits (FHB), single seniors and senior families receiving the Saskatchewan Income Supplement (SIP), or are receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home.
- Those that have a \$200 semi-annual deductible because they receive GIS.
- Those that are not eligible for any other Drug Plan coverage and must reach a \$850 semi-annual deductible.

Table 4
Prescription Cost to Families Approved Under Special Support Program

April 1999 - March 2000

Cost to Family Unit	Number of Family Units	Number of Prescriptions ¹	Drug Material Cost ²	Approved Prescription Cost	Net Family Payments ³	Total Drug Plan Payment
\$.01 - 25.00	1,339	11,745	\$ 285,701	\$ 357,127	\$ 10,630	\$ 346,497
25.01 - 50.00	783	9,933	264,325	322,688	29,052	293,636
50.01 - 75.00	666	9,777	280,482	341,086	41,760	299,326
75.01 - 100.00	653	9,879	260,213	320,019	56,904	263,115
100.01 - 125.00	702	12,755	348,964	424,365	79,084	345,281
125.01 - 150.00	712	13,735	351,627	434,007	98,381	335,626
150.01 - 175.00	705	15,725	395,886	489,714	114,717	374,997
175.01 - 200.00	750	18,663	513,792	624,177	140,885	483,292
200.01 - 250.00	1,626	45,967	1,160,724	1,440,048	367,202	1,072,846
250.01 - 300.00	2,056	67,215	1,686,051	2,102,812	567,133	1,535,679
300.01 - 350.00	2,414	91,973	2,122,272	2,691,805	787,296	1,904,509
350.01 - 400.00	2,765	118,180	2,757,295	3,500,202	1,037,524	2,462,678
400.01 - 450.00	2,751	128,571	2,969,870	3,775,340	1,168,488	2,606,852
450.01 - 500.00	2,527	125,183	3,024,026	3,805,512	1,198,914	2,606,598
500.01 - 600.00	4,102	216,374	5,461,558	6,805,967	2,245,374	4,560,593
600.01 - 725.00	3,833	223,199	5,944,259	7,330,412	2,528,780	4,801,632
725.01 - 850.00	2,848	188,449	5,255,885	6,402,473	2,237,133	4,165,340
850.01 - 1000.00	2,518	170,049	5,130,504	6,160,872	2,316,658	3,844,214
1000.01 - 1250.00	2,480	177,504	5,452,973	6,518,100	2,764,577	3,753,523
1250.01 - and over	2,682	218,951	8,605,517	9,918,529	4,251,179	5,667,350
All	<u>38,912</u>	<u>1,873,827</u>	<u>\$ 52,271,924</u>	<u>\$ 63,765,255</u>	<u>\$ 22,041,671</u>	<u>\$ 41,723,584</u>

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the total cost paid by families granted a reduced co-payment.

Table 5
Prescription Cost to Families Exempt from paying a Deductible

April 1999 - March 2000

Cost to Family Unit	Number of Family Units	Number of Prescriptions ¹	Drug Material Cost ²	Approved Prescription Cost	Net Family Payments ³	Total Drug Plan Payment
\$ NIL	35,597	479,256	\$ 17,112,028	\$ 20,146,163	\$ 0	\$ 20,146,163
00.01 - 25.00	17,369	134,176	2,527,699	3,374,328	143,224	3,231,104
25.01 - 50.00	3,437	79,636	2,131,040	2,644,754	124,085	2,520,669
50.01 - 75.00	1,473	55,376	1,506,301	1,866,680	91,241	1,775,439
75.01 - 100.00	933	48,298	1,286,418	1,621,224	80,859	1,540,365
100.01 - 125.00	473	31,757	777,842	999,939	53,205	946,734
125.01 - 150.00	305	24,941	584,629	762,203	41,671	720,532
150.01 - 175.00	169	16,421	376,238	489,542	27,256	462,286
175.01 - 200.00	105	11,532	276,925	361,006	19,646	341,360
200.01 - 250.00	101	13,005	309,894	401,513	22,299	379,214
250.01 - 300.00	41	6,930	163,126	214,751	11,125	203,626
300.01 - 350.00	14	2,795	72,280	92,254	4,478	87,776
350.01 and over	26	2,689	66,667	85,367	5,032	80,335
All	60,043	906,812	\$ 27,191,087	\$ 33,059,724	\$ 624,121	\$ 32,435,603

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Refers to the maximum \$2 per prescription charge paid by the family.

Table 6
Prescription Cost to Families Under a Deductible Program ⁴

April 1999 - March 2000

Cost to Family Unit	Number of Family Units	Number of Prescriptions ¹	Drug Material Cost ²	Approved Prescription Cost	Net Family Payments ³	Total Drug Plan Payment
\$ 00.01 - 25.00	58,087	74,516	\$ 378,794	\$ 814,906	\$ 804,003	\$ 10,903
25.01 - 50.00	41,774	111,307	870,170	1,533,331	1,519,677	13,654
50.01 - 75.00	27,123	112,574	1,037,438	1,697,943	1,680,050	17,893
75.01 - 100.00	20,546	114,100	1,148,737	1,815,772	1,791,344	24,428
100.01 - 125.00	16,669	112,978	1,238,946	1,897,372	1,868,118	29,254
125.01 - 150.00	14,502	114,009	1,369,269	2,030,008	1,990,476	39,532
150.01 - 175.00	12,626	112,242	1,443,846	2,094,312	2,049,113	45,199
175.01 - 200.00	11,581	115,138	1,571,163	2,238,186	2,172,768	65,418
200.01 - 250.00	19,864	227,579	3,276,611	4,620,009	4,445,025	174,984
250.01 - 300.00	14,056	198,990	2,923,975	4,095,501	3,850,073	245,428
300.01 - 350.00	11,249	185,598	2,870,393	3,963,573	3,646,338	317,235
350.01 - 400.00	9,577	176,535	2,910,700	3,948,609	3,585,355	363,254
400.01 - 450.00	8,500	171,699	3,021,565	4,031,971	3,609,712	422,259
450.01 - 500.00	7,313	161,313	2,957,524	3,912,315	3,471,178	441,137
500.01 - 600.00	11,950	293,494	5,721,747	7,452,241	6,545,519	906,722
600.01 - 725.00	11,279	315,425	6,633,201	8,494,215	7,439,396	1,054,819
725.01 - 850.00	8,341	259,801	5,850,545	7,385,847	6,553,820	832,027
850.01 - 1000.00	7,540	257,375	6,116,680	7,633,639	6,941,133	692,506
1000.01 - 1250.00	8,190	320,735	8,002,597	9,878,257	9,127,711	750,546
1250.01 - and over	14,098	798,533	23,938,626	28,619,081	23,856,770	4,762,311
All	334,865	4,233,941	\$ 83,282,527	\$ 108,157,088	\$ 96,947,579	\$ 11,209,509

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the net cost to a family for the total of the deductible and the family co-payment once the deductible has been met.

4 Includes beneficiaries receiving Income Supplements and beneficiaries under the Regular Deductible program, who are not approved under the Special Support Program

4. 1999-00 Utilization by Pharmacologic - Therapeutic Classification

Table 7 shows prescription volume and Drug Plan expenditures by Pharmacologic - Therapeutic Classification. Four categories; Central Nervous System (CNS) Drugs, Anti-Infectives, Cardiovascular Drugs, and Hormones and Substitutes, accounted for 69.1% of all prescriptions and 60.0% of all Drug Plan payment.

Table 7
Prescriptions by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Classification ¹	Number of Prescriptions ²	Drug Material Cost ³	Total Drug Plan Payment
April 1999 - March 2000			
As submitted for all beneficiaries			
8:00Anti-Infectives	721,081	\$ 8,427,025	\$ 4,532,125
10:00Antineoplastic agents	1,292	206,555	181,808
12:00Autonomic Drugs	263,728	4,704,158	3,149,415
20:00Blood Formation and Coagulation	117,949	3,571,304	2,170,474
24:00Cardiovascular Drugs	1,673,100	49,531,070	20,077,625
28:00Central Nervous System Drugs	1,374,010	30,890,056	19,270,852
36:00Diagnostic Agents	79,061	4,893,856	2,453,489
40:00Electrolytic, Caloric, and Water Balance	447,257	1,378,086	1,698,250
48:00Cough Preparations	832	250,218	254,043
52:00Eye, Ear, Nose and Throat Preparations	265,313	5,202,110	1,849,884
56:00Gastrointestinal Drugs	380,223	12,706,956	7,172,886
60:00Gold Compounds	788	46,848	21,561
64:00Metal Antagonists	592	79,317	63,539
68:00Hormones and Substitutes	1,075,597	19,121,506	7,353,002
84:00Skin and Mucous Membrane Preparations	254,424	5,377,603	2,271,804
86:00Spasmolytics	40,523	573,659	401,852
88:00Vitamins	57,233	179,519	227,135
92:00Unclassified and others	<u>261,577</u>	<u>15,605,692</u>	<u>12,218,952</u>
Total	7,014,580	\$ 162,745,538	\$ 85,368,696

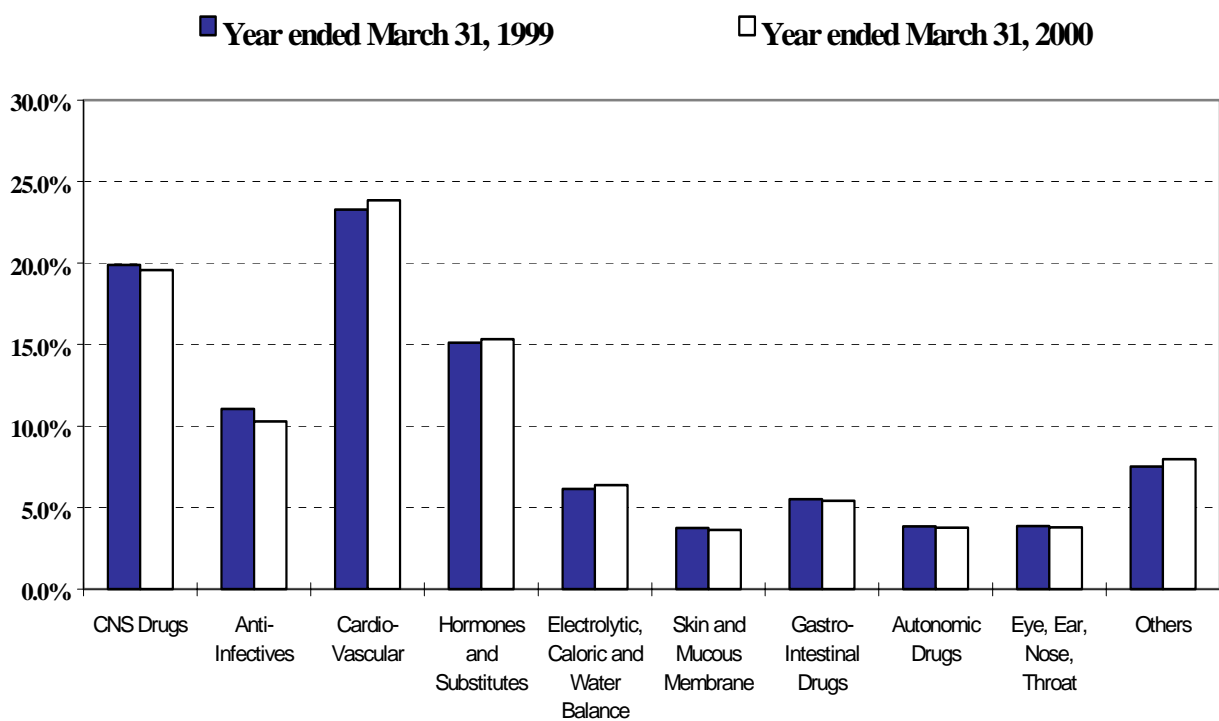
1 The drug classification system used is that of the American Society of Hospital Pharmacists.

2 Refers to Formulary and Exception Drug Status drugs.

3 Includes Mark-up on drug acquisition cost.

Figure 2 shows the Table 7 prescription volume by Pharmacologic – Therapeutic Classification.

Figure 2
Prescription Volume by Pharmacologic - Therapeutic Classification



Pharmacies

A total of 371 pharmacies held agreements with Drug Plan & Extended Benefits Branch on March 31, 2000. Of these, 65.5% were independent pharmacies, 25.9% were chain outlets, and 5.7% were co-operative.

Table 8
Pharmacies by Location

April 1999 - March 2000

Location of Pharmacy	Number of Pharmacies ¹
Single Pharmacy Communities	94
2 - 5 Pharmacy Communities	67
Communities with More Than 5 Pharmacies	
Estevan	7
Moose Jaw	13
Nipawin	6
North Battleford	7
Prince Albert	16
Regina	53
Saskatoon	64
Swift Current	7
Weyburn	6
Yorkton	8
Dispensing Doctors	8
Border Pharmacies	15
Total	371

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2000.

Table 9
Pharmacies by Type of Ownership

Type of Ownership	Number of Pharmacies ¹	Percent
Independent	243	65.5%
Chain ²	96	25.9%
Co-operatives	21	5.7%
Dispensing Doctor	8	2.2%
Hospital Outpatient	3	0.8%
Total	371	100.0%

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2000.

2 Defined as common ownership of four or more stores.

Manufacturers

Drug Acquisition Cost by manufacturer is presented in Table 10.

Table 10
Drug Acquisition Cost by Manufacturer

April 1999 - March 2000

Manufacturer	Drug Material Acquisition Cost
3M Pharmaceuticals, 3M Canada	\$ 63,202
Abbott Laboratories Ltd.	2,090,281
Agouron Pharmaceuticals Canada Inc	129,604
Alcon Canada Inc.	339,609
Allergan Inc.	513,457
Altimed Pharmaceutical Company	3,190,949
Alza Canada	373,119
Amgen Canada Inc.	23,345
Apotex Inc.	6,504,799
Astra Pharma Inc.	6,569,573
Axcan Pharma	279,259
Bayer Inc. - Consumer Care Division	26,550
Bayer Inc. - Healthcare Division	3,368,628
Berlex Canada Inc.	2,381,806
Biogen Canada Inc.	50,599
Biovail Pharma	117,079
Boehringer Ingelheim (Canada) Ltd.	1,423,574
Bristol Pharmaceutical Products - Bristol-Myers Squibb	212,987
Bristol-Myers Squibb Canada Inc.	2,592,388
Canderm Pharmacal Ltd.	12,574
Carter-Horner Inc.	20,921
CIBA Pharmaceuticals	47,699
CIBA Vision	57,345
Cutter Medical Division Miles Labs	55,723
Cytex Pharmaceuticals Inc.	9,708
Dermik Laboratories Canada Inc.	40,275
Diagnostic Division, Bayer Corp.	607,708
Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Ltd.	11,391
Dominion Pharmacal	1,810,702
Draxis Health Inc.	135,512
Duchesnay Inc.	142,799
DuPont Pharma Inc.	2,437,542
Eli Lilly Canada Inc.	3,070,934
Enz	135,520
Faulding (Canada) Inc.	321,643
FC Pharma Inc.	537,608

Manufacturer	Drug Material Acquisition Cost
Ferring Inc.	399,318
Fournier Pharma Inc.	105,643
Frosst	14,805
Fujisawa Canada Inc.	208,414
Galderma Canada Inc.	141,090
Genpharm Inc.	919,199
Glaxo Wellcome Inc.	7,226,583
Glenwood Laboratories Canada Ltd.	9,546
Hoechst Marion Roussel Canada Inc.	1,591,090
Hoffman-LaRoche Ltd.	3,313,621
ICN Canada Ltd.	333,812
Janssen-Ortho Inc.	7,442,278
Key, Division of Schering Canada Inc.	927,749
Knoll Pharma Inc.	852,459
Lee-Adams Laboratories, Division of Pharmascience Inc.	5,873
Leo Pharma Inc.	418,878
Lifescan Canada Ltd.	2,212,558
Linson Pharma Inc.	49,889
Lioh Inc.	24,938
Lundbeck Canada Inc.	302,822
McNeil Consumer Products	12,465
Medican Pharma Inc.	1,002,580
Medicis Canada Ltd.	57,916
Medisense, Canada Inc.	1,010,873
Merck Frosst Canada & Co.	9,458,677
Novartis Consumer Health Canada Inc.	6,664
Novartis Pharmaceuticals Canada Inc.	6,207,567
Novo Nordisk Canada Inc.	953,917
Novopharm Ltd.	3,087,909
Nu-Pharm Inc.	12,653,578
Odan Laboratories Limited	13,937
Organon Canada Ltd.	606,586
Organon Teknika	7,352
Orphan Medical Inc.	9,889
Parke-Davis Canada Inc.	6,542,115
Pathogenesis Canada Limited	7,162
Pentapharm Limited	1,146,150
Pfizer Canada Inc.	5,104,875
Pharmacia & Upjohn Inc.	1,871,043
Pharmascience Inc.	1,694,558
Princeton Pharmaceutical Products, Bristol-Myers Squibb	60,612
Procter and Gamble Pharm. Canada, Inc.	1,828,296
Purdue Frederick	1,335,566

Manufacturer	Drug Material Acquisition Cost
R & D Labs Inc.	12,732
Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.	58,819
Rhodiapharm	214,755
Rhone-Poulenc Rorer, Ethical Division	931,395
Roche Diagnostics, Division of Hoffmann-LaRoche Limited	557,378
Rougier Pharma Inc., Division of Technilab	18,081
Sabex Inc.	87,962
Sanofi Canada, Inc.	873,864
Schein Pharmaceutical Canada Inc.	97,731
Schering Canada Inc.	2,650,579
Searle Canada, Unit of Monsanto Canada Inc.	3,366,640
Serono Canada Inc.	571,342
Servier Canada Inc.	382,753
Shire Canada Inc.	234,173
Smithkline Beecham Pharma Inc.	3,944,492
Solvay Pharma Inc.	677,936
Squibb Pharmaceutical Products - Bristol-Myers Squibb	2,260,673
Stanley Pharmaceuticals Ltd.	26,168
Stiefel Canada Inc.	129,984
Taro Pharmaceuticals Inc.	175,722
Technilab Inc.	270,683
Teva Marion Partners Canada	1,088,335
Theramed Corporation	11,925
Ucyclyd Pharma	122,103
Warner-Lambert Consumer Health Care - Div. Of Warner Lambert Canada Inc.	31,426
Westwood Squibb Canada	105,068
Wyeth-Ayerst Inc.	5,768,040
Zeneca Pharma Inc.	683,561
Extemporaneous Preparations ¹	839,272
Others (each under \$5000)	39,201
Total	\$ 147,120,057

¹ Extemporaneous Preparations are compounded by the pharmacist.

1999-2000 Utilization Trends

1. Cost to Beneficiaries

Trends from Table 11 information for the past four years shows that the number of active beneficiaries are declining while the number of prescriptions and total prescription cost is increasing.

	<u>Active Beneficiaries</u>	<u>Number of Prescriptions</u>	<u>Total Cost of Prescriptions</u>	<u>Total Drug Plan Payment</u>
1995-96	633,333	5,798,090	\$157,194,207	\$59,492,033
1996-97	626,953	5,996,106	\$162,165,923	\$61,863,705
1997-98	620,258	6,261,167	\$171,208,698	\$65,199,190
1998-99	633,020	6,622,455	\$189,003,078	\$75,892,289
1999-00	633,259	7,014,580	\$204,981,941	\$85,368,696

Table 11 was prepared to highlight three factors that might contribute to the increased growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

In Table 11, the total cost of prescriptions per active beneficiary has grown an average of 17.3% between 1997-98 and 1999-00 for all beneficiaries. The range of increases, based on age, was 8.0% to 25.9%. Only the 0-4 age group showed a reduction in the total cost of prescriptions per active beneficiary. That reduction was 3.5%.

The reasons for the increased cost of prescriptions per beneficiary changed with age:

- For ages 5-14, the increase was a result of increased average prescription cost per beneficiary.
- For ages over 14, the increase was a result of increased average prescription cost and the increased number of prescriptions per beneficiary.

Table 11
Prescription Drug Utilization Trend by Age of Active Beneficiary
Information Source: Table 2

Age of Consumer	1997-98	1998-99	1999-00	% increase (decrease) 97-98 to 99-00
April 1 - March 31				
Average Number of Prescriptions Per Active Beneficiary				
0 - 4	3.3	3.1	3.2	(2.1%)
5 - 14	3.2	3.1	3.3	2.4%
15 - 24	4.4	4.5	4.6	5.2%
25 - 34	5.3	5.5	5.8	8.5%
35 - 44	6.7	6.9	7.3	8.8%
45 - 54	10.5	10.9	11.3	7.6%
55 - 64	15.2	15.8	16.5	8.8%
65 - 74	19.7	20.7	21.8	10.6%
75 - 84	24.6	25.8	26.9	9.4%
85 and over	28.5	29.9	31.1	9.2%
Total	10.1	10.5	11.1	9.7%

Average Prescription Cost ¹				
0 - 4	\$ 15.97	\$ 16.05	\$ 15.85	(0.8%)
5 - 14	22.56	23.27	23.83	5.6%
15 - 24	27.49	28.28	28.56	3.9%
25 - 34	28.61	30.94	31.56	10.3%
35 - 44	29.63	32.74	34.08	15.0%
45 - 54	28.72	30.50	31.78	10.6%
55 - 64	28.87	29.63	30.27	4.8%
65 - 74	28.95	29.75	30.02	3.7%
75 - 84	26.39	27.12	27.64	4.7%
85 and over	22.91	23.41	23.96	4.6%
Total	\$ 27.34	\$ 28.54	\$ 29.22	6.9%

Total Cost of Prescriptions Per Active Beneficiary				
0 - 4	\$ 53.07	\$ 50.28	\$ 51.20	(3.5%)
5 - 14	72.27	72.51	78.05	8.0%
15 - 24	120.60	125.85	132.16	9.6%
25 - 34	151.97	170.69	181.54	19.5%
35 - 44	197.23	227.38	248.36	25.9%
45 - 54	300.30	332.24	359.08	19.6%
55 - 64	438.48	467.91	500.55	14.2%
65 - 74	570.86	614.33	653.96	14.6%
75 - 84	649.79	700.58	743.51	14.4%
85 and over	653.94	698.96	745.53	14.0%
Total	\$ 276.04	\$ 298.58	\$ 323.70	17.3%

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmacies.

2. Costs by Therapeutic Classification

Table 12 shows the eight highest cost therapeutic classes of drugs covered by the Drug Plan.

During the three-year period of 1997-98 to 1999-00, the total cost of all prescriptions increased for all classes.

The 'total cost of all prescriptions' for each class has increased in the range of 3.2% to 21.9% over the three-year period for the following reasons:

- Diagnostic Agents increased the most due to a combination of a 6.3% increase in average prescription cost and a 14.6% increase in the number of prescriptions.
- The next greatest increase was for Central Nervous System (CNS) drugs, due to a combination of a 9.3% increase in average prescription cost and a 10.9% increase in the number of prescriptions.
- Two other classes increased as a result of a combination increased average prescription cost and increased prescriptions; Eye, Ears, Nose and Throat increasing 7.6% and 9.0% respectively, and for Skin & Mucous Membrane Preparations, both increasing 6.0% and 7.6% respectively.
- Four classes increased mostly due to prescription volume growth ranging 6.9% to 17.5%.
- Two classes had a decrease in either the average prescription cost or the number of prescriptions, Anti-infectives having a 3.3% decrease in prescriptions and Autonomic Drugs having a 3.4% decrease in average prescription cost.

Table 12
Prescription Trend by Pharmacologic – Therapeutic Classification

Pharmacologic - Therapeutic Class	1997-98	1998-99	1999-00	% increase (decrease) 97-98 to 99-00
April 1- March 31				
Total Cost of all Prescriptions				
Cardiovascular Drugs	\$ 49,864,211	\$ 54,717,091	\$ 59,706,591	19.7%
Central Nervous System Drugs	32,451,407	36,194,146	39,364,125	21.3%
Hormones and Substitutes	21,285,682	22,887,284	24,652,519	15.8%
Gastrointestinal Drugs	13,841,533	14,560,018	15,057,204	8.8%
Anti-Infectives	12,460,217	12,767,686	12,920,550	3.7%
Skin & Mucous Membrane Preparations	6,075,390	6,700,834	6,927,722	14.0%
Eye, Ear, Nose and Throat Preparations	5,822,428	6,431,080	6,830,864	17.3%
Autonomic Drugs	6,149,607	6,202,945	6,348,743	3.2%
Diagnostic Agents	4,384,437	4,802,063	5,343,959	21.9%
Electrolytic, Caloric, and Water Balance	3,545,947	3,845,876	4,174,418	17.7%
Others	15,327,838	19,894,056	23,655,246	54.3%
Total	\$ 171,208,698	\$ 189,003,078	\$ 204,981,940	19.7%
Number of Prescriptions				
Cardiovascular Drugs	1,441,984	1,542,672	1,673,100	16.0%
Central Nervous System Drugs	1,238,508	1,316,297	1,374,010	10.9%
Hormones and Substitutes	933,133	1,000,406	1,075,597	15.3%
Gastrointestinal Drugs	351,746	365,322	380,223	8.1%
Anti-Infectives	745,730	732,844	721,081	(3.3%)
Skin & Mucous Membrane Preparations	236,470	248,579	254,424	7.6%
Eye, Ear, Nose and Throat Preparations	243,339	256,704	265,313	9.0%
Autonomic Drugs	246,781	254,677	263,728	6.9%
Diagnostic Agents	68,974	73,006	79,061	14.6%
Electrolytic, Caloric, and Water Balance	380,588	407,470	447,257	17.5%
Others	373,914	424,478	480,786	28.6%
Total	6,261,167	6,622,455	7,014,580	12.0%
Average Prescription Cost				
Cardiovascular Drugs	\$ 34.58	\$ 35.47	\$ 35.69	3.2%
Central Nervous System Drugs	26.20	27.50	28.65	9.3%
Hormones and Substitutes	22.81	22.88	22.92	0.5%
Gastrointestinal Drugs	39.35	39.86	39.60	0.6%
Anti-Infectives	16.71	17.42	17.92	7.2%
Skin & Mucous Membrane Preparations	25.69	26.96	27.23	6.0%
Eye, Ear, Nose and Throat Preparations	23.93	25.05	25.75	7.6%
Autonomic Drugs	24.92	24.36	24.07	(3.4%)
Diagnostic Agents	63.57	65.78	67.59	6.3%
Electrolytic, Caloric, and Water Balance	9.32	9.44	9.33	0.2%
Others	40.99	46.87	49.20	20.0%
Total	\$ 27.34	\$ 28.54	\$ 29.22	6.9%

Table 13
Prescription Drug Plan Payments Summary

Statistical Tables

Payments on behalf of families (exempt from deductible program)

Drug Material Acquisition Cost.....	\$ 24,685,928	
Mark-up.....	2,505,159	
Dispensing Fee Subsidy.....	5,244,475	
Pharmacy Discounts and others.....	41	
Total Payments for families exempt from deductible.....		\$ 32,435,603

Payments to or on behalf of families (deductible and Special Support program)

Drug Material Acquisition Cost.....	\$122,434,129
Mark-up.....	13,120,322
Dispensing Fees.....	36,369,337
Pharmacy Discounts and others.....	(1,445)
Total Approved Prescription Cost.....	\$171,922,343

Less: Deductible Credits..... 85,978,200

\$ 85,944,143

Less: Family Co-Payment..... 33,011,050

Total Payments for families subject to deductible..... \$ 52,933,093

Total Prescription Drug Plan Payments ¹ \$ 85,368,696

Manual Adjustments ² 97,645

Net Payments by Revenue and Expenditure System..... \$ 85,466,341

¹ Drug Plan payments refer to formulary drugs and exception status drugs. All Statistical Tables do not reflect manual adjustment expenditures.

² Manual adjustments include year-end adjustments made in accordance with accounting policies and other adjustments.

Supplementary Health and Family Health Benefits

BACKGROUND

- On April 1, 1966 the Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.
- On September 1, 1968, coverage for refractions was moved to the Saskatchewan Medical Care Insurance.
- On September 1, 1975, payment responsibility of formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living respectively.
- On July 1, 1981, program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2,3,and 4 Special Care Home or long term hospital care and where incomes are at or below the Saskatchewan Income Plan level.
- On May 1, 1984, responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.
- On June 1, 1992, eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements.
- On September 8, 1992, services of chiropractors became fully covered for Supplementary Health, Family Income Plan, and Saskatchewan Income Plan beneficiaries.
- On June 30, 1993, Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.
- On May 1, 1997, began providing all Supplementary Health Benefits for children in FIP families.
- On August 1, 1998, began providing Family Health Benefits for families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement. Family Income Plan recipients became part of Family Health Benefits.

OBJECTIVES

To provide for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services.

ELIGIBLE BENEFICIARIES

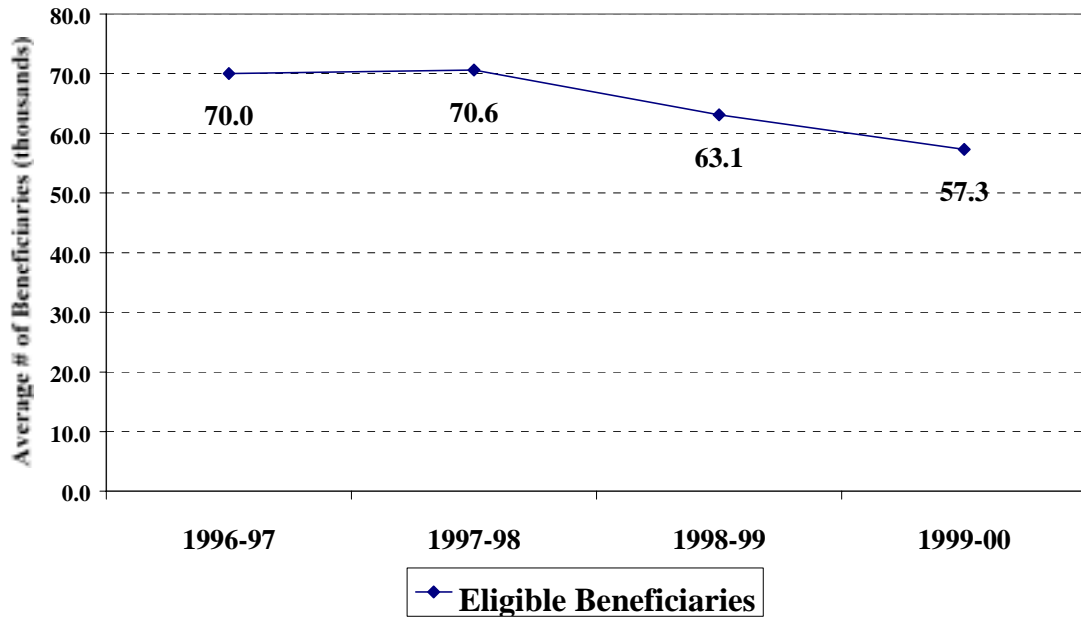
The Supplementary Health program provides benefits for the following types of beneficiaries:

- Supplementary Health beneficiaries:
 - Saskatchewan Assistance Plan recipients nominated by Saskatchewan Social Services.
 - Government Wards
 - Inmates of correctional institutions.
 - Nominated persons 65 years and older who are in special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.
- Saskatchewan Income Plan recipients living in the community.

The Family Health Benefits program provides benefits for:

- Families receiving benefits under the Family Income Plan between April and July 1998.
- Children covered by the Child Benefit Program up to July 31, 1998.
- Families approved under the Family Health Benefits program beginning August 1, 1998.

Supplementary Health Program



The above chart shows the number of persons receiving full Supplementary Health benefits. Families receiving Family Health Benefits or SIP income supplements receive only partial Supplementary Health benefits and are not included in the numbers above.

As of March, 2000, 21,007 families were eligible for Family Health Benefits. Included in these were 31,311 adults and 40,092 children.

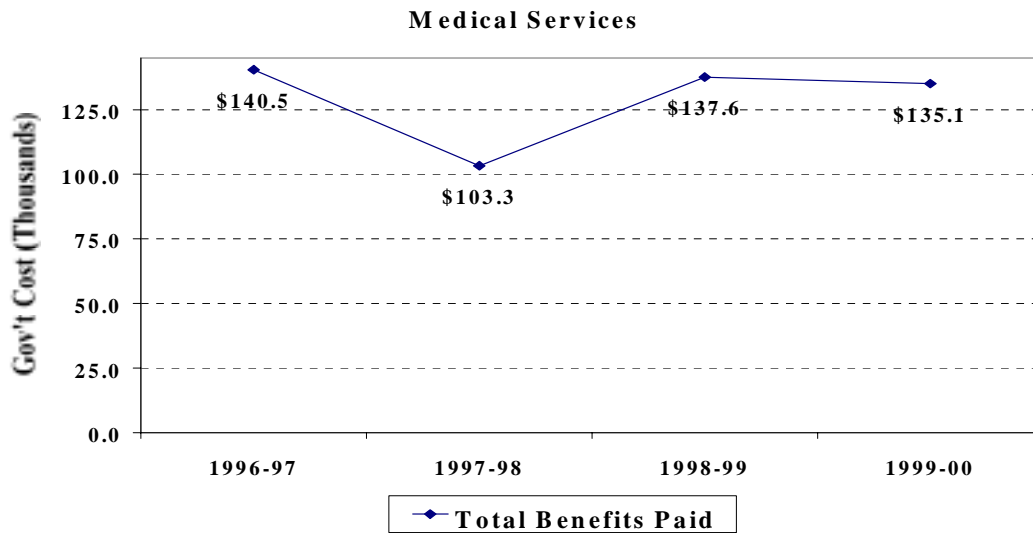
Table 14**Supplementary Health Program and Family Health Benefits Payments**

April 1999 – March 2000

Services	Sask. Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask. Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories	Totals
Medical Examinations and Reports.....	\$ 128,066	\$ 4,764	\$ 315	\$ -	\$ 1,299	\$ 676	\$ 135,120
Dental Services.....	4,326,489	201,673	169,207	23,229	2,745,172	129,243	7,595,013
Non-Formulary Drugs (Plan 3).....	832,430	109,425	49,537	634,402	-	1,596	1,627,390
Medical Appliances and Supplies.....	681,664	43,510	5,167	99,601	119,394	7,868	957,204
Optical Services.....	1,244,583	49,975	53,539	15,324	567,620	160,022	2,091,063
Chiropractic Services.	724,780	3,132	4,180	2,188	962,125	178,992	1,875,397
Ambulance.....	955,777	29,237	9,023	94,074	76,466	11,607	1,176,184
Medical Transportation (Aircraft).....	463,637	3,290	-	2,364	1,203	2,072	472,566
Medical Transportation (Ground).....	1,226,467	17,516	518	260	16,999	45,593	1,307,353
Totals: Supplementary Health and Family Health Benefits.....	\$10,583,893	\$462,522	\$291,486	\$871,442	\$4,490,278	\$ 537,669	\$17,237,290

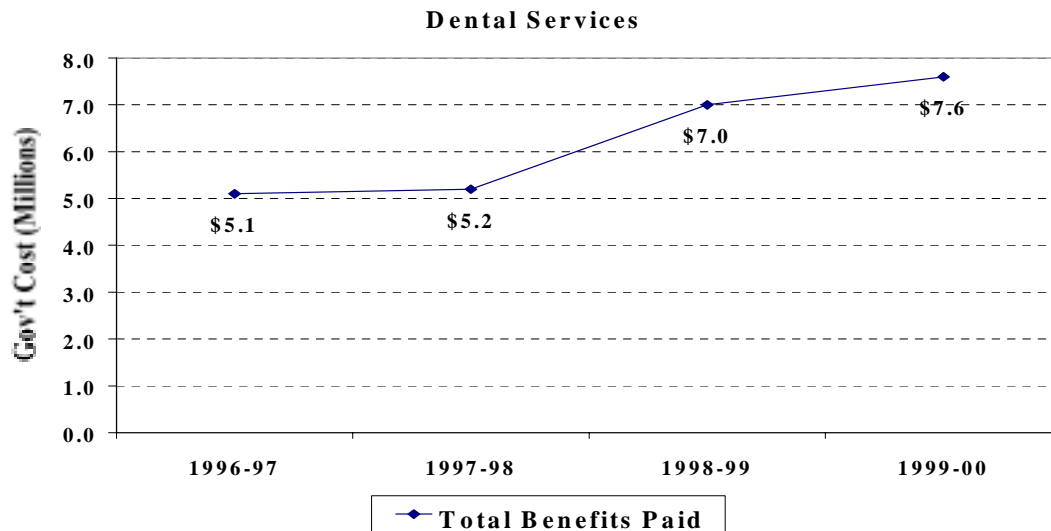
1. Medical Services

Supplementary Health and Family Health Benefits pays the full cost for non-insured third party medical examinations and reports requested by Saskatchewan Social Services. These examinations are to determine the level of required nursing care, rehabilitation potential and employability.



2. Dental Services

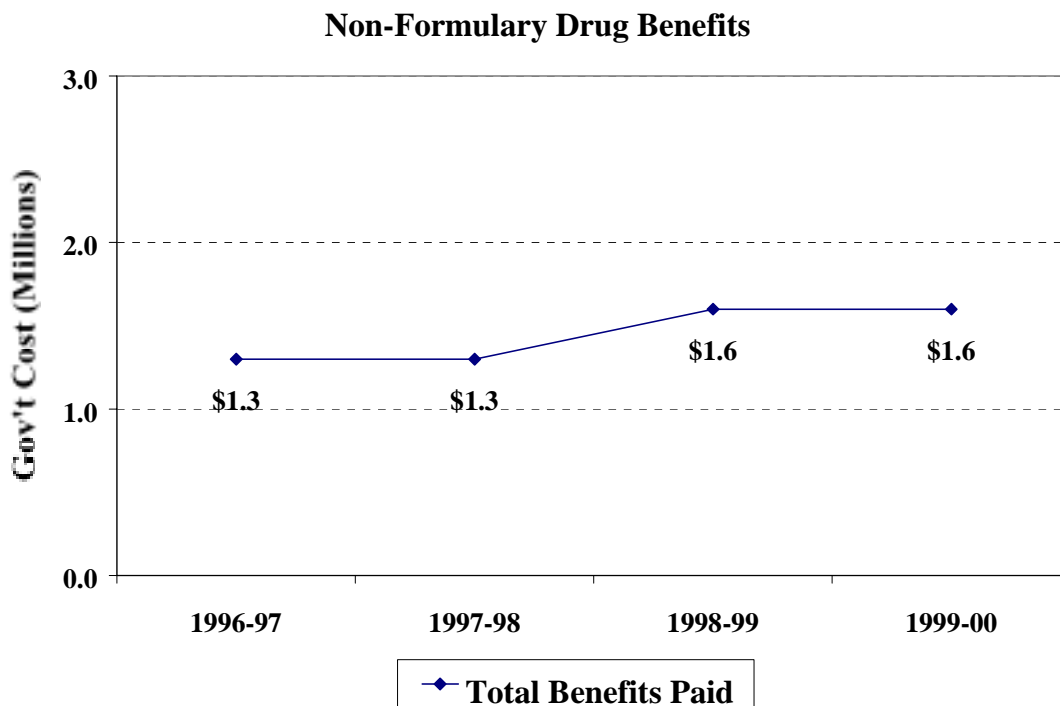
Coverage includes preventive, restorative, exodontic, and prosthetic dentistry for eligible beneficiaries. Coverage for Family Health Benefits children began August 1, 1998.



3. Non-Formulary Drug Benefits

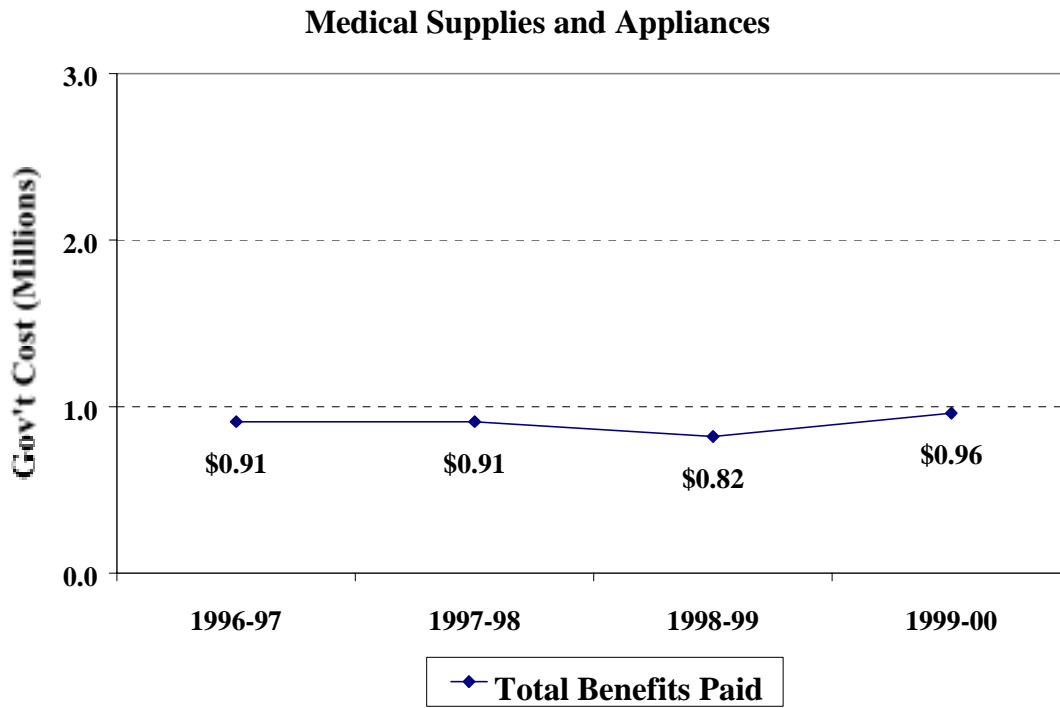
Supplementary Health provides certain non-Formulary drugs without charge for Plan Three residents in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and non-Formulary drug benefits for the different levels of Social Assistance Plan coverage are outlined earlier in the report on page 9.

Coverage may also be granted in unusual circumstances for Plan One and Two beneficiaries where drug requirements are not met by Formulary drugs or products approved under Exception Drug Status.



4. Medical Supplies and Appliances

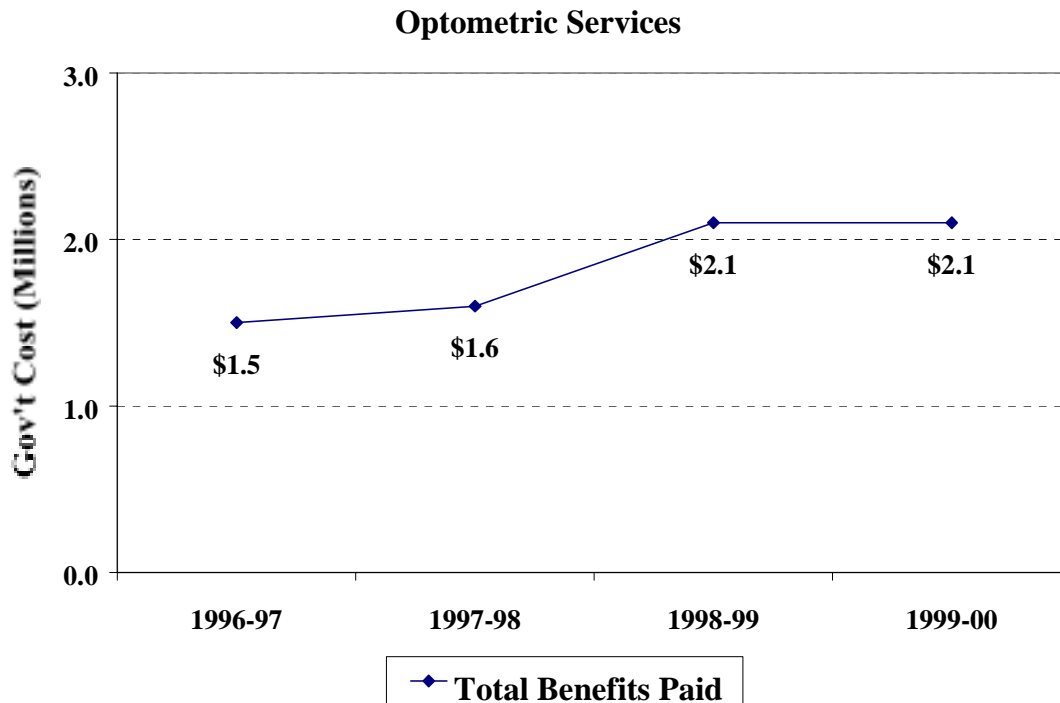
Supplementary Health and Family Health Benefits covers the full cost of most medical supplies and appliances prescribed by a physician for covered beneficiaries.



5. Optometric Services

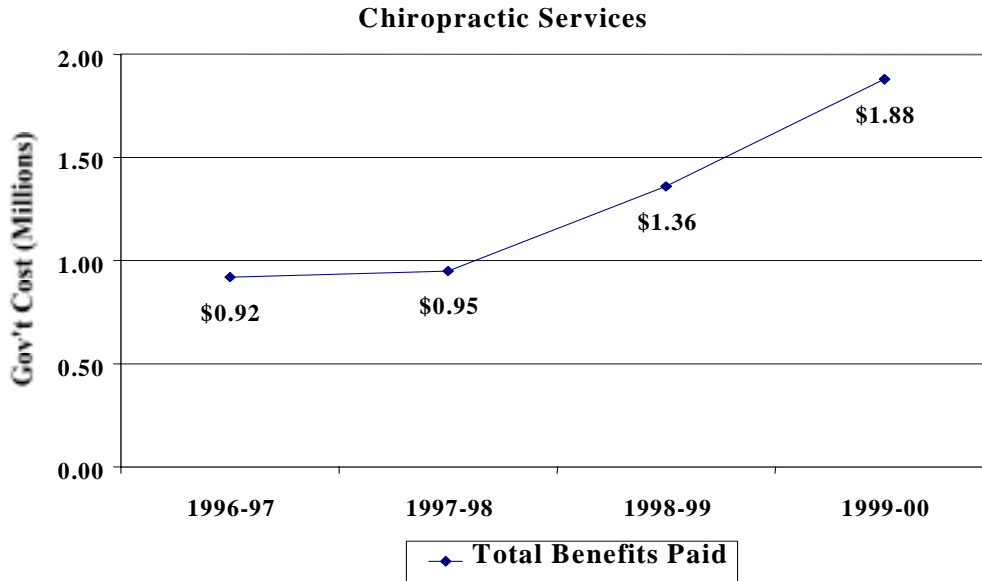
Eyeglasses are covered for Supplementary Health beneficiaries and children of families approved for Family Health Benefits, whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

The cost of eye examinations is covered for all Supplementary Health beneficiaries age 18 and over. Children are covered on a universal basis by the Medical Services Plan.



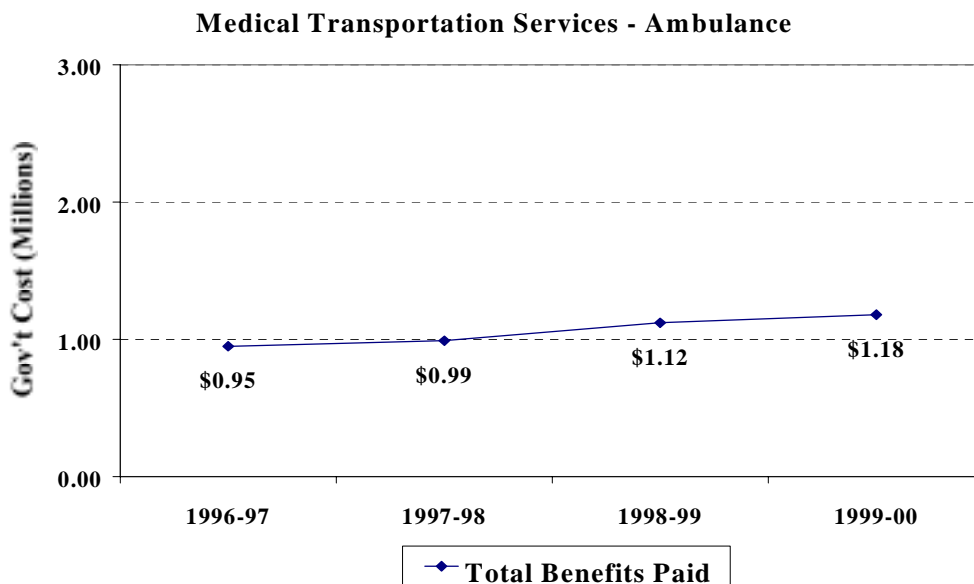
6. Chiropractic Services

The services of chiropractors are fully covered for Supplementary Health, Family Health Benefits and Saskatchewan Income Plan beneficiaries.



7. Medical Transportation – Ambulance

Benefits include coverage for emergency medical transportation by road ambulance.



8. Medical Transportation – Northern Medical Evacuation Program

The Northern Medivac Program, and long-distance medically related transportation for social assistance recipients living in the North is managed by the Northern Health Services Branch.

Effective April 1, 1998, Supplementary Health became responsible for payment of the medical transportation component of the program. During 1999-00 the cost of the medical transportation for the Northern Medivac Program was \$1.8 million.

Saskatchewan Aids to Independent Living (SAIL)

BACKGROUND

- SAIL began providing benefits on April 1, 1975, providing eligible residents with prosthetic/orthotic devices.
- On August 1, 1975, SAIL benefits expanded to providing equipment loans and equipment repairs for all residents of the province.
- On April 1, 1976, SAIL took over responsibility for: the Paraplegia Program which covers the cost of appliances recommended by the attending physician; the Cystic Fibrosis Program which provides drugs and special appliances for certain beneficiaries; and the Chronic End Stage Renal Disease Program which provides assistance with the cost of necessary medications for certain beneficiaries.
- In 1979-80, the Ostomy and Home Hemophilia programs were added.
- In 1984-85, coverage expanded to include aids and services required by the blind residents in the province.
- In June 1987, the responsibility for the acquisition, distribution and repair of Special Needs Equipment (eg. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continued to fund the full cost of the program.
- In August 1987, took over administration of the Home Oxygen Program from the Drug Plan.
- In September 1987, transferred responsibility for the acquisition, distribution and repair of equipment required by the blind to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.
- In 1996-97, benefits of the Home Oxygen program were changed to provide benefits according to certain medical criteria.

ELIGIBLE BENEFICIARIES

People with long term disabilities or illnesses which leave them unable to function fully may receive specialized benefits through the SAIL program to help them achieve more independent and active lifestyles.

All Saskatchewan residents, with certain exceptions, are eligible for the Universal Benefits of Orthopaedic Services, Special Needs Equipment, and Home Respiratory Services.

Beneficiaries with particular disabling conditions are eligible under the various Special Benefit Programs; Paraplegia, Cystic Fibrosis, End Stage Renal Disease, Ostomy, and Aids to the Blind.

PROGRAM OBJECTIVES

SAIL has been established to provide aids and services to the physically disabled residents of Saskatchewan.

Table 15
Caseloads and SAIL Payments

	1998-99		1999-00	
	Caseload	Expenditures	Caseload	Expenditures
Orthopaedic Services.....	n.a.	\$ 1,815,374	n.a.	\$ 1,950,150
Special Needs Equipment.....	n.a.	2,892,205	n.a.	2,974,483
Home Oxygen.....	2,084	7,139,411	2,003	7,137,408
Respiratory Equipment.....	n.a.	569,898	n.a.	594,459
Paraplegia.....	1,772	2,440,864	1,837	2,772,225
Cystic Fibrosis.....	103	258,433	110	272,395
Renal Disease.....	582	2,325,605	644	2,309,928
Ostomy.....	1,845	558,637	2,216	597,464
Aids to the Blind.....	1,399	242,903	n.a.	258,412
Total		\$ 18,243,330		\$ 18,866,924

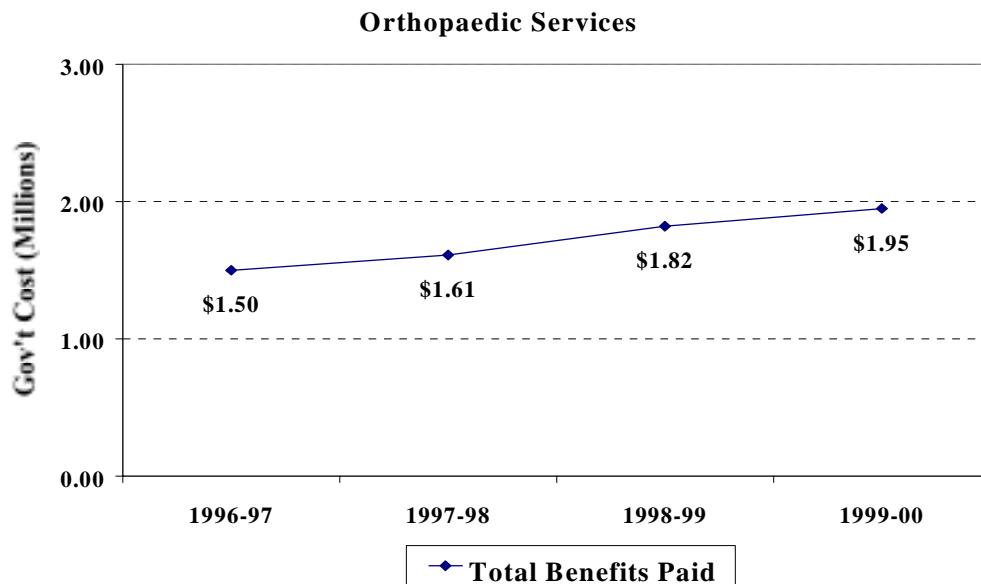
1. Orthopaedic Services

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired without charge.

Orthotic Appliances – Higher-cost back braces, knee braces and splints are supplied, fitted, adjusted, and repaired without charge.

Specialized and adaptive seating, and custom-built footwear are also provided by SAIL. All of the above services are supplied by the orthotics and prosthetics departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon.

Custom pressure or burn garments are supplied and fitted without charge. SAIL arranges for the supplier to provide garments.

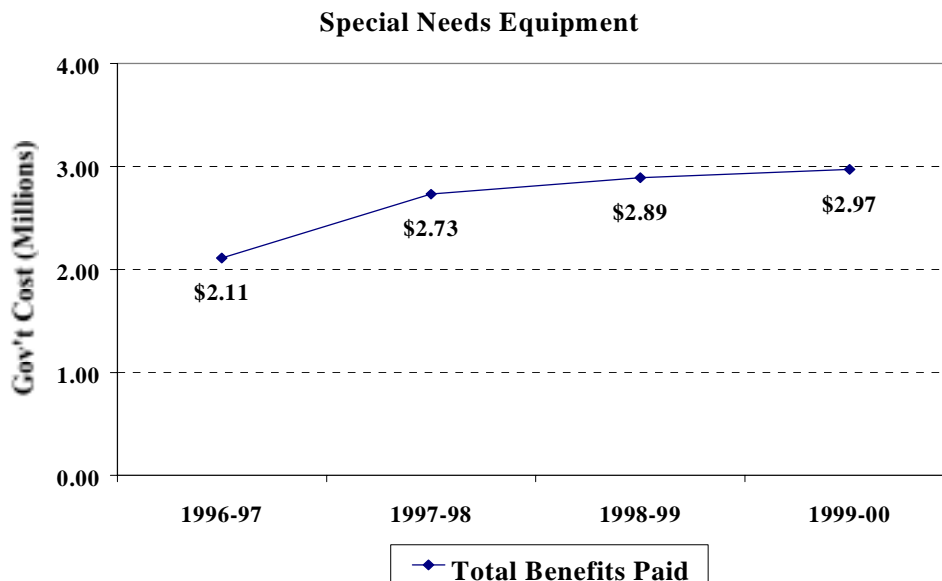


2. Special Needs Equipment

Mobility Aids – Wheelchairs, walkers, and specialized crutches are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

Environmental Aids – Higher-cost equipment such as hospital beds and accessories, transfer assists and commodes are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

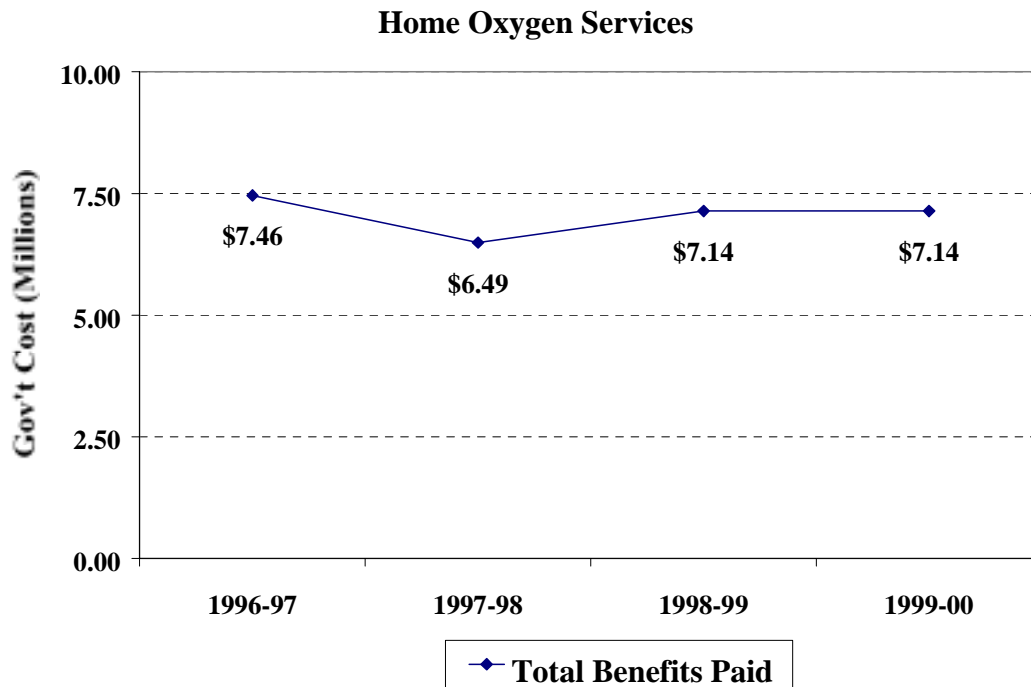
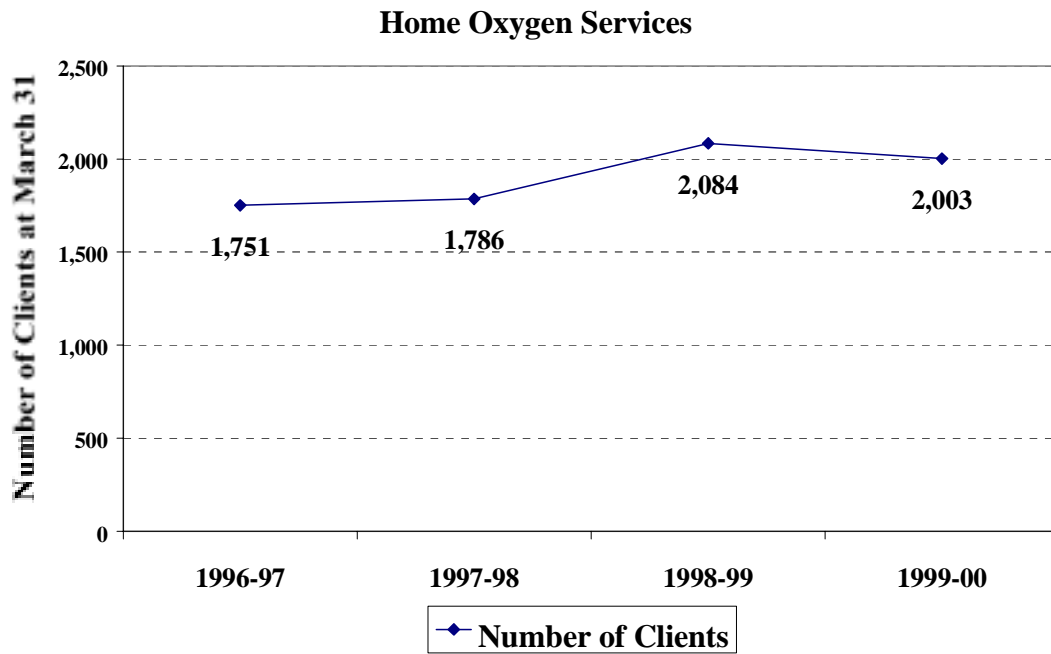
The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.



3. Home Respiratory Services

Home Oxygen Therapy – Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet the medical criteria for home oxygen therapy. The systems are supplied by private medical oxygen supply firms under contract with SAIL. SAIL covers the full cost of the basic systems.

Respiratory Equipment – SAIL shares the purchase cost of aerosol therapy compressors for eligible beneficiaries, who are responsible for maintenance and repairs. Home respiratory equipment such as ventilators, CPAP units, suction pumps, percussors, postural drainage boards and tracheostomy humidification packs are loaned, maintained and repaired without charge. Eligibility is based on specific medical criteria.



4. Special Benefit Programs

In addition to regular SAIL Program benefits, extended coverage is provided to beneficiaries with particular disabling conditions.

Paraplegia Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Incontinence management and dressing supplies for chronic conditions are available without charge.

Specialized rehabilitation equipment is loaned, maintained and repaired without charge. Financial assistance for vehicle hand controls, ramps and wheelchair lifts is also provided.

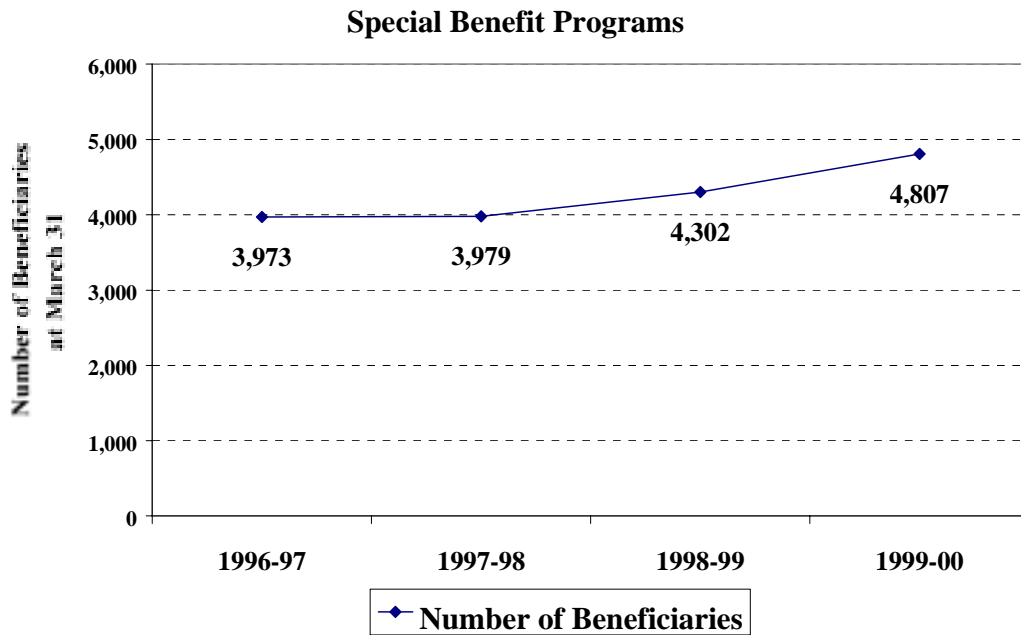
Cystic Fibrosis Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge. In addition, food supplements and digestants are covered.

End Stage Renal Disease Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Ostomy Program – SAIL provides reimbursement of half the cost of ostomy supplies, such as appliances, adhesives and adhesive removers, to eligible persons referred by enterostomal therapists.

Aids to the Blind Program – Financial assistance is provided for aids such as braille watches, talking calculators and low-vision eyewear. Brailers, tape players and recorders are loaned, maintained and repaired without charge. Magnifiers and telescopes are supplied without charge.

Low vision eyewear is provided through optometric/ophthalmic dispensers. Equipment services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.



Note: The Special Benefit Programs charts have been altered because information on the number of caseloads for Aids to the Blind is not available in 1999-00.

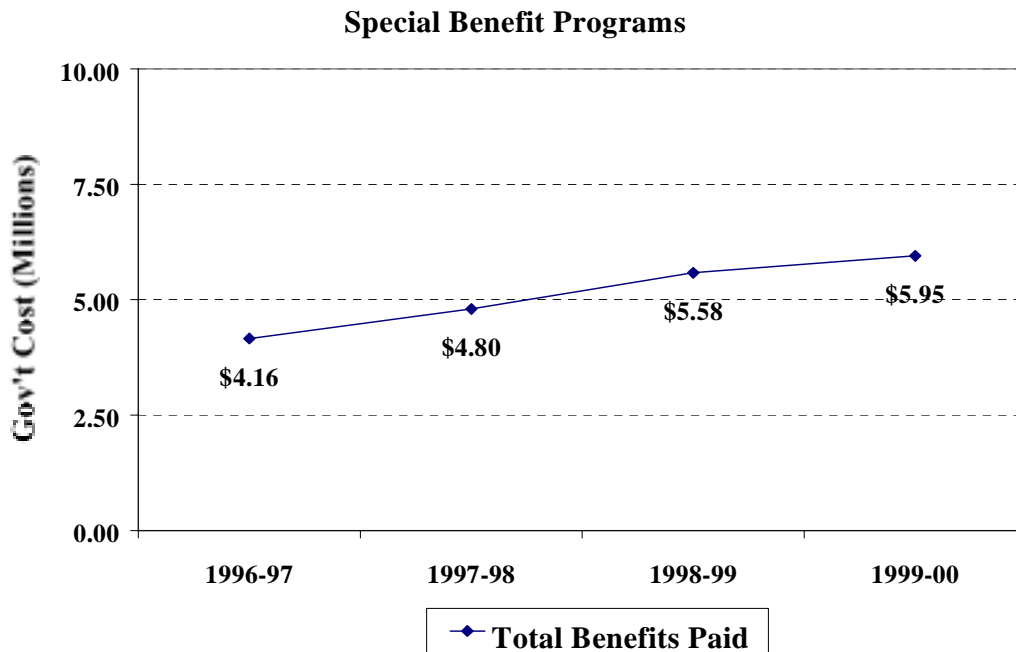


Table 16
Special Needs Equipment Program - Loans

April 1999 - March 2000

	1996-97	1997-98	1998-99	1999-00
Wheelchairs				
- Manual.....	4,252	4,369	4,517	4,493
- Power (electric).....	83	103	128	98
Other Aids.....	16,083	21,759	23,180	23,682
Total Loans	20,418	26,231	27,825	28,273

Table 17
Special Needs Equipment Program - Repairs

April 1999 - March 2000

	1996-97	1997-98	1998-99	1999-00
Wheelchairs				
- Manual.....	1,315	1,462	1,475	1,333
- Power (electric).....	444	454	498	451
Other Aids.....	291	73	2,294	2,026
Total Repairs	2,050	1,989	4,267	3,810

Table 18
Orthopaedic Services - Appliances Issued

	1996-97	1997-98	1998-99	1999-00
Prosthetics.....	214	162	193	174
Orthotics.....	2,897	2,959	3,413	3,215
Footwear (braced).....	101	124	97	67
Adaptive and Specialized Seating for Wheelchairs.....	625	953	1,110	1,155
Total Issues	3,837	4,198	4,813	4,611

Table 19
Orthopaedic Services - Appliances Repaired

	1996-97	1997-98	1998-99	1999-00
Prosthetics.....	1,167	1,169	1,171	1,278
Orthotics.....	1,365	1,399	1,332	1,526
Footwear (braced).....	86	100	146	118
Adaptive and Specialized Seating for Wheelchairs.....	340	332	392	452
Total Repairs	2,958	3,000	3,041	3,374