

# *The Prescription Drugs Regulations, 1993*



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Chapter P-23 Reg 3 (effective March 19, 1993) as amended by Saskatchewan Regulations 23/97, 60/98, 87/98, 63/1999, 47/2000, 53/2002, 65/2003 and 39/2004.

## **NOTE:**

**This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.**

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### Appendix

Table 1 Information to be Submitted by Pharmacists to Drug Database

### Editorial Appendix

**CHAPTER P-23 REG 3**  
*The Prescription Drugs Act*

**Title**

1 These regulations may be cited as *The Prescription Drugs Regulations, 1993*.

**Interpretation**

2(1) In these regulations:

- (a) “**Act**” means *The Prescription Drugs Act*;
- (b) “**benefit period**” means:
  - (i) any period commencing on January 1 in one year and ending on June 30 in the same year; or
  - (ii) any period commencing on July 1 in one year and ending on December 31 in the same year;
- (c) **Repealed.** 12 Jly 2002 SR 53/2002 s3.
- (d) **Repealed.** 3 Jly 98 SR 60/98 s3.
- (e) “**family unit**” means:
  - (i) a resident;
  - (ii) the spouse of the resident mentioned in subclause (i), if any, if the spouse is a resident; and
  - (iii) any dependent child of the resident or the resident’s spouse:
    - (A) whose principal residence is the same as that of the resident or the resident’s spouse; and
    - (B) who:
      - (I) is less than 18 years of age;
      - (II) **Repealed.** 13 Aug 99 SR 63/1999 s3.
      - (III) with respect to a benefit period commencing on or after July 1, 1993, reaches 18 years of age during the benefit period;
- (f) “**Guaranteed Income Supplement**” means the program established pursuant to the *Old Age Security Act (Canada)*;
- (g) “**interchangeable group**” means a group of drugs that:
  - (i) are of the same strength and dosage; and
  - (ii) are identified by the symbol specified in the legend of the prescribed formulary as being interchangeable;
- (h) **Repealed.** 13 Aug 99 SR 63/1999 s3.

- (i) “**participating pharmacy**” means a pharmacy with respect to which there is an agreement mentioned in section 5 of the Act between the minister and a person operating a participating pharmacy;
  - (j) “**prescription charge**” means an amount that a person who operates a participating pharmacy is charging persons in accordance with the agreement mentioned in clause (i);
  - (k) “**recognized drug price**” with respect to a drug, means the amount calculated for the drug pursuant to section 4;
  - (l) “**Saskatchewan Assistance Plan**” means the program established pursuant to *The Saskatchewan Assistance Act*;
  - (m) “**Saskatchewan Income Plan**” means the program established pursuant to *The Saskatchewan Income Plan Act*;
  - (n) **Repealed.** 13 Aug 99 SR 63/1999 s3.
- (2) Notwithstanding clause (1)(e), a spouse may elect to be treated as a family unit composed of only the spouse.

11 Jne 93 cP-23 Reg 3 s2; 3 Jly 98 SR 60/98 s3;  
13 Aug 99 SR 63/1999 s3; 12 Jly 2002 SR 53/  
2002 s3.

#### Application of regulations

- 2.1(1)** Subject to subsection (2), these regulations apply only to drugs that are listed in the formulary.
- (2) With respect to drugs listed in Appendix A of the formulary, these regulations apply if:
- (a) a practitioner who is authorized pursuant to an Act to prescribe the drug or a pharmacist applies, on behalf of a person who is a member of a family unit, for coverage for that drug pursuant to the Exception Drug Status Program; and
  - (b) the person on whose behalf an application mentioned in clause (a) is made is approved for coverage for that drug by the minister applying the criteria set pursuant to section 5.1 of the Act.

12 Jly 2002 SR 53/2002 s4.

#### Restriction

- 3** A family unit is not eligible for benefits pursuant to the program established by the Act if it is eligible to receive or to have payment made for drugs the family unit requires from:
- (a) the Government of Saskatchewan or any agency of it, other than pursuant to the Act;
  - (b) the Government of Canada or any agency of it; or
  - (c) the government of any other province or territory of Canada or any agency of it.

11 Jne 93 cP-23 Reg 3 s3.

**Application re designated medical supplies**

**3.1** If a member of a family unit that is eligible for benefits pursuant to these regulations is an eligible person as defined in *The Drug Plan Medical Supplies Regulations*, all amounts to be calculated pursuant to these regulations with respect to that person are to be calculated as if designated medical supplies, as defined in *The Drug Plan Medical Supplies Regulations*, obtained from a pharmacy were drugs.

18 Jly 2003 SR 65/2003 s3.

**Recognized drug price calculation**

**4** The recognized drug price of a drug is:

(a) where the drug dispensed is not part of an interchangeable group, the amount RDP calculated in accordance with the following formula:

$$\text{RDP} = (\text{N} \times \text{AP}) + \text{M} + \text{ADF}$$

where:

RDP is the recognized drug price for the drug dispensed;

N is the number of units of the drug dispensed;

AP is the actual price per unit charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the price per unit indicated for that drug in the formulary;

M is the maximum mark-up that a person operating a participating pharmacy may charge, in accordance with an agreement mentioned in section 5 of the Act, on the number of units of the brand of drug dispensed;

ADF is the actual dispensing fee charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the maximum dispensing fee that may be charged in accordance with an agreement mentioned in section 5 of the Act; or

(b) where the drug dispensed is part of an interchangeable group, the amount RDP calculated in accordance with the following formula:

$$\text{RDP} = (\text{N} \times \text{APB}) + \text{MIC} + \text{ADF}$$

where:

RDP is the recognized drug price for the drug dispensed;

N is the number of units of the drug dispensed;

APB is the actual price per unit charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the price per unit for the lowest priced brand of drug in the same interchangeable group as the drug dispensed;

MIC is the maximum mark-up that could be charged by a person operating a participating pharmacy, in accordance with an agreement mentioned in section 5 of the Act, if, rather than dispensing the brand of drug dispensed, the person operating the pharmacy had dispensed the lowest priced brand of drug in the same interchangeable group as the drug prescribed in the same number of units as the drug prescribed; and

ADF is the actual dispensing fee charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the maximum dispensing fee that may be charged in accordance with an agreement mentioned in section 5 of the Act.

11 Jne 93 cP-23 Reg 3 s4.

**Child-related benefits**

5(1) For any benefit period commencing on or after August 1, 1998 but before August 1, 1999, a family unit receiving benefits pursuant to *The Child Benefit Regulations*, *The Employment Supplement Regulations* of *The Benefit Adjustment Regulations* is eligible to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, in the amount B calculated in accordance with the following formula:

$$B = 0.65 (\text{ARDP} - \$100)$$

where ARDP is the sum of all recognized drug prices for:

- (a) drugs obtained by a family unit during a benefit period from participating pharmacies; and
- (b) drugs obtained by the family unit during a benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

(2) Subject to section 5.1, for any benefit period commencing on or after August 1, 1999, a family unit residing in Saskatchewan is eligible to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, in the amount B calculated in accordance with the formula set out in subsection (1), if the family unit is receiving:

- (a) benefits pursuant to *The Employment Supplement Regulations*;
- (b) benefits pursuant to *The Benefit Adjustment Regulations*; or
- (c) a refund of an overpayment deemed to have arisen pursuant to section 122.61 of the *Income Tax Act* (Canada), where the adjusted income, as defined in section 122.6 of that Act, for the taxation year of the eligible individual, as defined in section 122.6 of that Act, does not exceed:
  - (i) for an eligible individual with one qualified dependant, \$29,290.73;
  - (ii) for an eligible individual with two qualified dependants, \$29,290.73;
  - (iii) for an eligible individual with three qualified dependants, \$29,290.73;

- (iv) for an eligible individual with four qualified dependants, \$30,682.16;
- (v) for an eligible individual with five qualified dependants, \$32,073.57;
- (vi) for an eligible individual with six qualified dependants, \$33,464.97;
- (vii) for an eligible individual with seven qualified dependants, \$34,856.40;
- (viii) for an eligible individual with eight qualified dependants, \$36,247.81;
- (ix) for an eligible individual with nine qualified dependants, \$37,639.25;
- (x) for an eligible individual with 10 qualified dependants, \$39,030.65;
- (xi) for an eligible individual with 11 qualified dependants, \$41,487.27;
- (xii) for an eligible individual with 12 qualified dependants, \$43,943.87;
- (xiii) for an eligible individual with 13 qualified dependants, \$46,400.48;
- (xiv) for an eligible individual with 14 qualified dependants, \$48,857.09;
- (xv) for an eligible individual with 15 or more qualified dependants, \$51,313.70.

(3) **Repealed.** 12 Jly 2002 SR 53/2002 s5.

13 Aug 99 SR 63/1999 s4; 12 Jly 2002 SR 53/  
2002 s5; 18 Jly 2003 SR 65/2003 s4; 18 Jne  
2004 SR 39/2004 s2.

**Alternative calculation – child-related benefits**

**5.1(1)** Subject to subsection (2), a family unit that is eligible pursuant to subsection 5(2) to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, may apply to have the family unit's entitlement to benefits calculated in accordance with sections 12 to 12.7.

(2) In applying sections 12 to 12.7 for the purposes of subsection (1), the threshold co-payment of a family unit is the lesser of:

- (a) the amount TC calculated in accordance with section 12.4; and
- (b) \$200.

(3) If a family unit's entitlement to benefits calculated in accordance with sections 12 to 12.7 is greater than the amount determined pursuant to subsection 5(2), the family unit is entitled to receive benefits in the greater amount.

18 Jly 2003 SR 65/2003 s5.

**Saskatchewan Income Plan**

**6(1) to (4) Repealed.** 13 Aug 99 SR 63/1999 s5.

(5) Subject to section 6.1, for any benefit period commencing on or after July 1, 1993, a family unit:

- (a) that is receiving benefits pursuant to the Saskatchewan Income Plan; and
- (b) to which clause 10(2)(e) does not apply;

is eligible to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, in the amount B calculated in accordance with the formula:

$$B = 0.65(\text{ARDP} - \$100)$$

where ARDP is the sum of all recognized drug prices for:

- (a) drugs obtained by a family unit during a benefit period from participating pharmacies; and
- (b) drugs obtained by the family unit during a benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

11 Jne 93 cP-23 Reg 3 s6; 13 Aug 99 SR 63/1999 s5; 12 Jly 2002 SR 53/2002 s6; 18 Jly 2003 SR 65/2003 s6.

**Alternative calculation – Saskatchewan Income Plan**

**6.1(1)** Subject to subsection (2), a family unit that is eligible pursuant to subsection 6(5) to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, may apply to have the family unit's entitlement to benefits calculated in accordance with sections 12 to 12.7.

(2) In applying sections 12 to 12.7 for the purposes of subsection (1), the threshold co-payment of a family unit is the lesser of:

- (a) the amount TC calculated in accordance with section 12.4; and
- (b) \$200.

(3) If a family unit's entitlement to benefits calculated pursuant to sections 12 to 12.7 is greater than the amount determined pursuant to subsection 6(5), the family unit is entitled to receive benefits in the greater amount.

18 Jly 2003 SR 65/2003 s7.



**Guaranteed Income Supplement**

7(1) to (8) **Repealed.** 13 Aug 99 SR 63/1999 s6.

(9) Subject to section 7.1, for any benefit period commencing on or after July 1, 1993, a family unit that includes at least one member:

- (a) who is receiving the Guaranteed Income Supplement; and
- (b) to whom section 6 and clause 10(2)(e) do not apply;

is eligible with respect to each benefit period to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, in the amount B calculated in accordance with the formula prescribed in subsection (10).

(10) For the purposes of subsection (9):

$$B = 0.65(\text{ARDP} - \$200)$$

where ARDP is the sum of all recognized drug prices for:

- (a) drugs obtained by a family unit during a benefit period from participating pharmacies; and
- (b) drugs obtained by the family unit during a benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

(11) Subject to section 7.2, for any benefit period commencing on or after July 1, 1993, a family unit that includes at least one member:

- (a) who resides in a special-care home for which a licence is issued pursuant to *The Housing and Special-care Homes Act*;
- (b) who is receiving the Guaranteed Income Supplement; and
- (c) to whom section 6 and clause 10(2)(e) do not apply;

is eligible with respect to each benefit period to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, in the amount B calculated in accordance with the formula prescribed in subsection (12).

(12) For the purposes of subsection (11):

$$B = 0.65(\text{ARDP} - \$100)$$

where ARDP is the sum of all recognized drug prices for:

- (a) drugs obtained by a family unit during a benefit period from participating pharmacies; and
- (b) drugs obtained by the family unit during a benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

11 Jne 93 cP-23 Reg 3 s7; 13 Aug 99 SR 63/1999 s6; 12 Jly 2002 SR 53/2002 s7; 18 Jly 2003 SR 65/2003 s8.

**Alternative calculation – Guaranteed Income Supplement – general**

7.1(1) Subject to subsection (2), a family unit that is eligible pursuant to subsection 7(9) to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, may apply to have the family unit's entitlement to benefits calculated in accordance with sections 12 to 12.7.

(2) In applying sections 12 to 12.7 for the purposes of subsection (1), the threshold co-payment of a family unit is the lesser of:

- (a) the amount TC calculated in accordance with section 12.4; and
- (b) \$400.

(3) If a family unit's entitlement to benefits calculated pursuant to sections 12 to 12.7 is greater than the amount determined pursuant to subsection 7(9), the family unit is entitled to receive benefits in the greater amount.

18 Jly 2003 SR 65/2003 s9.

**Alternative calculation – Guaranteed Income Supplement – special care homes**

7.2(1) Subject to subsection (2), a family unit that is eligible pursuant to subsection 7(11) to receive reimbursement from the minister, or to have payment made on the family unit's behalf by the minister to participating pharmacies from which drugs are obtained by the family unit, may apply to have the family unit's entitlement to benefits calculated in accordance with sections 12 to 12.7.

(2) In applying sections 12 to 12.7 for the purposes of subsection (1), the threshold co-payment of a family unit is the lesser of:

- (a) the amount TC calculated in accordance with section 12.4; and
- (b) \$200.

(3) If a family unit's entitlement to benefits calculated pursuant to sections 12 to 12.7 is greater than the amount determined pursuant to subsection 7(11), the family unit is entitled to receive benefits in the greater amount.

18 Jly 2003 SR 65/2003 s9.

**Incremental Drug Price Difference**

8 For the purposes of sections 9, 10 and 11, **“incremental drug price difference”** means any positive amount calculated in accordance with the formula:

$$IDP = [(N \times AP) + M + ADF] - RDP$$

where:

IDP is the incremental drug price difference;

N is the number of units of the drug dispensed;

AP is the actual price per unit charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the price per unit indicated for that drug in the formulary;

M is the maximum mark-up that a person operating a participating pharmacy may charge, in accordance with an agreement mentioned in section 5 of the Act, on the number of units of the brand of drug dispensed;

ADF is the actual dispensing fee charged by a person operating a participating pharmacy, for the brand of drug dispensed, to a maximum of the maximum dispensing fee that may be charged in accordance with an agreement mentioned in section 5 of the Act; and

RDP is the recognized drug price for the drug dispensed.

11 Jne 93 cP-23 Reg 3 s8.

**Saskatchewan Assistance Plan Supplementary Health Benefits**

9(1) For the purposes of subsection (2), “**family unit**” does not include those persons who meet the criteria in subclause 2(1)(e)(iii).

(2) Subject to subsection (3), a family unit that is receiving benefits pursuant to *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*, being Saskatchewan Regulation 65/66, is eligible:

(a) subject to clause (b), to obtain a drug from a participating pharmacy on payment to the pharmacy of \$2 plus the incremental drug price difference, if any; and

(b) to obtain from a participating pharmacy any insulin, oral hypoglycaemic, urine testing agent, injectable vitamin B-12 or birth control pill, that is a drug listed in the formulary, on payment to the pharmacy of only any incremental drug price difference and without payment of a prescription charge.

(3) A family unit described in section 5 is not eligible to receive any benefits pursuant to this section.

11 Jne 93 cP-23 Reg 3 s9; 3 Jly 98 SR 60/98 s5;  
18 Dec 98 SR 87/98 s4; 13 Aug 99 SR 63/1999  
s7; 12 Jly 2002 SR 53/2002 s8.

**Special assistance**

10(1) For the purposes of this section:

(a) “**intensive personal care**” means assistance provided to a non-ambulatory person with respect to personal hygiene, dressing, grooming and other similar assistance;

(b) “**limited nursing care**” means care, beyond the giving of personal care services, that an operator of a special-care home undertakes to provide to residents who are ambulant, semi-ambulant or non-ambulant, and includes bathing, giving enemas, giving minor treatments, administering medications, feeding, bed-positioning, ambulation and other simple activating procedures;

- (c) “**limited personal care**” means assistance provided to an ambulatory person with respect to personal hygiene, dressing, grooming and other similar assistance;
- (d) “**long-term care**” means care that, because of injury, illness or disability, is required over a prolonged period and is carried out under continuing medical supervision or nursing supervision.
- (2) The following persons are entitled to obtain a drug from participating pharmacies on payment to the pharmacy of only any incremental drug price difference and without payment of a prescription charge:
- (a) a person who is receiving benefits pursuant to *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*, being Saskatchewan Regulation 65/66, and who:
- (i) is a resident and is a member of a family unit that obtains five or more drugs per month on a continuing basis, as verified by a duly qualified medical practitioner, and is required to pay a corresponding number of prescription charges per month; or
  - (ii) is not a resident;
- (b) **Repealed.** 3 Jly 98 SR 60/98 s6.
- (c) a dependent child of a family unit mentioned in subsection 9(2);
- (c.1) a dependent child who is a member of a family unit mentioned in subsection 9(3);
- (d) a resident who is receiving benefits pursuant to *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*, being Saskatchewan Regulation 65/66, and who resides in:
- (i) a special-care home for which a licence is issued pursuant to *The Housing and Special-care Homes Act*;
  - (ii) a private-service home or a residential-service facility for which a licence or certificate of approval is issued pursuant to *The Residential Services Act*; or
  - (iii) an approved home as defined in *The Mental Health Services Act*;
- (e) a resident who resides in a special-care home for which a licence is issued pursuant to *The Housing and Special-care Homes Act* and who:
- (i) requires:
    - (A) limited personal care;
    - (B) intensive personal care and limited nursing care; or
    - (C) long-term care;

- (ii) either:
  - (A) is receiving benefits pursuant to *The Saskatchewan Income Plan Act*; or
  - (B) has no income or has income in an amount that would make the resident eligible to receive benefits pursuant to *The Saskatchewan Income Plan Act*; and
- (iii) in the opinion of the minister, requires the benefit described in this subsection;
- (f) a resident who:
  - (i) is the subject of an agreement made pursuant to section 9 or 10 of *The Child and Family Services Act*;
  - (ii) has been voluntarily committed to the Minister of Social Services pursuant to section 46 of *The Child and Family Services Act*; or
  - (iii) is described in subsection 52(1) of *The Child and Family Services Act*;
- (g) a resident who is:
  - (i) a person who is being provided with services pursuant to section 56 of *The Child and Family Services Act*;
  - (ii) a person in relation to whom assistance is being provided pursuant to *The Adoption Assistance Regulations*; or
  - (iii) an inmate of a correctional facility within the meaning of *The Corrections Act*.

11 Jne 93 cP-23 Reg 3 s10; 2 May 97 SR 23/97  
s2; 3 Jly 98 SR 60/98 s6.

**Special conditions**

**11** A resident is entitled to obtain a drug from participating pharmacies on payment to the pharmacy of only any incremental drug price difference and without payment of a prescription charge where that resident:

- (a) has cystic fibrosis, end-stage renal disease, a condition of paraplegia or any other illness or condition designated by the minister and possesses a written statement signed by an official of the department indicating that the resident has one of those illnesses or conditions; or
- (b) is under active palliative care and has been designated by the minister as a person who is entitled to have payment for drugs made on his or her behalf.

11 Jne 93 cP-23 Reg 3 s11.

**Income-based general coverage**

12(1) In this section and sections 12.1 to 12.7:

(a) **“applicable taxation year”**:

(i) with respect to an application for benefits:

(A) if the application is made with respect to a benefit year ending before the transition period commences, means the taxation year preceding the taxation year in which the benefit year commences;

(B) if the application is made with respect to the transition period, means:

(I) the 2002 taxation year if the applicant is able to provide the information respecting that taxation year; and

(II) the 2001 taxation year in any other case;

(C) if the application is made with respect to a benefit year commencing after the transition period ends, means the taxation year that precedes the benefit year by two calendar years;

(ii) with respect to a benefit period:

(A) if the benefit period occurs in a benefit year that ends before the transition period commences, means the taxation year preceding the taxation year in which the benefit year commences;

(B) if the benefit period is the transition period, means:

(I) the 2002 taxation year if the applicant is able to provide the information respecting that taxation year; and

(II) the 2001 taxation year in any other case;

(C) if the benefit period occurs in a benefit year that commences after the transition period ends, means the taxation year that precedes the benefit year by two calendar years;

(a.1) **“benefits”** means reimbursement from the minister for drugs obtained from participating pharmacies by a family unit, or payment made on a family unit’s behalf by the minister to participating pharmacies from which drugs are obtained by the family unit;

(b) **“benefit year”**:

(i) with respect to the period ending on June 30, 2003, means a period commencing on July 1 in one year and ending on June 30 in the following year; and

(ii) with respect to the period commencing on January 1, 2004, means a period commencing on January 1 in a year and ending on December 31 in the same year;

- (c) **“family unit income”** means the family unit income for a taxation year of a family unit calculated in accordance with section 12.5;
  - (d) **“return”** means a return of income as defined in section 122.6 of the *Income Tax Act* (Canada);
  - (e) **“threshold co-payment”** means, subject to sections 5.1, 6.1, 7.1 and 7.2, the threshold co-payment of a family unit calculated in accordance with section 12.4;
  - (f) **“threshold co-payment benefit”** means the threshold co-payment benefit of a family unit determined in accordance with section 12.3;
  - (g) **“threshold co-payment factor”** means the threshold co-payment factor of a family unit calculated in accordance with section 12.2;
  - (h) **“transition period”** means the period commencing on July 1, 2003 and ending on December 31, 2003.
- (1.1) For the purposes of this section and sections 12.1 to 12.7:
- (a) the transition period is a benefit period; and
  - (b) in calculating the amount of benefits to which a family unit is entitled for the transition period, the transition period is to be treated as if it were part of the benefit year commencing on July 1, 2002 and ending on June 30, 2003.
- (2) Subject to this section, a family unit to which sections 8 to 11 do not apply is eligible for benefits calculated in accordance with section 12.1 or recalculated in accordance with section 12.6 or 12.7.
- (3) Unless each adult member of the family unit has provided a written consent pursuant to clause (5)(b), a family unit must apply for benefits in accordance with subsections (4) to (6):
- (a) with respect to the transition period; and
  - (b) with respect to each benefit year after the transition period.
- (4) An application for benefits:
- (a) must be in the form supplied by the minister;
  - (b) must provide all information required by the form;
  - (c) must be signed by all adults who are members of the family unit; and
  - (d) must provide information respecting the income of each adult member of the family unit in accordance with subsection (5) or (6).
- (5) With respect to each adult member of a family unit who has filed a return for the applicable taxation year, an application:
- (a) must state the income of the individual for the applicable taxation year as set out on line 150 of the return; or
  - (b) must contain the written consent of the individual to the disclosure to the department of information with respect to the individual’s income in the records of the Canada Customs and Revenue Agency for the purpose of determining the eligibility of the family unit to receive benefits.

- (6) With respect to each adult member of a family unit who has not filed a return for the applicable taxation year, an application:
- (a) must state the income of the individual for the applicable taxation year; and
  - (b) must be accompanied by documentary evidence sufficient to verify, to the satisfaction of the minister, the income of the individual as stated pursuant to clause (a).
- (7) A family unit shall provide the minister with any information that the minister considers necessary for the purposes of calculating the benefits to which the family unit is entitled.
- (8) Subject to sections 12.6 and 12.7:
- (a) if the application of a family unit is approved and each adult member of the family unit has provided a written consent pursuant to clause (5)(b):
    - (i) the family unit is entitled to receive benefits for each benefit period while the family unit remains eligible, commencing with the benefit period in which the application is made;
    - (ii) the benefits to which the family unit is entitled are to be calculated from the first day of the transition period or the benefit year, as the case may be, for which the application is made, notwithstanding the date of the application; and
    - (iii) the entitlement to benefits expires on the last day of the transition period or the benefit year, as the case may be, in which:
      - (A) the family unit ceases to be eligible for benefits; or
      - (B) an adult member of the family unit withdraws a written consent provided pursuant to clause (5)(b) and the family unit fails to make a new application for the next benefit year; and
  - (b) if the application of a family unit is approved and each adult member of the family unit has not provided a written consent pursuant to clause (5)(b):
    - (i) the family unit is entitled to receive benefits:
      - (A) for the transition period, if the application is made with respect to the transition period; or
      - (B) with respect to benefit years commencing after the transition period, for each benefit period in the benefit year with respect to which the application is made;



(ii) the benefits to which the family unit is entitled are to be calculated from the first day of the transition period or the benefit year, as the case may be, for which the application is made, notwithstanding the date of the application; and

(iii) the entitlement to benefits expires on the last day of the transition period or the benefit year, as the case may be, and a new application must be made for the next benefit year.

(9) A family unit that fails to provide the minister with the information required by this section is not entitled to receive benefits.

12 Jly 2002 SR 53/2002 s9; 18 Jly 2003 SR 65/2003 s10.

#### Calculation of benefits

**12.1(1)** In this section, “**drug total**” means the total of all recognized drug prices for:

(a) drugs obtained by a family unit during a benefit period from participating pharmacies; and

(b) drugs obtained by the family unit during a benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

(2) If the threshold co-payment factor of a family unit for a benefit period is equal to or less than 0.35, the amount of benefits to which the family unit is entitled during the benefit period with respect to a drug obtained is the amount B calculated in accordance with the following formula:

$$B = \text{TCB} \times \text{RDP}$$

where:

TCB is the threshold co-payment benefit of the family unit; and

RDP is the recognized drug price for the drug obtained.

(3) If the threshold co-payment factor of a family unit for a benefit period is greater than 0.35, and the drug total of the family unit for the benefit period is less than its threshold co-payment for the benefit period, the amount of benefits to which the family unit is entitled is the amount B calculated in accordance with the following formula:

$$B = \text{TCB} \times \text{RDP}$$

where:

TCB is the threshold co-payment benefit of the family unit for the benefit period; and

RDP is the recognized drug price for the drug obtained.

(4) If the threshold co-payment factor of a family unit for a benefit period is greater than 0.35, and the drug total of the family unit for the benefit period is equal to or greater than its threshold co-payment for the benefit period, the amount of benefits to which the family unit is entitled is the amount B calculated in accordance with the following formula:

$$B = 0.65 \times RDP$$

where RDP is the recognized drug price for the drug obtained.

(5) Where the addition of a recognized drug price for a drug obtained by a family unit during a benefit period to the drug total of the family unit for the benefit period would cause the drug total to exceed the threshold co-payment, the amount of the recognized drug price is to be apportioned so that:

- (a) only an amount that, when added to the drug total, would keep the drug total below the threshold co-payment is taken into account for the purposes of subsection (3); and
- (b) the remainder is taken into account for the purposes of subsection (4).

12 Jly 2002 SR 53/2002 s9.

**Calculation of threshold co-payment factor**

**12.2** The threshold co-payment factor of a family unit for a benefit period is the amount TCF calculated in accordance with the following formula:

$$TCF = \frac{TC}{(BPDP \times 2)}$$

where:

TC is the threshold co-payment for the benefit period; and

BPDP is the sum of all recognized drug prices for:

- (a) drugs obtained by the family unit during the previous benefit period from participating pharmacies; and
- (b) drugs obtained by the family unit during the previous benefit period for which the family unit is entitled to reimbursement pursuant to section 13.

12 Jly 2002 SR 53/2002 s9.

**Determination of threshold co-payment benefit**

**12.3** The threshold co-payment benefit of a family unit for a benefit period is the greater of zero and  $(1 - TCF)$ , where TCF is the threshold co-payment factor for the benefit period.

12 Jly 2002 SR 53/2002 s9.

**Calculation of threshold co-payment**

**12.4** The threshold co-payment of a family unit for a benefit period is the amount TC calculated in accordance with the following formula:

$$TC = 0.034 \times FUI$$

where FUI is the family unit income for the applicable taxation year.

12 Jly 2002 SR 53/2002 s9; 18 Jly 2003 SR 65/2003 s11.

**Calculation of family unit income**

**12.5** The family unit income of a family unit for a taxation year is the amount FUI calculated in accordance with the following formula:

$$FUI = TIFU - (\$3,500 \times ND)$$

where:

TIFU is the total income for the taxation year of all adult members of the family unit as described in subsection 12(5) or (6); and

ND is the number of members of the family unit who are described in subclause 2(1)(e)(iii).

12 Jly 2002 SR 53/2002 s9.

**Request for recalculation**

**12.6(1)** A member of a family unit or another person on behalf of a family unit may, at any time, request a recalculation of the benefits to which the family unit is entitled pursuant to section 12, if:

- (a) the person making the request disagrees with the values calculated for the family unit's benefits;
- (b) the composition of the family unit has changed;
- (c) there has been a significant change in the family unit income; or
- (d) the family unit has had a significant change in the cost of drugs since its threshold co-payment benefit was last calculated.

(2) A request for recalculation:

- (a) must be in writing;
- (b) must set out the grounds for the request; and
- (c) must be accompanied by all information and documents necessary to support the request.

(3) The minister may require the person making the request to provide any additional information or documents that the minister considers necessary in order to determine whether recalculation is justified.

(4) Where the minister is satisfied that sufficient information and documents have been provided to enable the minister to determine whether recalculation is justified:

- (a) the minister shall review the request; and
- (b) if the minister is satisfied that recalculation is justified, the minister shall recalculate the family unit's benefits.

(5) In a recalculation based on a change in family unit income, the family unit income may be recalculated on the basis of the income that the family unit is projected to receive during the current taxation year or on the basis of an adjustment to the family unit income for the preceding taxation year, as the case may require.

(6) In a recalculation based on a change in the cost of drugs of the family unit, the recalculation may be made on the basis of the projected costs of the recognized drug prices for the family unit for the current benefit period and not the previous benefit period.

(7) If, on a recalculation pursuant to this section, it is determined that the benefits to which the family unit is entitled should be greater than they were determined to be on the initial calculation, the family unit is entitled to benefits at the level determined by the recalculation from the later of:

- (a) the first day of the month in which the circumstances occurred that justified the recalculation; and
- (b) the first day of the transition period or the current benefit year, as the case may be.

12 Jly 2002 SR 53/2002 s9; 18 Jly 2003 SR 65/  
2003 s12.

**Recalculation initiated by minister**

**12.7(1)** The minister may, at any time, recalculate the benefits of a family unit if:

- (a) the minister is satisfied that the benefits were incorrectly calculated:
  - (i) as a result of administrative error; or
  - (ii) on the basis of incorrect information provided to the minister, whether by mistake or otherwise; or
- (b) the minister becomes aware of changes in the circumstances of the family unit at any time after the submission of the family unit's application.

(2) If, on a recalculation pursuant to this section, it is determined that the benefits to which the family unit is entitled should be different than they were determined to be on the initial calculation, the family unit is entitled to benefits at the level determined by the recalculation:

- (a) in the case of a recalculation resulting from administrative error:
  - (i) from the first day of the transition period or the benefit year, as the case may be, if the recalculation results in an increase in the amount of the benefits; or
  - (ii) from the day on which the error was discovered, if the recalculation results in a decrease in the amount of the benefits;
- (b) in the case of a recalculation resulting from incorrect information, from the first day of the transition period or the benefit year, as the case may be; and
- (c) in the case of a recalculation resulting from a change in circumstances, from the day on which the change in circumstances occurred.

12 Jly 2002 SR 53/2002 s9; 18 Jly 2003 SR 65/2003 s13.

**Out of province and non-participating pharmacies**

**13(1)** Where a family unit obtains a drug:

- (a) within Saskatchewan from a pharmacy that is not a participating pharmacy; or
- (b) within Canada but outside Saskatchewan;

the family unit is entitled to receive from the minister a reimbursement of the amount that the minister would pay on behalf of the family unit if the drug had been obtained within Saskatchewan from a participating pharmacy.

(2) To receive a reimbursement pursuant to subsection (1), the family unit shall submit any information that, in the opinion of the minister, is sufficient to establish the entitlement of the family unit for the reimbursement.

11 Jne 93 cP-23 Reg 3 s13.

**Benefits where Hepatitis C Settlement Agreement applies**

**13.1(1)** Notwithstanding any other provision of these regulations but subject to subsection (2), the family unit of a person who is a Class Member within the meaning of the 1986-1990 Hepatitis C Settlement Agreement made June 15, 1999 is entitled to continue receiving the benefits pursuant to the program established by the Act that the person was receiving on April 1, 1999 unless the family unit ceases to be eligible for those benefits for a reason other than the fact that a member of the family unit is a Class Member.

(2) A family unit is not entitled to benefits with respect to drugs for which the person mentioned in subsection (1) is entitled to receive reimbursement pursuant to one of the Plans defined in the Hepatitis C Settlement Agreement.

7 Jly 2000 SR 47/2000 s2.

**Database re drugs**

**13.2(1)** For the purposes of subsection 3.3(2) of the Act, a proprietor, as defined in *The Pharmacy Act, 1996*, shall provide the information set out in Table 1 of the Appendix with respect to each drug prescribed or dispensed for a person.

(2) For the purposes of subsection 3.3(2) of the Act, an operator of publicly operated pharmacy, as defined in *The Pharmacy Act, 1996*, shall provide the information set out in Table 1 of the Appendix with respect to each drug prescribed or dispensed for a person who is not an inpatient at a facility served by that pharmacy.

18 Jly 2003 SR 65/2003 s14.

**R.R.S c.P-23 Reg 2 repealed**

**14** *The Prescription Drugs Regulations, 1991* are repealed.

11 Jne 93 cP-23 Reg 3 s14.

**Appendix****TABLE 1**

[Subsections 13.2(1) and (2)]

**Information to be Submitted by Pharmacists to Drug Database**

Health services number of the person to whom the drug is dispensed

The date on which the drug is dispensed

The Drug Plan billing number assigned to the pharmacy by the department

The prescription number assigned to the prescription by the pharmacy through use of the Pharmacy Practice Management System

The prescriber number assigned by the department to the practitioner who prescribed the drug

The drug identification number:

(a) assigned by the Department of Health (Canada) to the drug; or

(b) in the case of a product for which there is no drug identification number assigned by the Department of Health (Canada), the drug identification number assigned by the department to the product

Whether or not the prescription was dispensed without substitution

The quantity of the drug dispensed

The acquisition cost per unit of the drug dispensed

The amount, if any, charged for compounding an extemporaneous preparation dispensed pursuant to a prescription

The mark-up percentages (Tier 1, 2 and 3) to be used in calculating the drug material cost of the drug dispensed

The percentage, if any, of the total prescription cost provided at a discount to the person to whom the drug was dispensed.

18 Jly 2003 SR 65/2003 s15.

**Editorial Appendix**

**NOTE:** Section 7 of *The Prescription Drugs Amendment Regulations, 1998* provides the following transitional application, effective July 1, 1998:

**“Transition**

**7** Notwithstanding the repeal of section 26 of The Saskatchewan Assistance Regulations, being Saskatchewan Regulation 78/66, a person who is a member of a family unit receiving benefits pursuant to that section on the day before its repeal continues to receive benefits pursuant to subsection 5(2) and clause 10(2)(c.1) of *The Prescription Drugs Regulations, 1993* until August 31, 1998”.

3 Jly 98 SR 60/98 s7.

