



Government of
Saskatchewan

Annual Statistical Report 2000-01

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 2000-01. 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.

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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. RxFiles Academic Detailing 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 2000-2001

Drug Plan

- One in every four families that received a prescription received a financial benefit.
- At June 30, 2000, a total of 930,965 individuals, representing approximately 515,029 family units were eligible to receive Drug Plan benefits.
- A total of 633,698 individual beneficiaries representing 434,591 family units, purchased eligible prescriptions. This represents 68% 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 2000-2001 were approximately \$13.6M.
- Terminally ill patients covered under the Palliative Care Program received 68,325 prescriptions at no charge. The Drug Plan payment for Palliative Care was \$3.1 million.
- **The Special Support Program:**
 - helped 40,585 families (69% were senior families)
 - provided benefits in the amount of \$49.2 million
 - dispensed an average of 37.3 prescriptions to each active beneficiary
 - dispensed an average of 51.0 prescriptions to each family unit
 - assisted on average 66.7% of the total prescription costs.
- **Active beneficiaries not subject to a deductible:**
 - helped 58,043 families
 - provided benefits of \$35.9 million
 - dispensed an average of 11.9 prescriptions to each active beneficiary
 - dispensed an average of 16.3 prescriptions to each family unit
 - assisted on average 98.3% of the total prescription costs.
- **Active beneficiaries who are subject to a deductible and a co-payment:**
 - provided benefits of \$13.8 million
 - dispensed an average of 9.1 prescriptions to each active beneficiary
 - dispensed an average of 13.5 prescriptions to each family unit
 - assisted on average 11.3% of the total prescription costs.
- **Drug claims processed for Formulary and Exception Drug Status drugs:**
 - processed 7.5 million prescriptions during April 1/00 to March 31/01
 - provided benefits in the amount of \$98.9 million
 - average drug acquisition cost per prescription was \$22.36
 - average mark-up paid to pharmacies was \$2.31
 - average dispensing fee paid to pharmacies was \$6.18.

Supplementary Health

- The average number of eligible beneficiaries under the program was 50,991.
- Net payments for the program were \$12.99 million during the fiscal 12-month period.
- Program expenditures per beneficiary rose from \$156.61 in 1997-98 to \$254.74 in 2000-01. These figures do not include Formulary Drugs (covered by the Drug Plan).

Family Health Benefit Program

- The number of eligible beneficiaries under the program in March 2001 was 70,980 (31,106 adults and 39,784 children). This is a decrease of 513 beneficiaries over the previous year. The number of eligible families was 20,951, which is a decrease of 56 families over the previous year.
- Net payments for the program were \$4.30 million from April 1, 2000 to March 31, 2001. This is a decrease of \$194,000 from the previous year. These figures do not include Formulary Drugs (covered by the Drug Plan).

Saskatchewan Aids to Independent Living (SAIL)

- Net payments during the 12-month period were \$2.08 million for Orthopaedic services and \$3.37 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 2000-01 was \$7.41 million compared to \$8.9 million in 1995-96.
- Net payments for approved beneficiaries were \$6.43 million for non-formulary drugs and \$0.64 million for ostomy supplies in the fiscal 12-month period, an increase of 1.12M (18.8%) over the previous year.
- A total 4,529 orthopaedic issues were made in 2000-01, a slight decrease of 82 from the previous year. The number of repairs was 3,368, a slight decrease from the previous year.
- A total 19,324 wheelchairs and other special needs equipment aids were loaned to beneficiaries in 2000-01, a decrease of 4,358 over the previous year. The number of needs equipment repairs was 785, a decrease of 1,241 from the previous year.

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.
 - In 2000, the Prescription Drug Plan, in partnership with the Saskatoon Health District (SHD) implemented the RxFiles Academic Detailing Program as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients. This program is an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the SHD.

* 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 2000 - March 2001					
Saskatchewan Assistance Plan Recipients					
-Prescription Charge Subsidized, (Plan One)	22,557	312,421	4.1	\$ 10,443,867	10.6
-Prescription Charge Fully Covered					
Special Drugs for Plan One	2,477	33,955	0.5	978,764	1.0
Plan One Dependents to Age 18	11,226	52,221	0.7	1,116,527	1.1
Plans Two and Three	9,472	263,170	3.5	7,929,782	8.0
Special Beneficiaries					
-Paraplegics	1,256	36,704	0.5	1,188,857	1.2
-Cystic Fibrosis	90	2,607	0.0	644,739	0.7
-Chronic Renal Disease	682	44,825	0.6	2,894,548	2.9
-Others for Certain Drugs ⁴	1,473	27,053	0.4	5,267,554	5.3
Family Health Benefits					
-Children	27,551	102,534	1.4	2,340,781	2.4
-Adults	19,743	111,435	1.5	778,558	0.8
Palliative Care	2,412	68,325	0.9	3,144,140	3.2
Emergency Assistance	137	572	0.0	11,868	0.0
Special Support	55,454	2,069,233	27.5	49,166,485	49.7
Income Supplement Recipients					
-Saskatchewan Income Plan	6,927	145,667	1.9	1,707,439	1.7
-Guaranteed Income Supplement					
Special Care Home	2,219	75,892	1.0	905,475	0.9
Community	21,870	406,162	5.4	3,503,556	3.5
Regular Deductible Program	448,152	3,781,411	50.2	6,884,738	7.0
Total	633,698	7,534,187	100.0	\$ 98,907,678	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

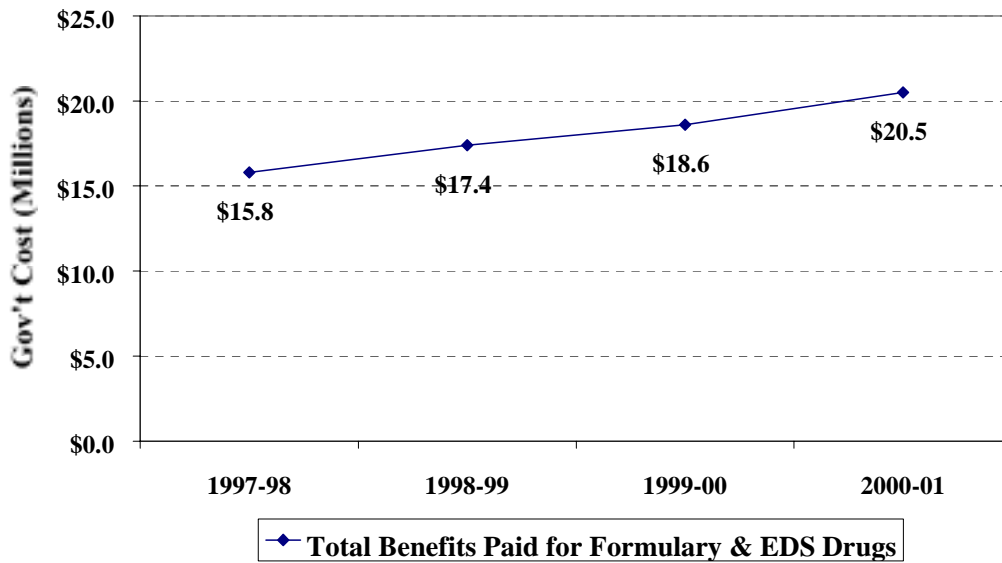
Plan Three beneficiaries are entitled to receive all Formulary drugs and certain non-Formulary drugs at no charge. Supplementary Health covers the cost of certain non-Formulary drugs and the cost of megavitamins and allergenic extracts for Plan One and Plan Two beneficiaries.

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.

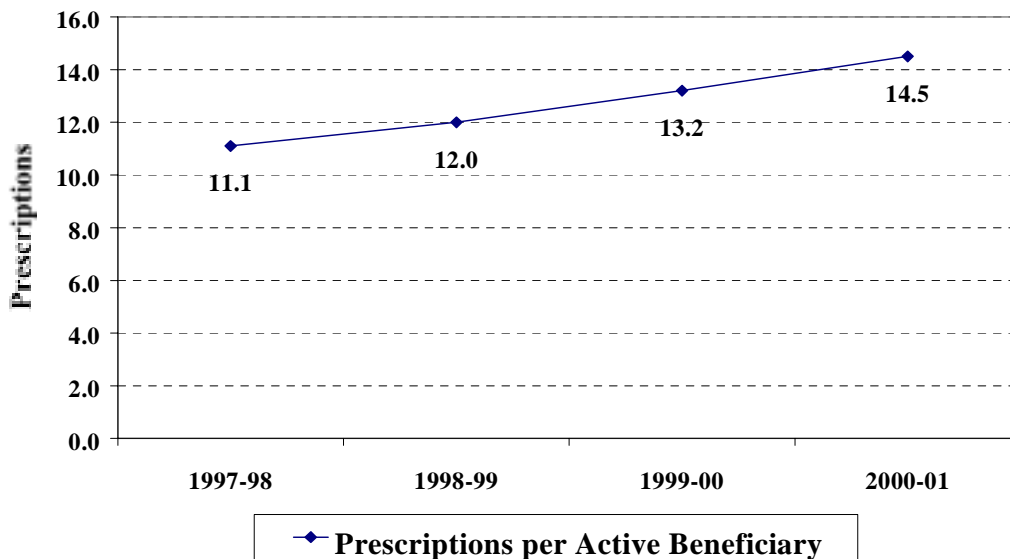
Saskatchewan Assistance Plan Coverage (Continued)

	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>
Number of SAP Active Beneficiaries	54,666	51,797	48,435	45,732

Saskatchewan Assistance Plan Drug Coverage



Saskatchewan Assistance Plan Drug Coverage

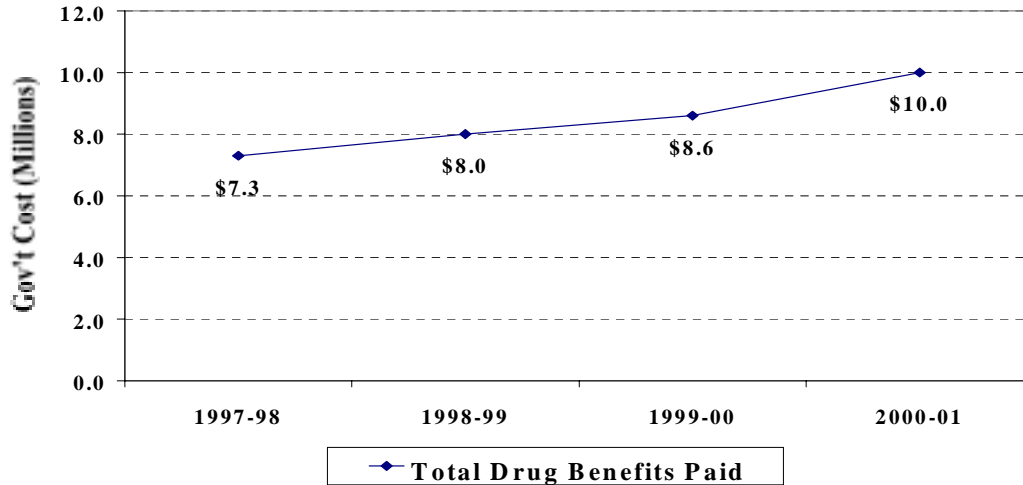


2. Special Beneficiaries

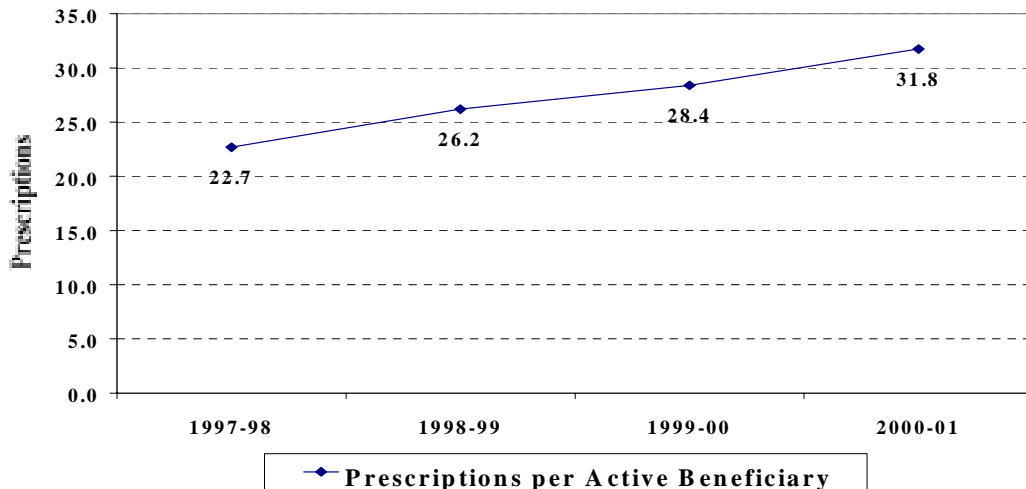
Special Beneficiaries include persons under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no charge high cost drugs. These beneficiaries are entitled to receive certain non-Formulary drugs, Exception Drug Status drugs, and all prescribed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

	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>
Number of Active Beneficiaries	3,318	3,234	3,446	3,501

Special Beneficiary Drug Coverage



Special Beneficiary Drug Coverage

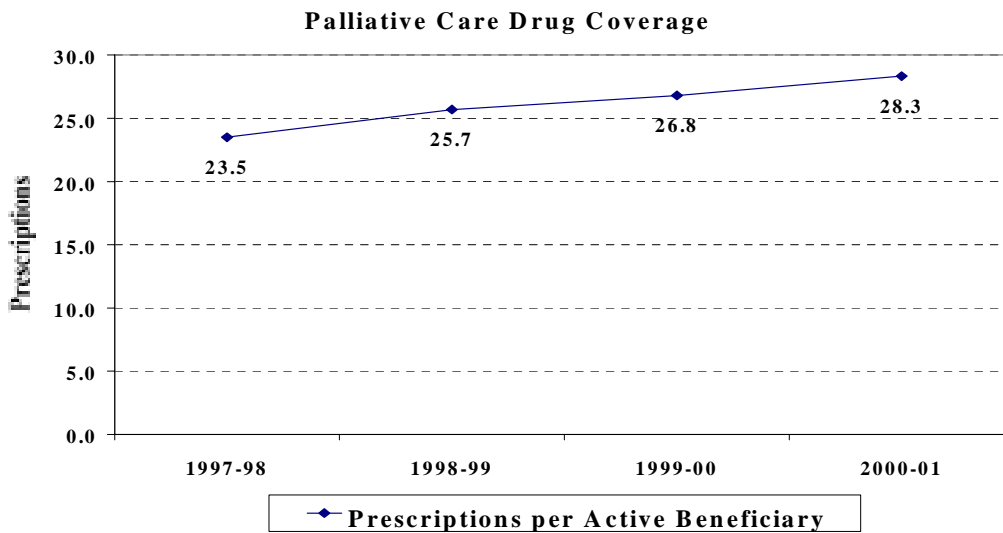
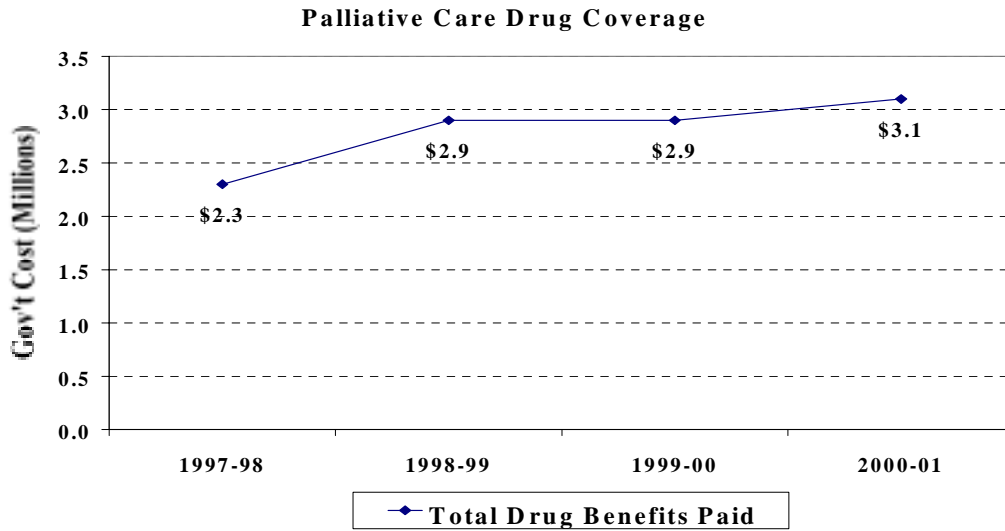


3. Palliative Care Coverage

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

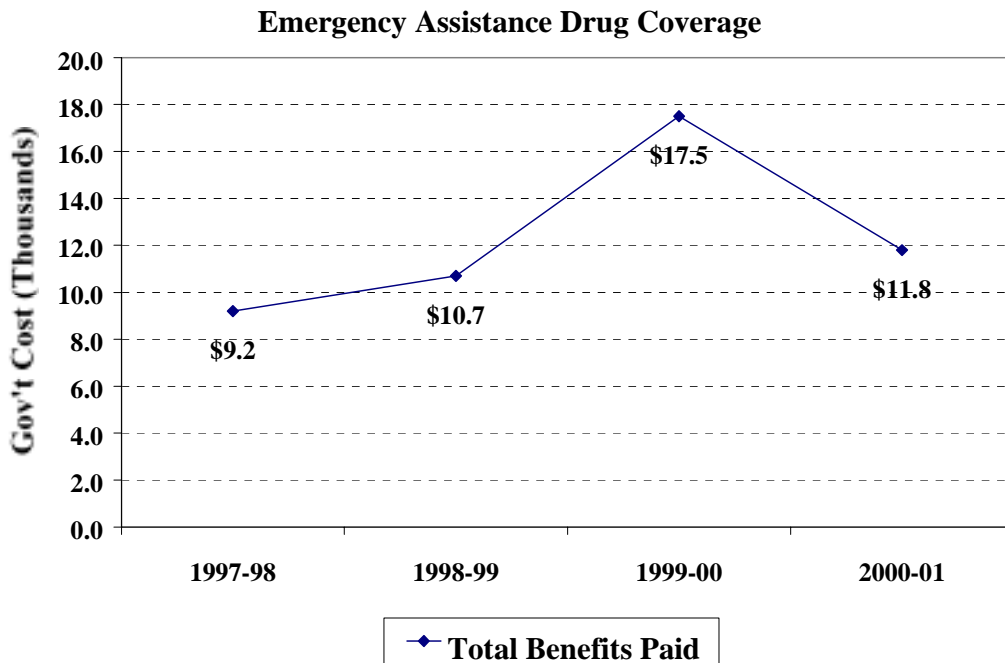
- regular Formulary drugs;
- EDS drugs where prior approval has been granted;
- most laxatives.

	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>
Number of Active Beneficiaries	2,149	2,281	2,387	2,412



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.



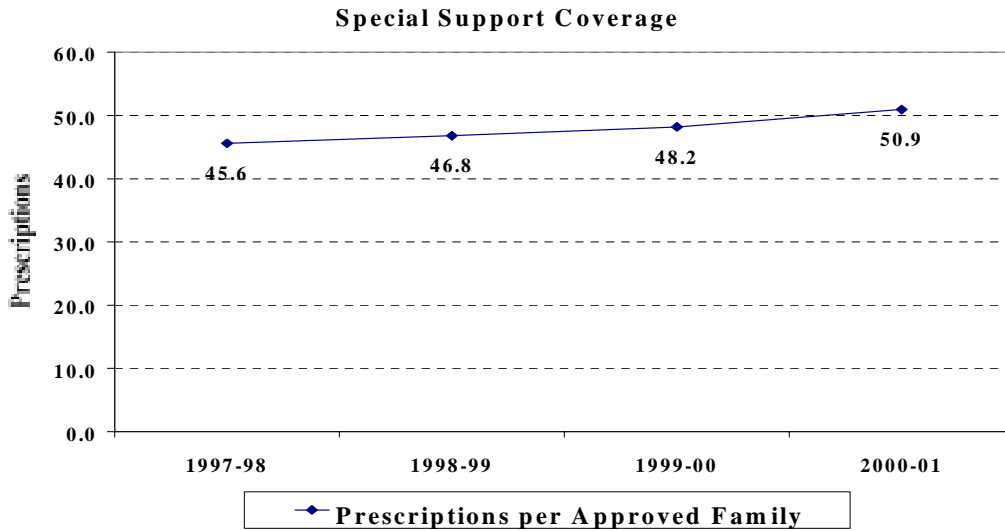
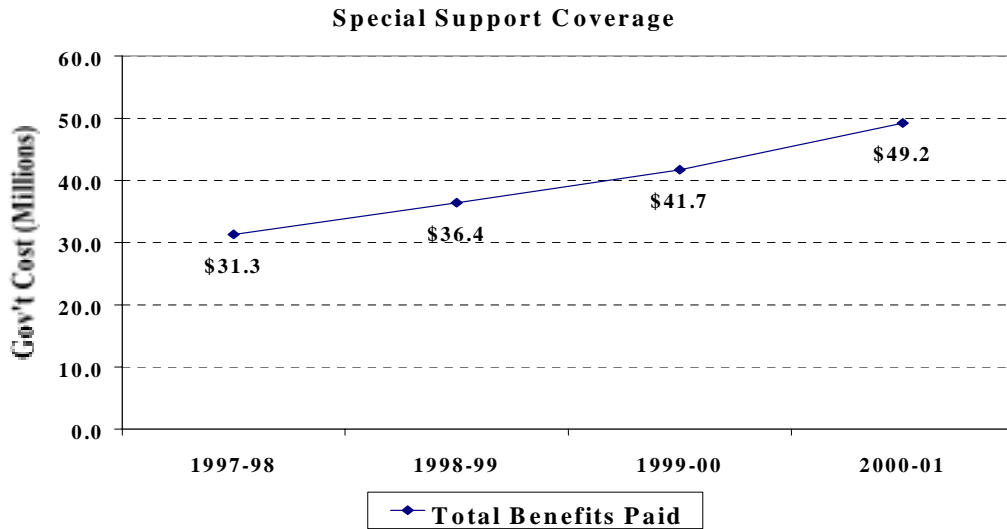
5. Special Support Coverage

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>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>
Number of approved Special Support Families	36,298	37,421	38,912	40,585



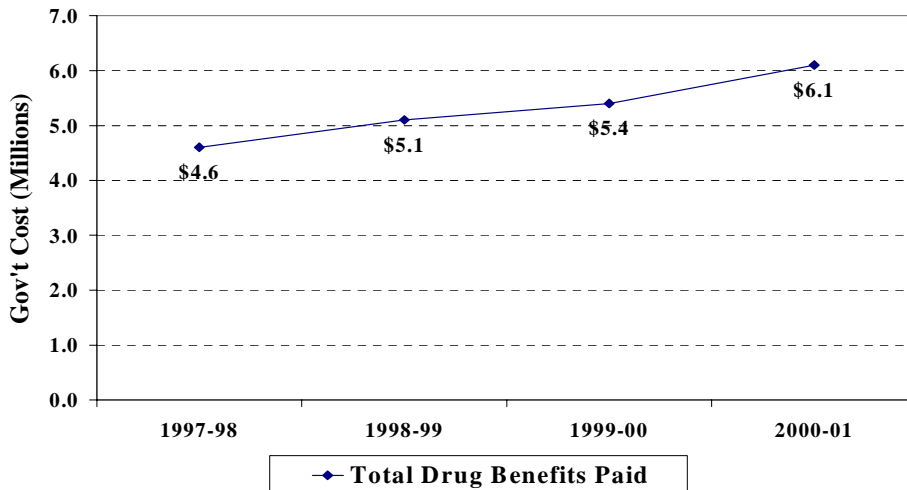
6. Income Supplement Recipients

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.

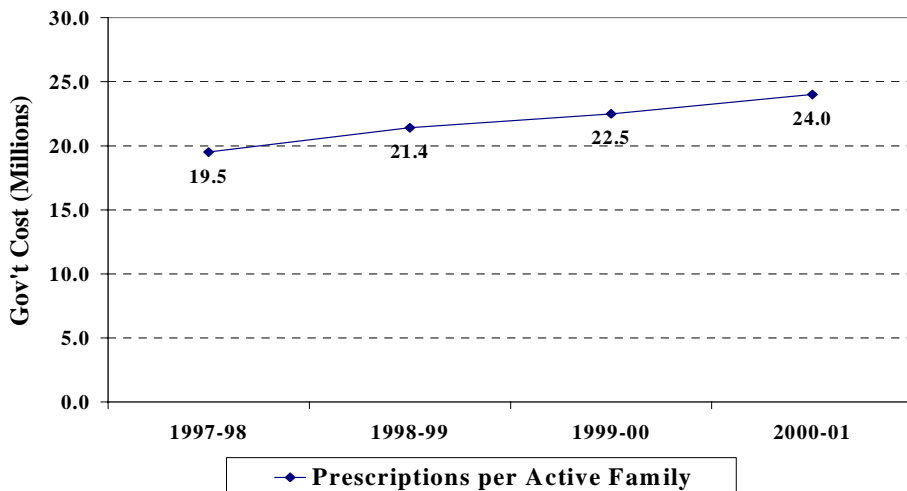
Note: The number of 98-99 families is reduced because families formerly in the Family Income Plan and now in Family Health Benefits are now not included in this chart. The decreases in 99-00 and 00-01 is due to more families being approved for special support.

	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>
Number of Active Families	31,143	28,899	27,351	26,199

Income Supplement Recipient Coverage

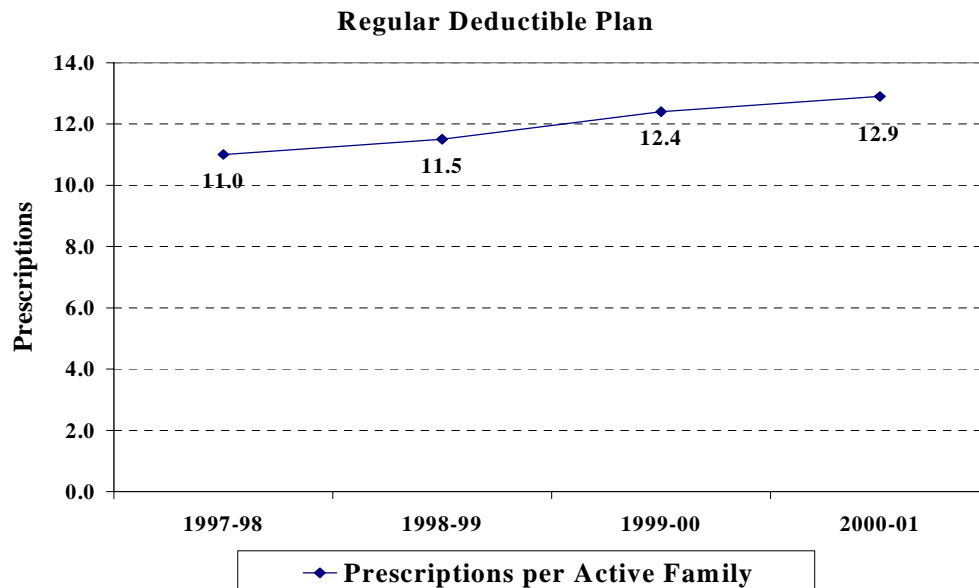
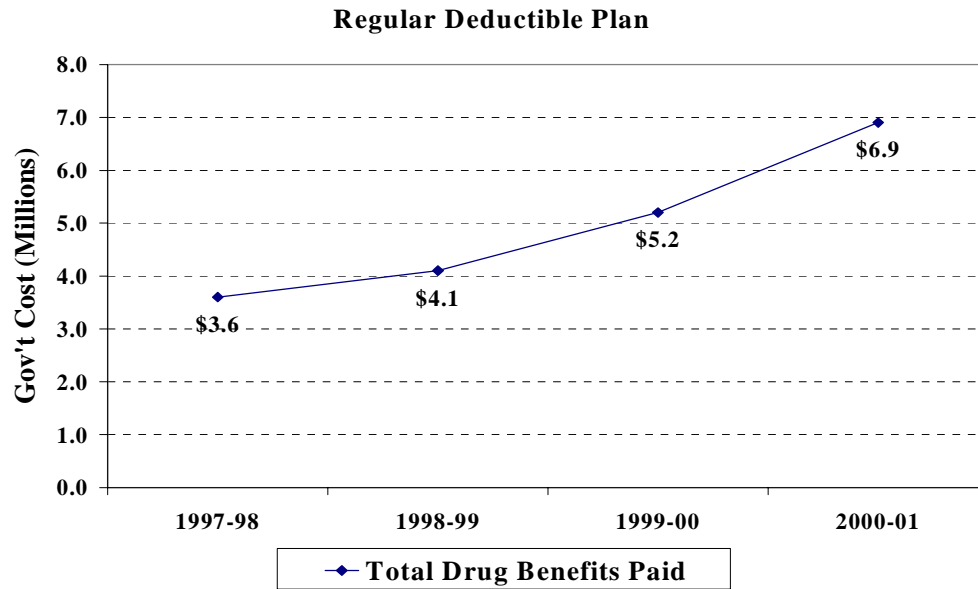


Income Supplement Recipient Coverage



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.



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	2000-01
Number of Active Children beneficiaries	22,039	28,749	27,551
Average number of Prescriptions per Child	3.2	3.7	3.7
Cost of the Program	\$1.5M	\$2.3M	\$2.3M

Number of Active Adult beneficiaries	17,585	20,868	19,743
Average number of Prescriptions per Adult	6.4	5.1	5.6
Cost of the Program	\$0.4M	\$0.6M	\$0.8M

Note: Not included in the above chart for is the program cost for Active Adults approved for special support. This program cost in 1999-00 was \$1,588,100 and in 2000-01 was \$1,728,475.

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 2000 Saskatchewan Formulary followed by two updates, lists 3,109 Formulary drug products and 480 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.
5. The drug has potential for use in other than approved indications.
6. The drug has potential for the development of widespread inappropriate use.
7. The drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications.

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.

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.

DRUG ACQUISITION COST SAVINGS BY SOC'S	
1996-97	\$3.2M
1997-98	\$5.6M
1998-99	\$7.6M
1999-00	\$9.8M
2000-01	\$13.6M

Note: The above drug cost savings from SOC tendering is the maximum estimated savings to beneficiaries and government combined.

“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.

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 & Nutrition Dial Access Drug Information Service, a province-wide drug information service for health professionals.
 - c) The College of Pharmacy & Nutrition 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) The RxFiles Academic Detailing Program operated by the Saskatoon Health District as an educational program aimed at assisting 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.

-
- 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, 2001, there were 372 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 \$7.15 to \$7.22 on February 28, 2001. 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 2000-01

At June 30, 2000, a total of 930,965 individuals, representing approximately 515,029 family units were eligible to receive Drug Plan benefits.

A total of 633,698 individual beneficiaries representing 434,591 family units, purchased eligible prescriptions. This represents 68% of eligible individuals.

1. Overall 2000-2001 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 is 15.6% of the eligible population, represents 20.4% of Drug Plan active beneficiaries, and receive 46.4% of all prescriptions.

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

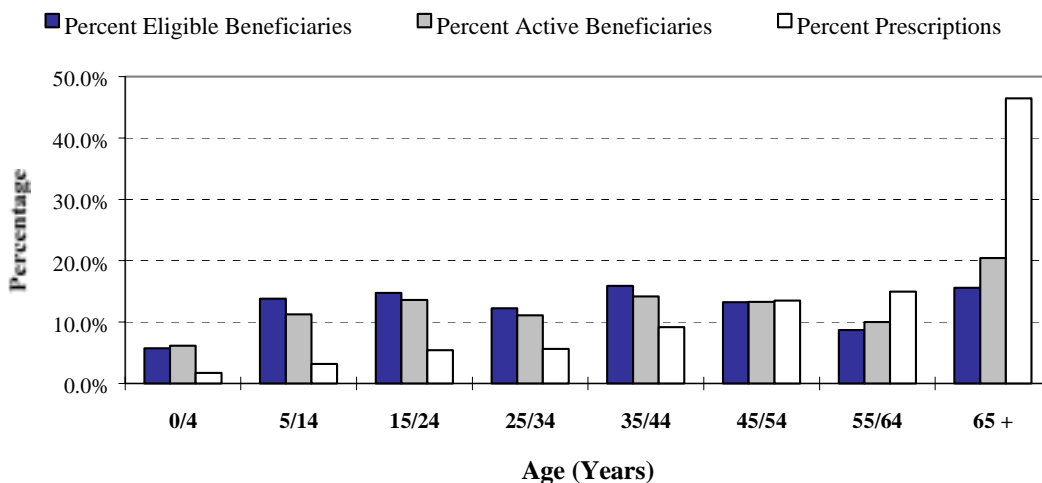


Table 2 presents prescription drug utilization by age and sex of the beneficiary. It also shows that drug utilization increases with age, with the larger increases beginning at age 45.

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 2000 - March 2001 (as submitted for all prescriptions to all beneficiaries)					
Male					
0 - 4	20,023	68,239	\$ 630,025	\$ 436,768	\$ 499,213
5 - 14	36,261	130,537	2,566,027	814,416	1,621,852
15 - 24	35,448	140,500	3,822,385	853,105	2,114,628
25 - 34	27,482	140,846	4,048,313	875,108	2,603,195
35 - 44	38,852	275,899	8,611,565	1,738,046	5,094,633
45 - 54	37,992	418,105	12,938,016	2,581,106	6,162,934
55 - 64	29,069	478,824	13,874,428	2,862,699	6,333,886
65 - 74	28,163	624,195	16,555,591	3,731,433	8,201,914
75 - 84	17,978	483,928	11,564,128	3,017,412	6,095,297
85 and over	6,719	204,517	3,996,203	1,338,219	2,572,527
Male Total	277,987	2,965,590	\$ 78,606,681	\$ 18,248,312	\$ 41,300,079
Female					
0 - 4	18,889	59,755	\$ 498,345	\$ 383,066	\$ 408,651
5 - 14	34,951	107,608	2,165,514	677,690	1,539,886
15 - 24	50,794	267,774	5,951,196	1,631,308	2,466,171
25 - 34	42,994	285,792	7,390,838	1,722,789	3,459,563
35 - 44	50,872	417,972	12,018,723	2,560,604	6,228,462
45 - 54	46,193	595,982	14,932,081	3,609,997	6,858,731
55 - 64	34,350	647,547	15,206,274	3,861,052	7,334,274
65 - 74	32,822	792,943	19,401,220	4,815,354	10,229,912
75 - 84	29,180	883,923	20,119,366	5,659,977	12,132,458
85 and over	14,666	509,301	9,616,888	3,397,289	6,949,491
Female Total	355,711	4,568,597	\$ 107,300,445	\$ 28,319,126	\$ 57,607,599
Both Sexes					
0 - 4	38,912	127,994	\$ 1,128,370	\$ 819,834	\$ 907,864
5 - 14	71,212	238,145	4,731,541	1,492,106	3,161,738
15 - 24	86,242	408,274	9,773,581	2,484,413	4,580,799
25 - 34	70,476	426,638	11,439,151	2,597,897	6,062,758
35 - 44	89,724	693,871	20,630,288	4,298,650	11,323,095
45 - 54	84,185	1,014,087	27,870,097	6,191,103	13,021,665
55 - 64	63,419	1,126,371	29,080,702	6,723,751	13,668,160
65 - 74	60,985	1,417,138	35,956,811	8,546,787	18,431,826
75 - 84	47,158	1,367,851	31,683,494	8,677,389	18,227,755
85 and over	21,385	713,818	13,613,091	4,735,508	9,522,018
Grand Total	633,698	7,534,187	\$ 185,907,126	\$ 46,567,438	\$ 98,907,678

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, 2001.

2. 2000-01 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 2000 - March 2001

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	20,219	533,694	\$ 7,105,041	\$351.40	\$ 18,049,840	\$ 892.72
65 and over	<u>35,235</u>	<u>1,535,539</u>	<u>17,472,588</u>	\$495.89	<u>31,116,645</u>	\$ 883.12
Sub-Total	<u>55,454</u>	<u>2,069,233</u>	<u>\$ 24,577,629</u>	\$443.21	<u>\$ 49,166,485</u>	\$ 886.62
Beneficiaries exempt from paying a Deductible (e.g. SAP, SAIL, Palliative Care)						
Under 65	46,907	670,439	\$ 607,267	\$ 12.95	\$ 27,489,338	\$ 586.04
65 and over	<u>4,738</u>	<u>170,842</u>	<u>28,461</u>	\$ 6.01	<u>6,119,440</u>	\$ 1,291.57
Sub-Total	<u>51,645</u>	<u>841,281</u>	<u>\$ 635,728</u>	\$ 12.31	<u>\$ 33,608,778</u>	\$ 650.77
Beneficiaries receiving Family Health Benefits (excludes prescriptions under Special Support)						
Under 65	47,233	213,164	\$ 1,947,121	\$ 41.22	\$ 3,110,163	\$ 65.85
65 and over	<u>61</u>	<u>805</u>	<u>12,555</u>	\$205.81	<u>9,176</u>	\$ 150.43
Sub-Total	<u>47,294</u>	<u>213,969</u>	<u>\$ 1,959,676</u>	\$ 41.44	<u>\$ 3,119,339</u>	\$ 65.96
Beneficiaries receiving Income Supplements (SIP & GIS not covered under Special Support)						
Under 65	2,598	38,787	\$ 657,670	\$253.14	\$ 314,957	\$ 121.23
65 and over	<u>28,418</u>	<u>588,934</u>	<u>8,935,915</u>	\$314.45	<u>5,801,513</u>	\$ 204.15
Sub-Total	<u>31,016</u>	<u>627,721</u>	<u>\$ 9,593,585</u>	\$309.31	<u>\$ 6,116,470</u>	\$ 197.20
Beneficiaries under Regular Deductible Program (not eligible for any other Drug Plan coverage)						
Under 65	387,213	2,579,296	\$ 66,218,309	\$171.01	\$ 3,761,781	\$ 9.72
65 and over	<u>61,076</u>	<u>1,202,687</u>	<u>30,581,962</u>	\$500.72	<u>\$ 3,134,825</u>	\$ 51.33
Sub-Total	<u>448,289</u>	<u>3,781,983</u>	<u>\$ 96,800,271</u>	\$215.93	<u>\$ 6,896,606</u>	\$ 15.38
Grand Total	633,698	7,534,187	\$ 133,566,889		\$ 98,907,678	

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. 2000-2001 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), 40,585 families who had high drug costs in relation to their income received \$49.2 million in benefits, which equals an average payment of \$1,211.45 per family which is an increase of 13% over the previous year.

In 'Families Exempt from the Deductible Program' (Table 5), the average payment on behalf of each active family was \$619.36 which is an increase of 14.7% over the previous year.

In 'Families Under the Deductible Program' (Table 6), the average payment on behalf of each active family was \$41.05. 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 2000 - March 2001

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	1,243	11,229	\$ 284,762	\$ 355,704	\$ 10,014	\$ 345,690
25.01 - 50.00	700	9,906	296,199	358,746	26,152	332,594
50.01 - 75.00	611	9,632	292,581	353,346	38,277	315,069
75.01 - 100.00	623	11,196	313,947	382,958	54,480	328,478
100.01 - 125.00	664	12,395	367,854	444,874	74,866	370,008
125.01 - 150.00	642	12,886	427,210	507,185	87,858	419,327
150.01 - 175.00	741	17,224	502,684	609,632	120,483	489,149
175.01 - 200.00	697	17,749	465,542	578,319	130,437	447,882
200.01 - 250.00	1,655	49,388	1,257,761	1,571,213	373,891	1,197,322
250.01 - 300.00	1,945	66,850	1,745,978	2,175,638	536,459	1,639,179
300.01 - 350.00	2,358	94,083	2,316,355	2,917,402	768,137	2,149,265
350.01 - 400.00	2,713	118,589	2,973,636	3,735,050	1,017,877	2,717,173
400.01 - 450.00	2,727	129,003	3,227,899	4,056,480	1,158,574	2,897,906
450.01 - 500.00	2,524	128,120	3,321,471	4,150,480	1,197,327	2,953,153
500.01 - 600.00	4,192	227,191	5,984,245	7,445,219	2,296,918	5,148,301
600.01 - 725.00	4,202	247,906	6,877,854	8,443,094	2,775,800	5,667,294
725.01 - 850.00	3,173	207,095	5,837,698	7,140,297	2,488,122	4,652,175
850.01 - 1000.00	2,754	189,734	5,650,821	6,836,856	2,535,184	4,301,672
1000.01 - 1250.00	2,983	220,398	6,982,375	8,337,855	3,329,716	5,008,139
1250.01 - and over	<u>3,438</u>	<u>288,659</u>	<u>11,583,357</u>	<u>13,343,766</u>	<u>5,557,057</u>	<u>7,786,709</u>
All	40,585	2,069,233	\$ 60,710,229	\$ 73,744,114	\$ 24,577,629	\$ 49,166,485

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 2000 - March 2001

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	34,836	507,987	\$ 19,133,559	\$ 22,464,558	\$ 0	\$ 22,464,558
00.01 - 25.00	16,004	129,074	2,601,541	3,443,810	133,134	3,310,676
25.01 - 50.00	3,339	79,645	2,236,782	2,769,745	120,383	2,649,362
50.01 - 75.00	1,539	57,697	1,754,391	2,138,823	94,713	2,044,110
75.01 - 100.00	942	48,296	1,317,279	1,650,180	81,844	1,568,336
100.01 - 125.00	546	36,879	988,997	1,251,844	61,033	1,190,811
125.01 - 150.00	315	24,936	671,914	847,618	42,816	804,802
150.01 - 175.00	190	17,605	452,133	574,832	30,711	544,121
175.01 - 200.00	126	13,864	412,822	510,346	23,459	486,887
200.01 - 250.00	123	15,901	403,098	517,074	27,327	489,747
250.01 - 300.00	36	5,514	149,636	188,758	9,766	178,992
300.01 - 350.00	17	3,092	70,955	94,488	5,600	88,888
350.01 and over	30	3,325	110,172	133,581	5,312	128,269
All	58,043	943,815	\$ 30,303,279	\$ 36,585,657	\$ 636,098	\$ 35,949,559

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 2000 - March 2001

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	56,021	69,685	\$ 354,167	\$ 782,282	\$ 769,817	\$ 12,465
25.01 - 50.00	39,920	104,750	824,897	1,471,420	1,452,984	18,436
50.01 - 75.00	26,341	107,988	993,774	1,650,960	1,633,724	17,236
75.01 - 100.00	19,581	106,994	1,081,836	1,732,407	1,709,002	23,405
100.01 - 125.00	16,073	107,729	1,181,467	1,827,992	1,800,167	27,825
125.01 - 150.00	14,073	108,652	1,313,869	1,965,563	1,930,655	34,908
150.01 - 175.00	12,354	107,976	1,414,180	2,059,551	2,006,569	52,982
175.01 - 200.00	11,536	112,670	1,547,948	2,221,494	2,161,791	59,703
200.01 - 250.00	19,248	216,895	3,167,028	4,474,996	4,307,494	167,502
250.01 - 300.00	14,006	191,021	2,896,994	4,059,803	3,835,386	224,417
300.01 - 350.00	10,888	174,830	2,787,019	3,841,092	3,531,518	309,574
350.01 - 400.00	9,370	166,460	2,861,589	3,871,974	3,507,936	364,038
400.01 - 450.00	8,444	166,301	2,980,060	3,982,273	3,585,022	397,251
450.01 - 500.00	7,608	161,867	3,081,517	4,057,505	3,612,176	445,329
500.01 - 600.00	12,840	305,956	6,158,373	8,003,953	7,038,685	965,268
600.01 - 725.00	12,092	331,060	7,175,111	9,175,252	7,974,814	1,200,438
725.01 - 850.00	9,251	281,859	6,521,859	8,224,713	7,258,934	965,779
850.01 - 1000.00	8,357	279,571	6,901,160	8,589,795	7,703,204	886,591
1000.01 - 1250.00	9,597	368,851	9,478,978	11,686,980	10,714,112	972,868
1250.01 - and over	18,363	1,050,024	32,171,792	38,464,791	31,819,172	6,645,619
All	335,963	4,521,139	\$ 94,893,618	\$ 122,144,796	\$ 108,353,162	\$ 13,791,634

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. 2000-01 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 69.3% of all prescriptions and 61.2% 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 2000 - March 2001			
As submitted for all beneficiaries			
8:00 Anti-Infectives	704,289	\$ 8,654,241	\$ 4,730,277
10:00 Antineoplastic agents	943	97,190	70,425
12:00 Autonomic Drugs	266,763	5,196,441	3,474,172
20:00 Blood Formation and Coagulation	134,638	4,623,385	2,998,471
24:00 Cardiovascular Drugs	1,859,084	56,849,965	23,427,429
28:00 Central Nervous System Drugs	1,534,485	39,880,571	24,252,182
36:00 Diagnostic Agents	89,994	5,810,712	2,959,750
40:00 Electrolytic, Caloric, and Water Balance	497,623	1,434,082	1,941,489
48:00 Cough Preparations	800	250,916	255,085
52:00 Eye, Ear, Nose and Throat Preparations	264,319	5,417,183	1,973,187
56:00 Gastrointestinal Drugs	392,269	12,019,927	7,021,277
60:00 Gold Compounds	601	35,373	19,460
64:00 Metal Antagonists	493	54,947	41,403
68:00 Hormones and Substitutes	1,120,153	20,370,310	8,124,998
84:00 Skin and Mucous Membrane Preparations	268,093	5,691,123	2,271,072
86:00 Spasmolytics	42,872	660,828	473,877
88:00 Vitamins	61,200	177,897	252,749
92:00 Unclassified and others	295,568	18,682,035	14,620,375
Total	7,534,187	\$ 185,907,126	\$ 98,907,678

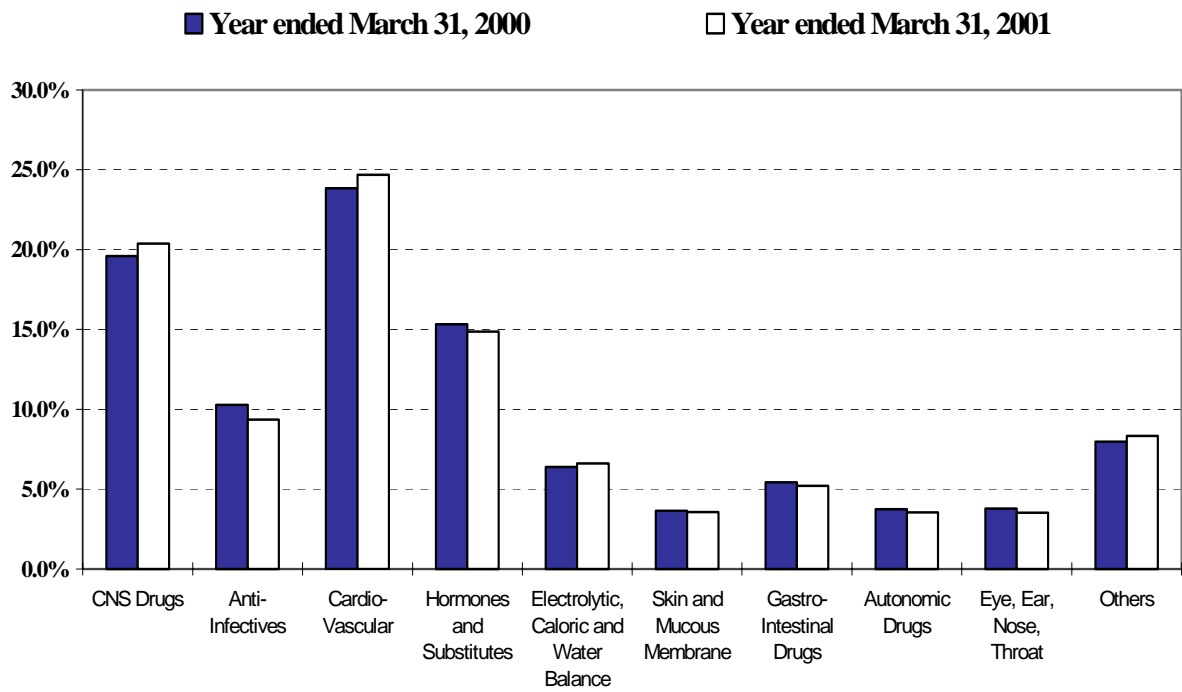
1 The drug classification system used is that of the American Society of Hospital Pharmacists.

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 372 pharmacies held agreements with Drug Plan & Extended Benefits Branch on March 31, 2001. Of these, 64.8% were independent pharmacies, 26.9% were chain outlets, and 5.6% were co-operative.

Table 8
Pharmacies by Location

April 2000 - March 2001

Location of Pharmacy	Number of Pharmacies ¹
Single Pharmacy Communities	95
2 - 5 Pharmacy Communities	62
Communities with More Than 5 Pharmacies	
Estevan	7
Moose Jaw	12
Nipawin	6
North Battleford	7
Prince Albert	16
Regina	56
Saskatoon	67
Swift Current	7
Weyburn	6
Yorkton	8
Dispensing Doctors	7
Border Pharmacies	16
Total	372

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2001.

Table 9
Pharmacies by Type of Ownership

Type of Ownership	Number of Pharmacies ¹	Percent
Independent	241	64.8%
Chain ²	100	26.9%
Co-operatives	21	5.6%
Dispensing Doctor	7	1.9%
Hospital Outpatient	3	0.8%
Total	372	100.0%

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2001.

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 1998 - March 1999

Manufacturer	Drug Material Acquisition Cost
3M Pharmaceuticals, 3M Canada	\$ 75,761
Abbott Laboratories Ltd.	2,523,829
Agouron Pharmaceuticals Canada Inc.	18,450
Alcon Canada Inc.	341,190
Allergan Inc.	440,750
Altimed Pharmaceutical Company	4,164,252
Alza Canada	114,755
Amgen Canada Inc.	19,001
Apotex Inc.	6,336,240
Astra Pharma Inc.	3,876,778
Axcan Pharma	238,556
Bayer Inc. - Consumer Care Division	26,642
Bayer Inc. - Healthcare Division	2,783,646
Berlex Canada Inc.	2,224,496
Biovail Pharma	59,586
Boehringer Ingelheim (Canada) Ltd.	1,095,518
Bristol Pharmaceutical Products - Bristol-Myers Squibb	218,485
Bristol-Myers Squibb Canada Inc.	2,036,373
Canderm Pharmacal Ltd.	11,308
Carter-Horner Inc.	23,472
CIBA Vision	57,379
Cytex Pharmaceuticals Inc.	19,285
Dermik Laboratories Canada Inc.	36,329
Diagnostic Division, Bayer Corp.	515,626
Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Ltd.	14,577
Dominion Pharmacal	1,600,016
Draxis Health Inc.	122,231
DuPont Pharma Inc.	2,173,979
Duchesnay Inc.	132,320
Eli Lilly Canada Inc.	3,252,504
Enz	147,720
Faulding (Canada) Inc.	307,153
Ferring Inc.	162,193
Fournier Pharma Inc.	122,134
Fujisawa Canada Inc.	126,520

Manufacturer	Drug Material Acquisition Cost
Galderma Canada Inc.	129,596
Genpharm Inc.	1,076,200
Glaxo Wellcome Inc.	6,537,504
Glenwood Laboratories Canada Ltd.	10,071
Hoechst Marion Roussel Canada Inc.	1,762,292
Hoffman-LaRoche Ltd.	3,181,738
ICN Canada Ltd.	316,409
Janssen-Ortho Inc.	6,643,537
Key, Division of Schering Canada Inc.	766,487
Knoll Pharma Inc.	803,475
Lee-Adams Laboratories, Division of Pharmascience Inc.	5,567
Leo Pharma Inc.	397,972
Lifescan Canada Ltd.	2,033,123
Linson Pharma Inc.	145,253
Lioh Inc.	22,189
Lundbeck Canada Inc.	224,713
McNeil Consumer Products	14,364
Medican Pharma Inc.	2,108,115
Medicis Canada Ltd.	61,300
Medisense, Canada Inc.	909,779
Merck Frosst Canada & Co.	11,901,207
Novartis Consumer Health Canada Inc.	7,489
Novartis Pharmaceuticals Canada Inc.	6,101,791
Novo Nordisk Canada Inc.	868,055
Novopharm Ltd.	3,037,478
Nu-Pharm Inc.	9,397,591
Odan Laboratories Limited	8,501
Organon Canada Ltd.	471,450
Organon Teknika	6,575
Parke-Davis Canada Inc.	4,576,309
Pentapharm Limited	1,265,587
Pfizer Canada Inc.	4,678,259
Pharmacia & Upjohn Inc.	1,357,303
Pharmascience Inc.	1,453,513
Princeton Pharmaceutical Products, Bristol-Myers Squibb	34,404
Procter and Gamble Pharm. Canada, Inc.	1,762,175
Purdue Frederick	1,177,645
Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.	35,791
Rhodiapharm	196,881
Rhone-Poulenc Rorer, Ethical Division	985,372
Roberts Pharmaceutical of Canada Inc.	225,646
Roche Diagnostics, Division of Hoffmann-LaRoche Limited	480,765

Manufacturer	Drug Material Acquisition Cost
Rougier Pharma Inc., Division of Technilab	20,475
Sabex Inc.	82,898
Sanofi Canada, Inc.	534,661
Schein Pharmaceutical Canada Inc.	159,325
Schering Canada Inc.	1,512,989
Searle Canada, Unit of Monsanto Canada Inc.	2,618,578
Serono Canada Inc.	127,085
Servier Canada Inc.	330,690
Smithkline Beecham Pharma Inc.	3,514,853
Solvay Pharma Inc.	438,333
Squibb Pharmaceutical Products - Bristol-Myers Squibb	2,182,355
Stanley Pharmaceuticals Ltd.	44,648
Stiefel Canada Inc.	129,053
Taro Pharmaceuticals Inc.	251,247
Technilab Inc.	264,281
Teva Marion Partners Canada	507,067
Ucyclyd Pharma	85,050
Warner Wellcome Consumer Health Care - Div. of Warner Lambert Canada Inc. ..	42,013
Westwood Squibb Canada	103,017
Wyeth-Ayerst Inc.	5,142,268
Zeneca Pharma Inc.	2,144,891
Extemporaneous Preparations ¹	910,074
Others (each under \$5000)	39,491
Total	\$ 133,783,864

¹ Extemporaneous Preparations are compounded by the pharmacist.

2000-2001 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	\$204,982,067	\$85,368,696
2000-01	633,698	7,534,187	\$232,474,567	\$98,907,678

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 22.9% between 1998-99 and 2000-01 for all beneficiaries. The range of increases, based on age, was 12.9% to 22.8%. Only the 0-4 age group showed a reduction in the total cost of prescriptions per active beneficiary. That reduction was 0.4%.

The cost of prescriptions per beneficiary increased for all age groups over 5 years of age from both an increased average prescription cost and increased number of prescriptions per beneficiary.

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

Age of Consumer	1998-99	1999-00	2000-01	% increase (decrease) 98-99 to 00-01
April 1- March 31				
Average Number of Prescriptions Per Active Beneficiary				
0 - 4	3.1	3.2	3.3	6.1%
5 - 14	3.1	3.3	3.3	7.9%
15 - 24	4.5	4.6	4.7	5.2%
25 - 34	5.5	5.8	6.1	10.1%
35 - 44	6.9	7.3	7.7	12.1%
45 - 54	10.9	11.3	12.0	10.5%
55 - 64	15.8	16.5	17.8	12.4%
65 - 74	20.7	21.8	23.2	12.3%
75 - 84	25.8	26.9	29.0	12.4%
85 and over	29.9	31.1	33.4	11.6%
Total	10.5	11.1	11.9	13.2%
Average Prescription Cost ¹				
0 - 4	\$ 16.05	\$ 15.85	\$ 15.22	(5.2%)
5 - 14	23.27	23.83	26.13	12.3%
15 - 24	28.28	28.56	30.02	6.2%
25 - 34	30.94	31.56	32.90	6.3%
35 - 44	32.74	34.08	35.93	9.7%
45 - 54	30.50	31.78	33.59	10.1%
55 - 64	29.63	30.27	31.79	7.3%
65 - 74	29.75	30.02	31.40	5.6%
75 - 84	27.12	27.64	29.51	8.8%
85 and over	23.41	23.93	25.70	9.8%
Total	\$ 28.54	\$ 29.22	\$ 30.86	8.1%
Total Cost of Prescriptions Per Active Beneficiary				
0 - 4	\$ 50.28	\$ 51.20	\$ 50.07	(0.4%)
5 - 14	72.51	78.05	87.40	20.5%
15 - 24	125.85	132.16	142.13	12.9%
25 - 34	170.69	181.54	199.17	16.7%
35 - 44	227.38	248.36	277.84	22.2%
45 - 54	332.24	359.08	404.60	21.8%
55 - 64	467.91	500.55	564.57	20.7%
65 - 74	614.33	653.96	729.75	18.8%
75 - 84	700.58	743.51	855.87	22.2%
85 and over	698.96	745.53	858.01	22.8%
Total	\$ 298.58	\$ 323.70	\$ 366.85	22.9%

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 1998-99 to 2000-01, the total cost of all prescriptions increased for all classes except for Gastrointestinal drugs.

The 'total cost of all prescriptions' for each class except Gastrointestinal has increased in the range of 3.0% to 37.0% over the three-year period for the following reasons:

- Central Nervous System (CNS) drugs increased the most due to a combination of a 17.5% increase in average prescription cost and a 16.6% increase in the number of prescriptions.
- The next greatest increase was for Diagnostic drugs, due to a combination of a 7.0% increase in average prescription cost and a 23.3% increase in the number of prescriptions.
- Cardiovascular, Hormones & Substitutes and Skin & Mucous Membrane Preparations increased mostly due to prescription volume growth ranging 7.9% to 20.5%.
- Three classes had a decrease in either the average prescription cost or the number of prescriptions, Anti-infective drugs had a 3.9% decrease in prescriptions. Gastrointestinal drugs and Electrolytic, Caloric, & Water Balance drugs had decreases of 7.2% and 1.8% respectively in average prescription cost.
- The Eye, Ears, Nose and Throat class and the Autonomic drugs class also increased as a result of a combination increased average prescription cost and increased prescriptions. These increases were close to the overall average increases for utilization and average prescription cost.

Table 12
Prescription Trend by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Class	1998-99	1999-00	2000-01	% increase (decrease) 98-99 to 00-01
April 1 - March 31				
Total Cost of all Prescriptions				
Cardiovascular Drugs	\$ 54,717,091	\$ 59,706,591	\$ 68,421,997	25.0%
Central Nervous System Drugs	36,194,146	39,364,125	49,590,879	37.0%
Hormones and Substitutes	22,887,284	24,652,519	26,314,355	15.0%
Gastrointestinal Drugs	14,560,018	15,057,204	14,501,953	(0.4%)
Anti-Infectives	12,767,686	12,920,550	13,154,165	3.0%
Skin & Mucous Membrane Preparations	6,700,834	6,927,722	7,371,909	10.0%
Eye, Ear, Nose and Throat Preparations	6,431,080	6,830,864	7,081,918	10.1%
Autonomic Drugs	6,202,945	6,348,743	6,899,415	11.2%
Diagnostic Agents	4,802,063	5,343,959	6,334,657	31.9%
Electrolytic, Caloric, and Water Balance	3,845,876	4,174,418	4,609,984	19.9%
Others	19,894,055	23,655,372	28,193,335	41.7%
Total	\$ 189,003,078	\$ 204,982,067	\$ 232,474,567	23.0%
Number of Prescriptions				
Cardiovascular Drugs	1,542,672	1,673,100	1,859,084	20.5%
Central Nervous System Drugs	1,316,297	1,374,010	1,534,485	16.6%
Hormones and Substitutes	1,000,406	1,075,597	1,120,153	12.0%
Gastrointestinal Drugs	365,322	380,223	392,269	7.4%
Anti-Infectives	732,844	721,081	704,289	(3.9%)
Skin & Mucous Membrane Preparations	248,579	254,424	268,093	7.9%
Eye, Ear, Nose and Throat Preparations	256,704	265,313	264,319	3.0%
Autonomic Drugs	254,677	263,728	266,763	4.7%
Diagnostic Agents	73,006	79,061	89,994	23.3%
Electrolytic, Caloric, and Water Balance	407,470	447,257	497,623	22.1%
Others	424,478	480,786	537,115	26.5%
Total	6,622,455	7,014,580	7,534,187	13.8%
Average Prescription Cost				
Cardiovascular Drugs	\$ 35.47	\$ 35.69	\$ 36.80	3.8%
Central Nervous System Drugs	27.50	28.65	32.32	17.5%
Hormones and Substitutes	22.88	22.92	23.49	2.7%
Gastrointestinal Drugs	39.86	39.60	36.97	(7.2%)
Anti-Infectives	17.42	17.92	18.68	7.2%
Skin & Mucous Membrane Preparations	26.96	27.23	27.50	2.0%
Eye, Ear, Nose and Throat Preparations	25.05	25.75	26.79	6.9%
Autonomic Drugs	24.36	24.07	25.86	6.2%
Diagnostic Agents	65.78	67.59	70.39	7.0%
Electrolytic, Caloric, and Water Balance	9.44	9.33	9.26	(1.8%)
Others	46.87	49.20	52.49	12.0%
Total	\$ 28.54	\$ 29.22	\$ 30.86	8.1%

Table 13
Prescription Drug Plan Payments Summary
April 2000 - March 2001

Statistical Tables

Payments on behalf of families (exempt from deductible program)	
Drug Material Acquisition Cost.....	\$ 27,746,030
Mark-up.....	2,557,249
Dispensing Fee Subsidy.....	5,646,280
Pharmacy Discounts and others.....	<u>(0)</u>
Total Payments for families exempt from deductible.....	\$ 35,949,559
Payments to or on behalf of families (deductible and Special Support program)	
Drug Material Acquisition Cost.....	\$ 140,745,254
Mark-up.....	14,858,593
Dispensing Fees.....	40,285,060
Pharmacy Discounts and others.....	<u>3</u>
Total Approved Prescription Cost.....	\$ 195,888,910
Less: Deductible Credits.....	<u>92,881,102</u>
	\$ 103,007,808
Less: Family Co-Payment.....	<u>40,049,689</u>
Total Payments for families subject to deductible.....	\$ 62,958,119
Total Prescription Drug Plan Payments ¹	\$ 98,907,678
Manual Adjustments ²	<u>154,426</u>
Net Payments by Revenue and Expenditure System.....	\$ 99,062,103

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.

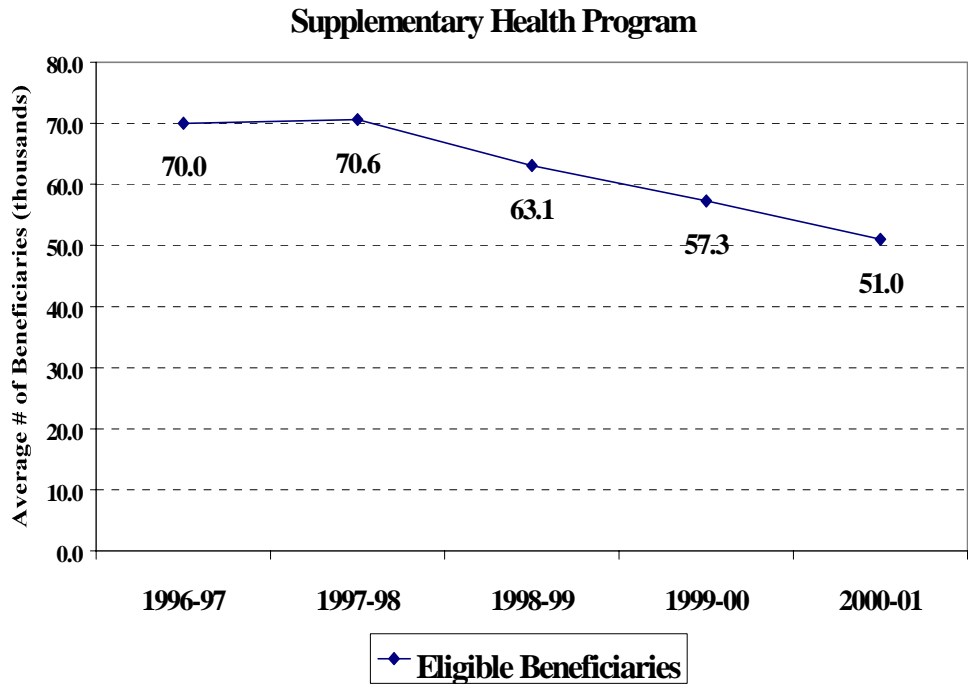
ELIGIBLE BENEFICIARIES

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.



The above chart shows 50,991 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 31, 2001, 20,951 families were eligible for Family Health Benefits. Included in these were 31,106 adults and 39,784 children.

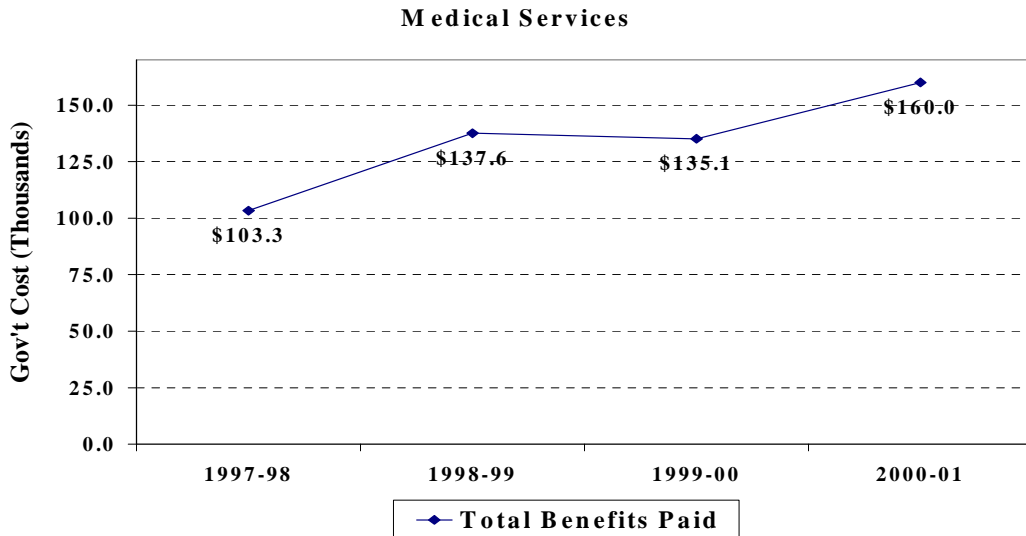
Table 14
Supplementary Health Program and Family Health Benefits Payments

April 2000 - March 2001

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.....	\$ 152,345	\$ 336	\$ 4,750	\$ -	\$ 1,972	\$ 389	\$ 159,792
Dental Services.....	4,042,930	193,208	218,649	24,963	2,473,310	128,943	7,082,003
Non-Formulary Drugs (Plan 3).....	907,269	88,421	78,639	640,114	-	770	1,715,213
Medical Appliances and Supplies.....	733,817	2,613	41,338	93,389	116,188	3,632	990,977
Optical Services.....	1,166,999	57,157	59,387	12,772	560,116	164,930	2,021,361
Chiropractic Services.....	729,120	12,663	7,187	2,076	1,000,252	169,814	1,921,112
Ambulance.....	1,200,863	11,324	30,043	76,452	115,407	15,346	1,449,435
Medical Transportation (Aircraft).....	394,881	-	1,737	-	9,541	-	406,159
Medical Transportation (Ground).....	1,464,257	360	20,578	-	19,733	34,982	1,539,910
Totals: Supplementary Health and Family Health Benefits.....	\$ 10,792,481	\$ 366,082	\$ 462,308	\$ 849,766	\$ 4,296,519	\$ 518,806	\$ 17,285,962

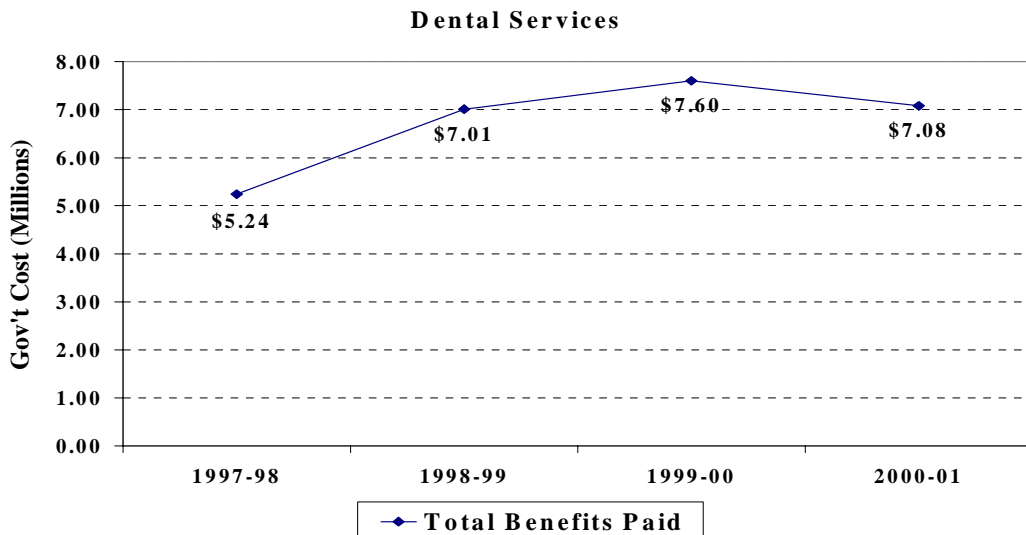
1. Medical Services

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

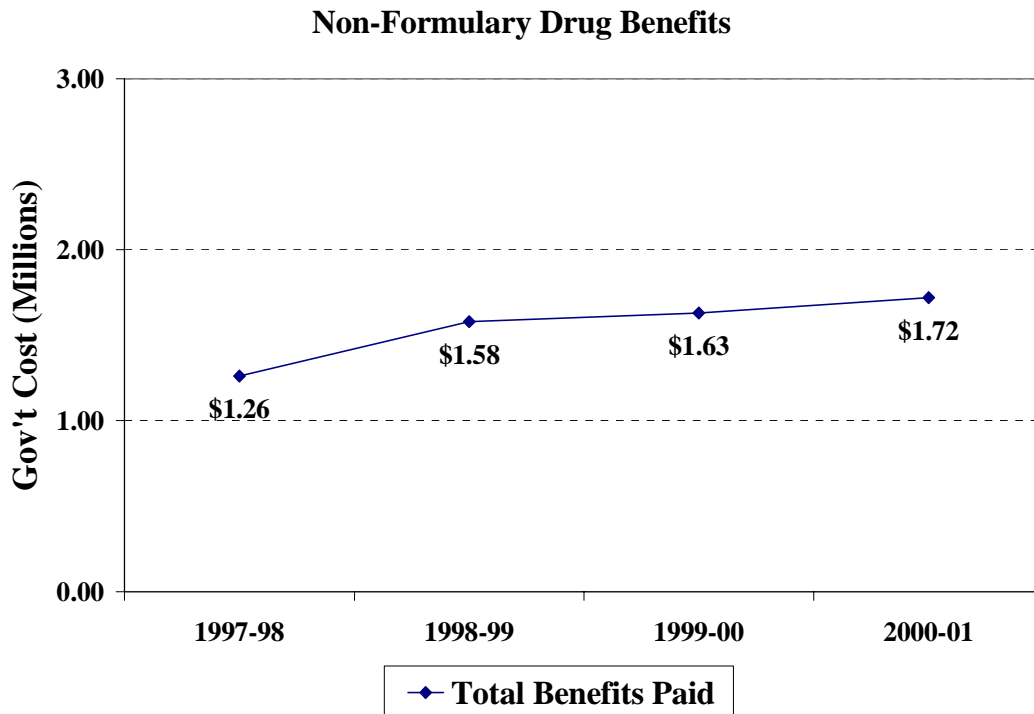
Coverage includes preventive, restorative, exodontic, and prosthetic dentistry for eligible beneficiaries. Coverage for Family Health Benefits children began August 1, 1998.



3. Non-Formulary Drug Benefits

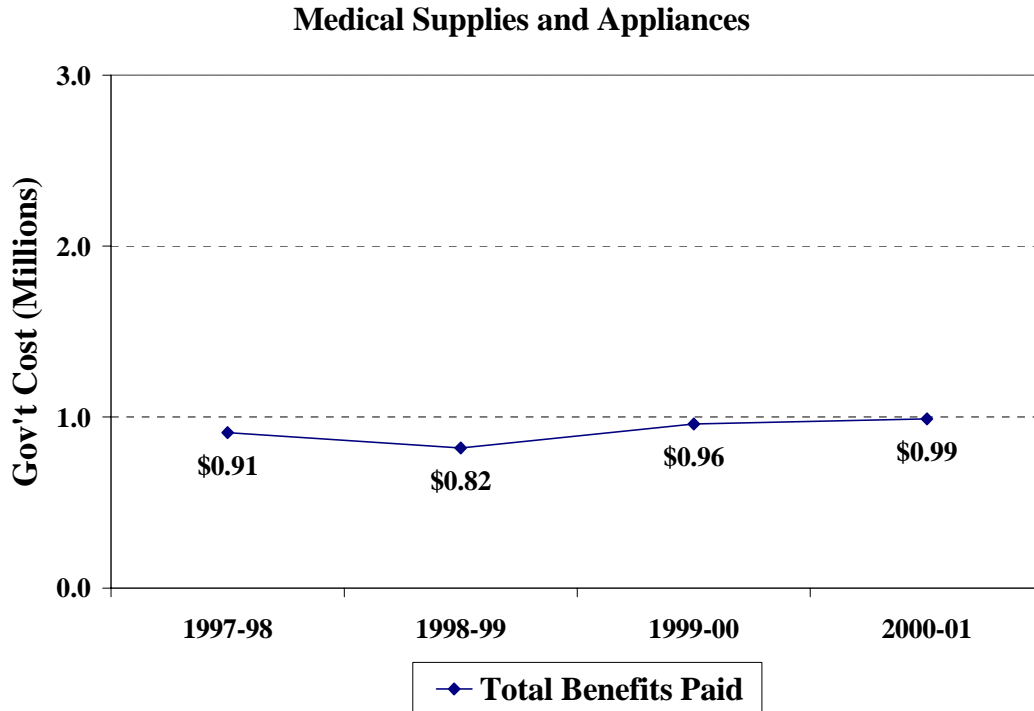
Supplementary Health provides certain non-Formulary drugs without charge for Plan Three residents in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and non-Formulary drug benefits for the different levels of Social Assistance Plan coverage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

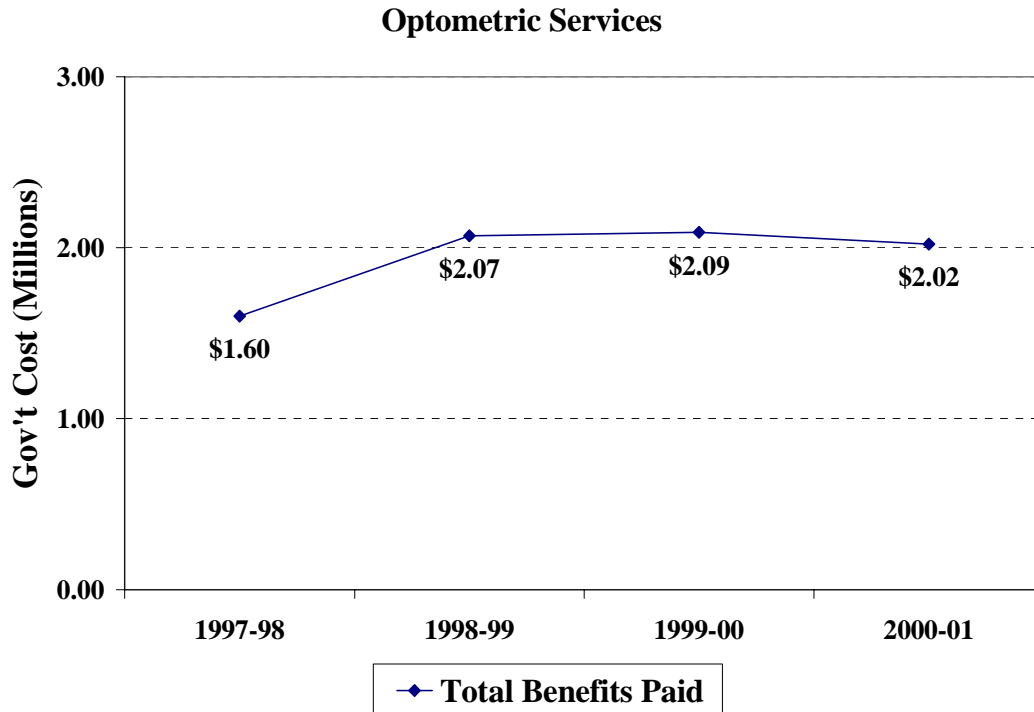
Supplementary Health and Family Health Benefits covers the full cost of most medical supplies and appliances prescribed by a physician for covered beneficiaries.



5. Optometric Services

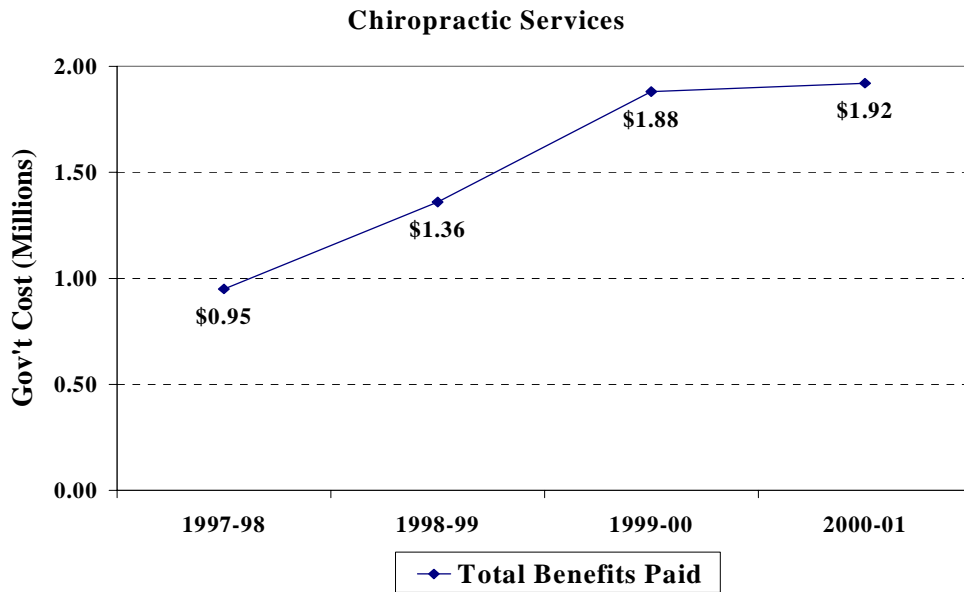
Eyeglasses are covered for Supplementary Health beneficiaries and children of families approved for Family Health Benefits, whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment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



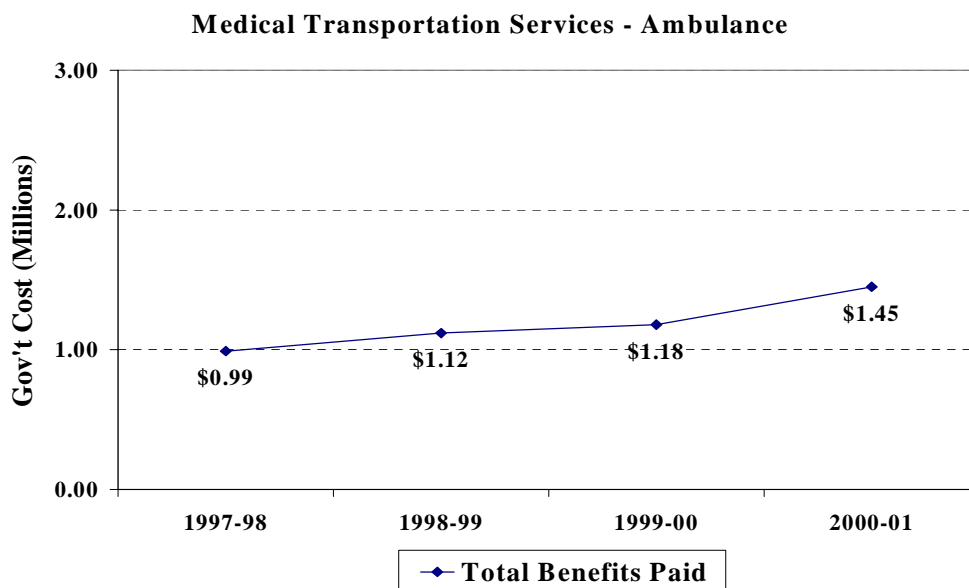
6. Chiropractic Services

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 2000-01 the cost of the medical transportation for the Northern Medivac Program was \$1.9 million an increase of \$0.1M over the previous year.

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

	1999-00		2000-01	
	Caseload	Expenditures	Caseload	Expenditures
Orthopaedic Services.....	n.a.	\$ 1,950,150	n.a.	\$ 2,081,329
Special Needs Equipment.....	n.a.	2,974,483	n.a.	3,369,108
Home Oxygen.....	2,003	7,137,408	2,113	7,409,657
Respiratory Equipment.....	n.a.	594,459	n.a.	794,128
Paraplegia.....	1,837	2,772,225	1,803	2,934,635
Cystic Fibrosis.....	110	272,395	110	324,826
Renal Disease.....	644	2,309,928	682	3,172,245
Ostomy.....	0	597,464	0	638,627
Aids to the Blind.....	n.a.	258,412	728	272,059
Total		\$ 18,866,924		\$ 20,996,614

NOTE: n.a. is not available

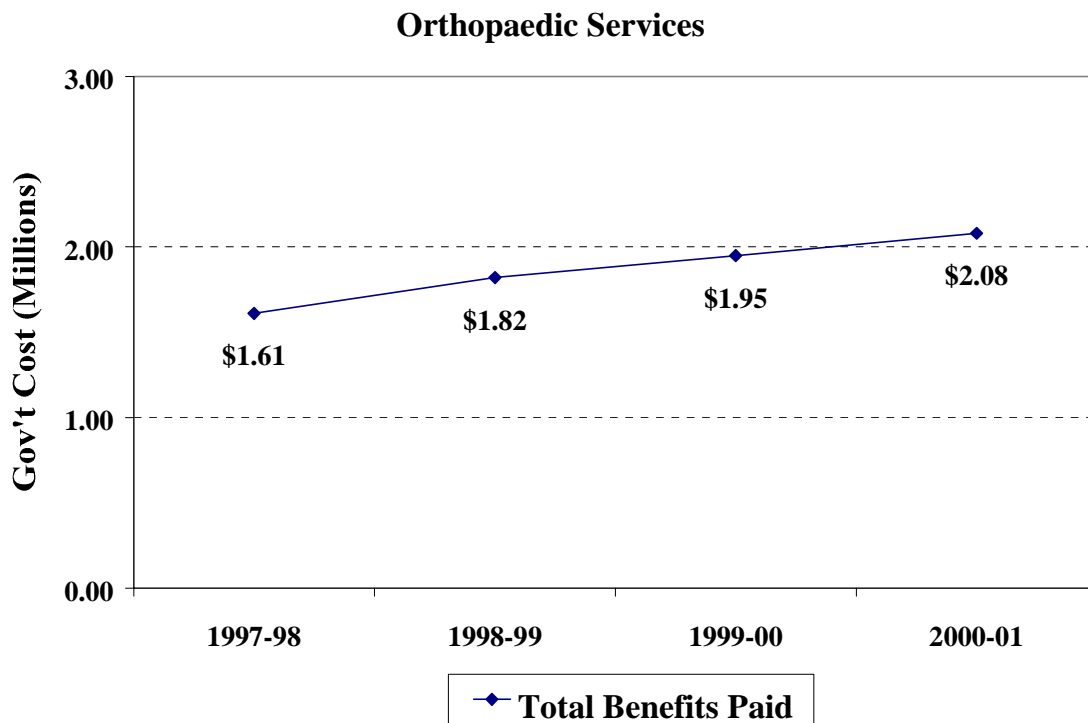
1. Orthopaedic Services

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.

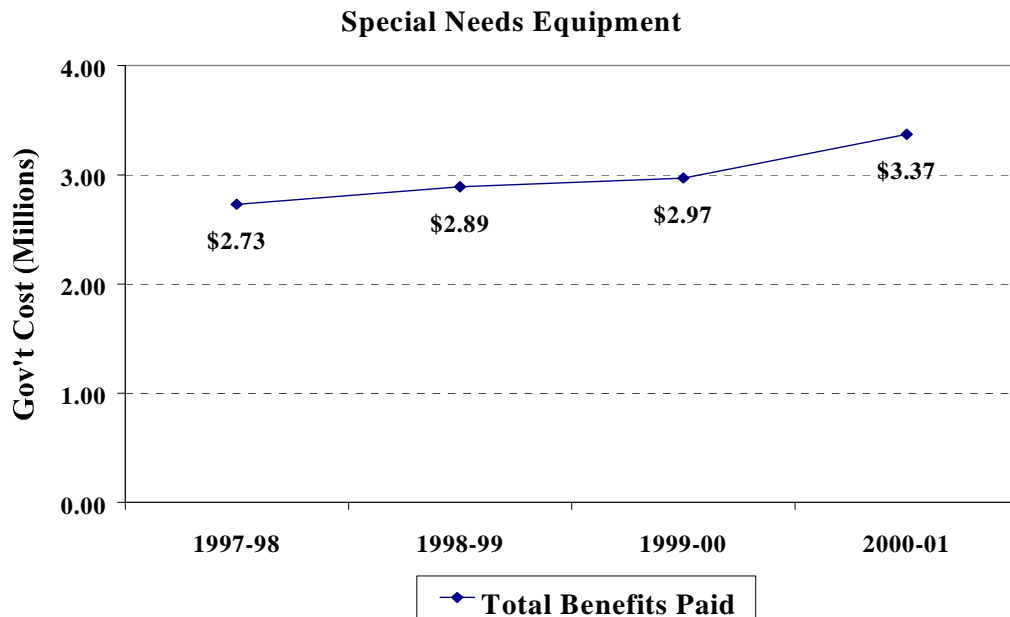


2. Special Needs Equipment

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.

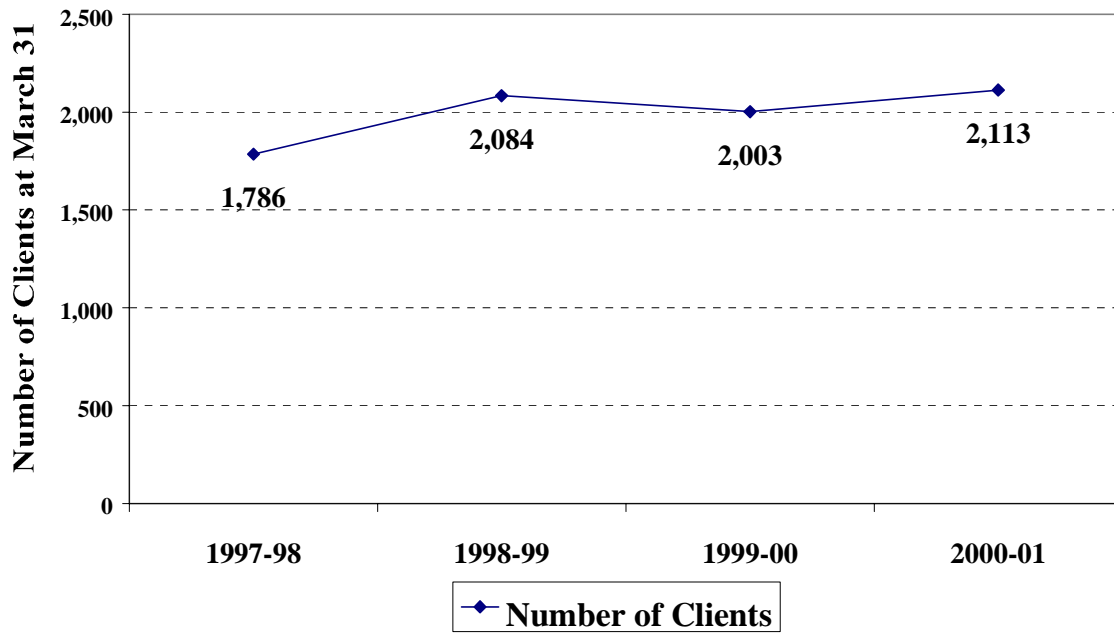


3. Home Respiratory Services

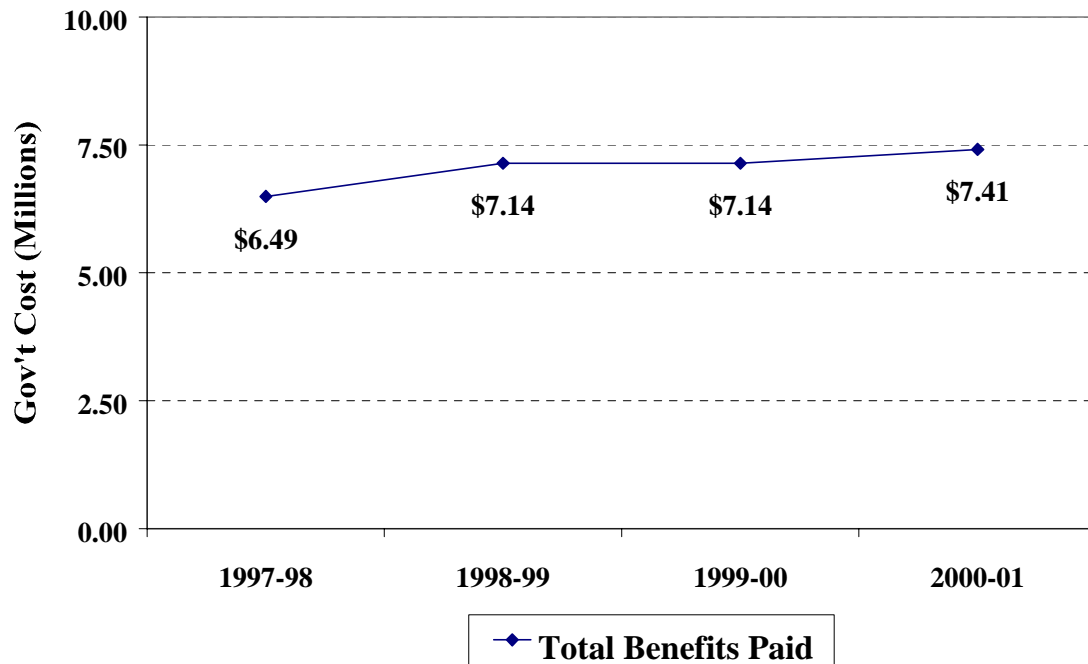
Home Oxygen Therapy – Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet the medical criteria for home oxygen therapy. The systems are supplied by private medical oxygen supply firms under contract with SAIL. SAIL covers the full cost of the basic systems.

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.

Home Oxygen Services



Home Oxygen Services



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.

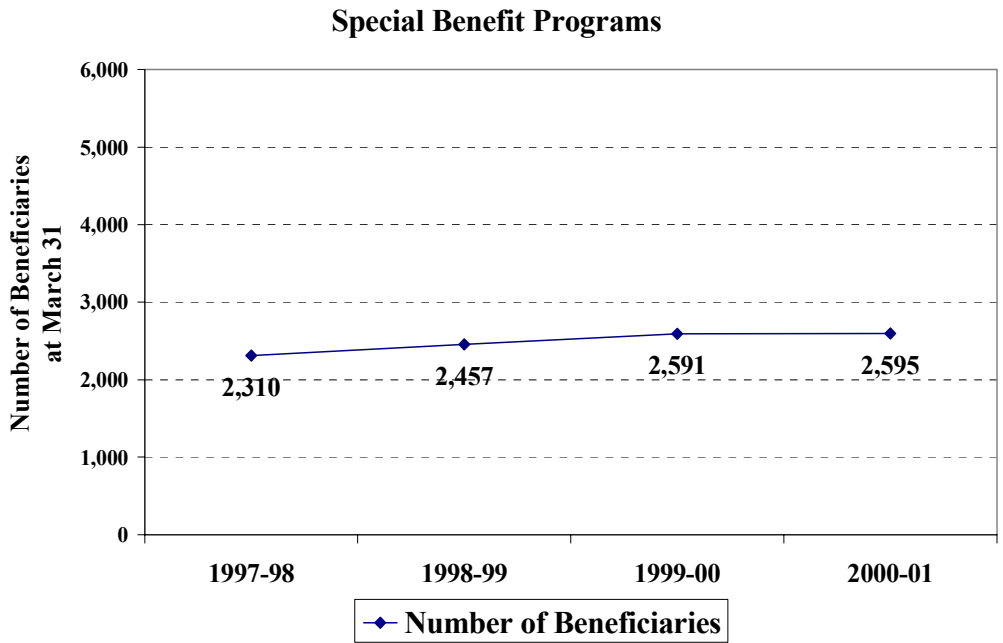
Cystic Fibrosis Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge. In addition, food supplements and digestants are covered.

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 Benefits Programs charts show only the number of caseloads and program expenditures for Paraplegia, Cystic Fibrosis and Renal Disease.

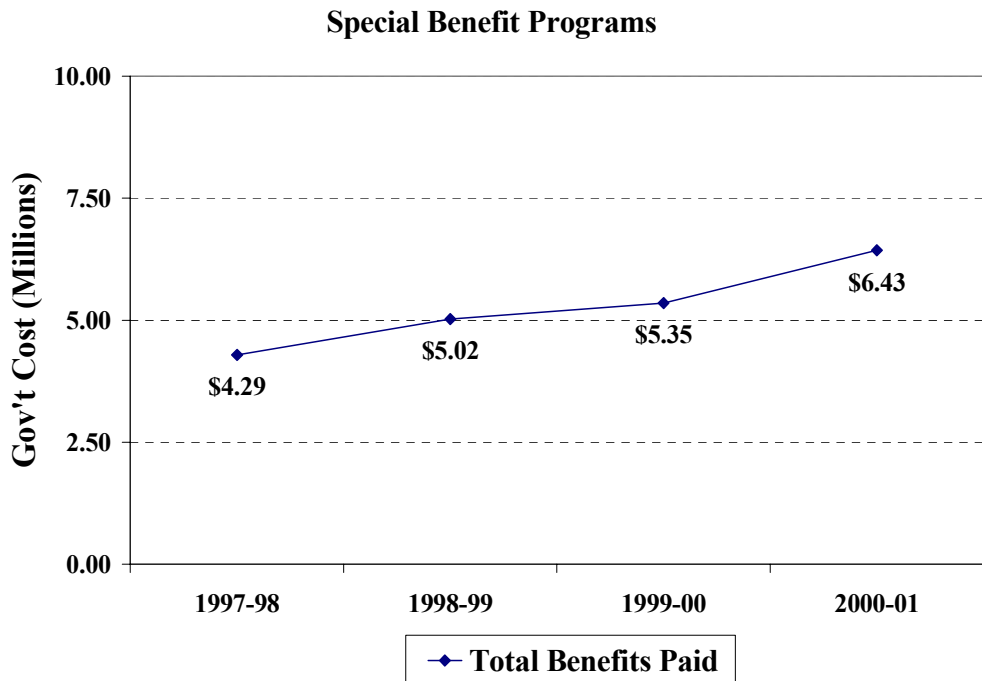


Table 16
Special Needs Equipment Program - Loans

April 2000-March 2001

	1997-98	1998-99	1999-00	2000-01
Wheelchairs				
- Manual.....	4,369	4,517	4,493	4,755
- Power (electric).....	103	128	98	219
Other Aids.....	17,287	18,535	19,091	14,350
Total Loans	21,759	23,180	23,682	19,324

Table 17
Special Needs Equipment Program - Repairs

April 2000-March 2001

	1997-98	1998-99	1999-00	2000-01
Wheelchairs				
- Manual.....	1,645	1,475	1,333	579
- Power (electric).....	454	498	451	155
Other Aids.....	73	321	242	51
Total Repairs	2,172	2,294	2,026	785

Table 18
Orthopaedic Services - Appliances Issued

	1997-98	1998-99	1999-00	2000-01
Prosthetics.....	162	193	174	171
Orthotics.....	2,959	3,413	3,215	3,040
Footwear (braced).....	124	97	67	103
Adaptive and Specialized Seating for Wheelchairs.....	953	1,110	1,155	1,215
Total Issues	4,198	4,813	4,611	4,529

Table 19
Orthopaedic Services - Appliances Repaired

	1997-98	1998-99	1999-00	2000-01
Prosthetics.....	1,169	1,171	1,278	1,153
Orthotics.....	1,399	1,332	1,526	1,589
Footwear (braced).....	100	146	118	100
Adaptive and Specialized Seating for Wheelchairs.....	332	392	452	526
Total Repairs	3,000	3,041	3,374	3,368