



Government of
Saskatchewan

Annual Statistical Report 2008-09

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 2008-09. 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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Contents

Mission Statement	2
Eligibility for Coverage	3
Highlights for 2008-09	4
The Drug Plan	6
Background	6
History of Deductibles	9
Objectives	11
Types of Drug Plan Coverage	12
Drugs Covered by the Drug Plan	18
Saskatchewan Formulary Process	20
Encouraging Appropriate Drug Use.....	24
Pharmacy Claims Processing	25
Formulary and EDS Drug Utilization.....	26
2008-09 Utilization Trends	36
Supplementary Health & Family Health Benefits	40
Background	40
Objectives	41
Eligible Beneficiaries.....	41
Saskatchewan Aids to Independent Living (SAIL)	50
Background	50
Eligible Beneficiaries	51
Objectives	51

Tables and Figures

Figure 1	Prescriptions Dispensed by Age Groups, Eligible and Discrete Beneficiaries.....	26
Figure 2	Prescriptions Volume by Pharmacologic - Therapeutic Classification	32
Table 1	Prescription Use and Drug Plan Payment.....	11
Table 2	Prescription Drug Utilization by Age and Sex of Discrete Beneficiary	27
Table 3	Prescription Drug Utilization by Over/Under 65	28
Table 4	Prescription Cost to Families.....	30
Table 5	Prescriptions by Pharmacologic - Therapeutic Classification	31
Table 6	Drug Acquisition Cost by Manufacturer	33
Table 7	Prescription Drug Utilization Trend by Age of Discrete Beneficiary	37
Table 8	Prescription Change by Pharmacologic - Therapeutic Classification	38
Table 9	Prescription Drug Plan Payments Summary	39
Table 10	Supplementary Health Program & Family Health Benefits Payments	43
Table 11	Caseloads and SAIL Payments.....	51
Table 12	Special Needs Equipment Program – Loans	57
Table 13	Orthopaedic Services – Appliances Issued.....	57
Table 14	Orthopaedic Services – Appliances Repaired.....	57

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 the Ministry of 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 Regions, 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 First Nations and Inuit Health Branch of Health Canada, Department of Veteran Affairs, Royal Canadian Mounted Police, Canadian Forces, Workers' Compensation, and inmates of a federal penitentiary.

Supplementary Health

Eligible

People nominated for coverage by the Ministry of Social Services (eg. persons receiving social assistance), inmates of provincial correctional institutions, nominated seniors in special care homes or hospitals whose incomes are below the Seniors Income Plan level.

Family Health Benefits

Eligible

Families are eligible for the Family Health Benefits Program if they meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from either the Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS).

Saskatchewan Aids to Independent Living (SAIL)

Eligible

People with physical disabilities and certain chronic health conditions may receive specialized benefits to help them achieve a more active and independent lifestyle.

Saskatchewan residents with valid Saskatchewan Health coverage who are referred for service by an authorized health care professional.

Not Eligible

Beneficiaries eligible under departments or agencies of the Government of Canada, the Workers' Compensation Board and Saskatchewan Government Insurance.

Highlights for 2008-09

Drug Plan

- One in every 2.5 families that received a prescription received a financial benefit.
- At June 30, 2008 a total of 925,159 individuals, representing approximately 546,156 family units were eligible to receive Drug Plan benefits.
- A total of 631,941 individual beneficiaries representing 426,872 family units, purchased eligible prescriptions. This represents 68.3% of eligible individuals.
- The Seniors' Drug Plan was amended July 1, 2008. Under the amended plan, eligible seniors pay only \$15 for drugs listed in the Formulary, including those approved under Exception Drug Status.
- The Children's Drug Plan took effect July 1, 2008 providing a \$15 cap per prescription for children 14 and under.
- 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 2008-09 were approximately \$14.5M.
- Terminally ill patients covered under the Palliative Care Program received 98,990 prescriptions at no charge. The Drug Plan payment for Palliative Care totalled \$4.8 million.
- **The Special Support Program:**
 - helped 101,028 individuals by providing benefits in the amount of \$106.2 million.
 - assisted, on average with 72.4% of the total prescription costs.
- **The Saskatchewan Assistance Plan:**
 - helped 38,990 individuals by providing benefits in the amount of \$31.7 million.
 - assisted, on average with 98.2% of the total prescription costs.
- **The Seniors' Drug Plan:**
 - helped 123,250 seniors by providing benefits in the amount of \$94.6 million.
 - assisted, on average with 74.6% of the total prescription costs.
- **The Children's Drug Plan:**
 - helped 40,789 children by providing benefits in the amount of \$3.1M.
 - assisted, on average with 65.7% of the total prescription costs.
- **Drug claims processed for Formulary and Exception Drug Status drugs:**
 - processed 10.5 million prescriptions during April 1/08 to March 31/09.
 - provided benefits in the amount of \$268.0 million.
 - average drug acquisition cost per prescription was \$33.68.
 - average mark-up paid to pharmacies was \$3.08.
 - average dispensing fee paid to pharmacies was \$8.09.

Supplementary Health

- The average number of eligible beneficiaries under the program was 37,409.
- Net payments for the program were \$14.90 million during the fiscal 12-month period.
- Program expenditures per eligible beneficiary rose from \$222.52 in 1999-00 to \$398.23 in 2008-09. These figures do not include Formulary Drugs (covered by the Drug Plan).

Family Health Benefit Program

- The average number of eligible beneficiaries under the program in 2008-09 was 48,350 (20,194 adults and 28,156 children). This is a decrease of 4,780 beneficiaries from the previous year. The number of eligible families was 16,461.
- Net payments for the program were \$4.08 million from April 1, 2008 to March 31, 2009. This is a decrease of \$162,815 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 \$4.07 million for Orthopaedic services and \$4.95 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 2008-09 was \$9.23 million.
- Net payments for approved beneficiaries were \$9.23 million for non-formulary drugs and \$1.15 million for ostomy supplies.
- A total of 4,720 orthopaedic issues were made in 2008-09, an increase of 819 from the previous year. The number of repairs was 3,431, an increase of 10.2% from the previous year.
- A total of 24,714 wheelchairs and other special needs equipment aids were loaned to beneficiaries in 2008-09, a 6.6% increase over 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 online 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 was now 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.

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- In August 1999, implemented a Trial Prescription Program.
 - In 2000, the Prescription Drug Plan, in partnership with the Saskatoon Health District, 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 became an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the district.
 - In July 2002, the Income-based program was implemented to replace the \$850 semi-annual deductible.
 - On July 1, 2004 the Maximum Allowable Cost policy was implemented with one group of drugs, the Proton Pump Inhibitors. Under this policy, the price of the most cost effective drugs were used as a guide to set the maximum price the Drug Plan would cover for other similar drugs used to treat the same condition.
 - On September 15, 2004, following a legislative change, the Drug Plan began collecting information on all prescriptions dispensed from community pharmacies, including those that were not benefits of the Drug Plan. This more complete information was an important building block for the Pharmaceutical Information Program (PIP).
 - The PIP Medication Profile Viewer (MPV) phase began October 24, 2005 with a pre-production rollout to selected sites to validate production processes. Full production rollout began in March 2006, extending the MPV to pharmacies, emergency rooms, physician clinics, long term care and home care facilities as they were equipped and trained. The MPV provides authorized health care professionals with confidential, shared access to patient medication histories to help improve drug therapy for Saskatchewan residents. The MPV is now available in numerous facilities across the province.
 - The second phase, e-prescribing, began a full roll out on September 1, 2007 and is now available for physicians and Registered Nurse/Nurse Practitioners to prescribe electronically. The last phase is to integrate PIP with Electronic Medical Records and Pharmacy Software systems using a national electronic messaging standard.
 - As of July 1, 2006, the Drug Plan computer system was changed to allow for indefinite EDS coverage on a large number of EDS medications that are used to treat chronic conditions that previously could only be approved for three years at a time. Once a patient meets criteria for one of these chronic medications, coverage is provided for an indefinite period of time and will never need to be renewed. EDS coverage for these patients will only expire when they cease to be a Saskatchewan Health beneficiary.

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- Also on July 1, 2006 , the Drug Plan introduced online criteria adjudication of two medications: Actos and Avandia. With the change, patients without current coverage of either Actos or Avandia are automatically approved for coverage when a claim is transmitted and the system finds a Drug Plan benefit alternative on the online profile and/or expired Actos or Avandia coverage.

* 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 families and the Drug Plan shared the cost of prescriptions if the cost for covered drugs exceeded 3.4% of the family income. The family co-payment for each covered prescription was 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 had 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 had 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. The program provided adults with a semi-annual deductible of \$100 then a co-payment of 35%, and children no charge.

- **July 1, 2002**
 - The Income-based program replaced the semi-annual deductible of \$850 that began in 1993.

- **July 1, 2007**
 - Saskatchewan residents 65 years and older automatically became covered under the Seniors' Drug Plan that capped prescriptions at \$15 for drugs listed under the Saskatchewan Formulary.

- **July 1, 2008**

- The amended Seniors' Drug Plan took effect. It provides a \$15 cap per prescription to those seniors eligible for the federal age credit.
- The Children's Drug Plan took effect providing a \$15 cap per prescription for children 14 and under.

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

Program	Discrete Beneficiaries ¹	Total Beneficiaries ²	Number of Prescriptions ³	%	Total Drug Plan Payment ⁴	%
April 2008 - March 2009						
Saskatchewan Assistance Plan						
-Prescription Charge Subsidized, (Plan One)	13,036	17,196	297,956	2.8%	\$14,578,423	5.4%
-Prescription Charge Fully Covered Special Drugs for Plan One	1,084	3,954	25,427	0.2%	\$957,183	0.4%
Plan One Dependents to Age 18	5,105	6,181	26,151	0.2%	\$883,279	0.3%
Plans Two and Three	10,299	11,659	372,535	3.6%	\$15,319,516	5.7%
Special Beneficiaries						
-Paraplegics	1,261	1,311	43,341	0.4%	\$1,967,735	0.7%
-Cystic Fibrosis	93	101	3,479	0.0%	\$890,895	0.3%
-Chronic Renal Disease	976	1,104	73,450	0.7%	\$4,301,554	1.6%
-Others for Certain Drugs ⁵	775	3,229	31,688	0.3%	\$11,231,255	4.2%
Family Health Benefits	28,673	34,586	167,068	1.6%	\$3,838,634	1.4%
Palliative Care	2,772	2,809	98,990	0.9%	\$4,760,316	1.8%
Emergency Assistance	75	467	1,215	0.0%	\$101,204	0.0%
Special Support	66,406	101,028	3,282,818	31.3%	\$106,176,578	39.6%
Seniors' Drug Plan ⁶	74,079	123,250	2,147,404	20.5%	\$94,590,107	35.3%
Children's Drug Plan ⁷	33,403	40,789	108,678	1.0%	\$3,118,077	1.2%
Income Supplement Recipients						
-Saskatchewan Income Plan	3,174	5,570	65,175	0.6%	\$760,109	0.3%
-Guaranteed Income Supplement						
Special Care Home	1,194	1,862	46,395	0.4%	\$537,291	0.2%
Community	6,046	16,736	184,607	1.8%	\$1,757,980	0.7%
Special Fees	1,847	5,197	40,387	0.4%	\$616,424	0.2%
Other Drug Plan Beneficiaries	381,643	448,189	3,466,203	33.1%	\$1,660,796	0.6%
Total ⁸	631,941		10,482,967	100.0	\$268,047,354	100.0

* For beneficiaries who are eligible in more than one program, the prescription is included under the program that provided the best coverage.

1 Discrete Beneficiaries is a distribution of beneficiaries according to which program their last prescription was processed under. Each beneficiary is represented only once under this heading.

2 Total Beneficiaries is the number of beneficiaries who received at least one prescription under the program. (Beneficiaries under this heading may be counted in more than one category.)

3 Number of Prescriptions is the actual number of Formulary and Exception Drug Status (EDS) prescriptions that were processed under the program. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

4 Total Drug Plan Payment is the total of the Drug Material Cost, Dispensing fee and Compound fees, if applicable, less any portion paid by beneficiaries and/or their insurance plan.

5 Prescriptions for certain drugs which have a unique coverage.

6 Seniors' Drug Plan was added July 1, 2007.

7 Children's Drug Plan was added July 1, 2008.

8 The Total number of discrete active beneficiaries, who received at least one formulary or EDS drug in the fiscal year and total number of prescriptions and Drug Plan Payment associated to the programs. Note: The Total Beneficiaries column cannot be added due to the # of beneficiaries who received a prescription in multiple programs throughout the year.

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 One beneficiaries requiring several Formulary drugs on a regular basis can be considered for “Plan Two” drug coverage. Plan Two drug coverage may be initiated by contacting the Drug Plan. The request can be made by the patient or a health professional (i.e. physician, social worker).

c. Plan Three

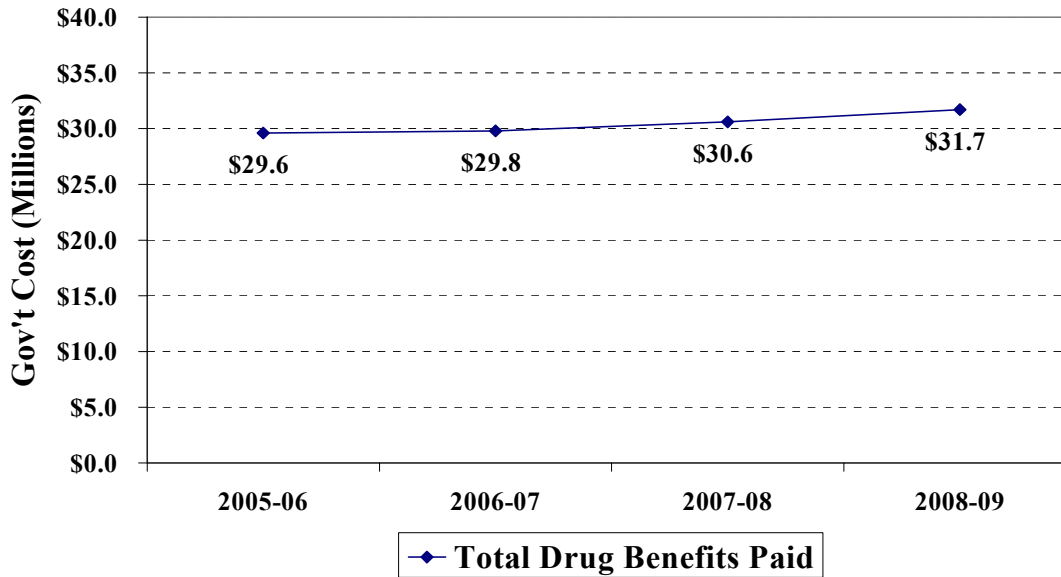
Plan Three beneficiaries are entitled to receive all Formulary drugs and certain non-Formulary drugs at no charge.

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 correctional institutions.

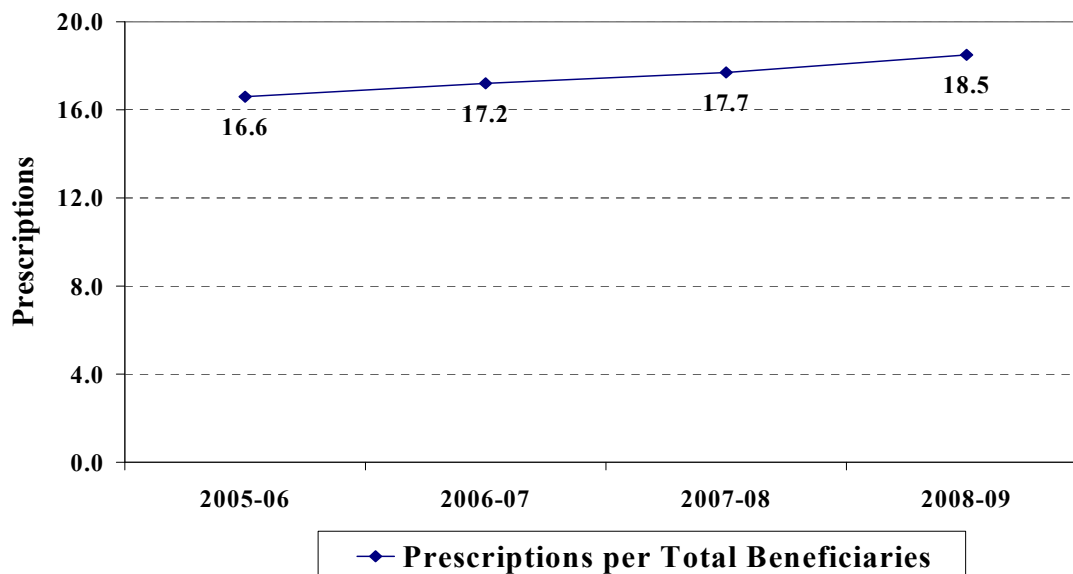
Saskatchewan Assistance Plan Coverage (Continued)

	<u>2005-06</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
Number of SAP Active Beneficiaries	43,432	41,702	40,700	38,990

Saskatchewan Assistance Plan Drug Coverage



Saskatchewan Assistance Plan Drug Coverage

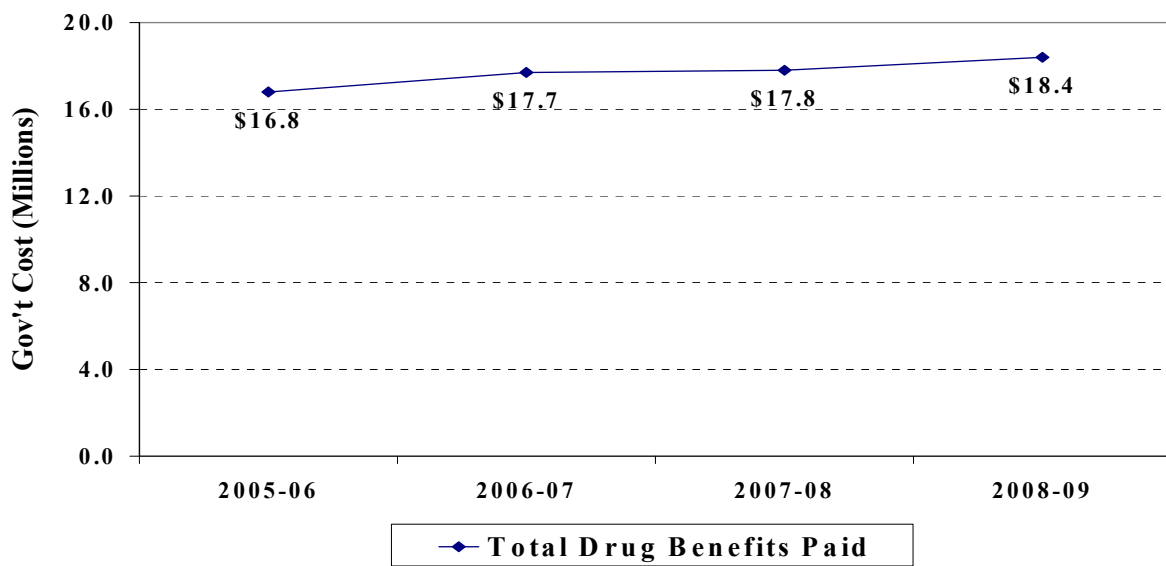


2. Special Beneficiaries

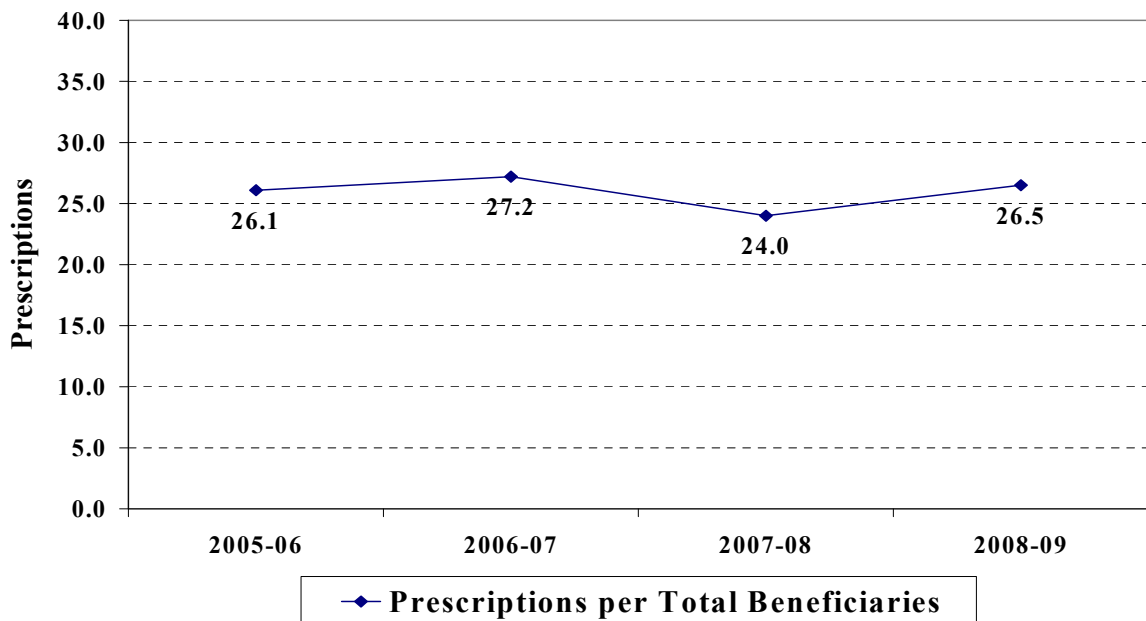
Special Beneficiaries include persons approved for coverage under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no charge high cost drugs, depending on their coverage. These beneficiaries may be entitled to receive certain non-Formulary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

	<u>2005-06</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
Number of Active Beneficiaries	5,432	5,434	6,296	5745

Special Beneficiary Drug Coverage



Special Beneficiary Drug Coverage

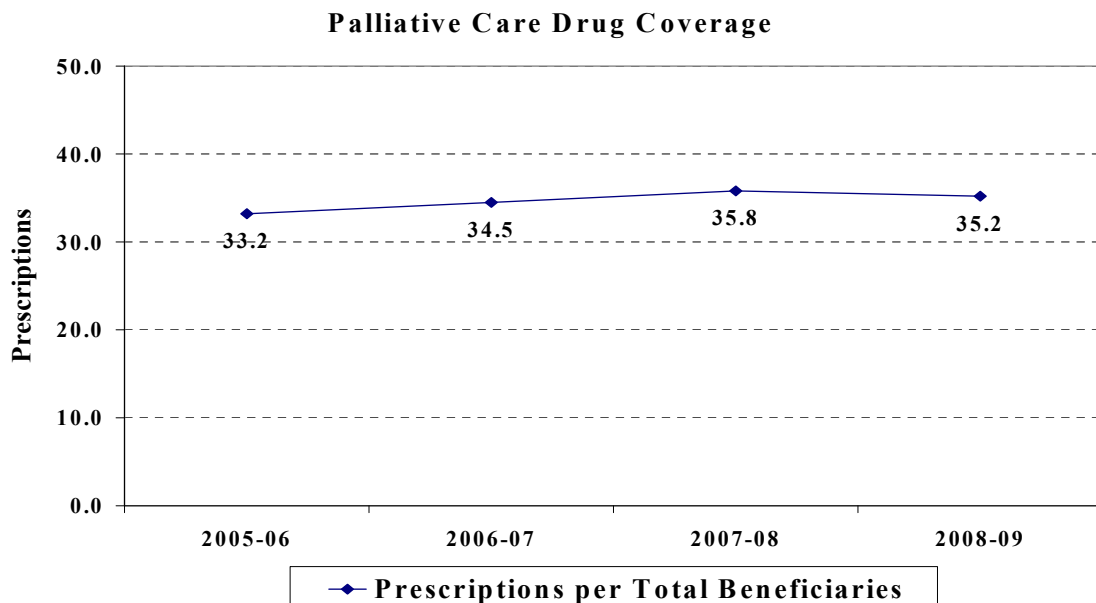
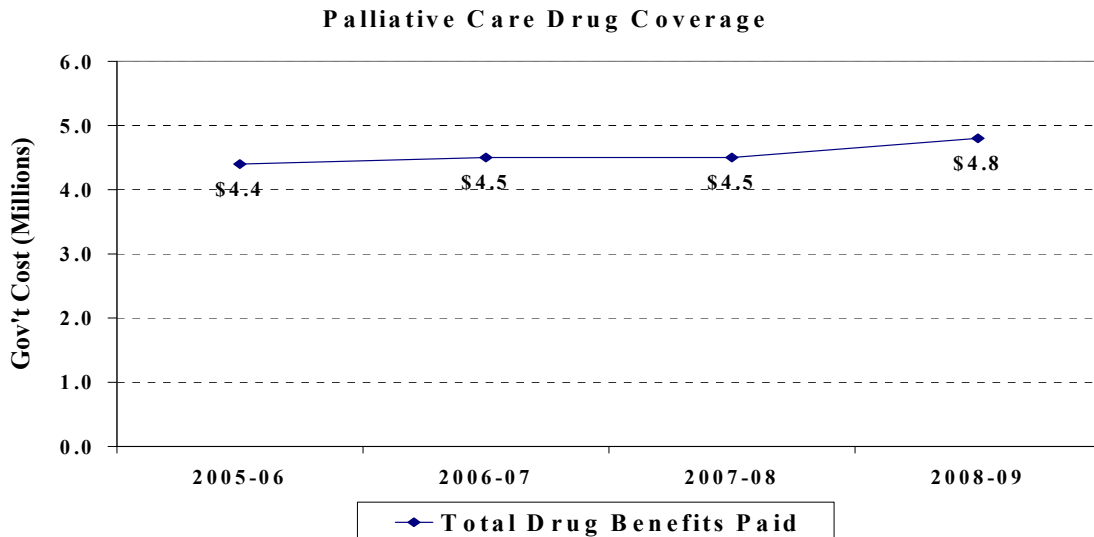


3. Palliative Care Coverage

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

- regular Formulary drugs;
- Exception Drug Status drugs where prior approval has been granted;
- most laxatives.

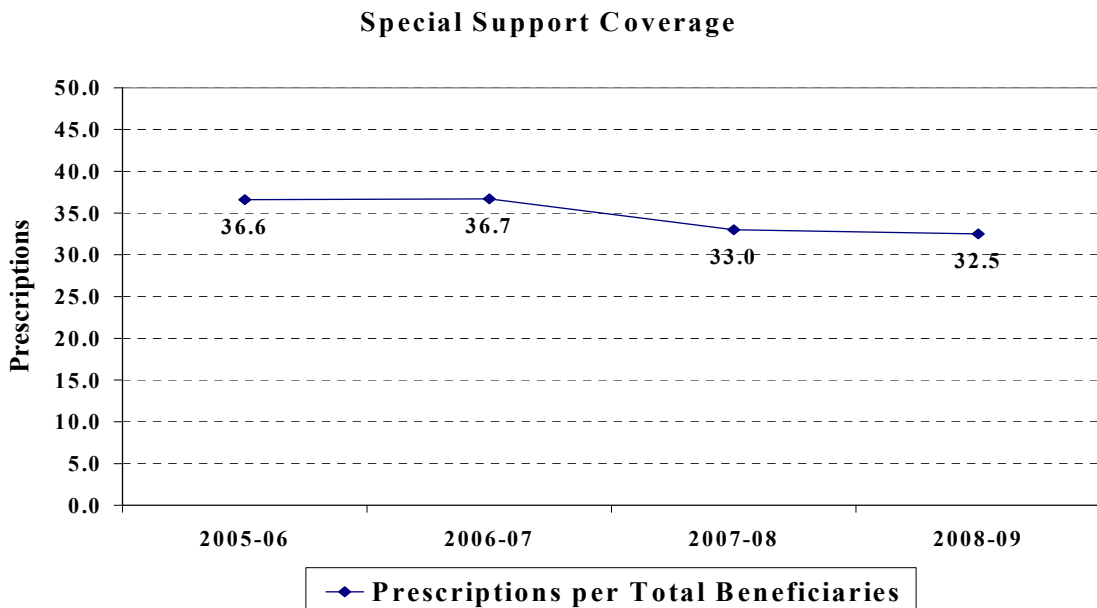
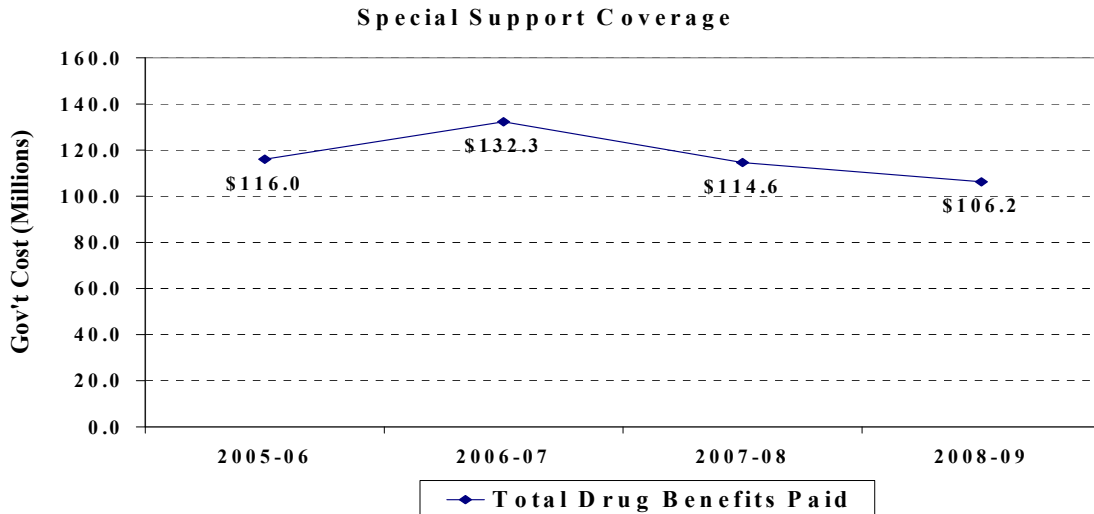
	<u>2005-06</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
Number of Active Beneficiaries	2,811	2,740	2,753	2809



4. Income-based program - Special Support Coverage

The Special Support program helps **those families whose drug costs are high in relation to their income**. If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family is eligible for Special Support benefits. Residents must apply for the Special Support Program as the Drug Plan does not have access to the required income information. If a family is eligible for Special Support, the family and the Drug Plan share the prescription cost. The family co-payment is calculated using drug costs and adjusted family income. The introduction of the Seniors' Drug Plan reduced the number of prescriptions covered under Special Support.

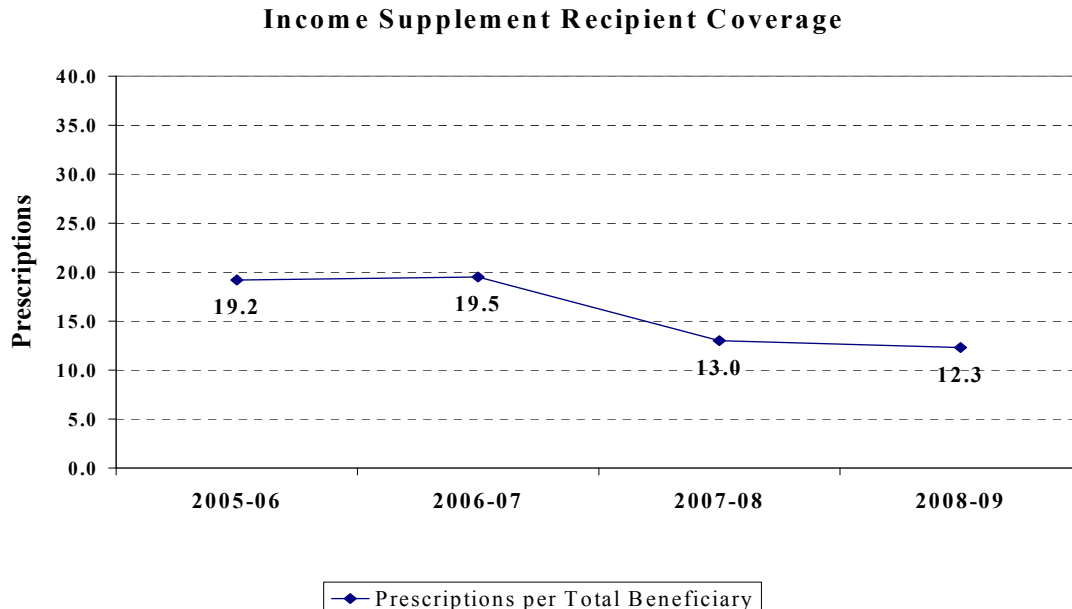
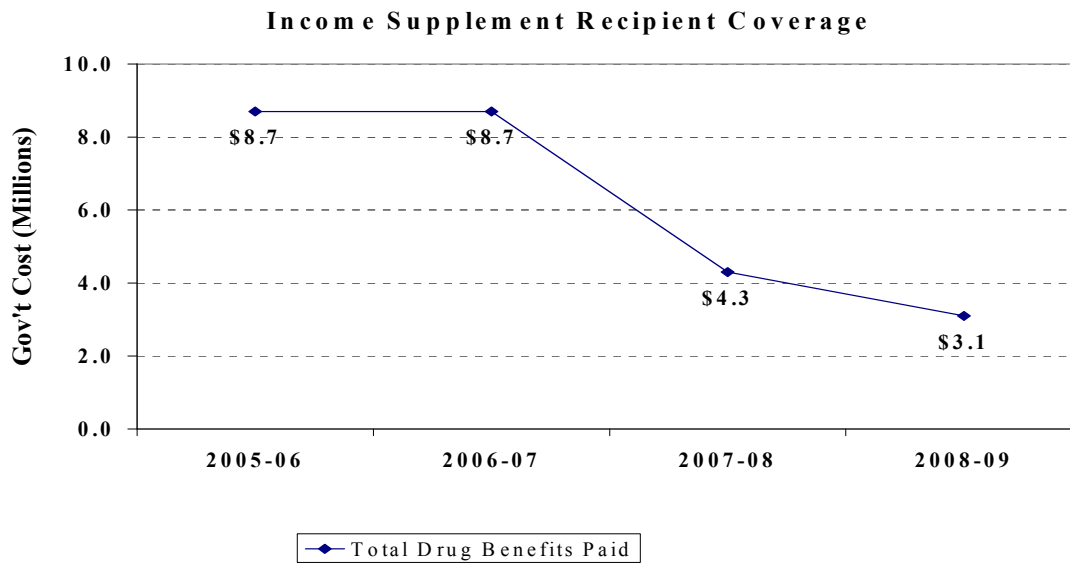
	<u>2005-06</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
Number of Approved Special Support Beneficiaries	96,178	107,162	107,605	101,028



5. 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. The number of people receiving these supplements and benefiting from the deductible continues to decline as more people qualify for better coverage under other programs (Special Support and the Seniors' Drug Plan).

	<u>2005-06</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
Number of Total Beneficiaries	31,280	28,881	26,038	24,168



Family Health Benefit Program

Families are eligible for the Family Health Benefits Program if they meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from either the Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS)

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

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

Drugs Covered by the Drug Plan

With the exception of insulin, blood testing agents and urine testing agents, syringes, needles, lancets, and swabs used by patients with diabetes, a prescription is required from a licensed prescriber 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 2008 Saskatchewan Formulary lists 3,084 Formulary drug products and 950 published Exception Drug Status products.

Exception Drug Status

Certain drugs are reviewed and recommended by the Saskatchewan Formulary Committee for coverage under Exception Drug Status (EDS). All recommendations must be approved by the Minister of Health. 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.

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3. The drug is infrequently used since therapeutic alternatives listed in the Formulary 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.

Most drugs approved for Exception Drug Status coverage are subject to the same co-payment as the patient's Formulary drugs.

Over-the-Counter Products

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

Saskatchewan Formulary Process

Product Selection

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

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.

Saskatchewan is participating in the national Common Drug Review (CDR) which is managed by the Canadian Agency for Drugs and Technologies in Health (CADTH). The CDR provides participating federal, provincial and territorial drug benefit plans with a systematic review of the available clinical evidence, a critique of manufacturer-submitted pharmacoeconomic studies and a formulary listing recommendation made by the Canadian Expert Drug Advisory Committee (CEDAC).

Note: The Drug Review process described below is in transition and will be changing to reflect the CDR process.

- **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, reports of scientific studies 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 the clinical assessment of the DQAC.
- 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.
- reviews recommendations on new drug products from CEDAC.
- re-evaluates 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; Low Cost Alternative, and Standing Offer Contract.

- **Low Cost Alternative**

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 price that the Drug Plan will allow for those products during the effective Formulary period.

Any drug in a Low Cost Alternative 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 saved an estimated \$14.5M in 2008-09 for beneficiaries and government combined.

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.

- **Maximum Allowable Cost (MAC)**

MAC is a policy to encourage cost-effective prescribing without compromising the health of Saskatchewan residents. Under this policy, the price of the most cost effective drug(s) is used as a guide to set the maximum price the Drug Plan will cover for other similar drugs used to treat the same condition.

Under this policy, residents do not have to switch medications. They have the option of continuing to take the higher-priced prescription drug and paying the difference in cost over the MAC.

The policy was implemented in Saskatchewan on July 1, 2004 with one group of drugs, the Proton Pump Inhibitors (PPIs). These drugs are covered under the Exception Drug Status program and are used to treat various gastrointestinal disorders.

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.
- Use of the Maximum Allowable Cost policy to encourage cost effective prescribing.
- 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 Drug Information Services provides a province-wide drug information service for health professionals and consumers.
 - c) The Prescription Review Program operated by the College of Physicians and Surgeons, monitors prescribing for a select panel of prescription drugs with intent to reduce abuse and diversion.
 - d) The RxFiles Academic Detailing Program operated by the Saskatoon Regional Health Authority as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients.
- The Trial Prescription Program, started as a joint project with the Saskatchewan College of Pharmacists, and later came under 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.
- The Pharmaceutical Information Program (PIP) has been developed to provide authorized health care professionals with confidential access to patient medication records. PIP will enhance patient safety by helping physicians and other health care providers select the best medication, avoid drug interactions, and avoid duplications of therapy. PIP has been rolled out in phases. The first phase, the PIP Medication Profile Viewer (MPV) is now available in numerous facilities across the province. The second phase, e-prescribing, is now available for physicians and Registered Nurse/Nurse Practitioners to prescribe electronically. The last phase, to integrate PIP with Electronic Medical Records and Pharmacy Software systems, is in development.

Pharmacy Claims Processing

An online 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**

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 to \$8.63 on October 1, 2007 and remained at that level throughout the 2008-09 fiscal year. From October 1, 2006 to September 30, 2007 the dispensing fee was \$8.46. From December 1, 2005 to September 30, 2006, the dispensing fee was \$8.21. From September 1, 2003 to November 30, 2005, the maximum dispensing fee was \$7.97. 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. The tiered mark-up and dispensing fee do not apply for diabetic supplies.

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. For diabetic supplies, (syringes, needles, lancets and swabs) the pharmacy receives actual acquisition cost plus a mark-up not to exceed 50%.

- **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. The pharmacist is entitled to charge a dispensing fee for each 34 day supply, however, the Pharmacy Agreement does not prohibit the pharmacist from dispensing more than a 34 day supply for one fee. The Pharmacy Agreement also contains a list of 2 month and 100 day maintenance drugs. Once a patient's therapy is stable, prescribing and dispensing of these drugs should be in quantities of 2 months or 100 days, unless there are unusual circumstances that require different quantities.

Formulary and EDS Drug Utilization 2008-09

At June 30, 2008, a total of 925,159 individuals, representing approximately 546,156 family units were eligible to receive Drug Plan benefits.

A total of 631,941 individual beneficiaries representing 426,872 family units, purchased eligible prescriptions. This represents 68.3% of eligible individuals.

1. Overall 2008-09 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 15.8% of the eligible population, represents 21.8% of Drug Plan discrete beneficiaries, and receive 48.4% of all prescriptions.

Figure 1
Prescriptions dispensed by Age Groups, Eligible and Discrete Beneficiaries
April 1, 2008 to March 31, 2009

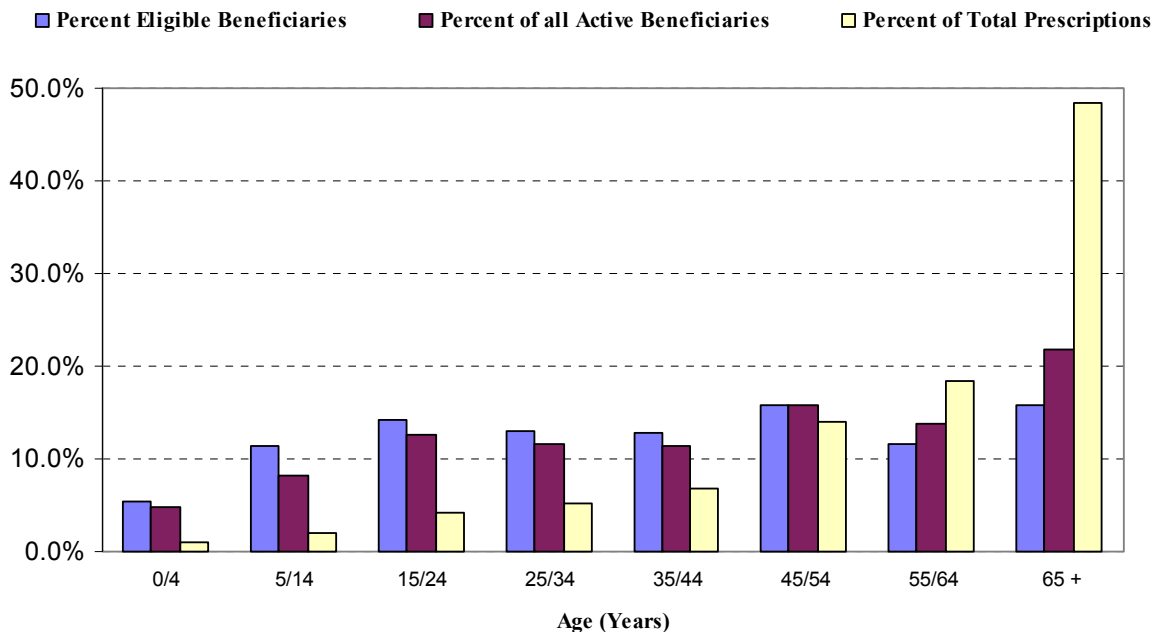


Table 2
Prescription Drug Utilization by Age and Sex of Discrete Beneficiary

Age of Beneficiary ¹	Discrete Beneficiaries	Number of Prescriptions ²	Drug Material Cost ³	Dispensing Fee ⁴	Total Drug Plan Payment ⁵
April 2008 - March 2009 (as submitted for all prescriptions to all beneficiaries)					
Male					
0 - 4	16,234	54,838	\$ 847,623	\$ 451,446	\$ 721,969
5 - 14	26,248	113,290	4,177,834	910,015	3,784,472
15 - 24	32,139	144,208	5,755,887	1,141,251	3,427,998
25 - 34	28,909	183,161	7,819,408	1,465,794	5,034,697
35 - 44	31,136	301,777	14,164,609	2,430,264	8,691,248
45 - 54	45,921	668,158	29,749,815	5,378,264	14,865,848
55 - 64	42,224	935,236	38,304,669	7,466,034	18,109,092
65 - 74	29,753	953,037	36,982,955	7,608,920	31,521,141
75 - 84	21,820	851,801	29,443,710	6,885,572	26,157,434
85 and over	7,224	286,546	8,195,324	2,367,225	7,348,354
Male Total	281,608	4,492,052	\$ 175,441,835	\$ 36,104,784	\$ 119,662,253
Female					
0 - 4	14,723	46,027	\$ 608,122	\$ 380,351	\$ 527,721
5 - 14	25,337	87,294	2,942,842	704,419	2,657,774
15 - 24	46,857	305,480	9,115,447	2,503,052	3,756,853
25 - 34	44,699	360,588	12,543,848	2,931,685	5,967,316
35 - 44	40,412	420,706	17,123,563	3,400,627	9,383,032
45 - 54	53,939	801,932	33,428,527	6,468,598	18,061,298
55 - 64	45,121	987,947	38,084,703	7,927,661	20,748,011
65 - 74	32,754	1,019,349	37,379,720	8,193,745	33,240,441
75 - 84	28,651	1,147,579	37,164,422	9,385,719	33,807,435
85 and over	17,840	814,013	21,594,356	6,781,608	20,235,221
Female Total	350,333	5,990,915	\$ 209,985,551	\$ 48,677,466	\$ 148,385,101
Both Sexes					
0 - 4	30,957	100,865	\$ 1,455,746	\$ 831,797	\$ 1,249,690
5 - 14	51,585	200,584	7,120,676	1,614,434	6,442,246
15 - 24	78,996	449,688	14,871,334	3,644,303	7,184,851
25 - 34	73,608	543,749	20,363,256	4,397,479	11,002,013
35 - 44	71,548	722,483	31,288,172	5,830,891	18,074,280
45 - 54	99,860	1,470,090	63,178,343	11,846,862	32,927,146
55 - 64	87,345	1,923,183	76,389,372	15,393,694	38,857,104
65 - 74	62,507	1,972,386	74,362,675	15,802,665	64,761,582
75 - 84	50,471	1,999,380	66,608,132	16,271,291	59,964,868
85 and over	25,064	1,100,559	29,789,680	9,148,833	27,583,575
Grand Total	631,941	10,482,967	\$ 385,427,386	\$ 84,782,250	\$ 268,047,354

1 Age of beneficiary as at March 31, 2009.

2 Refers to Formulary and Exception Drug Status drugs.

3 Includes mark-up on drug acquisition cost.

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

5 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less portion paid by consumers; such as deductibles, co-payments, prescription charges, or the full cost if applicable.

Table 3
Prescription Drug Utilization by Over/Under 65

April 2008 - March 2009

Under 65¹					
Program in which claim was approved under:	Discrete Beneficiaries²	Number of Prescriptions³	Drug Plan Payment⁴	Drug Plan %	Approved Total Prescription Cost⁵
Special Support Program	35,013	1,266,614	61,835,132	70%	87,734,466
Saskatchewan Assistance Plan & Special Beneficiaries (Paraplegics, Renal Disease, Cystic Fibrosis, Palliative Care)	30,666	749,712	36,156,472	98%	36,720,508
Family Health Benefits	28,651	166,492	3,830,601	66%	5,773,068
Income Supplements (SIP & GIS Home and Community)	1,549	21,646	304,319	40%	761,762
Children's Drug Plan ⁶	33,403	108,678	3,118,077	66%	4,748,247
Other (Special Fees, Emergency Assistance, Other Drug Plan Beneficiaries)	364,617	3,097,475	10,491,749	9%	122,486,955
Total Utilization Under 65	493,899	5,410,617	\$115,736,349	45%	\$258,225,005
65 and Over¹					
Program in which claim was approved under:	Discrete Beneficiaries²	Number of Prescriptions³	Drug Plan Payment⁴	Drug Plan %	Approved Total Prescription Cost⁵
Special Support Program	31,393	2,016,204	44,341,446	75%	59,018,471
Saskatchewan Assistance Plan & Special Beneficiaries (Paraplegics, Renal Disease, Cystic Fibrosis, Palliative Care)	3,961	191,625	7,503,631	100%	7,515,138
Family Health Benefits	22	576	8,034	58%	13,886
Income Supplements (SIP & GIS Home and Community)	8,865	274,531	2,751,060	51%	5,390,993
Seniors' Drug Plan ⁷	74,079	2,147,404	94,590,107	75%	126,750,201
Other	19,722	442,010	3,116,728	23%	13,295,942
Total Utilization 65 and Over	138,042	5,072,350	\$152,311,005	72%	\$211,984,631
Grand Total	631,941	10,482,967	\$268,047,354	57%	\$470,209,636

* For beneficiaries who are eligible in more than one program, the prescription is included under the program that provided the best coverage.

1 Age of beneficiary as at March 2009.

2 Discrete Beneficiaries is a distribution of beneficiaries according to which program their last prescription was processed under.

3 Refers to Formulary and Exception Drug Status (EDS) drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

4 Total Drug Plan Payment is the total of the Drug Material Cost, Dispensing fee and Compound fees, if applicable, less any portion paid by beneficiaries and/or their insurance plan.

5 Total Prescription Cost = Drug Plan Payment + Patient Paid and/or their insurance plan. It is the total approved cost of the prescription. It includes dispensing fee, pharmacy mark-up and compound fee, if applicable.

6 Children's Drug Plan was added July 1, 2008.

7 Seniors' Drug Plan was added July 1, 2007.

3. 2008-09 Utilization by Families

The total average prescription costs for families in 2008-09 was \$1,101.52. The average family share on total prescription costs is \$473.59 (43.0%) and the Drug Plan's share is \$627.93 (57.0%).

Table 4
Prescription Cost to Families

April 2008 - March 2009

Total Cost to Family Unit	# of Family Units	# of Prescriptions ¹	Drug Material Cost ²	Approved Prescription Cost ³	Net Family/ Insurance Payments ⁴	Total Drug Plan Payment ⁵
Nil	13,784	447,791	\$ 18,611,973.90	\$ 22,199,869.20	\$ -	\$ 22,199,869.20
\$ 00.01 - 100.00	123,751	581,044	\$ 16,749,274.40	\$ 21,535,760.00	\$ 5,176,877.70	\$ 16,358,882.30
100.01 - 200.00	53,601	549,427	\$ 16,208,195.60	\$ 20,722,336.20	\$ 7,871,559.09	\$ 12,850,777.10
200.01 - 300.00	42,739	590,094	\$ 18,504,658.30	\$ 23,304,765.30	\$ 10,620,797.60	\$ 12,683,967.70
300.01 - 400.00	31,779	647,620	\$ 21,240,759.40	\$ 26,524,480.10	\$ 11,060,724.50	\$ 15,463,755.50
400.01 - 500.00	26,054	748,360	\$ 24,305,156.90	\$ 30,406,495.90	\$ 11,691,937.70	\$ 18,714,558.20
500.01 - 600.00	22,211	808,395	\$ 26,797,229.60	\$ 33,382,333.80	\$ 12,185,644.50	\$ 21,196,689.40
600.01 - 700.00	18,123	734,247	\$ 24,815,293.00	\$ 30,794,474.10	\$ 11,742,055.00	\$ 19,052,419.10
700.01 - 800.00	14,362	652,670	\$ 22,539,691.30	\$ 27,836,496.60	\$ 10,750,070.90	\$ 17,086,425.70
800.01 - 900.00	11,836	578,159	\$ 19,891,500.70	\$ 24,569,487.80	\$ 10,044,229.20	\$ 14,525,258.70
900.01 - 1000.00	9,998	528,836	\$ 18,843,920.10	\$ 23,115,089.20	\$ 9,480,411.54	\$ 13,634,677.60
1000.01 - 1250.00	18,307	1,044,247	\$ 37,781,469.90	\$ 46,177,510.40	\$ 20,414,155.40	\$ 25,763,355.10
1250.01 - 1500.00	11,980	707,295	\$ 26,799,098.70	\$ 32,474,887.50	\$ 16,365,298.70	\$ 16,109,588.80
1500.01 - 1750.00	8,074	485,320	\$ 19,714,006.10	\$ 23,584,732.20	\$ 13,066,526.30	\$ 10,518,205.90
1750.01 - 2000.00	5,648	347,510	\$ 14,689,627.10	\$ 17,455,762.40	\$ 10,552,322.00	\$ 6,903,440.38
2000.01 - 2250.00	3,962	251,491	\$ 11,264,603.50	\$ 13,267,367.40	\$ 8,387,129.05	\$ 4,880,238.35
2250.01 - 2500.00	2,898	191,028	\$ 8,918,844.42	\$ 10,429,656.10	\$ 6,867,043.78	\$ 3,562,612.33
2500.01 - 3000.00	3,606	257,923	\$ 12,991,247.60	\$ 15,038,500.20	\$ 9,807,984.02	\$ 5,230,516.16
3000.01 - 3500.00	1,803	139,808	\$ 8,020,184.11	\$ 9,121,701.78	\$ 5,809,136.25	\$ 3,312,565.53
3500.01 - 4000.00	948	78,089	\$ 5,253,972.80	\$ 5,867,131.09	\$ 3,514,518.78	\$ 2,352,612.31
4000.01 - 4500.00	511	44,768	\$ 3,273,688.94	\$ 3,622,988.23	\$ 2,157,243.64	\$ 1,465,744.59
4500.01 - 5000.00	278	24,462	\$ 2,010,459.25	\$ 2,201,701.02	\$ 1,311,307.74	\$ 890,393.28
5000.01+	455	38,870	\$ 5,983,190.10	\$ 6,291,518.34	\$ 3,312,108.91	\$ 2,979,409.43
Less than Zero	164	5,513	\$ 239,202.28	\$ 284,591.17	\$ (26,800.23)	\$ 311,391.40
ALL	426,872	10,482,967	\$ 385,447,248.00	\$ 470,209,636.03	\$ 202,162,282.07	\$ 268,047,354.06

1 # of Prescriptions refers to Formulary and Exception Drug Status drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

2 Drug Material Cost includes Total Acquisition Cost + Mark-up and Compound Fee, if applicable.

3 Approved Prescription Cost is the total approved amount of the Drug Material Cost, as well as the approved pharmacy dispensing fee.

4 Family Payments is the total cost paid by families and/or their insurance plans towards the total approved cost of the prescriptions. In some cases, the value of this field is negative due to adjustments and reversals of payments made in the previous time period.

5 Total Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less portion paid by families and their insurance plans.

4. 2008-09 Utilization by Pharmacologic - Therapeutic Classification

Table 5 shows prescription volume and Drug Plan expenditures by Pharmacologic - Therapeutic Classification. Four categories; Cardiovascular Durgs, Central Nervous System (CNS) Drugs, Hormones and Substitutes and Gastrointestinal Drugs, accounted for 68.5% of all prescriptions and 62.0% of the Drug Plan payment.

Table 5
Prescriptions by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Classification ¹	Number of Prescriptions ²	Drug Material Cost ³	Dispensing Fees	Total Drug Plan Payment	Total Prescription Cost ⁴	Average Prescription Cost
April 2008 - March 2009						
As submitted for all beneficiaries						
8:00 Anti-Infectives	673,673	\$15,964,280	\$5,534,933	\$10,155,209	\$21,499,213	\$31.91
12:00 Autonomic Drugs	356,624	\$16,041,933	\$2,935,467	\$12,572,288	\$18,977,400	\$53.21
20:00 Blood Formation and Coagulation	249,602	\$12,575,546	\$2,050,349	\$11,021,243	\$14,625,895	\$58.60
24:00 Cardiovascular Drugs	3,321,511	\$131,828,490	\$27,164,433	\$83,648,404	\$158,992,924	\$47.87
28:00 Central Nervous System Drugs	2,078,260	\$68,568,188	\$16,987,361	\$49,071,191	\$85,555,549	\$41.17
36:00 Diagnostic Agents	145,084	\$12,298,997	\$961,117	\$8,371,597	\$13,260,114	\$91.40
40:00 Electrolytic, Caloric, and Water Balance	540,446	\$2,926,128	\$4,470,599	\$3,539,495	\$7,396,727	\$13.69
52:00 Eye, Ear, Nose and Throat Preparations	293,726	\$8,241,294	\$2,404,457	\$4,671,832	\$10,645,751	\$36.24
56:00 Gastrointestinal Drugs	607,632	\$23,027,045	\$4,964,429	\$15,858,445	\$27,991,474	\$46.07
68:00 Hormones and Substitutes	1,177,940	\$32,025,798	\$8,681,914	\$17,557,765	\$40,707,712	\$34.56
84:00 Skin and Mucous Membrane Agents	273,454	\$5,941,340	\$2,234,965	\$2,817,244	\$8,176,306	\$29.90
86:00 Smooth Muscle Relaxants	55,578	\$1,451,029	\$457,781	\$1,233,712	\$1,908,810	\$34.34
92:00 Unclassified and others	614,651	\$52,739,465	\$5,305,575	\$46,105,045	\$58,045,040	\$94.44
94:00 Diabetic Supplies	94,786	\$1,797,852	\$628,869	\$1,423,883	\$2,426,721	\$25.60
Total	10,482,967	\$385,427,386	\$84,782,250	\$268,047,354	\$470,209,636	\$44.85

1 The drug classification system used is based on that of the American Hospital Formulary Service and can be found in the Formulary book or online at <http://formulary.drugplan.health.gov.sk.ca/>

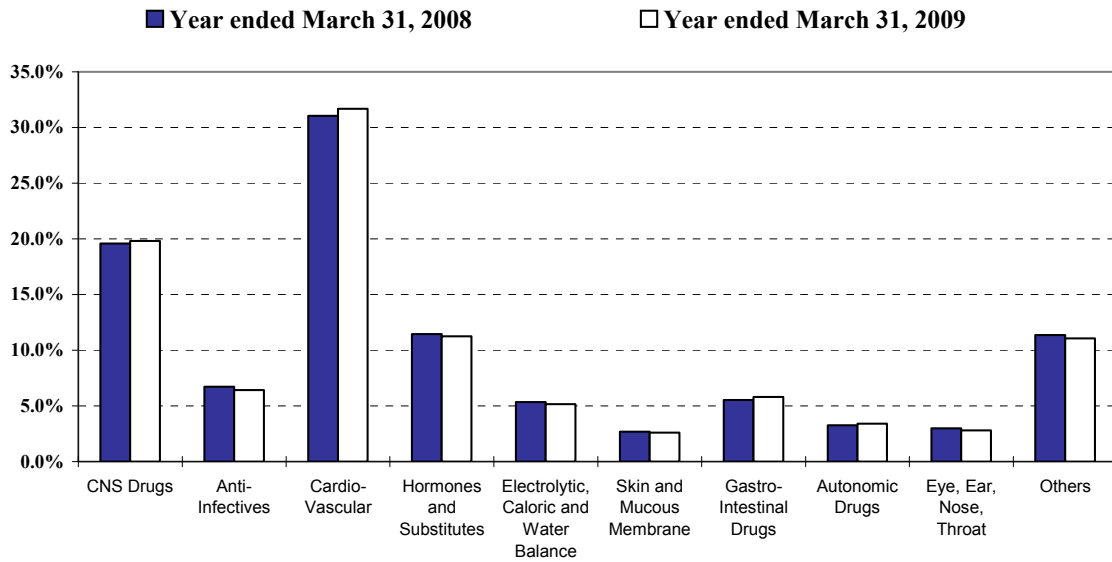
2 Number of Prescriptions refers to Formulary and Exception Drug Status drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

3 Drug Material Cost includes Total Acquisition Cost + Mark-up + Compound Fee, if applicable - Discount, if applicable.

4 Total Prescription Cost = Drug Plan Payment + Patient Paid and/or their insurance plan. It is the total approved cost of the prescription. It includes dispensing fee, pharmacy mark-up and compound fee, if applicable.

Figure 2 shows the Table 5 prescription volume by Pharmacologic – Therapeutic Classification.

Figure 2
Prescription Volume by Pharmacologic - Therapeutic Classification



Manufacturers

Table 6
Drug Acquisition Cost by Manufacturer

April 2008 - March 2009

Manufacturer	Drug Acquisition Cost
Abbott Diabetes Care	969,138.13
Abbott Laboratories Ltd.	7,674,934.65
Actelion Pharmaceutiques Canada	882,354.96
Alcon Canada Inc.	943,023.46
Allergan Inc.	1,349,154.78
Amgen Canada Inc.	6,799,611.76
Animas Canada	26,442.25
Apotex Inc.	26,010,359.99
Astellas Pharma Canada Inc.	965,788.70
Astrazeneca	24,236,463.76
Autocontrol Medical	25,765.41
Axcan Pharma	502,437.91
Bayer Inc. - Consumer Care Division	14,666.86
Bayer Inc. - Healthcare Division	13,200,559.60
Becton-Dickinson Canada Inc.	957,239.71
Biogen Canada Inc.	951,895.29
Biovail Pharmaceuticals Canada.....	896,229.32
Boehringer Ingelheim (Can.) Ltd.	6,114,466.94
Bristol Myers Squibb Canada Inc.	38,490.30
Bristol -Myers Squibb Canada Inc.	11,440,908.45
Canderm Pharma Inc.	9,728.84
Celgene Corporation	11,535.07
Church & Dwight Canada	13,454.69
Cobalt Pharmaceutucals Inc.	2,981,166.58
Columbia Laboratories Canada Inc.	6,473.36
Cytex Pharmaceuticals INC.....	17,171.35
Dominion Pharmacal	12,502,861.71
Duchesnay Inc.	472,041.11
Eli Lilly Canada Inc.	6,673,332.55
EMD Serona Canada INC.....	3,246,509.90
Enzon Inc.	185,769.36
ERFA Canada Inc.	98,036.31
Ethypharm Inc.	44,141.02
Ferring Inc.	600,627.30

Manufacturer	Drug Acquisition Cost
Fournier Pharma Inc.	13,036.69
Galderma Canada Inc.	298,859.33
Genpharm Inc.	7,656,307.06
Genzyme Canada Inc.	372,329.30
Gilead Sciences Canada INC.....	306,187.69
Glaxosmithkline	12,783,286.09
Glaxosmithkline Consumer Health.....	138,427.55
Graceway Canada Company.....	376,792.88
Hill Dermaceuticals, Inc.	11,794.08
Hoffman-La Roche Limited	4,465,650.96
Home Diagnostics Inc.	6,638.25
Hospira Healththcare CORP.....	373,607.83
Insight Pharmaceuticals Corp.	15,126.98
Iroko International LP.....	30,567.98
Jacobus Pharm Inc.	15,882.23
Janssen-Ortho Inc.	8,556,352.64
Key, Div. Of Schering Can. Inc.	1,011,890.65
King Pharmaceuticals Canada INC.....	568,260.99
Leo Pharma Inc.	1,101,569.01
Lifescan Canada Ltd.	5,143,817.49
Lundbeck Canada Inc.	312,644.91
Mayne Pharma (Canada) Inc.	16,946.90
McNeil Consumer HealthCare	53,034.10
Medtronic of Canada.....	43,324.63
Merck Frosst Canada Ltd.	13,362,627.72
Northern Therapeutics INC.....	101,054.19
Novartis Ophthalmics	106,520.20
Novartis Pharma Canada Inc.	12,598,017.95
Novo Nordisk Canada Inc.	3,416,022.99
Novopharm Ltd.	15,381,039.28
Nu-Pharm Inc.	16,881,453.13
Nycomed Canada INC.....	648,212.29
Odan Laboratories Limited	168,944.15
Omega Laboratories Ltd.	15,536.37
Organon Canada Ltd.	1,285,821.89
Oryx Now Sepracor	4,132.45
Ovation Pharmaceuticals Inc.	37,526.09
Paladin Labs Inc.	450,947.97
Pendopharm Inc.	6,661.54
Pfizer Canada Inc.	46,859,928.71
Pharmascience Inc.	8,466,629.57
Pharmel Inc.	5,733.10
Prempharm Inc.	104,978.47

Manufacturer	Drug Acquisition Cost
Prestwick Pharmaceuticals Canada.....	164,364.53
Procter & Gamble Pharm. Canada, Inc.	3,975,722.28
Purdue Pharma	5,391,118.64
Ranbaxy Pharmacueticals Canada INC.....	2,086,702.94
Rare Disease Therapeutics.....	140,983.51
Ratiopharm	8,953,832.13
RDP	9,503.75
Roche Diagnostics, Hoffmann-LaRoche	2,466,189.02
Roussel Canada Inc.....	9,491.72
Sandoz Canada Inc.	3,431,734.87
Sanofi-Aventis	2,054,039.56
Schering-Plough Canada Inc.	12,932,578.38
Schircks Laboratories, Switzerland	7,158.36
Servier Canada Inc.	3,188,081.52
Shire Canada Inc.	69,236.25
Solvay Pharma Inc.	427,333.58
Squibb Pharmaceutical Products	23,617.06
Squire Pharmaceuticals Inc.	703,418.07
Sterimax Inc.	16,986.87
Stiefel Canada Inc.	414,571.67
Taro Pharmaceuticals Inc.	866,826.19
TaroPharma Inc.	97,118.25
Tercica Inc.	19,165.70
Teva Neuroscience	4,303,214.72
Theramed Corporation	57,010.56
Tribute Pharma Canada Inc.	45,873.39
Tyco Healthcare	60,612.30
UCB Canada Inc.	26,462.39
Ucyclid Pharma	187,384.11
United Therapeutics Inc.	79,340.00
Valeant Canada Limited	2,628,756.10
Valeo Pharmaceuticals Inc.....	27,508.70
Vita Health Products	1,097.53
Wellspring Pharmaceutical Canada	3,338.00
Westwood Squibb Canada	10,467.34
Wockhardt UK Ltd.	6,241.20
Wyeth Pharmaceuticals	2,390,205.81
Compounding and Materials Costs ¹	1,421,455.84
Others (each under \$5000)	31,086.21
Total	353,166,734.71

¹ Preparations compounded by the pharmacist.

2008-2009 Utilization Trends

1. Cost to Beneficiaries

Trend information shows that the number of active beneficiaries has remained fairly constant 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
2001-02	629,090	7,979,826	\$261,413,126	\$114,865,694
2002-03	620,866	8,350,855	\$297,844,480	\$132,274,241
2003-04	623,914	8,641,855	\$327,787,913	\$149,163,934
2004-05	625,924	8,919,090	\$346,752,834	\$164,410,108
2005-06	638,637	9,364,871	\$375,304,926	\$181,288,493
2006-07	631,225	9,626,629	\$402,322,418	\$198,843,985
2007-08	626,875	10,123,194	\$435,191,159	\$245,366,836
2008-09	631,941	10,482,967	\$470,209,636	\$268,047,354

Table 7 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 7, the total cost of prescriptions per discrete beneficiary has grown an average of 7.2% between 2007-08 and 2008-09 for all beneficiaries. The range of increases, based on age, was 2.4% to 28.6%. The 28.6% increase in the 5 to 14 year age group was, in part, due to the addition of Concerta to the Formulary.

The cost of prescriptions per beneficiary increased for all age groups; the average prescription cost increased for all age groups and the average number of prescriptions per beneficiary decreased for the 0-4 age group and had little or no increase in the remaining age groups.

Table 7
Prescription Drug Utilization Trend by Age of Discrete Beneficiary
Information Source: Table 2

Age of Consumer	2007-08	2008-09	% increase (decrease) 07-08 to 08-09
April 1- March 31			
Average Number of Prescriptions Per Discrete Beneficiary			
0 - 4	3.4	3.3	(2.9%)
5 - 14	3.8	3.9	2.3%
15 - 24	5.6	5.7	1.7%
25 - 34	7.4	7.4	0.0%
35 - 44	10.0	10.1	1.0%
45 - 54	14.5	14.7	1.5%
55 - 64	21.8	22.0	1.0%
65 - 74	30.5	31.6	3.5%
75 - 84	38.2	39.6	3.7%
85 and over	42.5	43.9	3.3%
Total	16.1	16.6	3.0%
Average Prescription Cost ¹			
0 - 4	\$21.53	\$22.68	5.3%
5 - 14	34.96	43.55	24.6%
15 - 24	38.44	41.17	7.1%
25 - 34	43.51	45.54	4.7%
35 - 44	49.45	51.38	3.9%
45 - 54	49.26	51.03	3.6%
55 - 64	46.08	47.72	3.6%
65 - 74	43.89	45.71	4.2%
75 - 84	39.79	41.45	4.2%
85 and over	34.10	35.38	3.8%
Total	\$42.99	\$44.85	4.3%
Total Cost of Prescriptions Per Discrete Beneficiary			
0 - 4	\$72.19	\$73.89	2.4%
5 - 14	131.71	169.33	28.6%
15 - 24	216.74	234.39	8.1%
25 - 34	321.55	336.39	4.6%
35 - 44	492.45	518.80	5.4%
45 - 54	715.94	751.30	4.9%
55 - 64	1,004.04	1,050.81	4.7%
65 - 74	1,338.87	1,442.48	7.7%
75 - 84	1,519.97	1,642.12	8.0%
85 and over	1,451.05	1,553.56	7.1%
Total	\$694.22	\$744.07	7.2%

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

Table 8
Prescription Change by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Class		2007-08	2008-09	% increase (decrease)
April 1 - March 31				
Total Approved Cost of all Formulary and EDS Prescriptions				
8:00	Anti-Infective Agents	8,494,385	10,155,209	19.6%
12:00	Autonomic Drugs	9,475,602	12,572,288	32.7%
20:00	Blood Formation and Coagulation	10,072,492	11,021,243	9.4%
24:00	Cardiovascular Drugs	74,515,388	83,648,404	12.3%
28:00	Central Nervous System Agents	44,533,517	49,071,191	10.2%
36:00	Diagnostic Agents	7,709,171	8,371,597	8.6%
40:00	Electrolytic, Caloric & Water Balance	3,530,451	3,539,495	0.3%
52:00	Eye, Nose & Throat Preparations	4,338,249	4,671,832	7.7%
56:00	Gastrointestinal Drugs	15,746,828	15,858,445	0.7%
68:00	Hormones & Synthetic Substitutes	17,476,175	17,557,765	0.5%
84:00	Skin & Mucous Membrane Agents	2,556,971	2,817,244	10.2%
86:00	Smooth Muscle Relaxants	1,075,711	1,233,712	14.7%
92:00	Unclassified Therapeutic Agents & Others	44,603,471	46,105,045	3.4%
94:00	Diabetic Supplies	1,238,424	1,423,883	15.0%
Total		\$ 245,366,836	\$ 268,047,354	9.2%
Number of Prescriptions				
8:00	Anti-Infective Agents	680,159	673,673	(1.0%)
12:00	Autonomic Drugs	332,036	356,624	7.4%
20:00	Blood Formation and Coagulation	239,690	249,602	4.1%
24:00	Cardiovascular Drugs	3,142,061	3,321,511	5.7%
28:00	Central Nervous System Agents	1,983,092	2,078,260	4.8%
36:00	Diagnostic Agents	142,396	145,084	1.9%
40:00	Electrolytic, Caloric & Water Balance	540,179	540,446	0.0%
52:00	Eye, Nose & Throat Preparations	302,928	293,726	(3.0%)
56:00	Gastrointestinal Drugs	558,684	607,632	8.8%
68:00	Hormones & Synthetic Substitutes	1,160,363	1,177,940	1.5%
84:00	Skin & Mucous Membrane Agents	273,725	273,454	(0.1%)
86:00	Smooth Muscle Relaxants	52,072	55,578	6.7%
92:00	Unclassified Therapeutic Agents & Others	627,435	614,651	(2.0%)
94:00	Diabetic Supplies	88,374	94,786	7.3%
Total		10,123,194	10,482,967	3.6%
Average Prescription Cost				
8:00	Anti-Infective Agents	\$12.49	\$15.07	20.7%
12:00	Autonomic Drugs	\$28.54	\$35.25	23.5%
20:00	Blood Formation and Coagulation	\$42.02	\$44.16	5.1%
24:00	Cardiovascular Drugs	\$23.72	\$25.18	6.2%
28:00	Central Nervous System Agents	\$22.46	\$23.61	5.1%
36:00	Diagnostic Agents	\$54.14	\$57.70	6.6%
40:00	Electrolytic, Caloric & Water Balance	\$6.54	\$6.55	0.2%
52:00	Eye, Nose & Throat Preparations	\$14.32	\$15.91	11.1%
56:00	Gastrointestinal Drugs	\$28.19	\$26.10	(7.4%)
68:00	Hormones & Synthetic Substitutes	\$15.06	\$14.91	(1.0%)
84:00	Skin & Mucous Membrane Agents	\$9.34	\$10.30	10.3%
86:00	Smooth Muscle Relaxants	\$20.66	\$22.20	7.5%
92:00	Unclassified Therapeutic Agents & Others	\$71.09	\$75.01	5.5%
94:00	Diabetic Supplies	\$14.01	\$15.02	7.2%
Total		\$24.24	\$25.57	5.5%

Table 9
Prescription Drug Plan Payments Summary
April 2008 - March 2009

Payments on behalf of families (all programs combined)	
Drug Material Acquisition Cost.....	\$ 353,166,735
Mark-up.....	32,280,513
Dispensing Fee	84,782,250
Pharmacy Discounts and others.....	<u>(19,862)</u>
Total Approved Prescription Cost	470,209,636
Less: Deductible Credits.....	<u>(165,082,342)</u>
Less: Family Co-Payment.....	<u>(37,079,940)</u>
Total Prescription Drug Plan Payments¹	268,047,354
Third Party payments/manual adjustments ²	(984,905)
Net Payments by MIDAS System³	\$ 267,062,449

¹ Drug Plan payments refer to formulary drugs and exception status drugs.

² Third Party payments/Manual adjustments include refunds to vote, year-end adjustments made in accordance with accounting policies and payments outside the online system such as payments to the RHA's.

³ MIDAS is a central financial system.

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 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 Family Income Plan 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 the Ministry of Social Services.

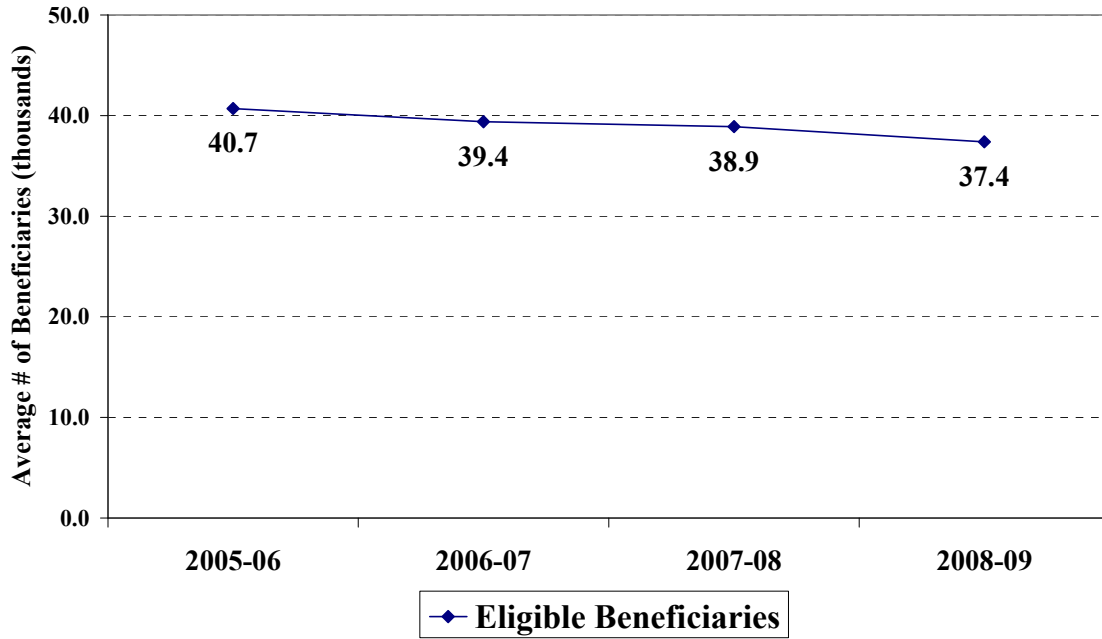
Eligible Beneficiaries

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

- Supplementary Health beneficiaries:
 - Saskatchewan Assistance Plan recipients nominated by the Ministry of 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 Seniors Income Plan level.

- Family Health Benefits are available to families, with at least one child under the age of eighteen which meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from either the Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS).

Supplementary Health Program



The above chart shows on average, 37,409 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.

During 2008-09, the average number of families eligible for Family Health Benefits was 16,461. This includes 20,194 adults and 28,156 children.

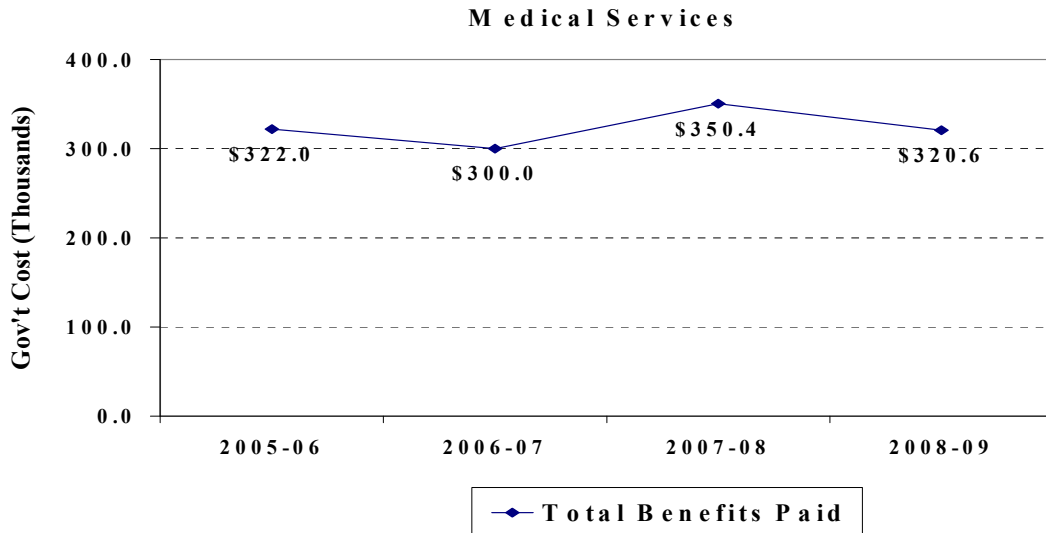
Table 10
Supplementary Health Program and Family Health Benefits Payments

April 2008- March 2009

Services	Sask. Assistance Plan	Sask. Government Wards	Provincial Correctional Institutions	Sask. Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories	Totals
Medical Examinations and Reports.....	\$ 311,893	\$ 5,039	\$ 711		\$ 2,279	\$ 687	320,609
Dental Services.....	\$ 3,653,103	\$ 411,171	\$ 306,165	\$ 12,264	\$2,305,616	\$ 117,439	6,805,758
Non-Formulary Drugs (Plan 3).....	\$ 1,862,604	\$ 264,262	\$ 262,690	\$ 461,052	\$ 572	\$ 8,252	2,859,432
Medical Appliances and Supplies.....	\$ 734,418	\$ 53,455	\$ 1,679	\$ 30,362	\$ 87,417	\$ 15,204	922,535
Optical Services.....	\$ 1,047,181	\$ 93,526	\$ 73,477	\$ 6,873	\$ 562,109	\$ 179,170	1,962,336
Chiropractic Services.....	\$ 458,737	\$ 3,889	\$ 1,677	\$ 1,824	\$ 888,615	\$ 176,674	1,531,416
Ambulance.....	\$ 1,972,688	\$ 65,696	\$ 31,337	\$ 23,900	\$ 146,039	\$ 29,098	2,268,758
Medical Transportation (Aircraft).....	\$ 250,637	\$ 9,613	\$ -	\$ -	\$ 17,600	\$ 2,061	279,911
Medical Transportation (Ground).....	\$ 1,905,928	\$ 23,162	\$ 1,266	\$ -	\$ 68,754	\$ 26,591	2,025,701
Totals: Supplementary Health and Family Health Benefits.....	\$ 12,197,189	\$ 929,813	\$ 679,002	\$ 536,275	\$4,079,001	\$ 555,176	\$ 18,976,456

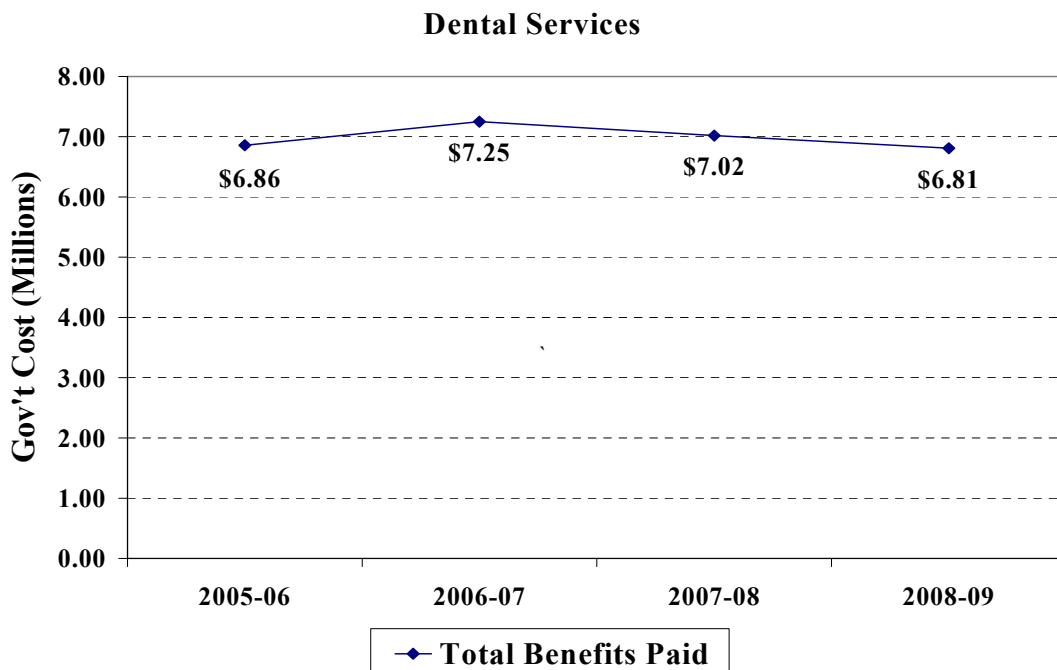
1. Medical Services

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



2. Dental Services

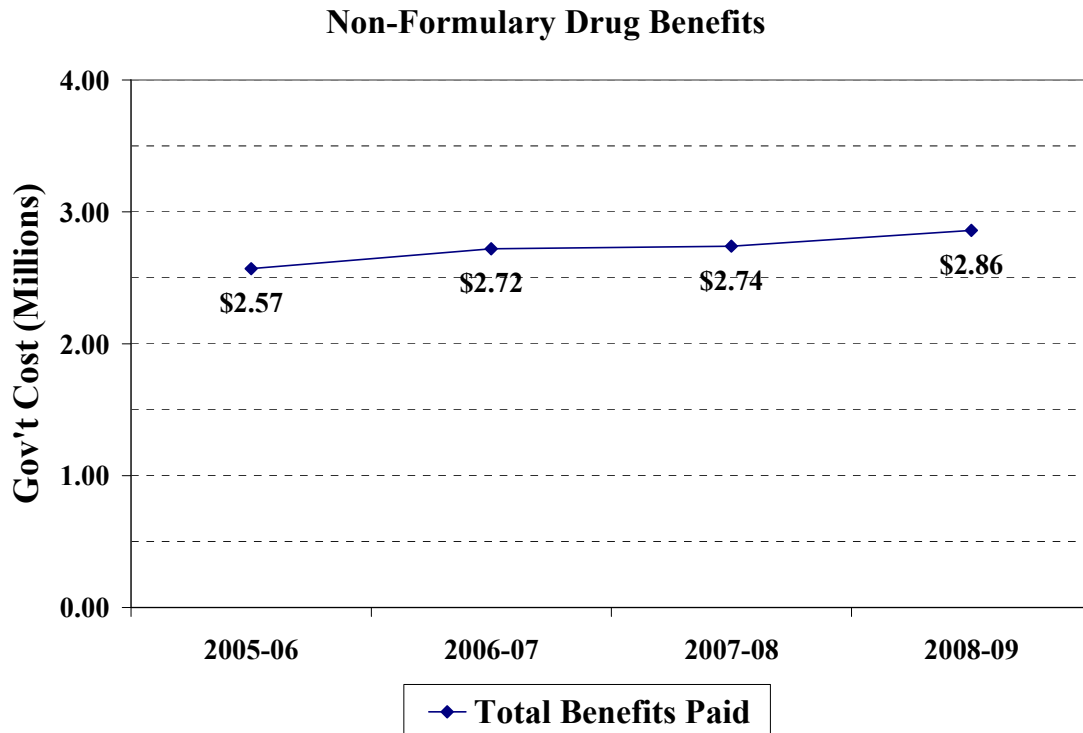
Coverage includes preventive, restorative, exodontic, and prosthetic dentistry for all Supplementary Health beneficiaries and for children with Family Health Benefits coverage.



3. Non-Formulary Drug Benefits

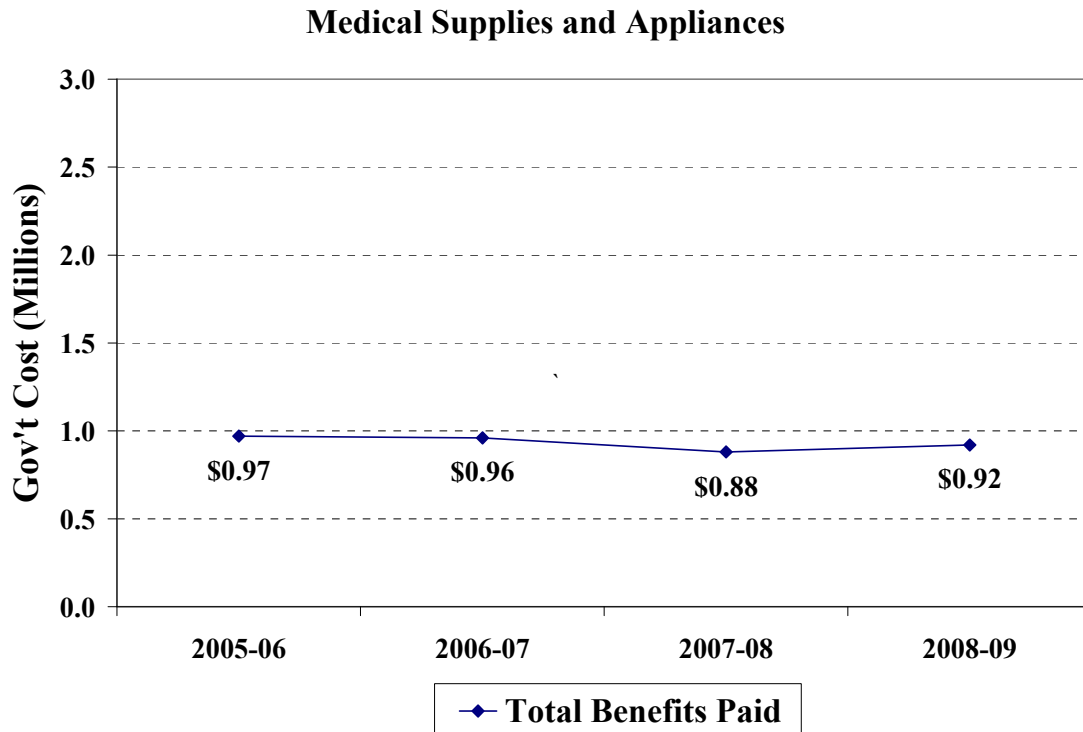
Supplementary Health provides certain non-Formulary drugs without charge for Plan Three residents in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and non-Formulary drug benefits for the different levels of Social Assistance Plan coverage are outlined earlier in the report on page 12.

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

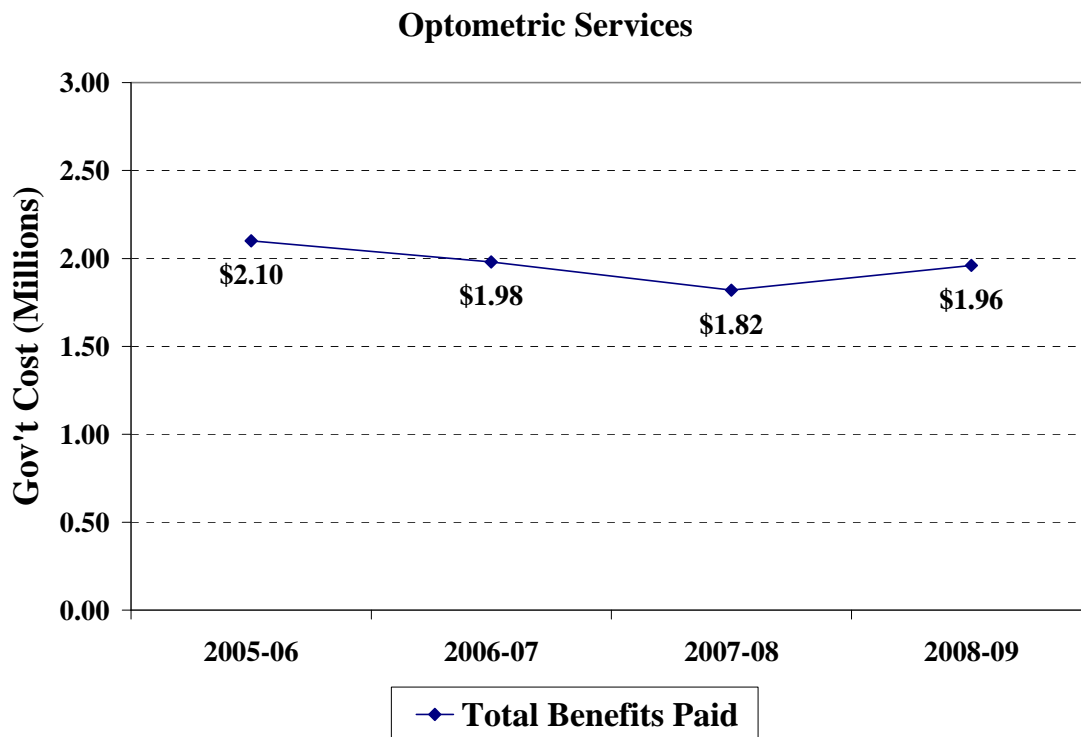
Supplementary Health and Family Health Benefits (children only) covers the full cost of most medical supplies and appliances prescribed by a physician for covered beneficiaries.



5. Optometric Services

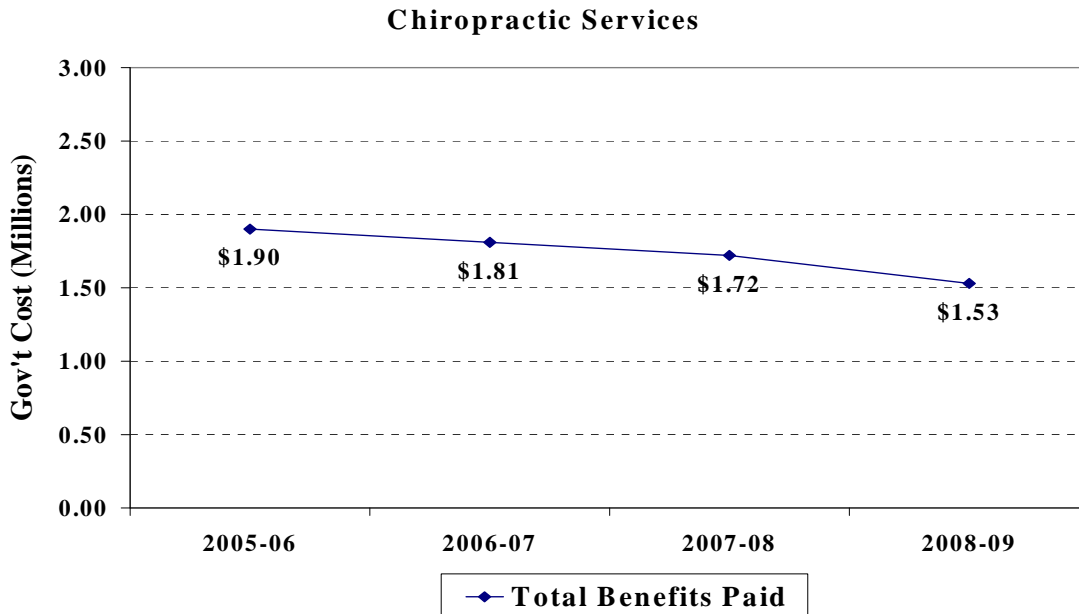
Eyeglasses are covered for Supplementary Health beneficiaries and children of families approved for Family Health Benefits, whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment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



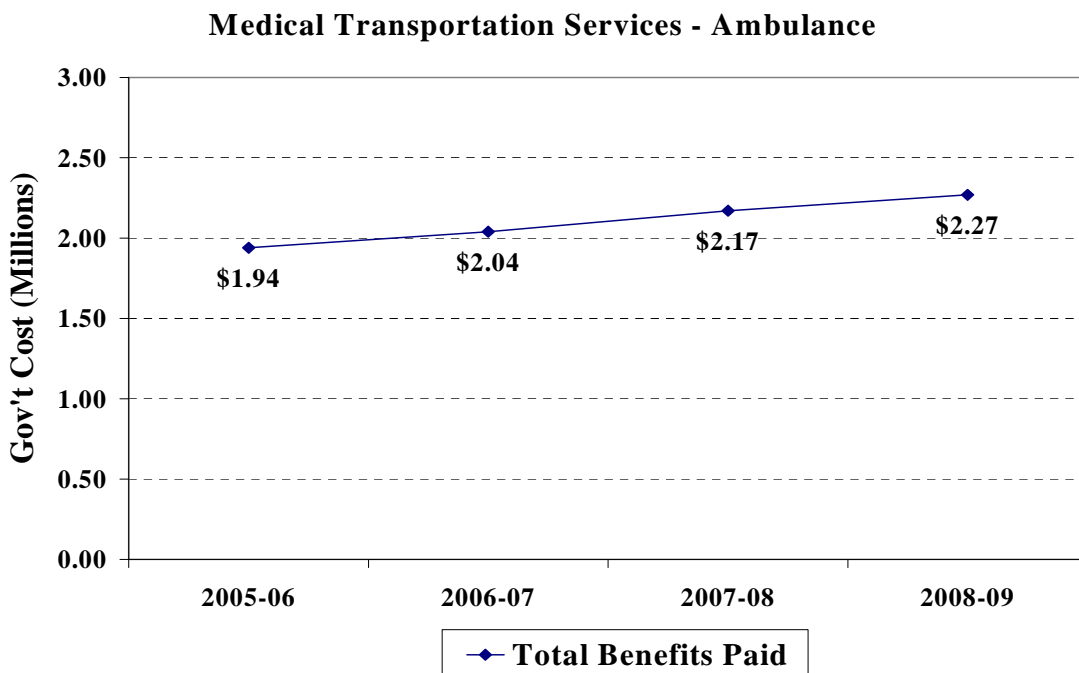
6. Chiropractic Services

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



7. Medical Transportation – Ambulance

Benefits include coverage for emergency medical transportation by road ambulance for all Supplementary Health and children with Family Health Benefits.

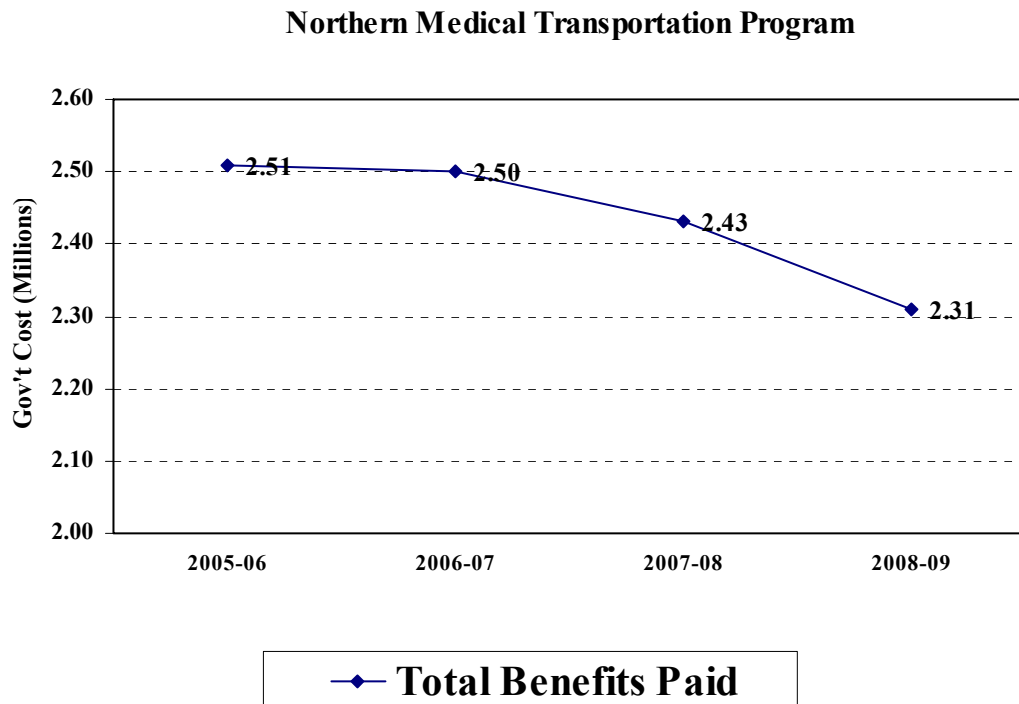


8. Medical Transportation – Northern Medical Transportation Program

This Program supports:

- emergency medical evacuation from sites in the North for Saskatchewan residents; and
- non-emergent medical transportation for Supplementary Health beneficiaries and Family Health Benefits children, residing in the North.

During 2008-09 the costs of the medical transportation for the Northern Medical Transportation Program was \$2.31 million.



Saskatchewan Aids to Independent Living (SAIL)

Background

- SAIL began providing benefits on April 1, 1975, to eligible residents for prosthetic/orthotic devices.
- On August 1, 1975 SAIL benefits expanded to provide 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 incontinence products, medical supplies and select rehabilitation equipment recommended by the attending physician as well as providing grants for home and vehicle modifications; the Cystic Fibrosis Program, which provides drugs and nutritional supplements 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 (e.g. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continues 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 responsibility for the acquisition, distribution and repair of equipment required by the blind was transferred 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 under the Home Oxygen Program were granted according to certain medical criteria.
- In 2003-04 the Therapeutic Nutritional Products Program was added to assist with the incremental cost associated with using nutritional products in place of a regular diet.
- In July 2007, the Saskatchewan Children's Insulin Pump Program was added to assist with the costs of insulin pumps and related supplies for children 17 years of age or younger who have Type 1 diabetes and meet specific medical criteria.

Eligible Beneficiaries

People with physical disabilities and certain chronic health conditions may receive specialized benefits to help them achieve a more active and independent lifestyle.

All Saskatchewan residents with valid Saskatchewan Health coverage who are referred for service by an authorized health care professional.

Beneficiaries with particular chronic health conditions are eligible under the various Special Benefit Programs; Paraplegia, Cystic Fibrosis, End Stage Renal Disease, Ostomy, Aids to the Blind and Haemophilia and the Children's Insulin Pump Program.

Program Objectives

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

Table 11
Caseloads and SAIL Payments

	2007-08		2008-09	
	Caseload	Expenditures	Caseload	Expenditures
Orthopaedic Services.....	6,106	\$3,626,164	6,547	\$4,067,340
Special Needs Equipment.....	n.a.	\$4,080,135	n.a.	\$4,950,644
Home Oxygen.....	2,530	\$9,564,309	2,576	\$9,226,971
Respiratory Equipment.....	n.a.	\$1,472,869	n.a.	\$1,391,639
Paraplegia.....	1,753	\$4,243,552	1,769	\$4,721,650
Cystic Fibrosis.....	117	\$191,972	121	\$257,528
Renal Disease.....	1,005	\$3,934,539	1,062	\$4,253,658
Ostomy.....	2,078	\$1,057,404	2,106	\$1,147,024
Aids to the Blind.....	n.a.	\$353,659	n.a.	\$374,187
Other Payments	n.a.	\$589,056	n.a.	\$576,825
Total		\$29,113,659		\$30,967,466

NOTE: n.a. is not available

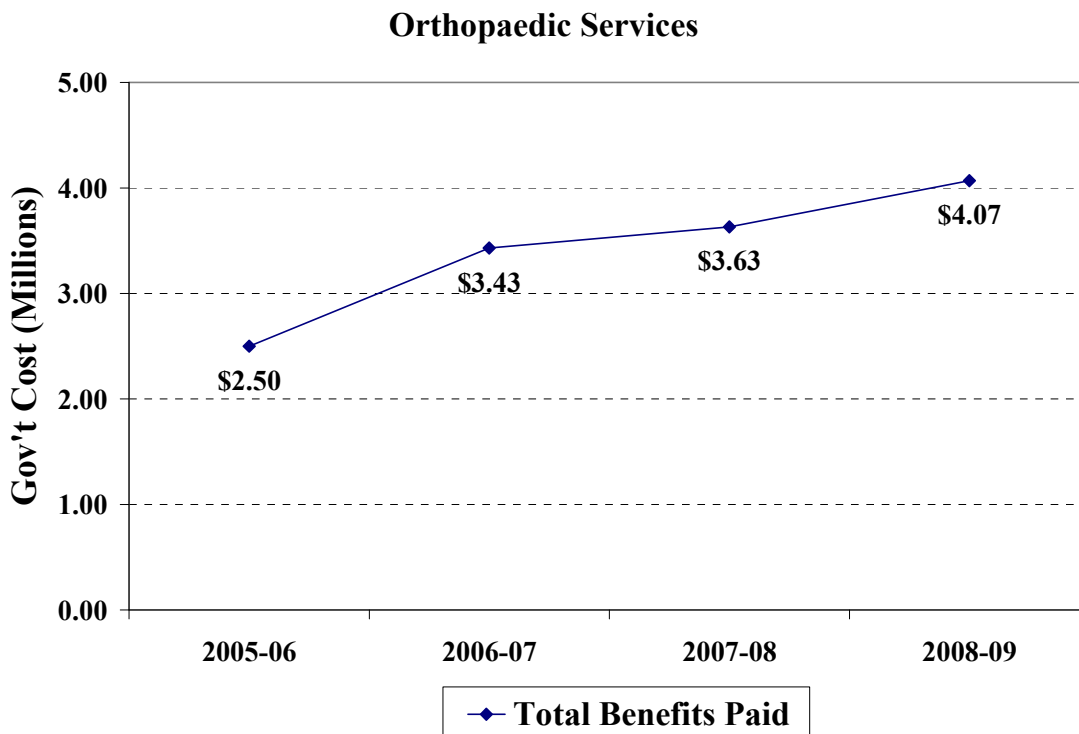
1. Orthopaedic Services

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 for Supplementary Health and Family Health beneficiaries are 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. Private service providers may bill for the cost of materials only, with prior approval.

Compression or burn garments are supplied and fitted without charge. SAIL arranges for the supplier to provide garments. Standing frames are also provided to eligible clients, free of charge, through this program.

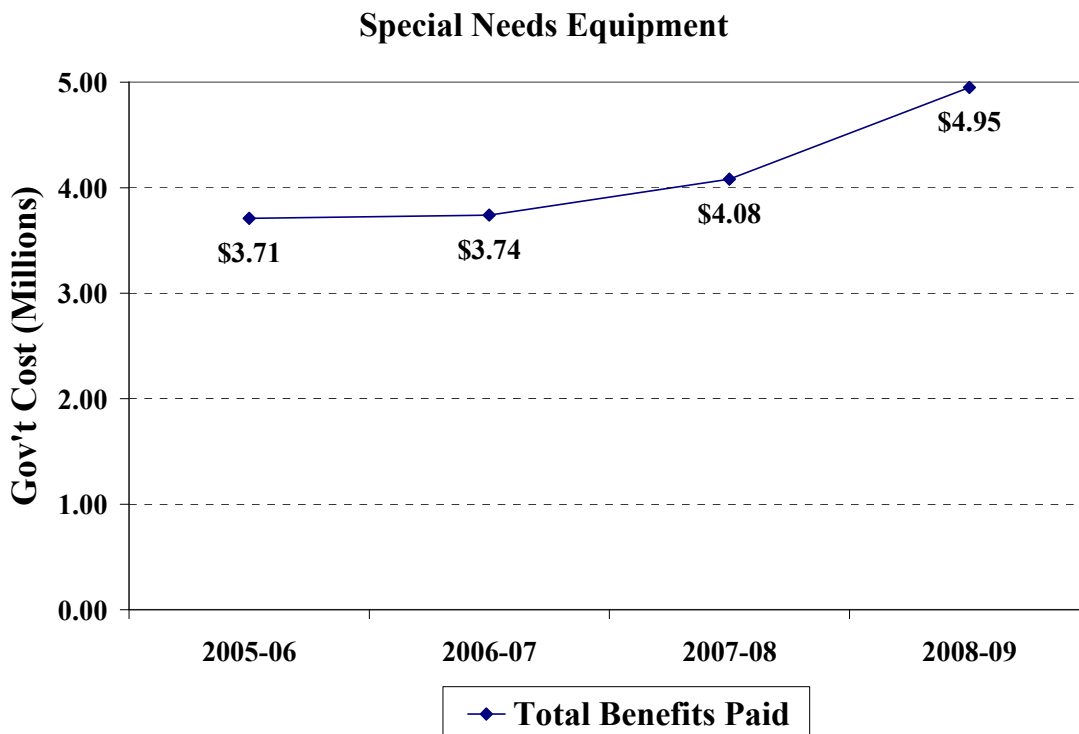


2. Special Needs Equipment

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

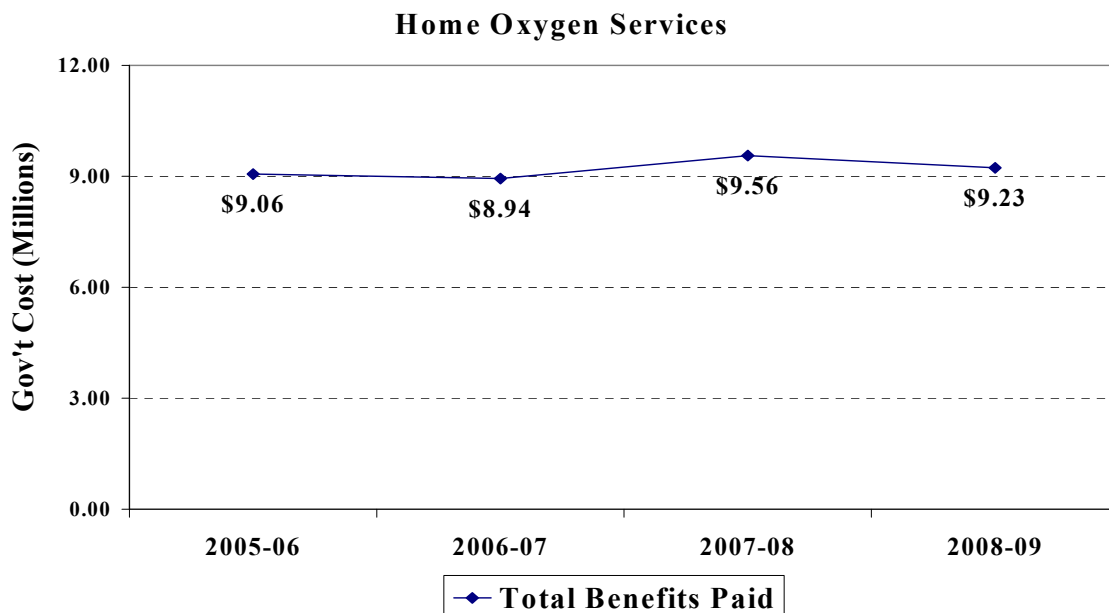
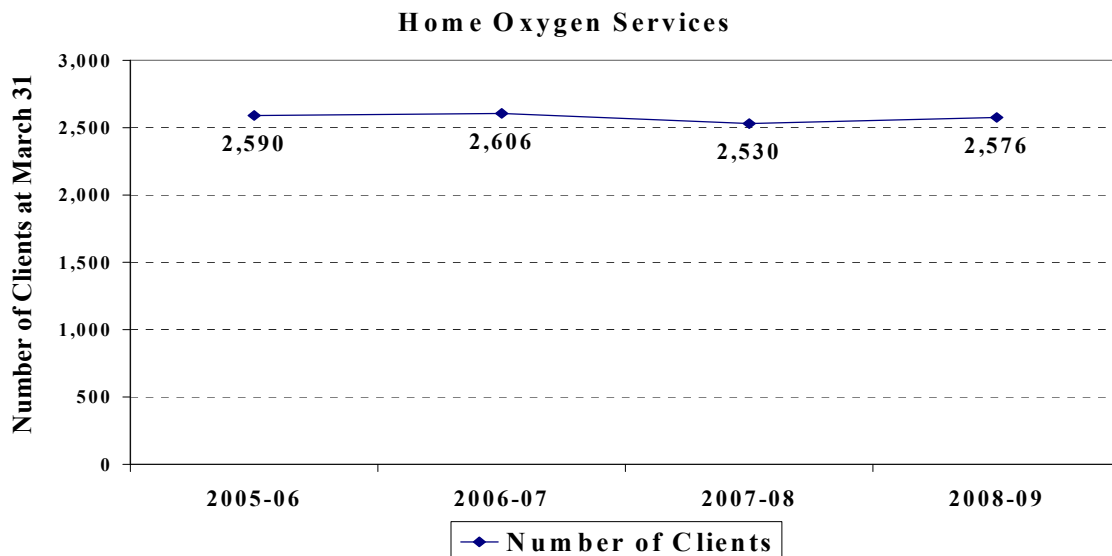
The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.



3. Home Respiratory Services

Home Oxygen Therapy – Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet medical criteria. The systems are supplied by private medical oxygen supply firms under contract with SAIL.

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, continuous positive airway pressure (CPAP) units, suction pumps, and tracheostomy humidification packs are loaned, maintained and repaired without charge. Eligibility is based on specific medical criteria.



4. Nutritional Products

The program assists with the cost of specialized nutritional products for persons with complex medical conditions who rely on those products as their primary nutritional source. Program benefits are cost shared between clients and Saskatchewan Health, with the patient's portion varying based on a number of factors, including family income.

The program commenced September 1, 2003. During 2008-09, 95 clients were receiving benefits with expenditures totaling almost \$167,000.

5. 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, drugs approved for coverage under the Drug Plan Exception Drug Status program as well as certain non-Formulary drugs are available at no charge. Incontinence management and dressing supplies for chronic conditions are available without charge. Specialized rehabilitation equipment is purchased for clients. Financial assistance is also provided for vehicle hand controls, ramps and wheelchair lifts.

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

End Stage Renal Disease Program – Drugs listed in the Saskatchewan Formulary, drugs approved for coverage under the Drug Plan Exception Drug Status program as well as certain non-Formulary drugs are available at no charge to persons with end-stage renal disease requiring dialysis or renal transplant recipients.

Ostomy Program – SAIL provides 50% reimbursement of certain ostomy supplies, such as appliances, adhesives and adhesive removers, to eligible persons referred by enterostomal therapists.

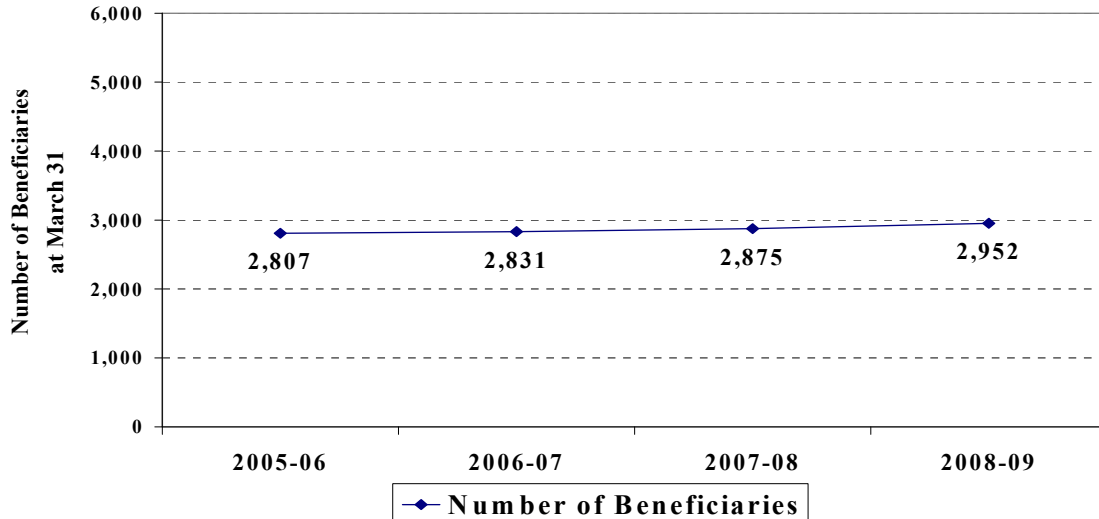
Aids to the Blind Program – Financial assistance is provided for aids such as braille watches, talking calculators and low-vision eyewear. Brailers, talking book machines, tape players and recorders are loaned, maintained and repaired without charge. Magnifiers and telescopes are supplied without charge. Low vision eyewear is provided through optometric/ophthalmic dispensers. Equipment and low vision services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.

Haemophilia Program – The Haemophilia Program covers the total cost of medical supplies associated with home infusion for the treatment of haemophilia.

Children’s Insulin Pump Program – Covers the cost of an insulin pump for children 17 years of age or younger who have Type 1 diabetes and meet medical criteria. Financial assistance is also available for insulin pump supplies for qualifying individuals.

Children’s Enteral Feeding Pump Program – Feeding pumps are provided by SAIL on a free loan basis to children who require nasogastric or gastrostomy pump feeding. Select consumable supplies associated with pump feeding are also a benefit.

Special Benefit Programs



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

Special Benefit Programs

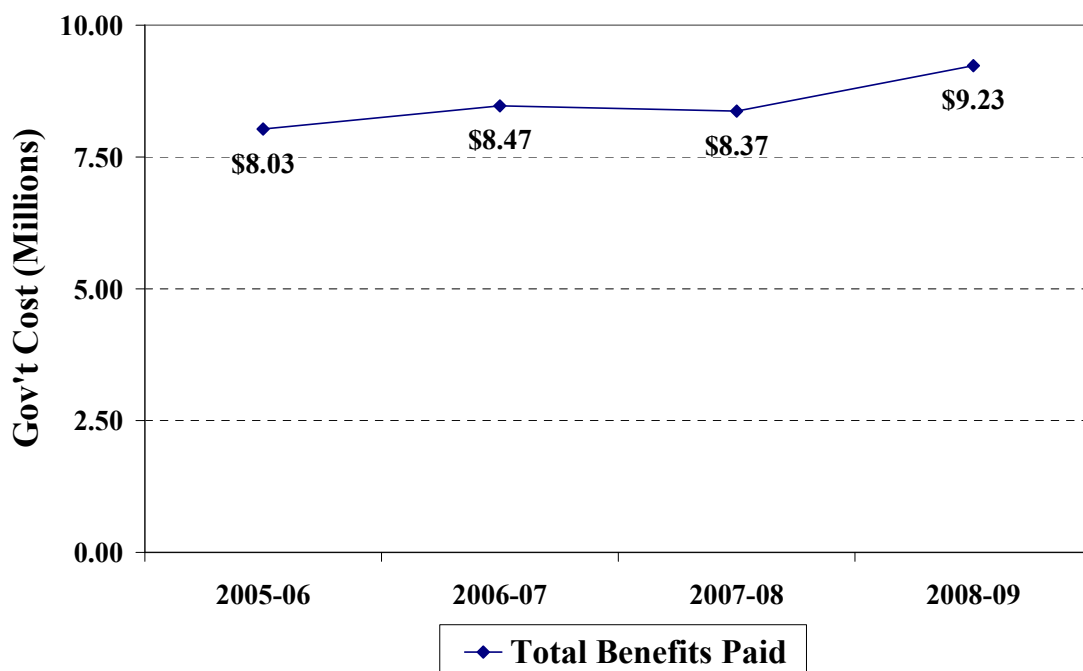


Table 12
Special Needs Equipment Program - Loans

April 1- March 31	2005-06	2006-07	2007-08	2008-09
Wheelchairs				
- Manual.....	3,788	3,564	3,261	3,146
- Power (electric).....	150	124	171	147
Other Aids.....	18,986	19,741	19,743	21,421
Total Loans	22,924	23,429	23,175	24,714

Table 13
Orthopaedic Services - Appliances Issued

April 1- March 31	2005-06	2006-07	2007-08	2008-09
Prosthetics.....	161	170	149	148
Orthotics.....	2,746	2,507	2,181	3,037
Footwear (braced).....	124	105	113	129
Adaptive and Specialized Seating for Wheelchairs.....	1,545	1,436	1,458	1,406
Total Issues	4,576	4,218	3,901	4,720

Table 14
Orthopaedic Services - Appliances Repaired

April 1- March 31	2005-06	2006-07	2007-08	2008-09
Prosthetics.....	1,146	1,113	1,063	1,156
Orthotics.....	1,441	1,802	1,445	1,707
Footwear (braced).....	95	105	76	97
Adaptive and Specialized Seating for Wheelchairs.....	436	548	529	471
Total Repairs	3,118	3,568	3,113	3,431