2005/06 Report Card for the Ontario Drug Benefit Program

Ontario

Drug Program Branch Mandate

- To develop and manage drug programs to ensure that optimal pharmaceutical services are provided for the protection and improvement of Ontarians' health
- To manage a reimbursement system for prescription drugs

Strategic Goals

- To ensure ongoing access to cost-effective drug therapies through the recommendations of the Drug Quality and Therapeutics Committee (DQTC)], and innovative management approaches
- To manage pharmaceutical expenditures under Ontario Drug Benefit (ODB) and present options for new program features and future program designs

Strategic Goals (continued)

- To promote optimal drug therapy through the development and use of therapeutic guidelines and other evidence-based approaches
- To maintain a high level of performance of the Health Network System which adjudicates claims
- To maintain strong working relationships with other governments, drug manufacturers, pharmacists, physicians, third-party insurers, and consumers
- To provide information to health care professionals and consumers about the ODB program

Strategic Goals (continued)

- To make effective and efficient use of human, financial and technological resources in order to meet program objectives
- To provide effective and efficient customer service to all our clients
- To monitor ODB program performance through measures of efficiency, effectiveness and customer satisfaction

Growth Factors

- newer and more expensive drugs
- aging population
- new clinical evidence (indications) and better treatment outcomes involving drug therapy
- new diseases and new areas of pharmacology
- increased utilization (overall and per patient)
- restructuring of health system (shift to outpatient care)
- continued pressure for manufacturers to increase market share

Report Card Framework

I. Program Overview

Program overview and utilization trends

II. Financial

Financial indicators and cost trends

III. Formulary Listings

Process and Type of Listing

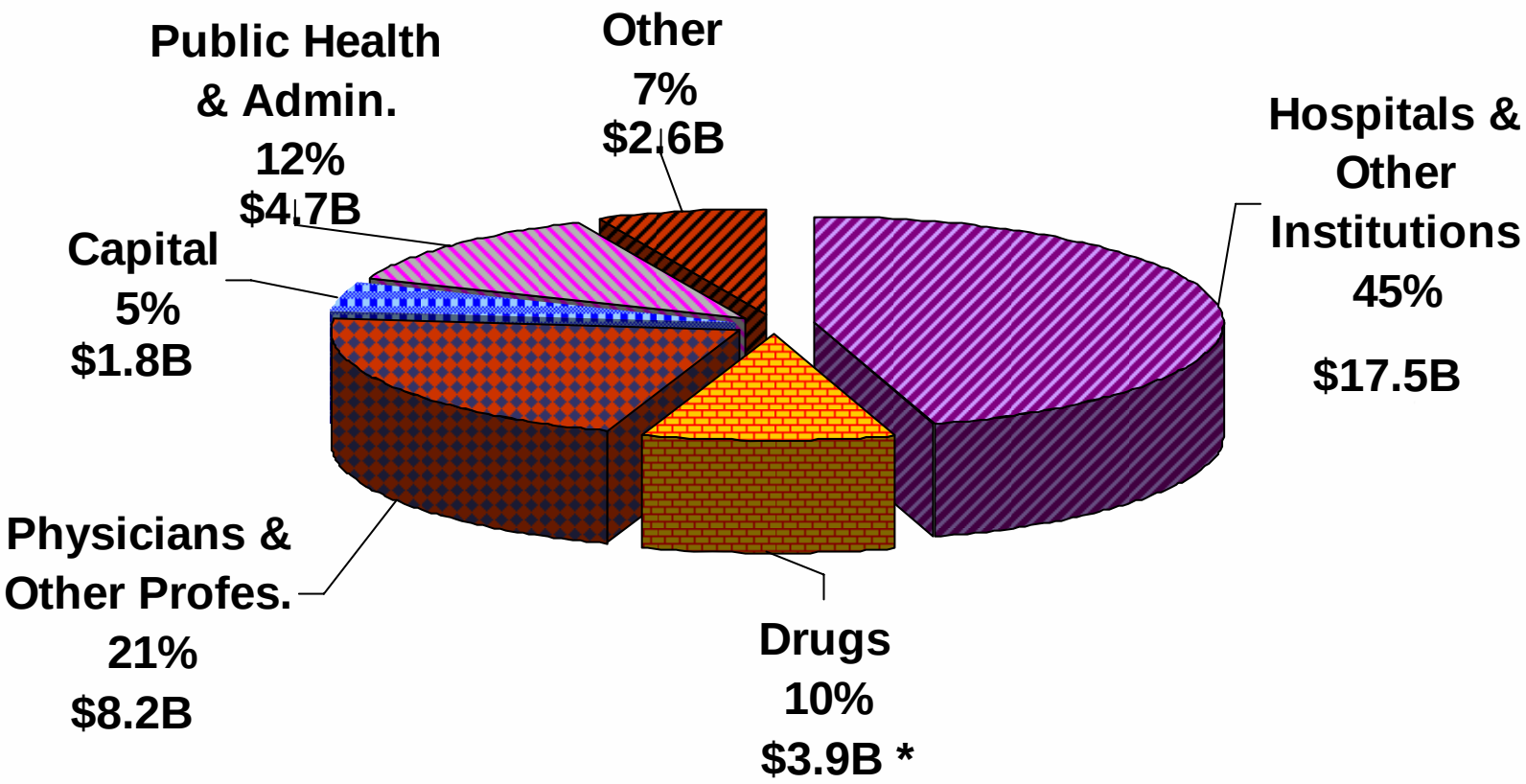
IV. Achievements

Accomplishments and Looking Ahead

Definitions

- **Beneficiary**: Eligible person who had at least one claim during the fiscal year
- **Claim**: Every time a pharmacist fills a prescription, initial or refill
- Figures include Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Community and Social Services (MCSS) programs unless otherwise specified

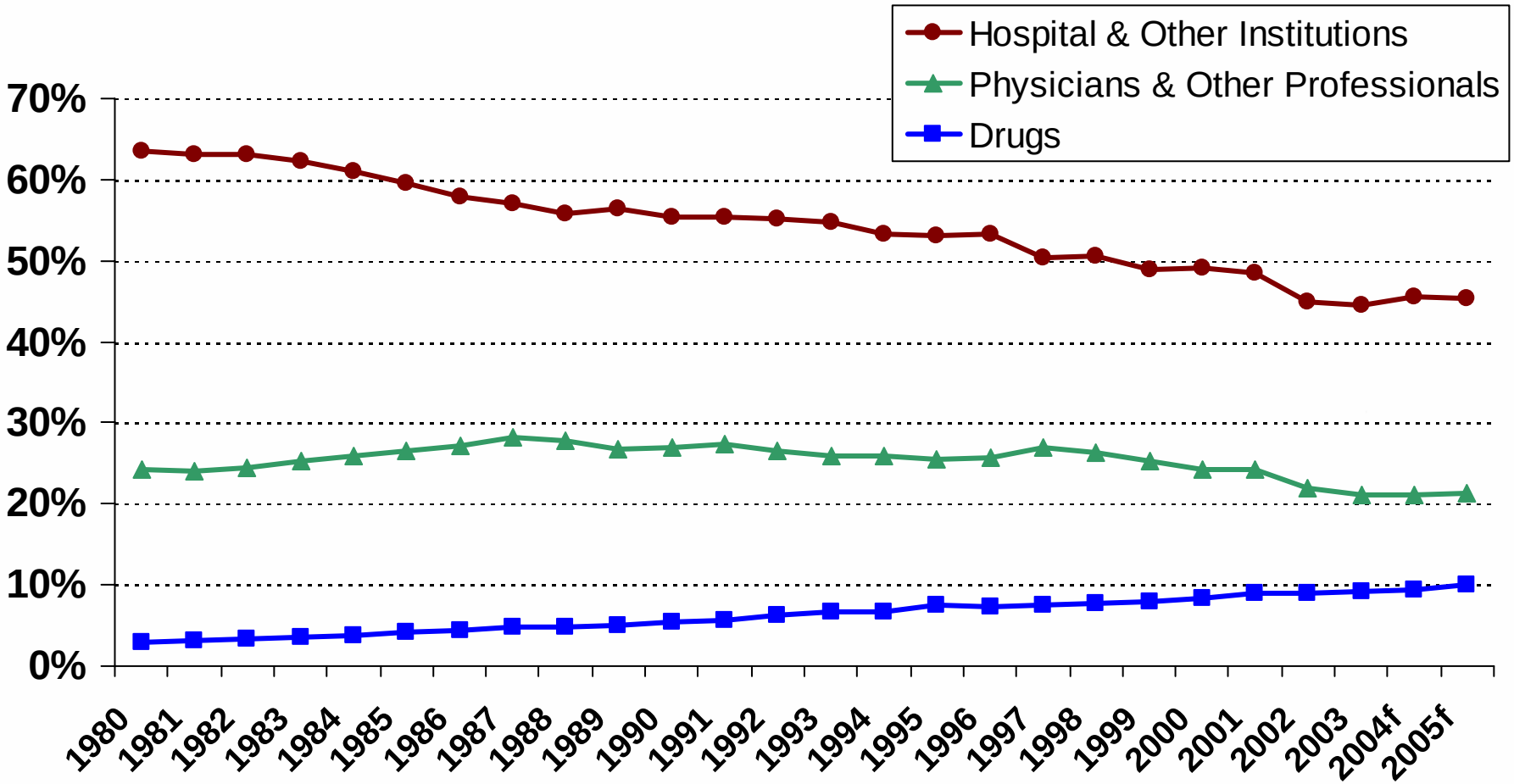
Provincial Health Expenditures - Total $38.7 Billion, Ontario 2005



Source: Forecast from the Canadian Institute for Health Information (CIHI), 2006

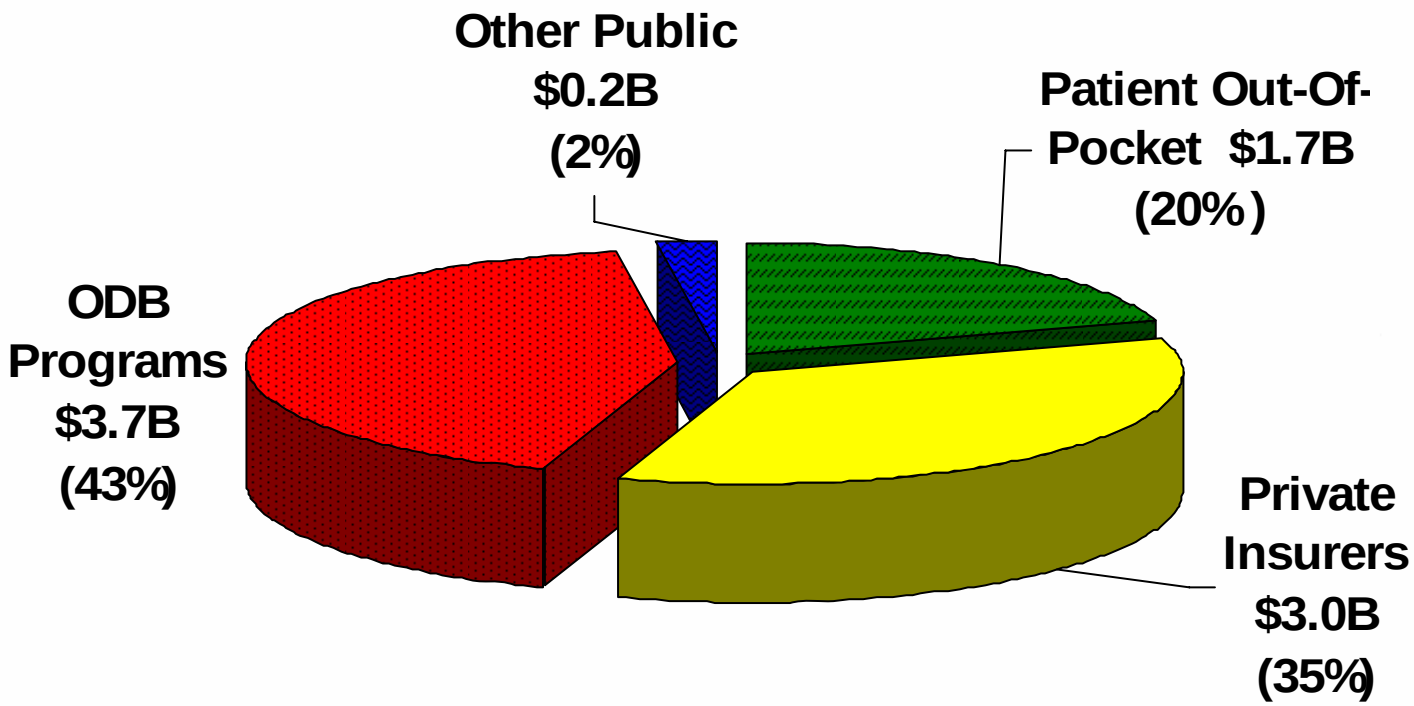
* Includes ODB Programs ($3.7B) + Other Public Programs ($0.2B)

Provincial Health Expenditures
Ontario, 1980-2005



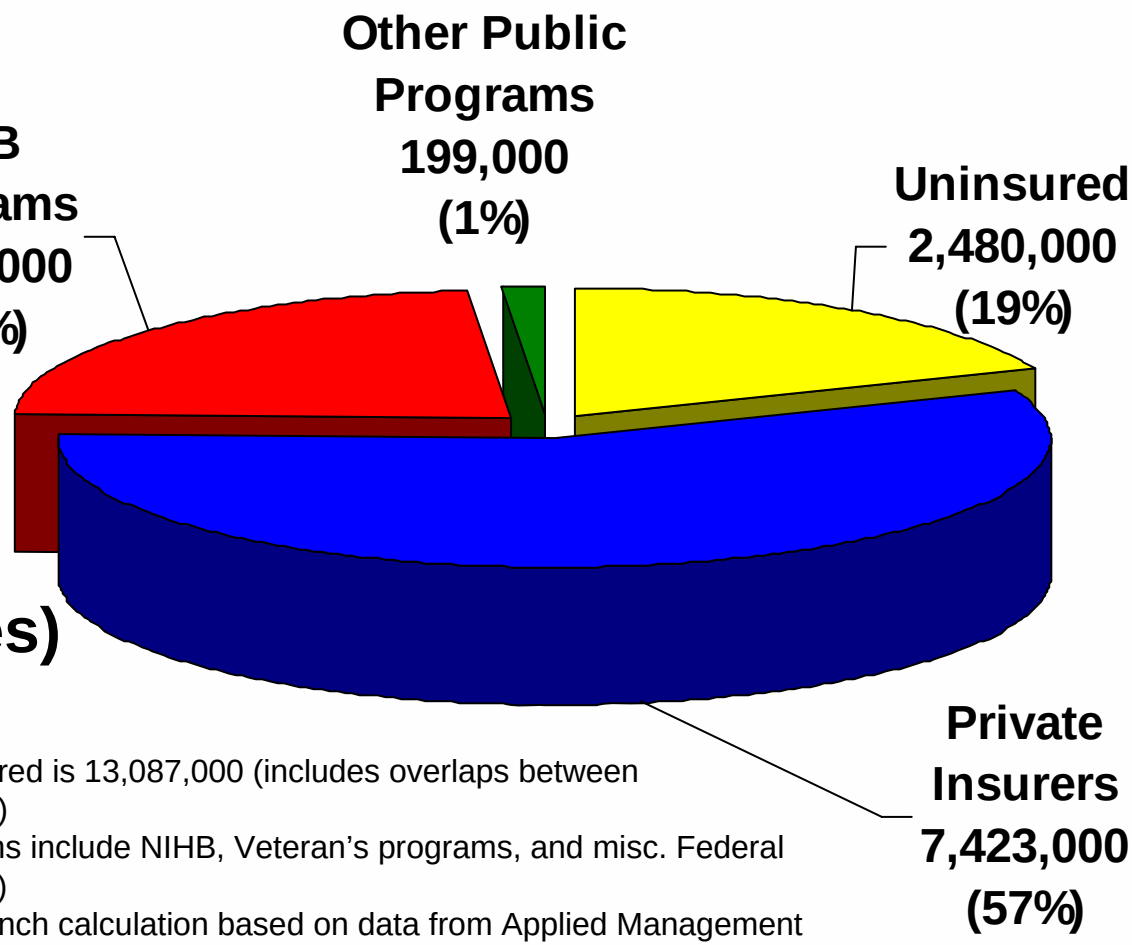
Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2006

Ontario 2005 Drug Costs – Total $8.7 Billion Public, Private & Beneficiary Costs



Source: Forecast from the Canadian Institute for Health Information (CIHI), 2006
Note: Other Public Programs include NIHB, Veteran's programs, and misc. Federal Programs (e.g. RCMP, etc.)

Ontario Population Covered, by Public and Private Insurance

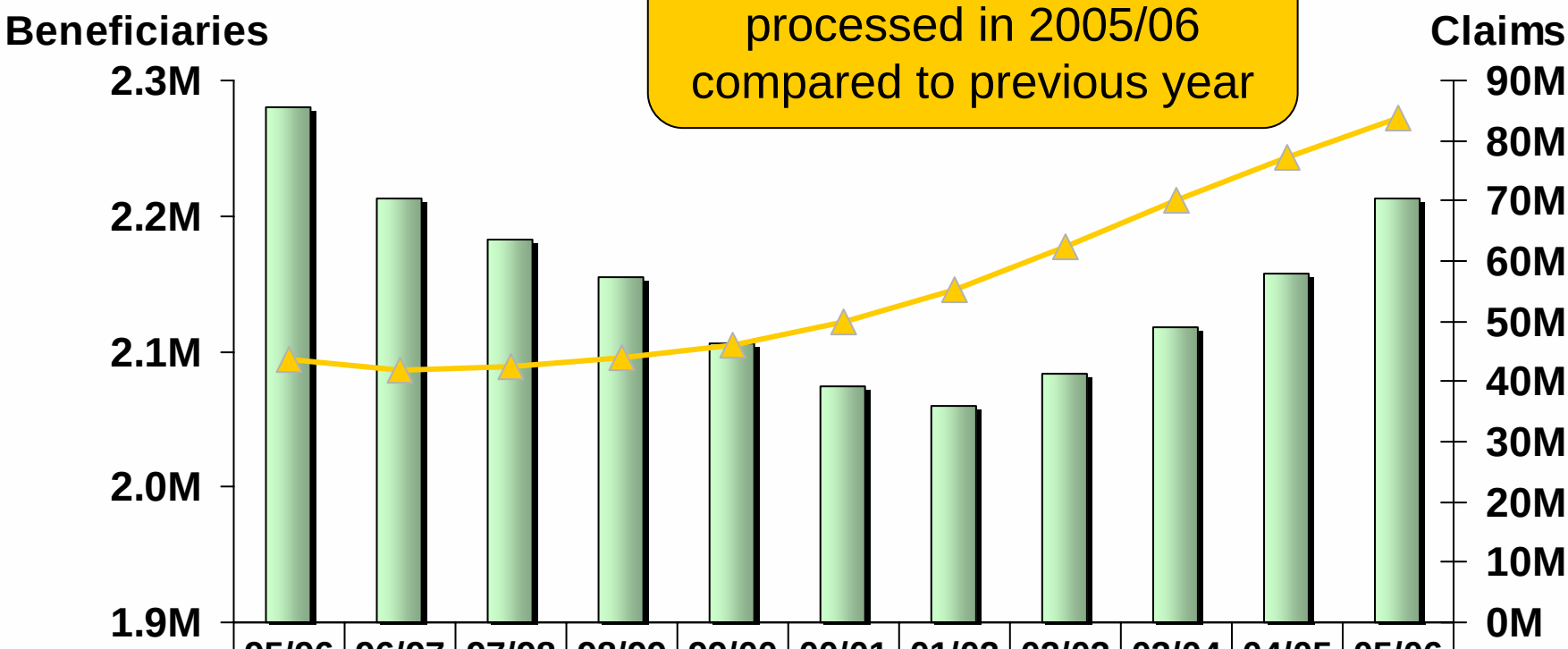


(2005 Estimates)

Note: Total population covered is 13,087,000 (includes overlaps between public and private programs)
Note: Other Public Programs include NIHB, Veteran's programs, and misc. Federal Programs (e.g., RCMP, etc.)
Source: Drug Programs Branch calculation based on data from Applied Management and internal ODB statistics

ODB Beneficiaries & Claims 1995/96 – 2005/06

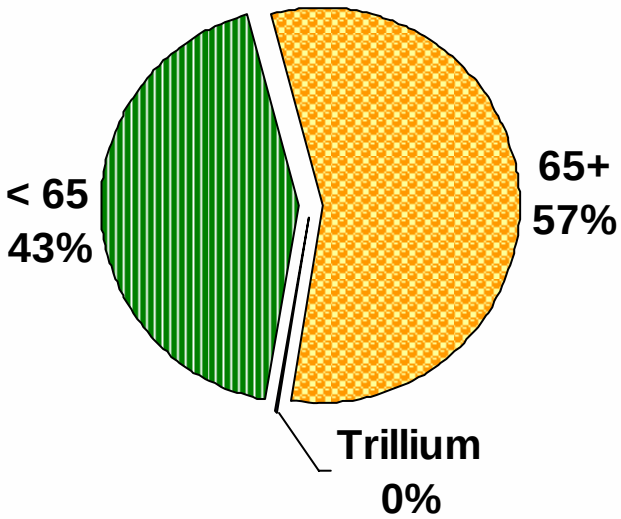
9% more claims processed in 2005/06 compared to previous year



	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
Beneficiaries	2.3M	2.2M	2.2M	2.2M	2.1M	2.1M	2.1M	2.1M	2.1M	2.2M	2.2M
Claims	44M	42M	42M	44M	46M	50M	55M	62M	70M	77M	84M

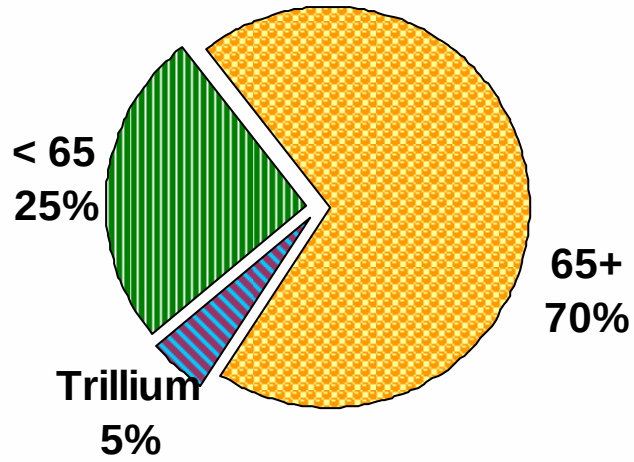
Age Breakdown of ODB Beneficiaries 1995/96 vs. 2005/06

1995/96



<65	982K
Trillium	9K
65+	1,289K
Total	2,280K

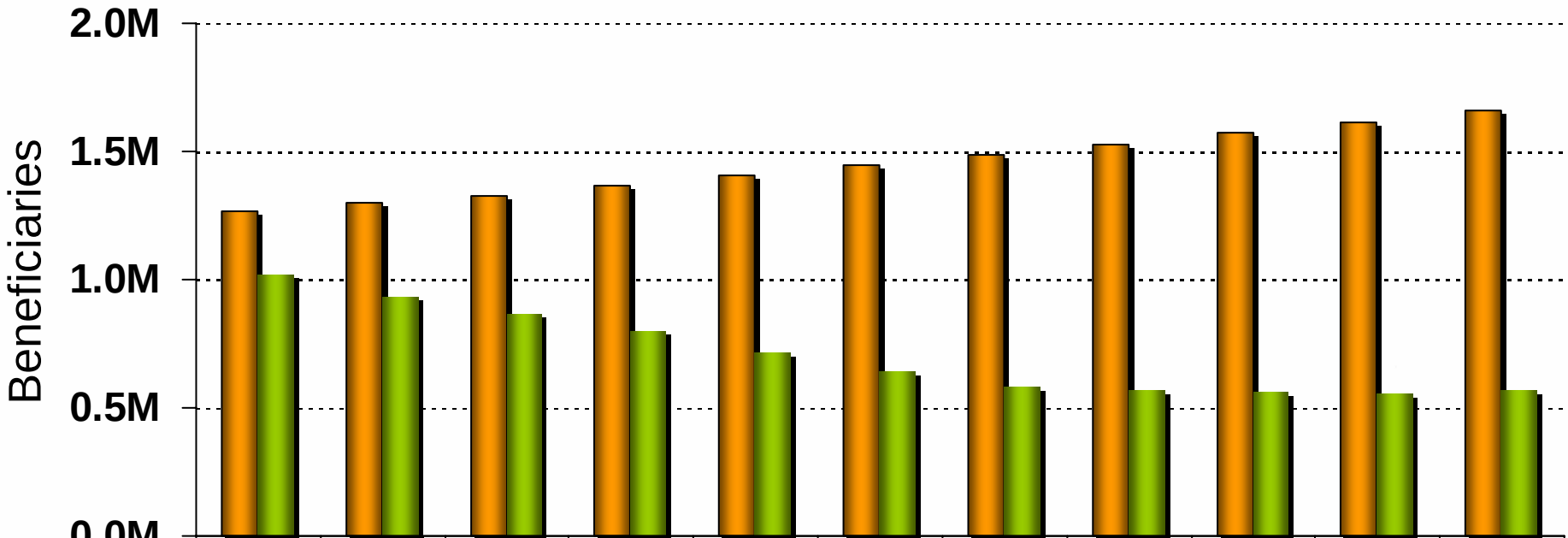
2005/06



<65	563K
Trillium	105K
65+	1,545K
Total	2,213K

Excludes Trillium pre-registration.

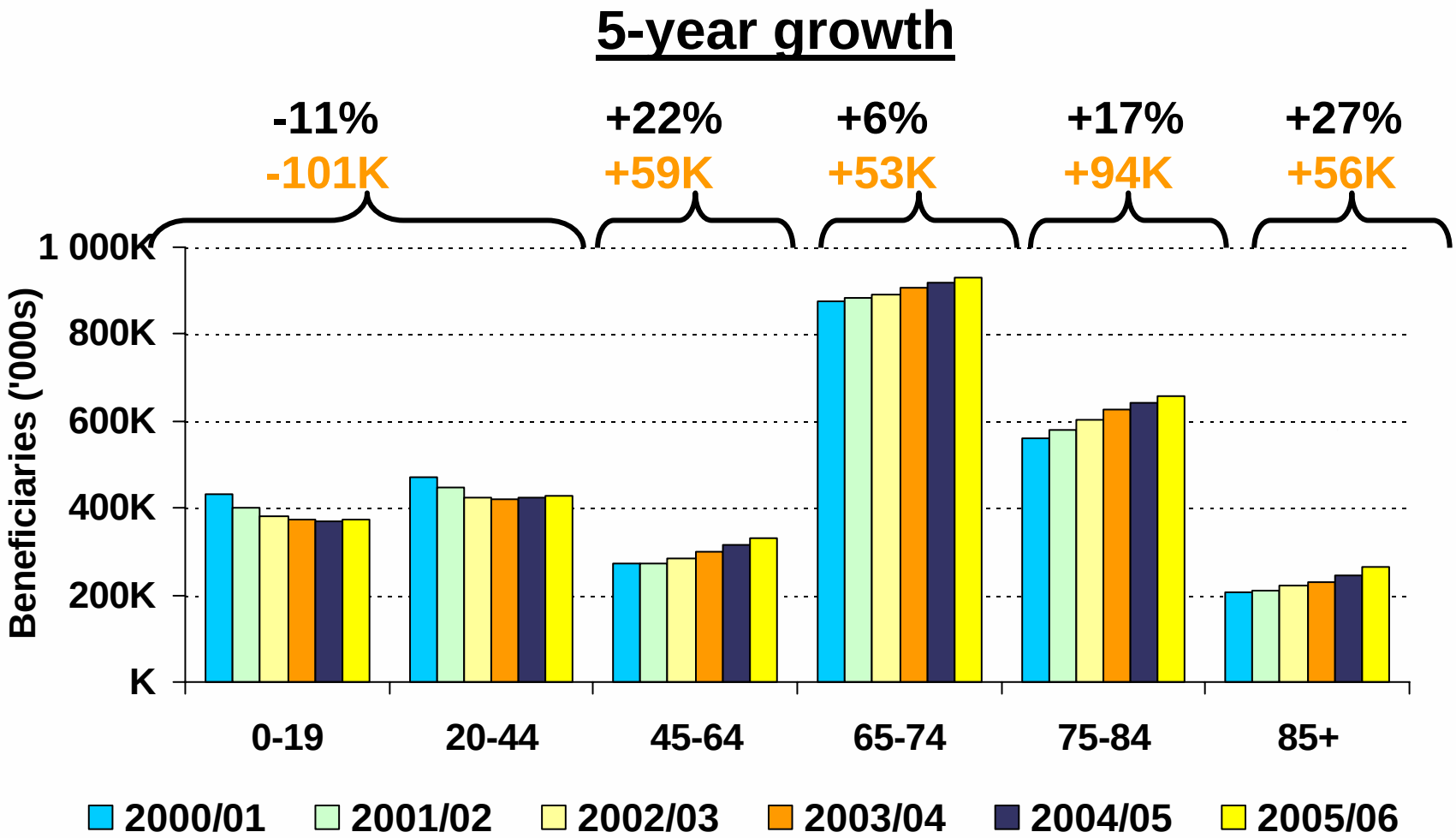
ODB Beneficiaries, by Source of Finance, 1995/96 – 2005/06



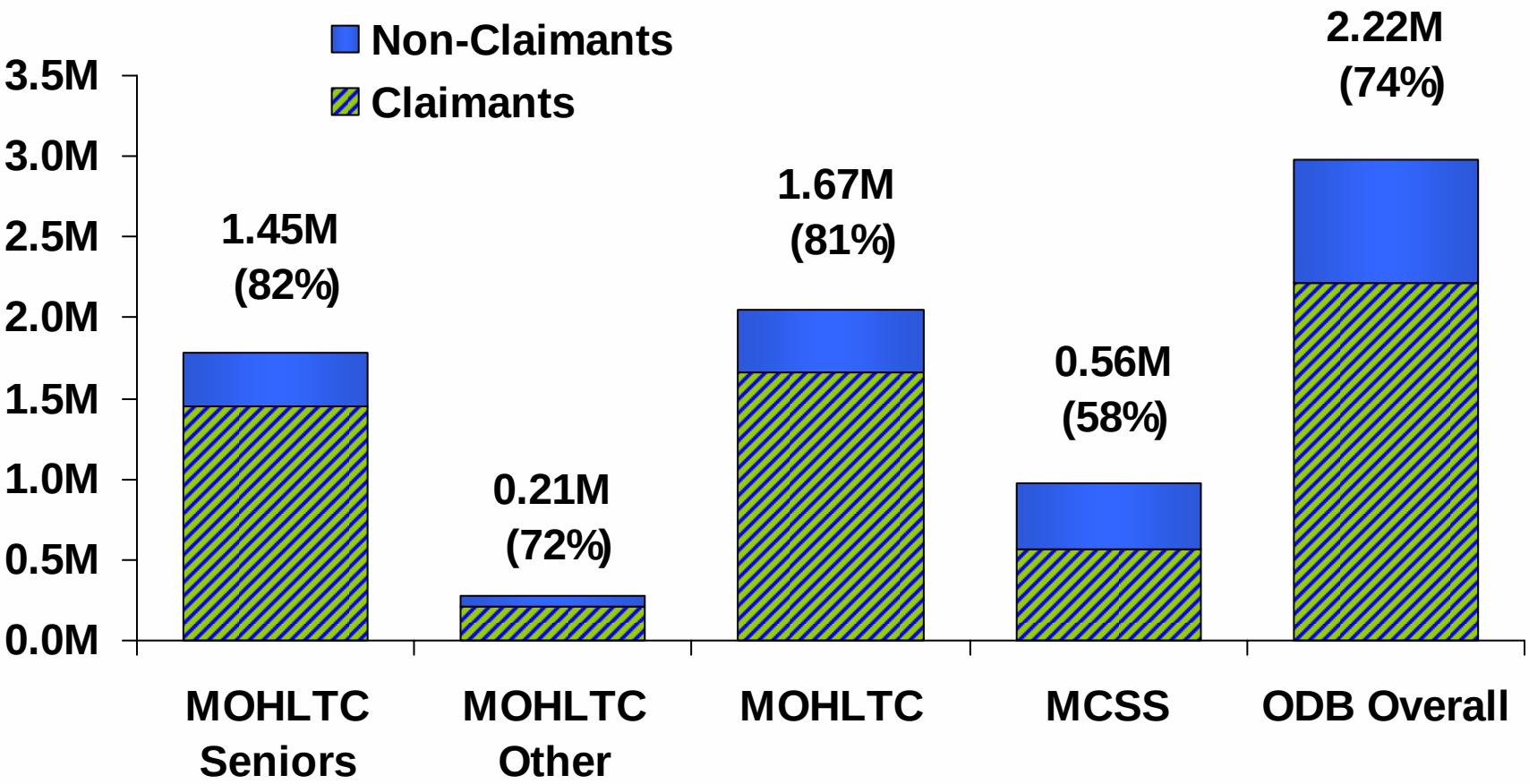
	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
MOHLTC	1.27M	1.30M	1.32M	1.37M	1.41M	1.45M	1.49M	1.53M	1.57M	1.61M	1.66M
MCSS	1.02M	0.94M	0.87M	0.80M	0.71M	0.64M	0.58M	0.57M	0.56M	0.56M	0.57M

From 1995/96 to 2005/06, the total number of beneficiaries decreased by 3% (MCSS beneficiaries decreased by 44%; MOHLTC beneficiaries increased by 31%)

Age Distribution of Eligible Beneficiaries 2000/01-2005/06

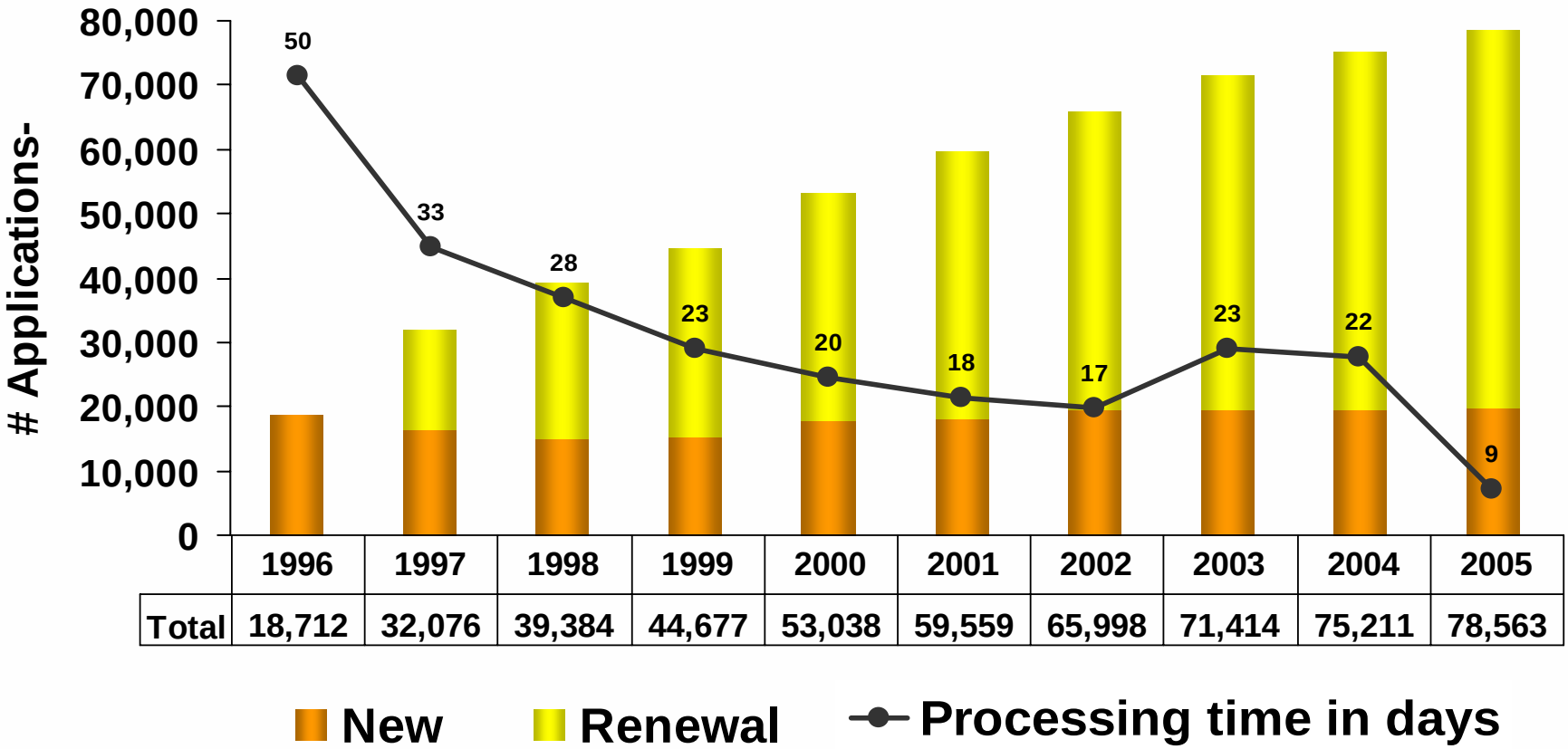


ODB Beneficiaries, by Program 2005/06



Labels are the number of active beneficiaries and their percentage of the total.

Trillium Applications* & Processing Time, 1996 – 2005 Benefit Years**



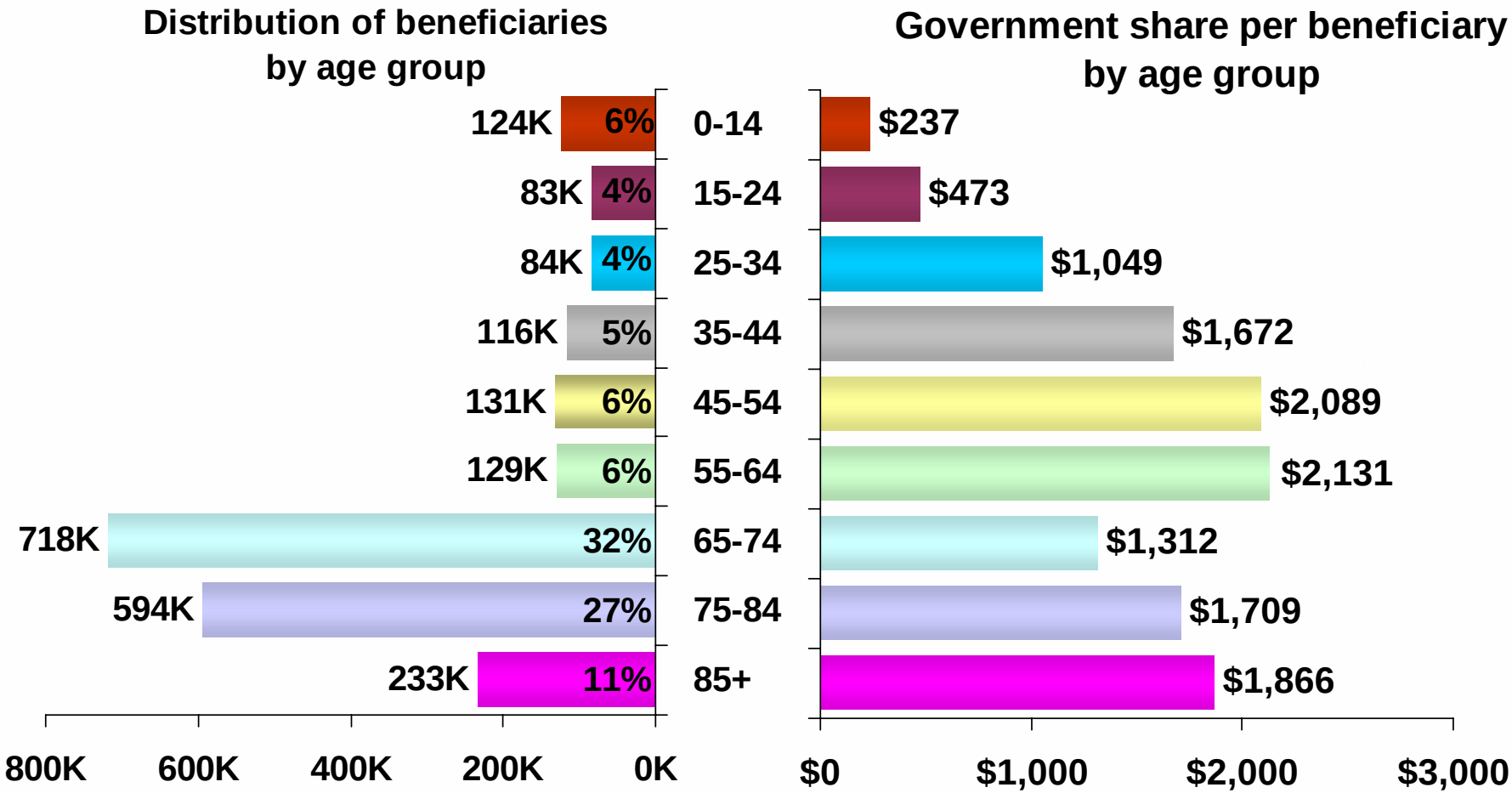
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total	18,712	32,076	39,384	44,677	53,038	59,559	65,998	71,414	75,211	78,563

* Number of applications represents households, not individuals

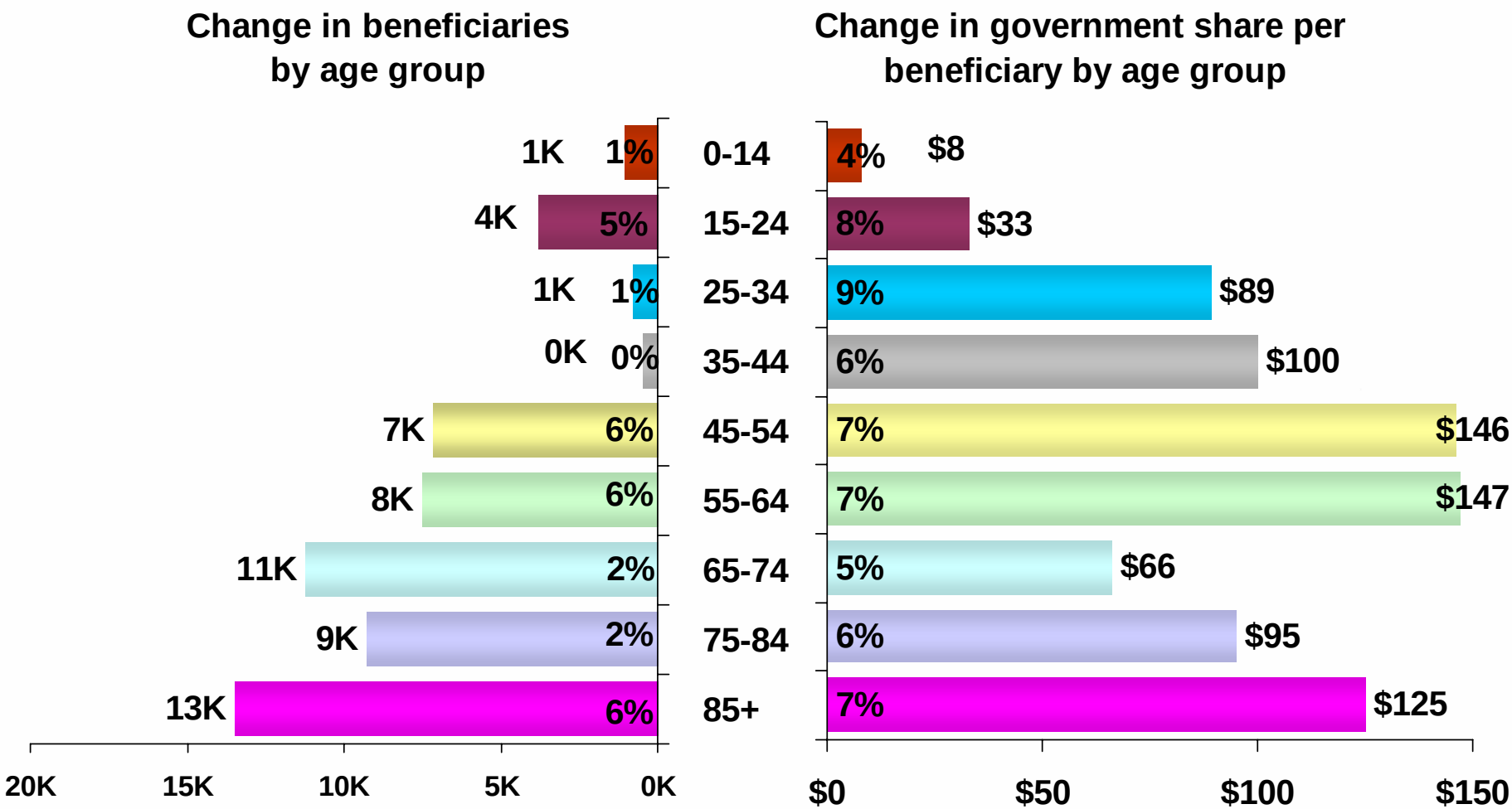
** Trillium benefit year starts August 1 and ends July 31 the following year

Note: 2005 new application data are based on actual data as of April 10, 2006 and an estimate to the end of the benefit year

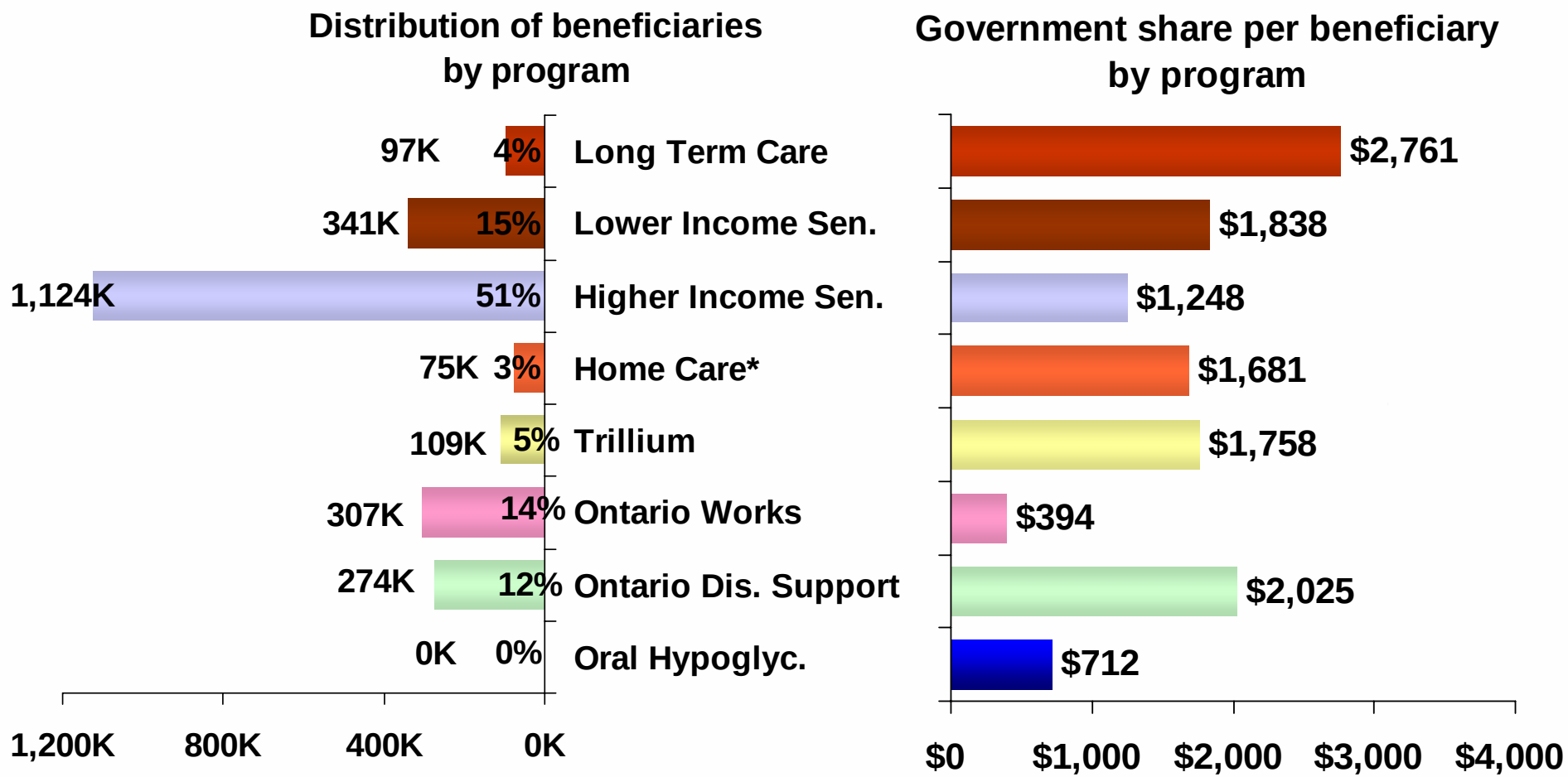
Beneficiary Distribution & Government Share, by Age, 2005/06



Change in Beneficiaries &Government Share, by Age, 2004/05 – 2005/06



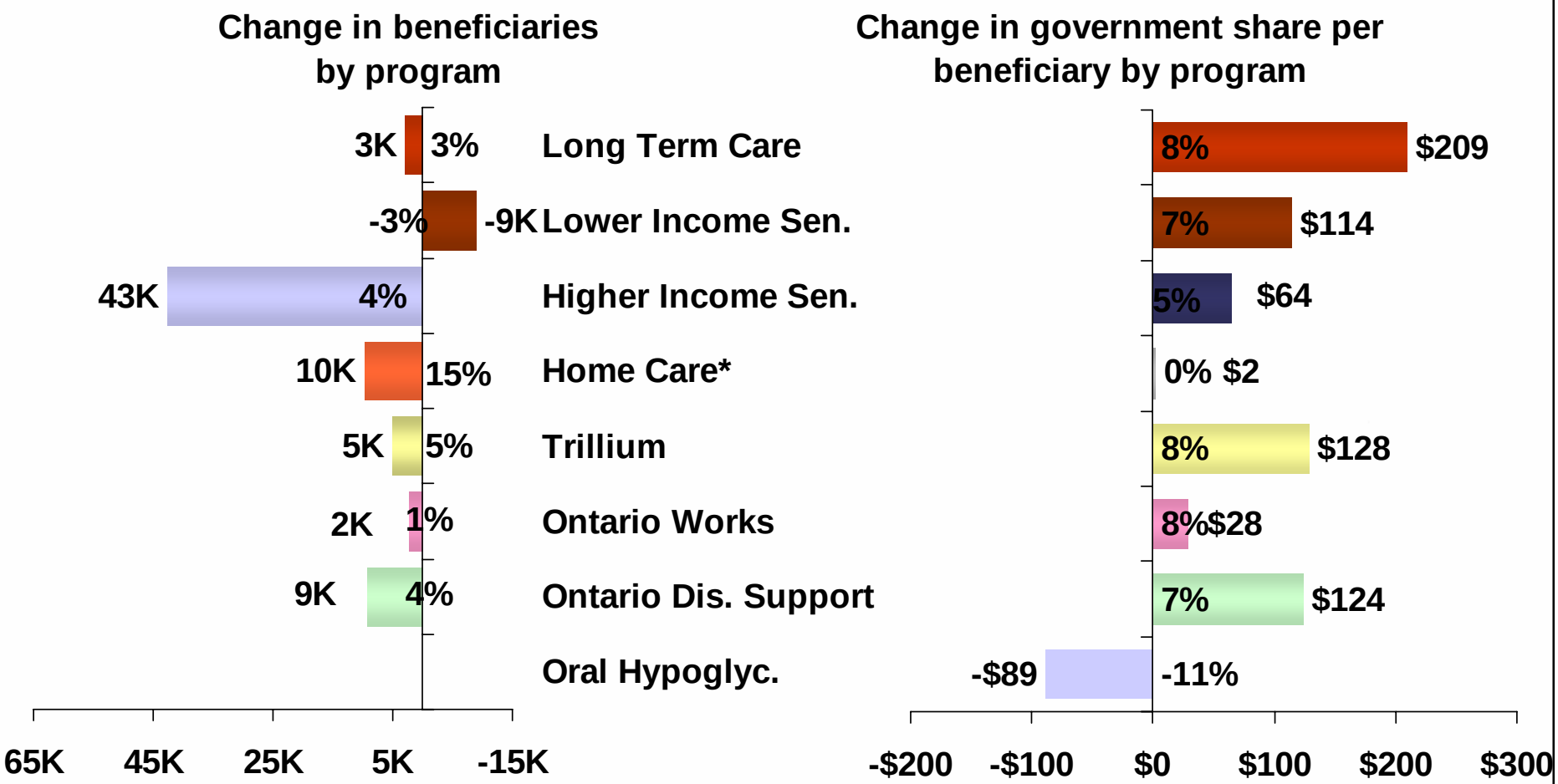
Beneficiary Distribution & Government Share, by Program, 2005/06



*Home Care & Homes for Special Care

Note: the values for 2005/6 are calculated based on a more refined methodology than that used in previous years' reports

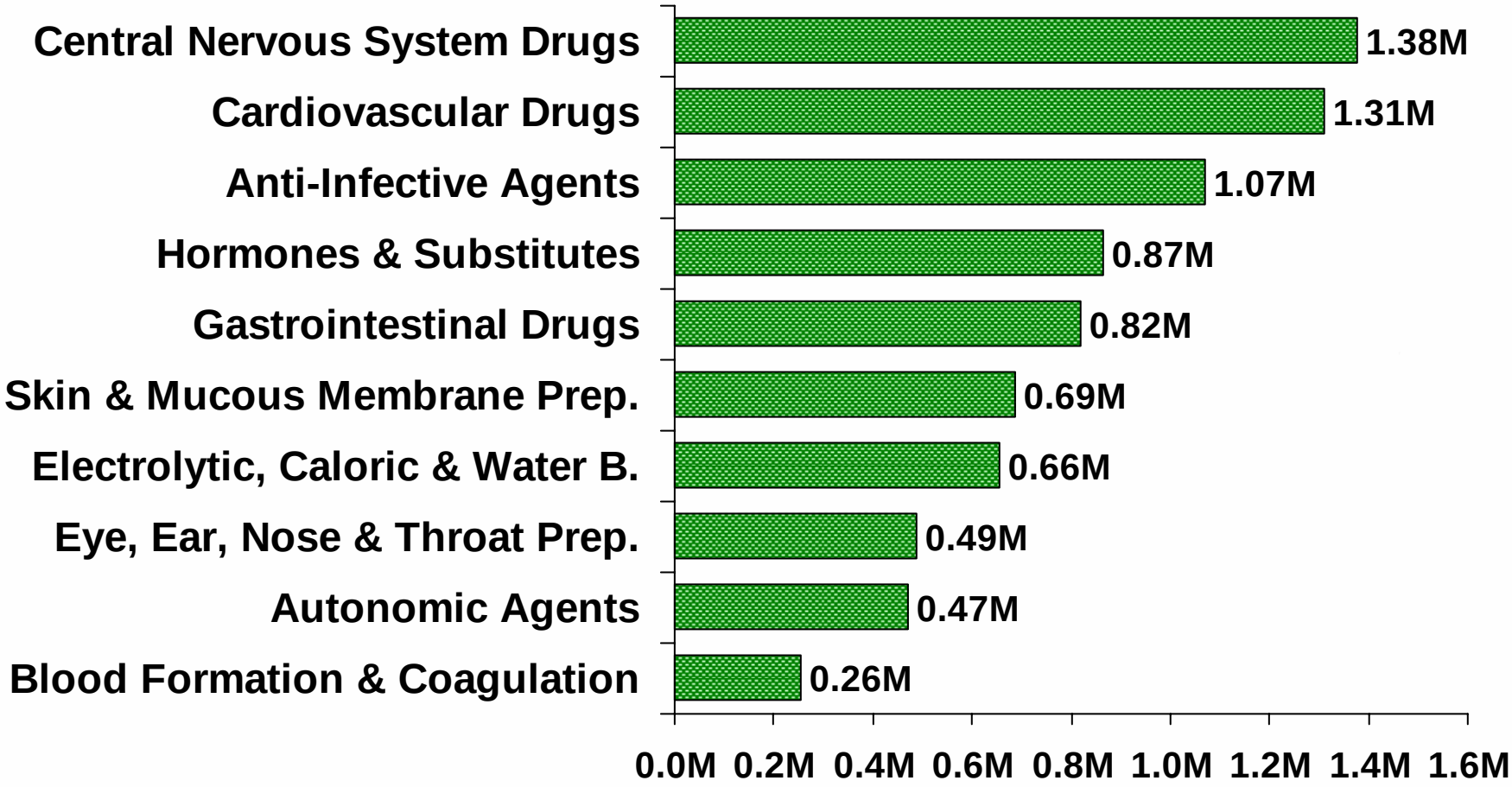
Change in Beneficiaries & Government Share, by Program, 2004/05 – 2005/06



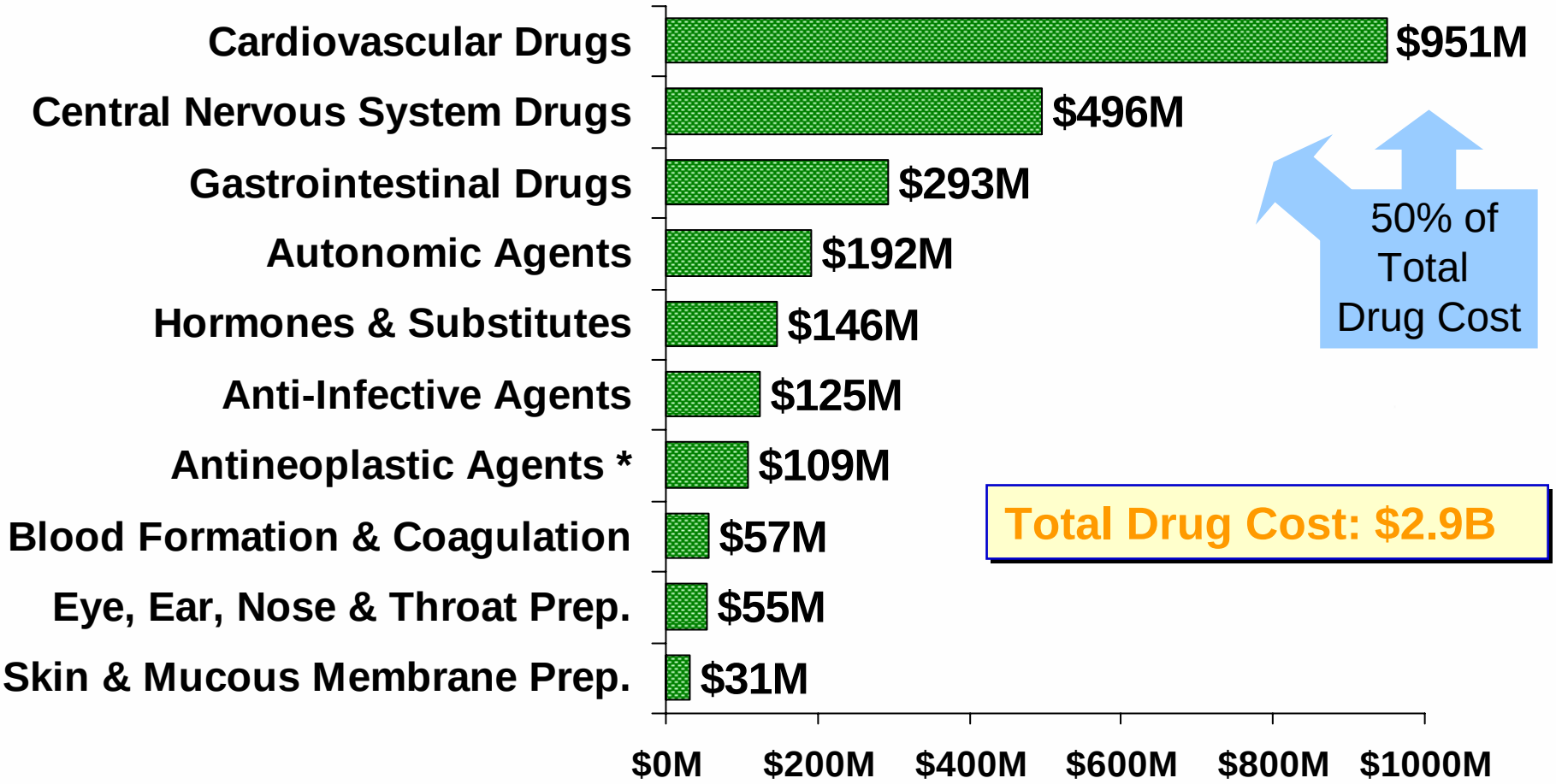
*Home Care & Homes for Special Care

Note: the values for the growth in 2005/6 over 2004/05 are calculated based on a more refined methodology than that used in previous years' reports

Top-10 Therapeutic Classes, by Number of Users, 2005/06

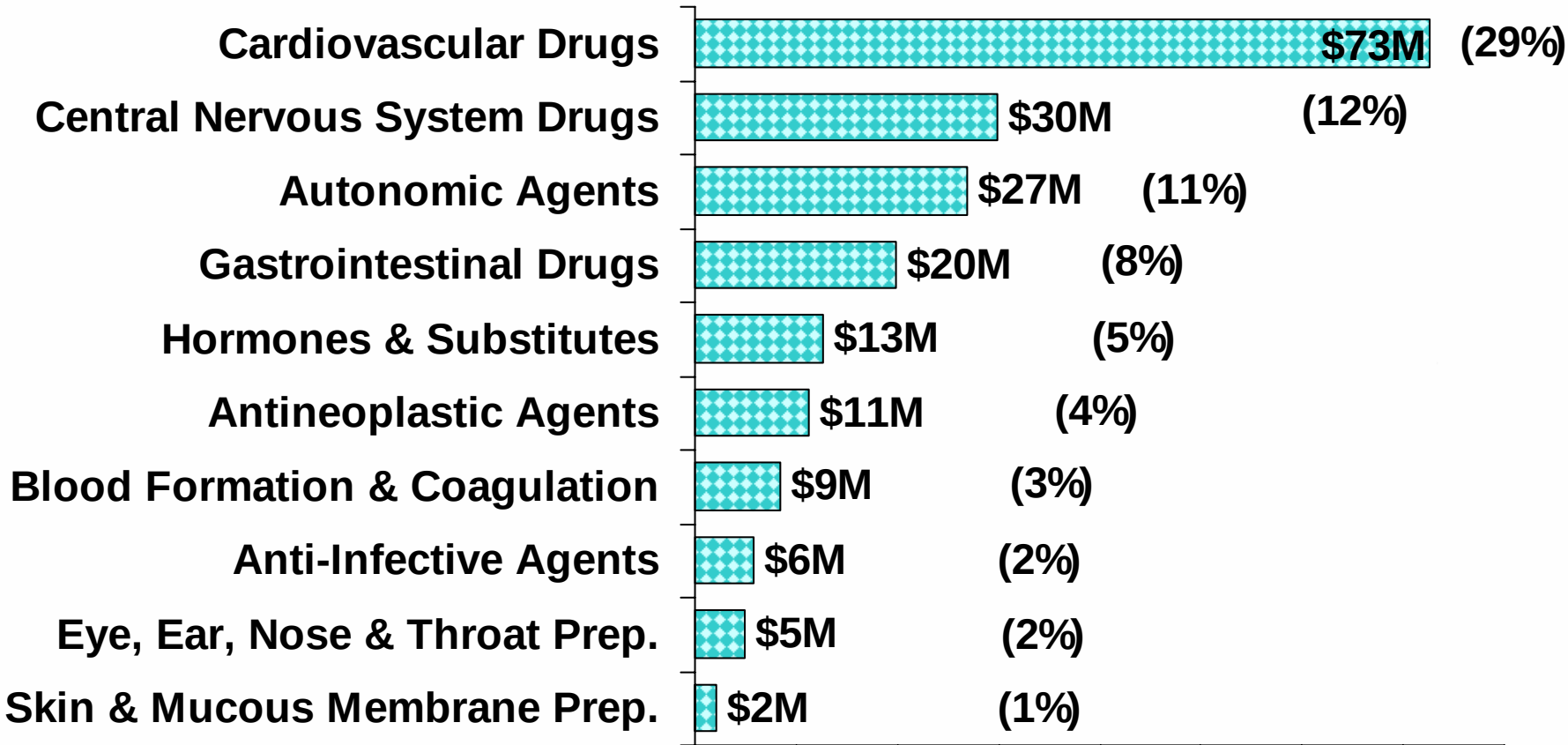


Top-10 Therapeutic Classes, by Drug Cost, 2005/06



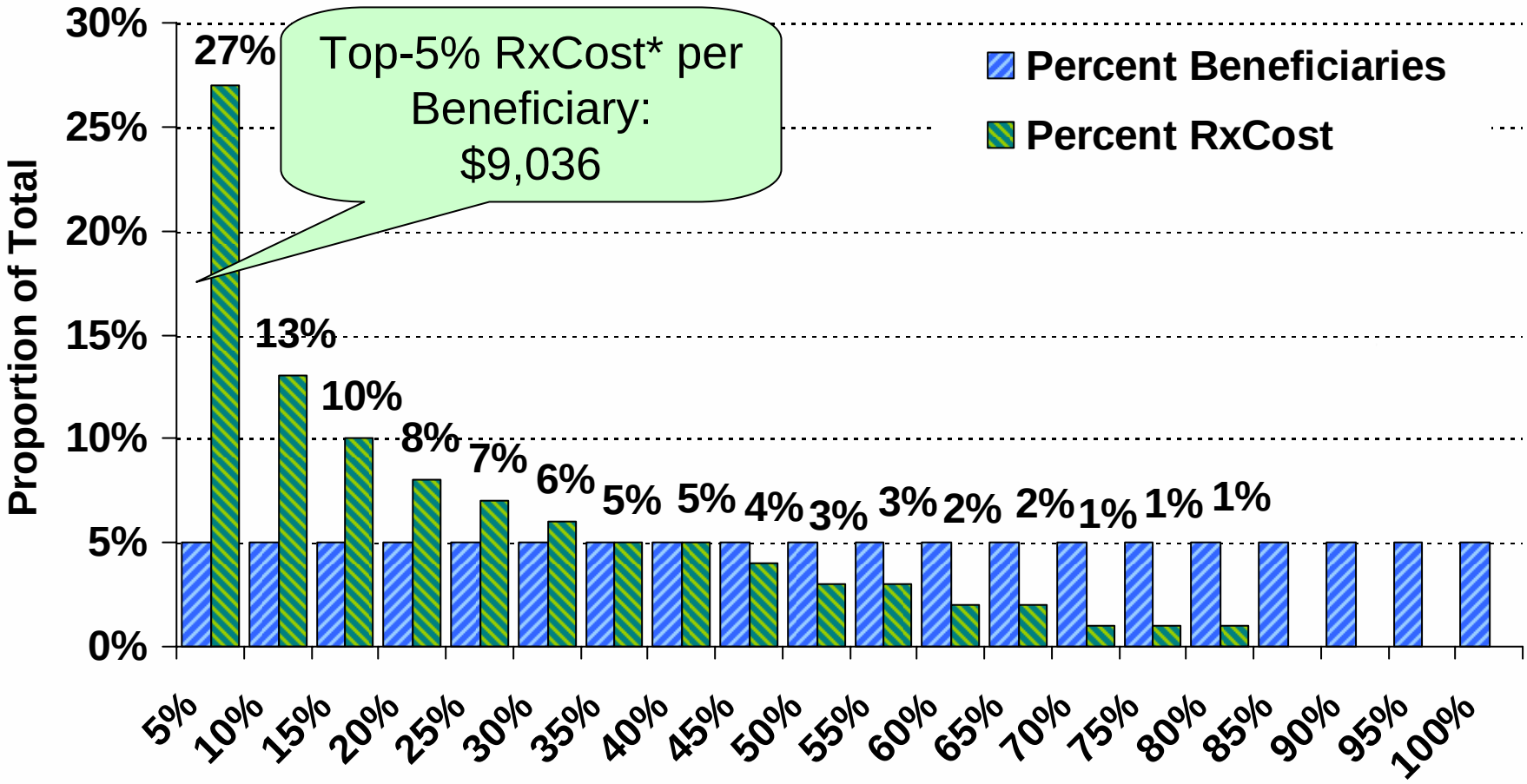
* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO). For 2005/2006 NDFP expenditures =$112.4million

Fastest Growing Classes, by Drug Cost, 2004/05 – 2005/06



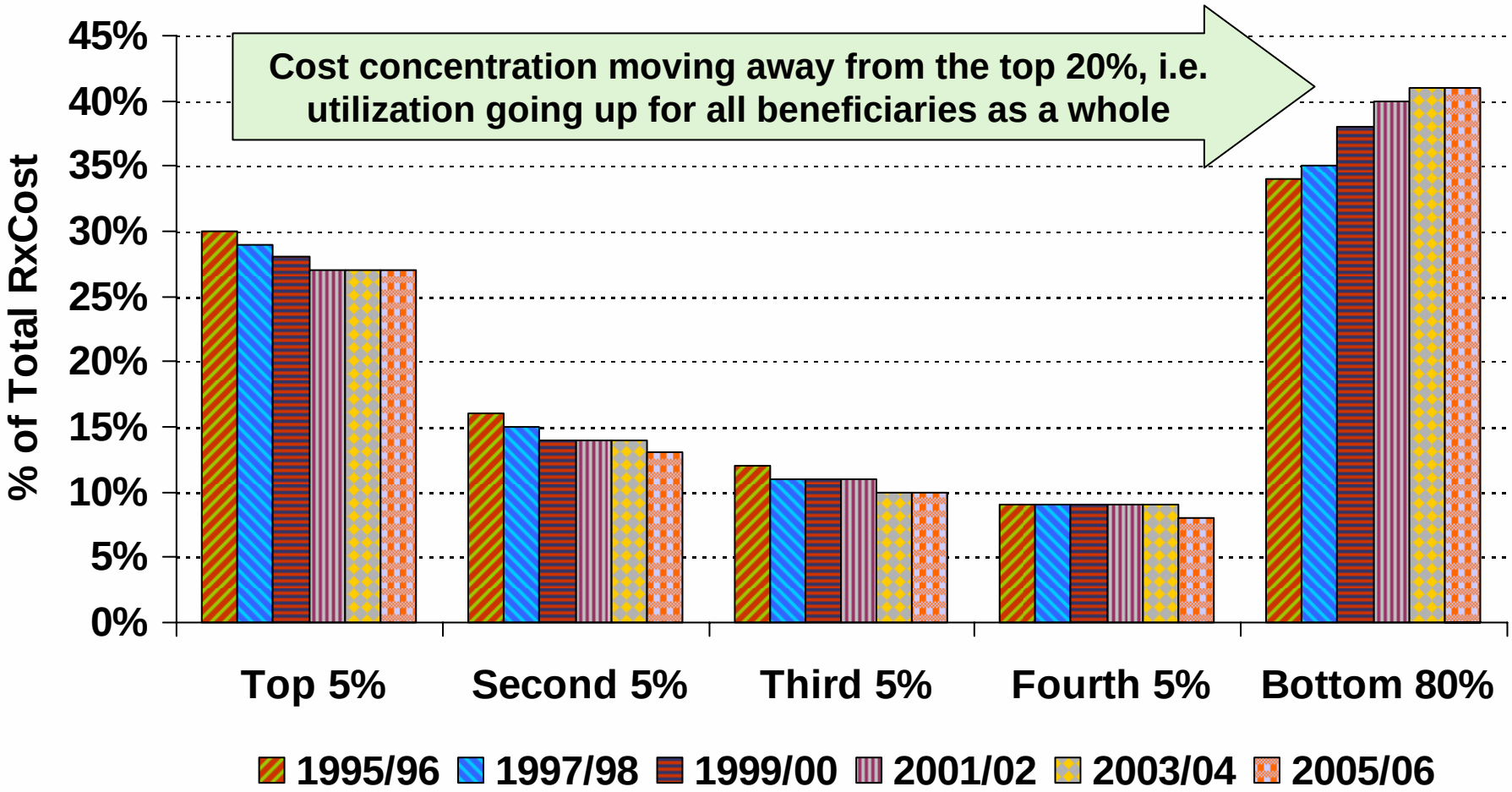
Total increase:$254M

Cost Concentration, 2005/06
From Most to Least Costly Beneficiary

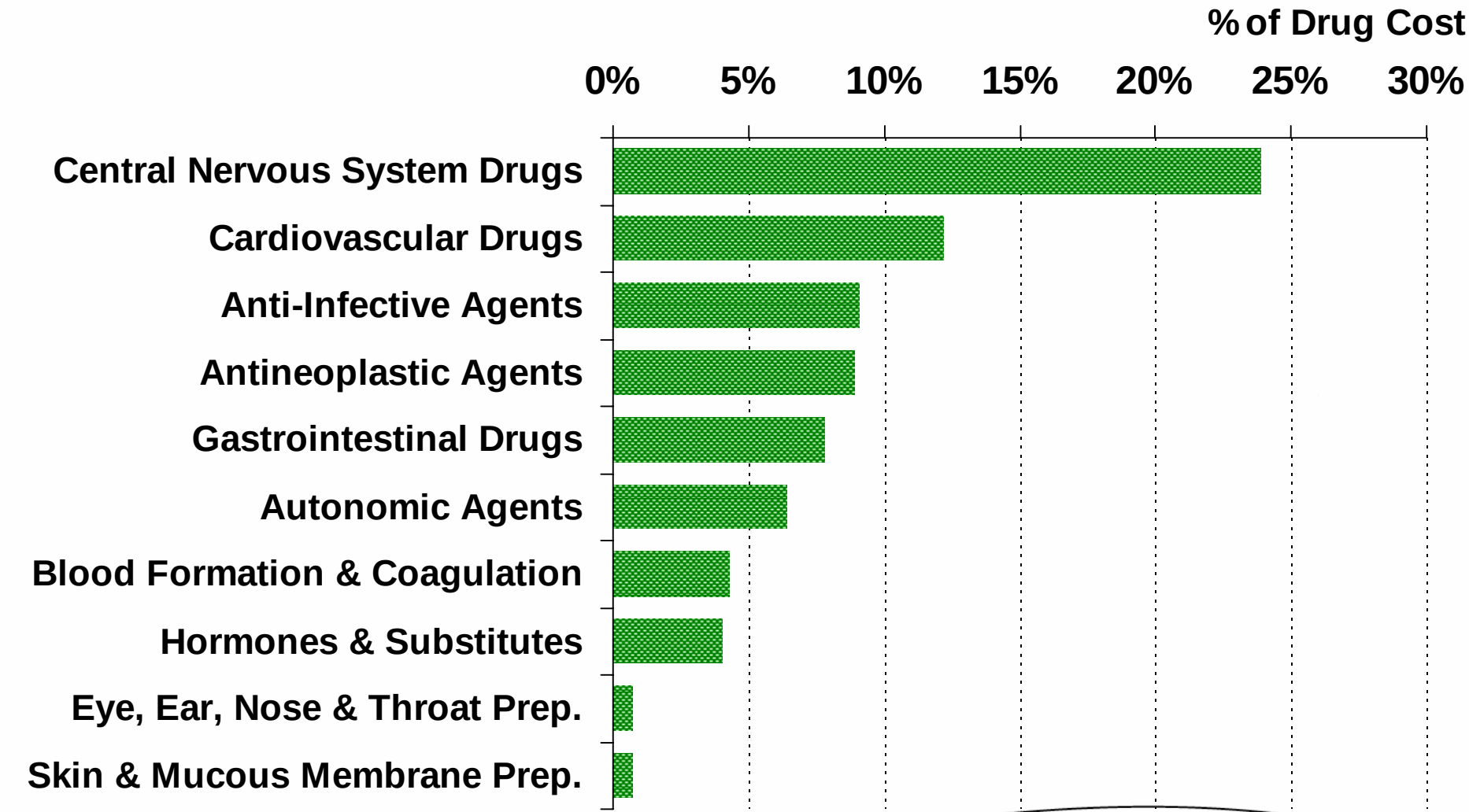


* RxCost = Drug Cost+ Markup + Dispensing fee

Trend in Cost Concentration 1995/96 – 2005/06



Top Therapeutic Classes for High Cost Claimants (>$5,000), 2005/06



Highlights of Overview

- Drugs are one of the fastest growing components of healthcare spending, and represent 10% of public expenditures.
- In past years, there was a large decline of beneficiaries covered under MCSS programs, while the number of seniors covered under MOHLTC kept growing.
- Cardiovascular and Central Nervous System drugs account for half of total program expenditures.
- A small portion (10%) of beneficiaries account for a large proportion of expenditures (40%).

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Program overview and utilization trends

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III. Formulary Listings

Process and Type of Listing

IV. Achievements

Accomplishments and Looking Ahead

Definitions

- Drug Cost = Cost at formulary prices
- Markup = Pharmacy Markup + Wholesale Markup
- RxCost = Drug Cost + Markup + Dispensing Fee
- Gov’t Cost = RxCost – Recipient Cost
- Figures includes MOHLTC and MCSS programs unless otherwise specified

ODB Financial Statistics
2004/05 – 2005/06

	2004/05	2005/06	% Change
Drug Cost	$2,648M	$2,903M	10%
+ Markup	$232M	$240M	3%
+ Dispensing Fee	$491M	$532M	8%
= RxCost	**$3,371M**	**$3,675M**	**9%**

	2004/05	2005/06
Markup as % of Total Drug Cost	8.0%	7.6%
Est. % of Cost-To-Operator Claims	20%	24%

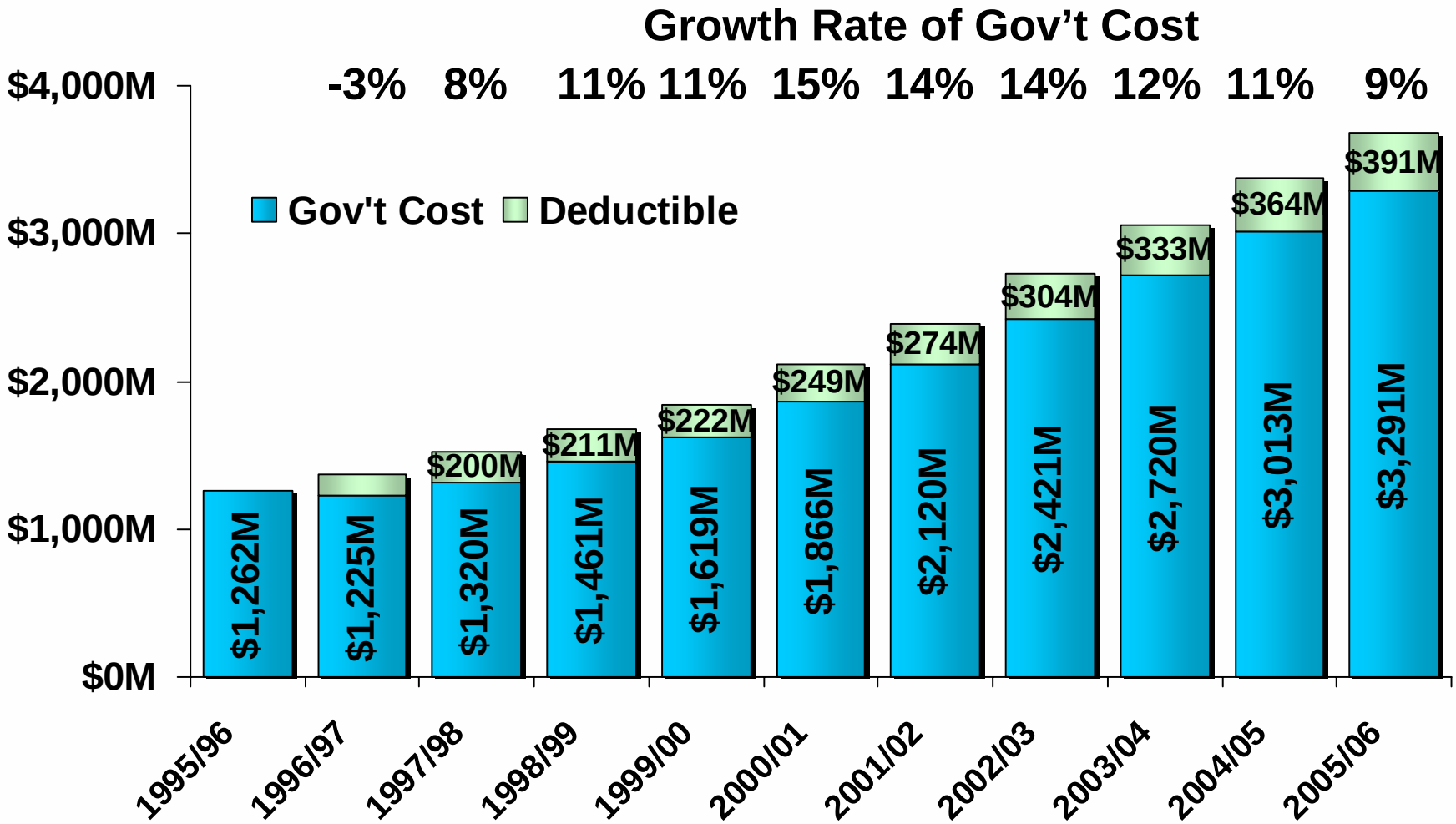
ODB Financial Statistics
2004/05 – 2005/06

	2004/05	2005/06	% Change
Drug Cost	$2,648M	$2,903M	10%
+ Markup	$232M	$240M	3%
+ Dispensing Fee	$491M	$532M	8%
= RxCost	**$3,371M**	**$3,675M**	**9%**
Deductible	$364M	$391M	7%
Government Cost	**$3,013M**	**$3,291M**	9%
MOHLTC	*$2,388M*	*$2,603M*	*9%*
MCSS	*$625M*	*$689M*	*10%*

ODB Financial Statistics 2004/05 – 2005/06

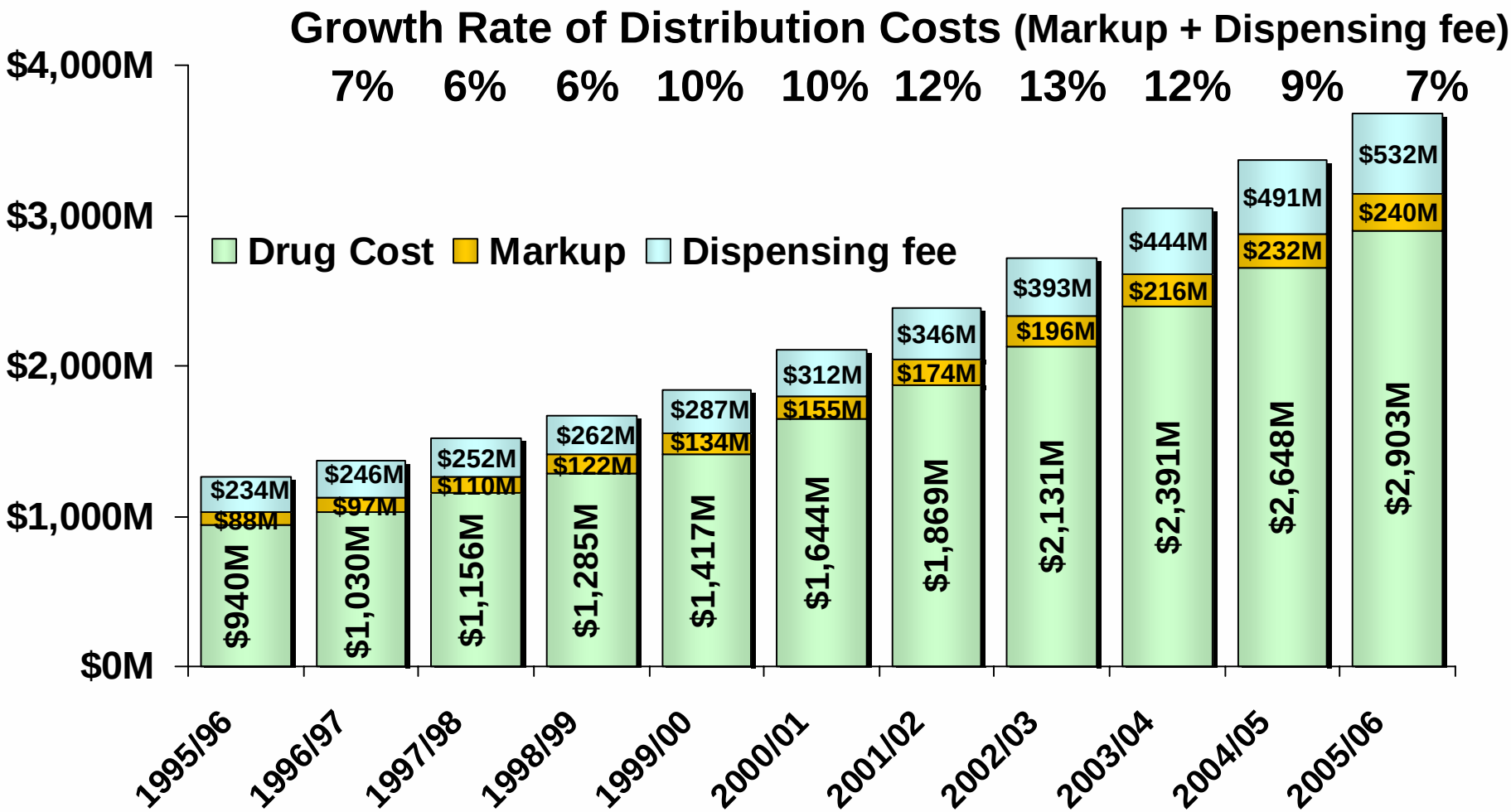
		2004/05	2005/06	% Change
RxCost	**Total**	**$3,371M**	**$3,675M**	**9%**
	Brand	*$2,489M*	*$2,717M*	*9%*
	Generic	*$882M*	*$958M*	*9%*
Beneficiaries		2.16M	2.21M	3%
Average	RxCost per Beneficiary	$1,562	$1,661	6%
	RxCost per Claim	$43.68	$43.86	0%
	Claims per Beneficiary	35.8	37.9	6%

Government & Beneficiary Cost 1995/96 – 2005/06



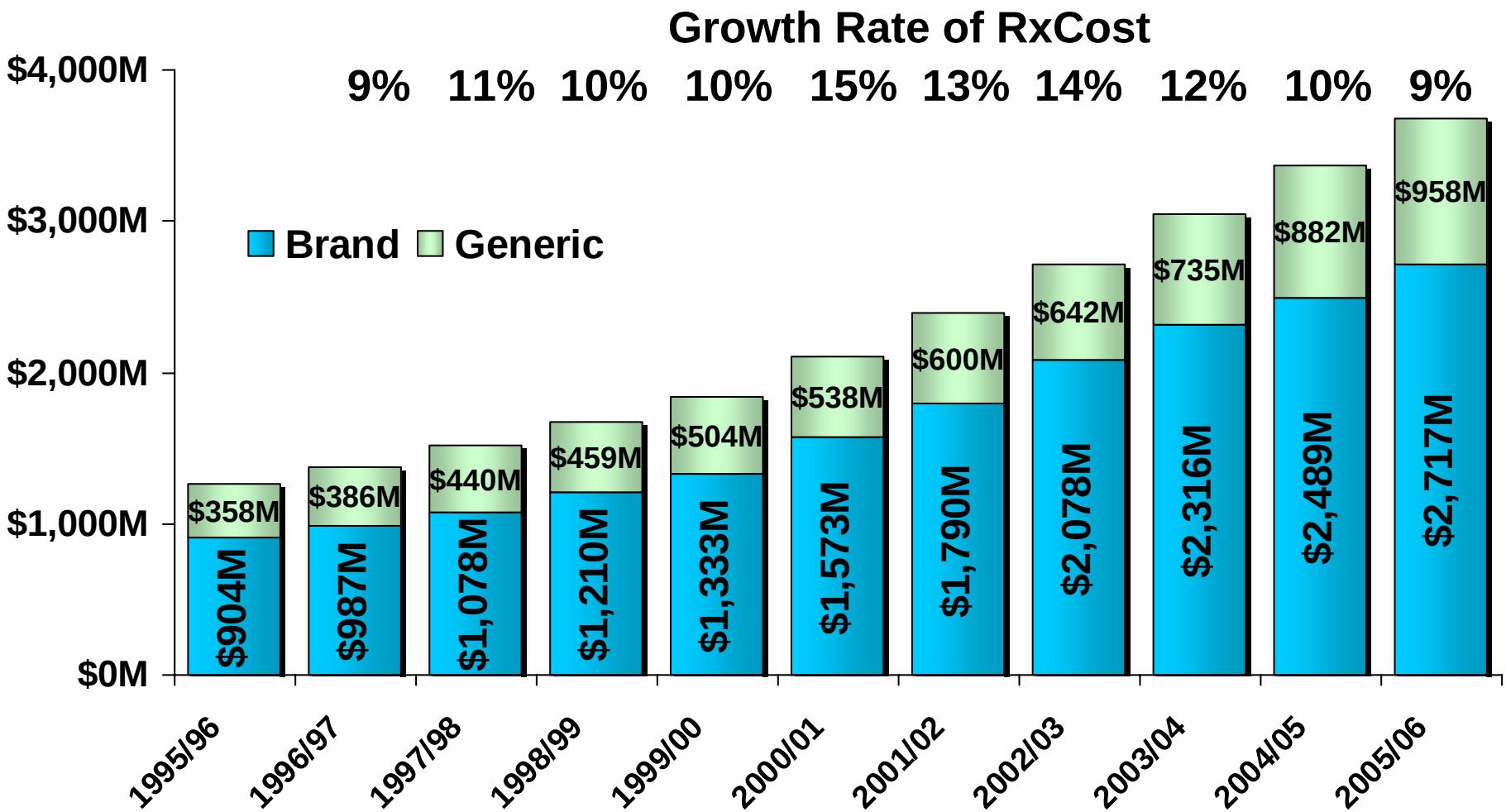
Note: these values were calculated based on a more refined methodology than that used in previous years' reports

RxCost by Type of Spending 1995/96 – 2005/06



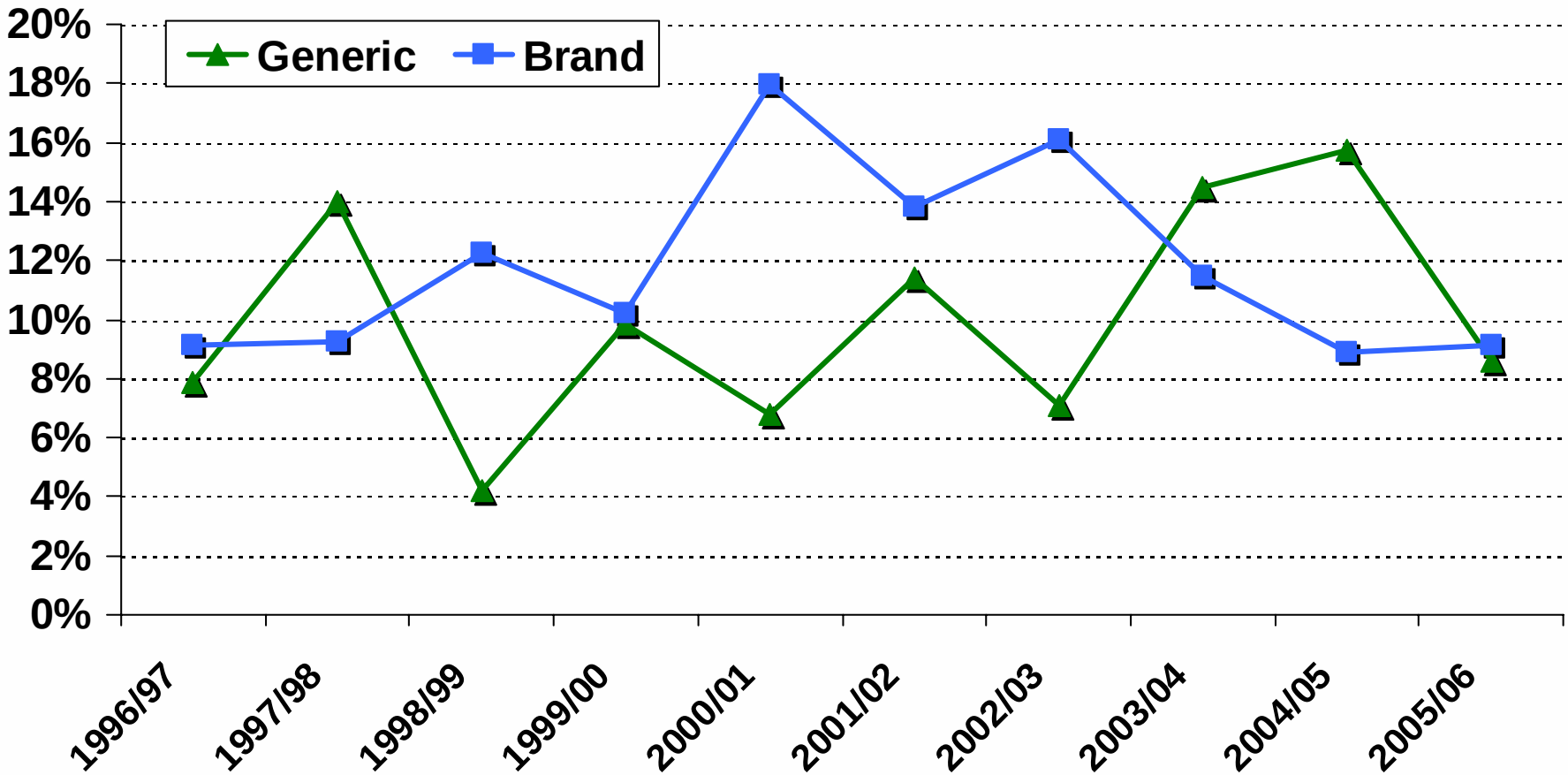
Note: these values were calculated based on a more refined methodology than that used in previous years' reports

Brand vs. Generic RxCost 1995/96 – 2005/06



Note: Figures are approximations. Pharmacy compounded products were classified as generics. They accounted for approximately $26 million in 2005/06.

Brand vs. Generic RxCost Annual Growth, 1996/97 – 2005/06

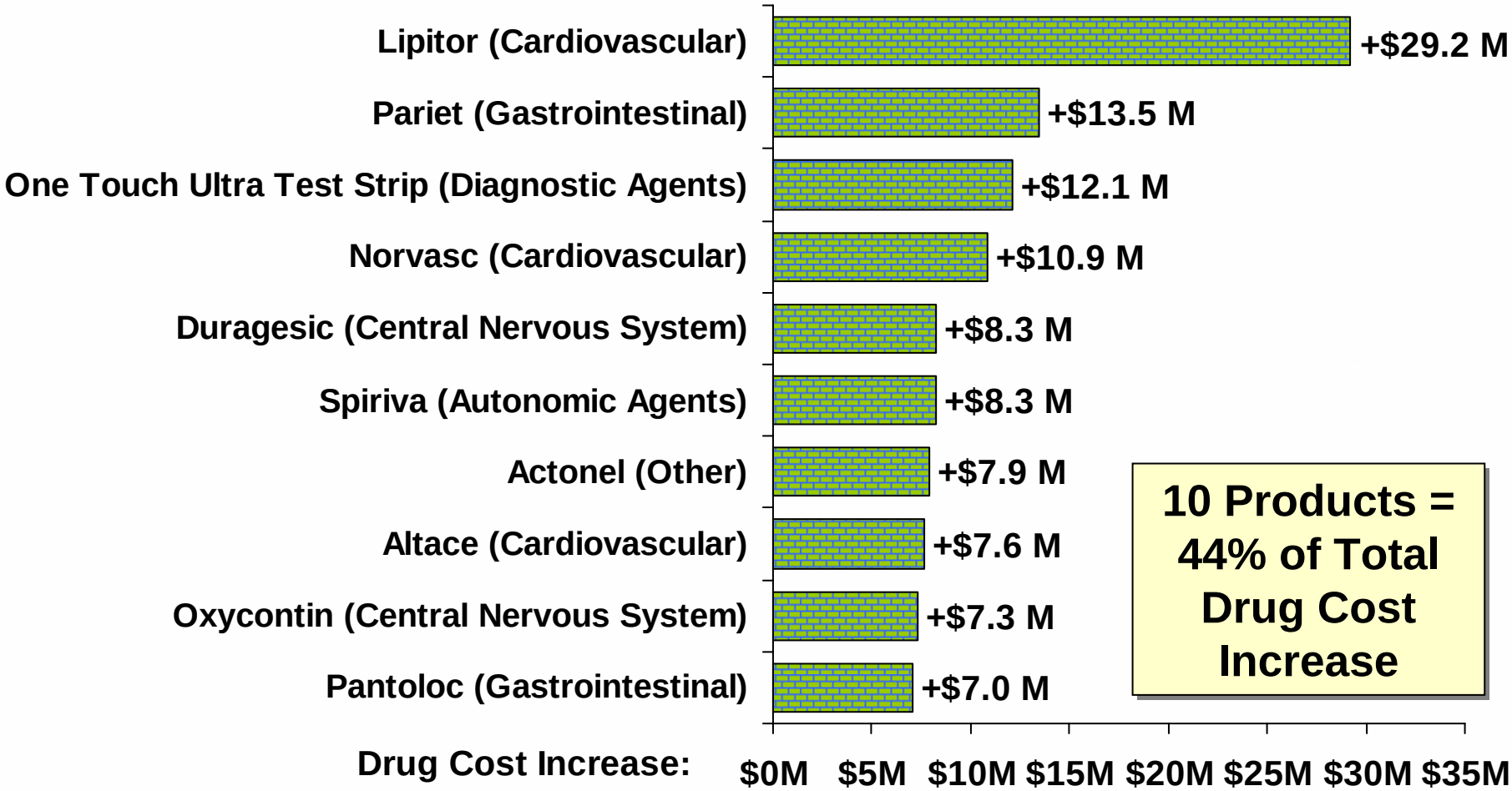


Note: Figures are approximations. Pharmacy compounded products were classified as generics. They accounted for approximately $26 million in 2005/06.

Top-10 Chemicals by Drug Cost 2005/06

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Atorvastatin (Lipitor)	Cardiovascular	$230M	7.9%
2	Amlodipine Besylate (Norvasc)	Cardiovascular	$107M	3.7%
3	Ramipril (Altace)	Cardiovascular	$97M	3.3%
4	Diagnostic Agents (Diabetes)	Diagnostic Agents	$90M	3.1%
5	Omeprazole Magnesium (Losec) - LU	Gastrointestinal	$85M	2.9%
6	Olanzapine (Zyprexa)	Central Nervous System	$79M	2.7%
7	Simvastatin (Zocor)	Cardiovascular	$55M	1.9%
8	Pantoprazole (Pantoloc) - LU	Gastrointestinal	$48M	1.7%
9	Donepezil HCl (Aricept) – LU	Autonomic Agents	$46M	1.6%
10	Rabeprazole Sodium (Pariet)	Gastrointestinal	$43M	1.5%
TOTAL Top-10			$881M	30.4%

Fastest Growing Brand Products, by Drug Cost, 2004/05 – 2005/06

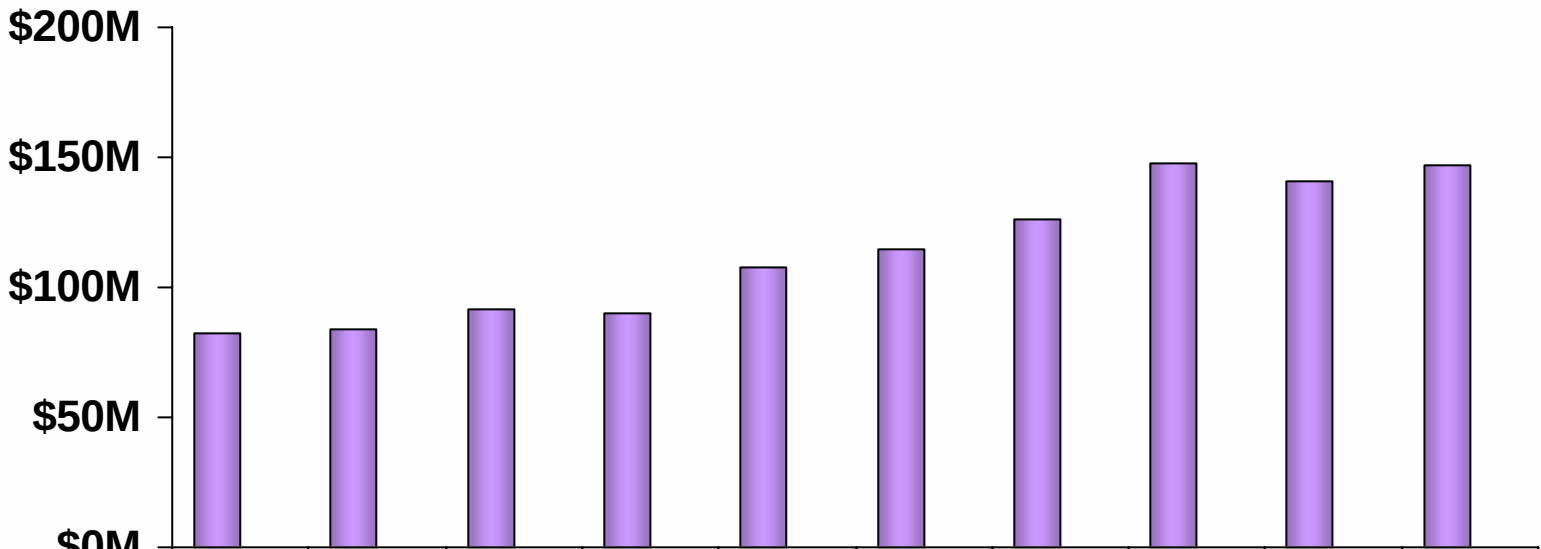


Top-10 Products* Launched Since 2000, by Drug Cost, 2005/06

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Rabeprazole Sodium (Pariet)	Gastrointestinal	$42.9M	1.48%
2	Rosuvastatin Calcium (Crestor)	Cardiovascular	$33.1M	1.14%
3	Tiotropium Bromide Monohydrate (Spiriva)	Autonomic Agents	$31.6M	1.09%
4	Fluticasone Propionate (Flovent Hfa)	Hormones & Substitutes	$30.3M	1.04%
5	Simvastatin (Apo-Simvastatin)	Cardiovascular	$24.1M	0.83%
6	Infliximab (Remicade) – Section 8	Other	$22.2M	0.77%
7	Simvastatin (Gen-Simvastatin)	Cardiovascular	$19.6M	0.67%
8	Galantamine Hydrobromide (Reminyl) – LU	Autonomic Agents	$17.5M	0.60%
9	Etanercept (Enbrel) – Section 8	Other	$16.2M	0.56%
10	Imatinib Mesylate (Gleevec) – Section 8	Antineoplastic	$14.4M	0.50%
TOTAL Top-10			$251.9M	8.68%

* This analysis includes all generic and brand products launched since 2000

Special Drugs Program Cost 1996/97-2005/06



	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
Cost ($M)	82.6M	84.0M	91.5M	90.3M	107.3	114.6	126.5	147.7	140.4	147.2
Change	10.9%	1.7%	9.0%	-1.3%	18.8%	6.8%	10.4%	16.8%	-4.9%	4.8%

Highlights of Financials

- Government Cost was $3,291M, a 9% increase over 2004/05.
- $772M was paid as dispensing fees plus mark-ups. Beneficiaries paid $391M in deductible.
- The average RxCost per claim remained stable at nearly $44, but the average number of claims per beneficiary went up 6% to 37.9.
- The 10 fastest growing products accounted for 44% of the total Drug Cost increase.

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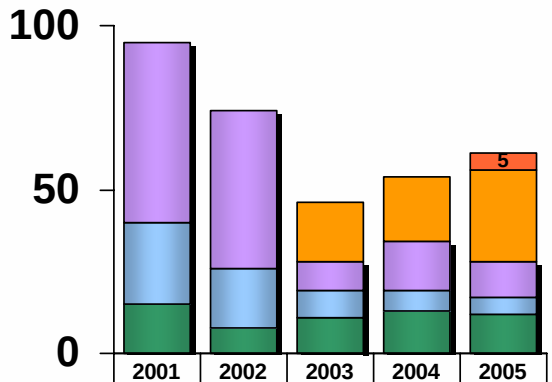
Definitions

- **General Benefit**: Reimbursement for the drug product is without restrictions
- **Limited Use Products**: Reimbursement for certain drugs is dependent on specific clinical criteria
- **Individual Clinical Review (ICR/Section 8):** Individual requests for coverage of drug products not listed in the formulary are reviewed on a case by case basis

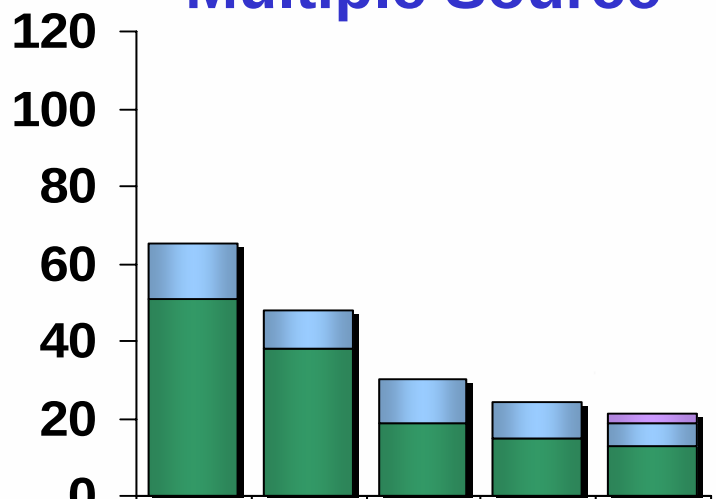
DQTC Recommendations Submissions for First Review, 2001-2005

Single Source



	2001	2002	2003	2004	2005
New Drug Funding Program (NDFP) *	-	-	-	-	5
No Reimbursement**	-	-	18	20	28
ICR**	55	48	9	15	11
Limited Use	25	18	8	6	5
General Benefit	15	8	11	13	12

Multiple Source



	2001	2002	2003	2004	2005
New Drug Funding Program**	-	-	-	-	2
Rejected	14	10	11	9	6
Interchangeable	51	38	19	15	13

Note: Reviews of oral solid dosage forms were streamlined starting in 2002 and Aqueous Solutions were streamlined in Sept. 2005; thus these products no longer require DQTC review.

* NDFP submission process started in Feb. 2005

** Negative listing recommendations prior to 2003 were not broken down into ICR and no reimbursement

• NDFP industry submissions only

CDR* Submissions – ODB Perspective

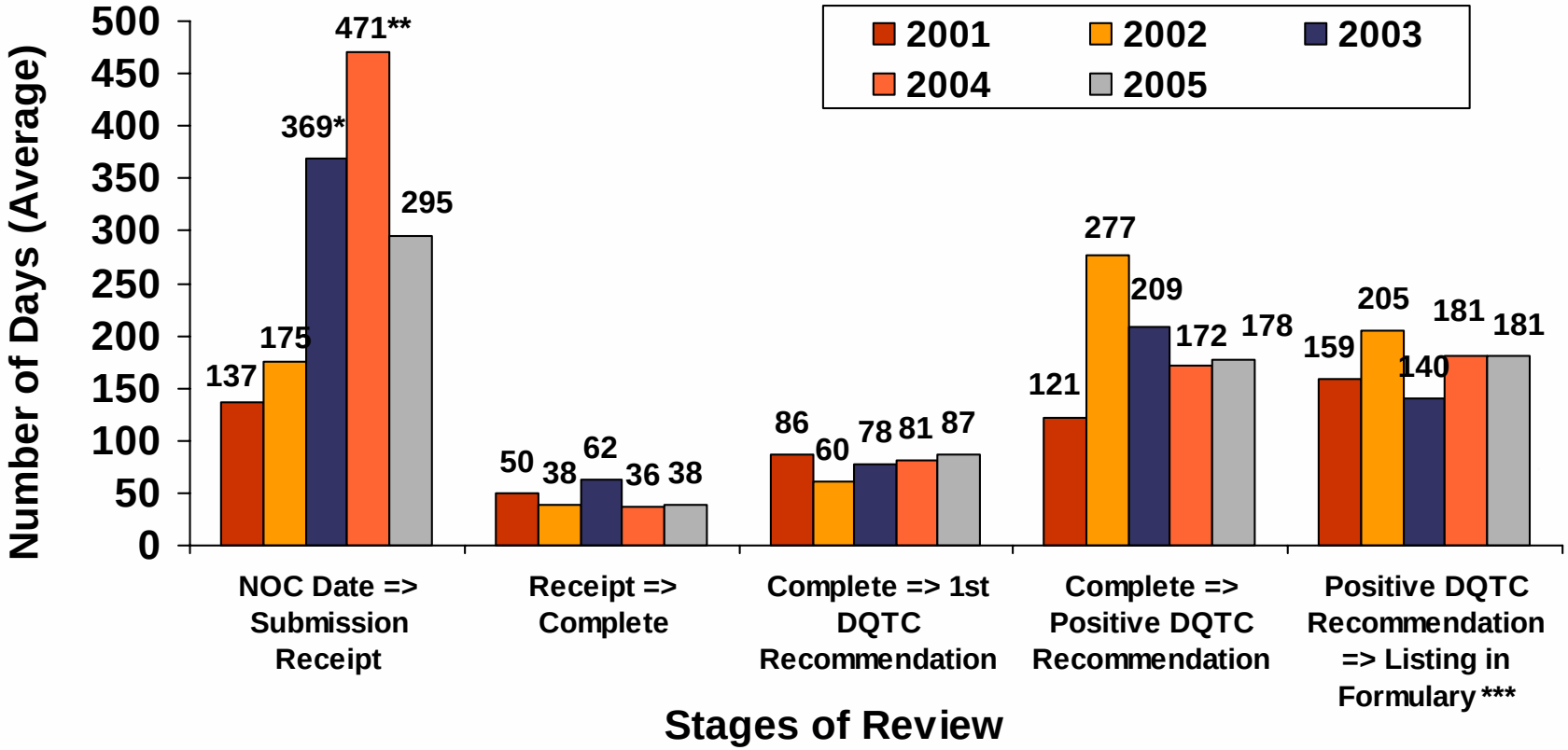
- Overall, DQTC recommendations have been consistent with final CEDAC* recommendations
- DQTC recommendations communicated to manufacturers as of December 31, 2005 (includes 2004 data) for CDR Submissions:

	General Benefit	Limited Use	ICR	Facilitated Access	No reimbursement
DQTC	2	3	8	1	16
CDR	Listing	Listing with criteria or listing in a similar manner as others in the same class		-	No Listing
	1	11		-	18

Average timelines between a CEDAC and DQTC recommendation = 23 business days (Range: 8 – 56 days)

* CDR – Common Drug Review
* CEDAC – Canadian Expert Drug Advisory Committee

Average Review Timelines for All Single Source Drug Products Listed 2001 - 2005



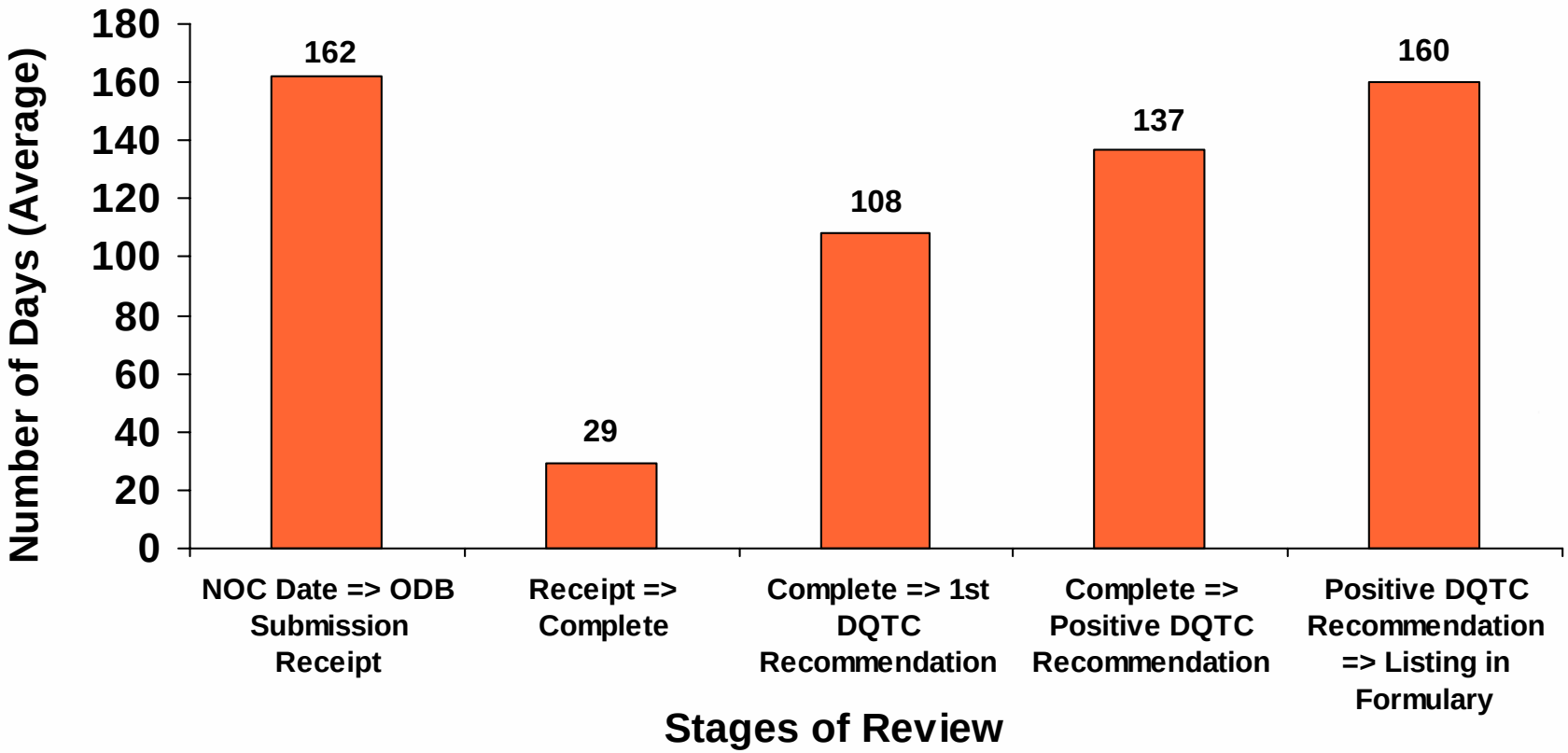
Note: 2004 and 2005 includes products reviewed through CDR

* 10 products had significant lag time (>730 days) from NOC receipt to submission

** 6 products had a significant lag time (>730 days) from NOC receipt to submission

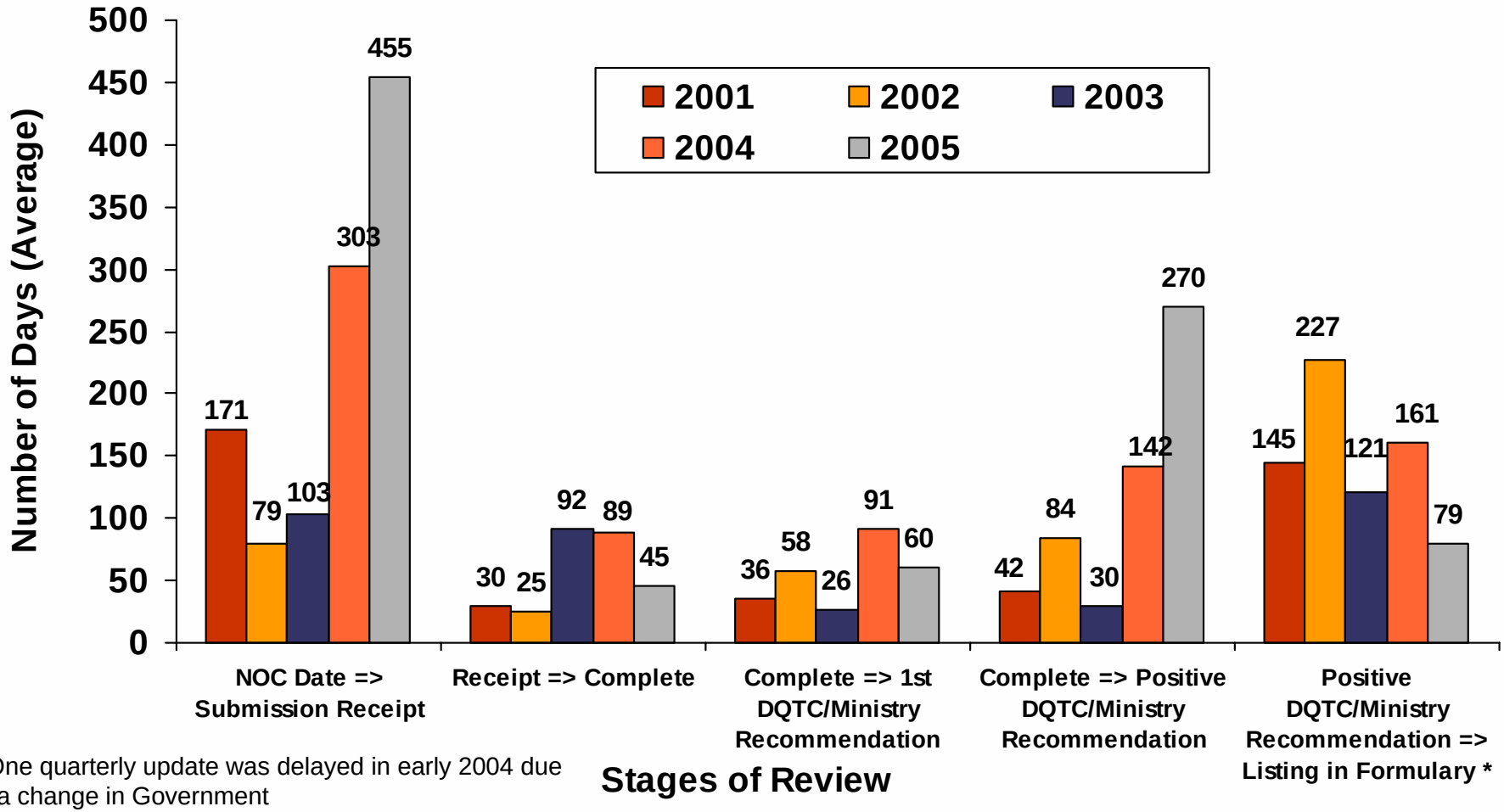
*** One quarterly update was delayed in early 2004 due to a change in Government.

Average Review Timelines for All Single Source CDR Drug Products Listed in 2005*



* This includes four products reviewed through CDR which received positive DQTC recommended and listed on Formulary in 2005

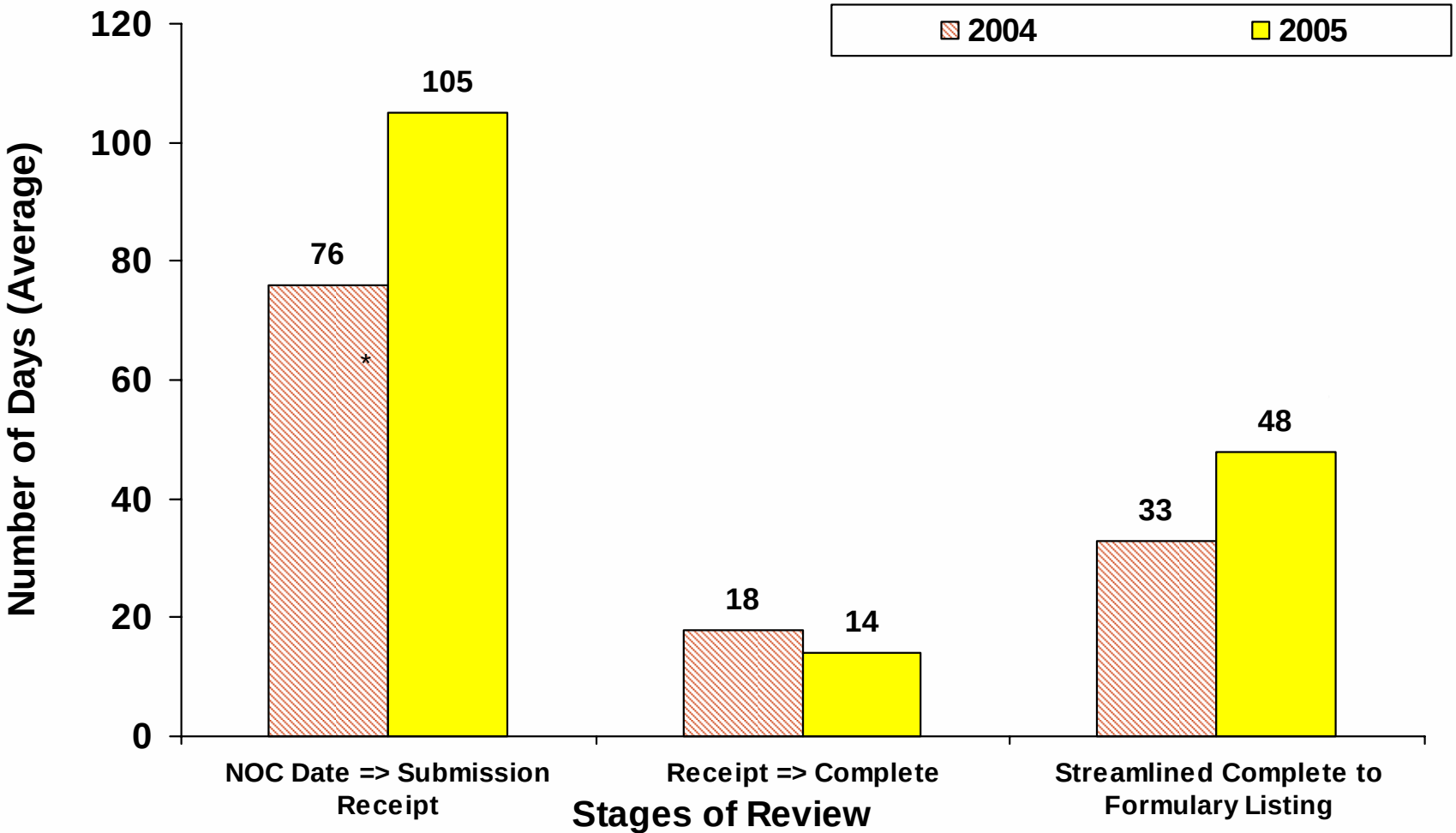
Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed 2001 - 2005



* One quarterly update was delayed in early 2004 due to a change in Government

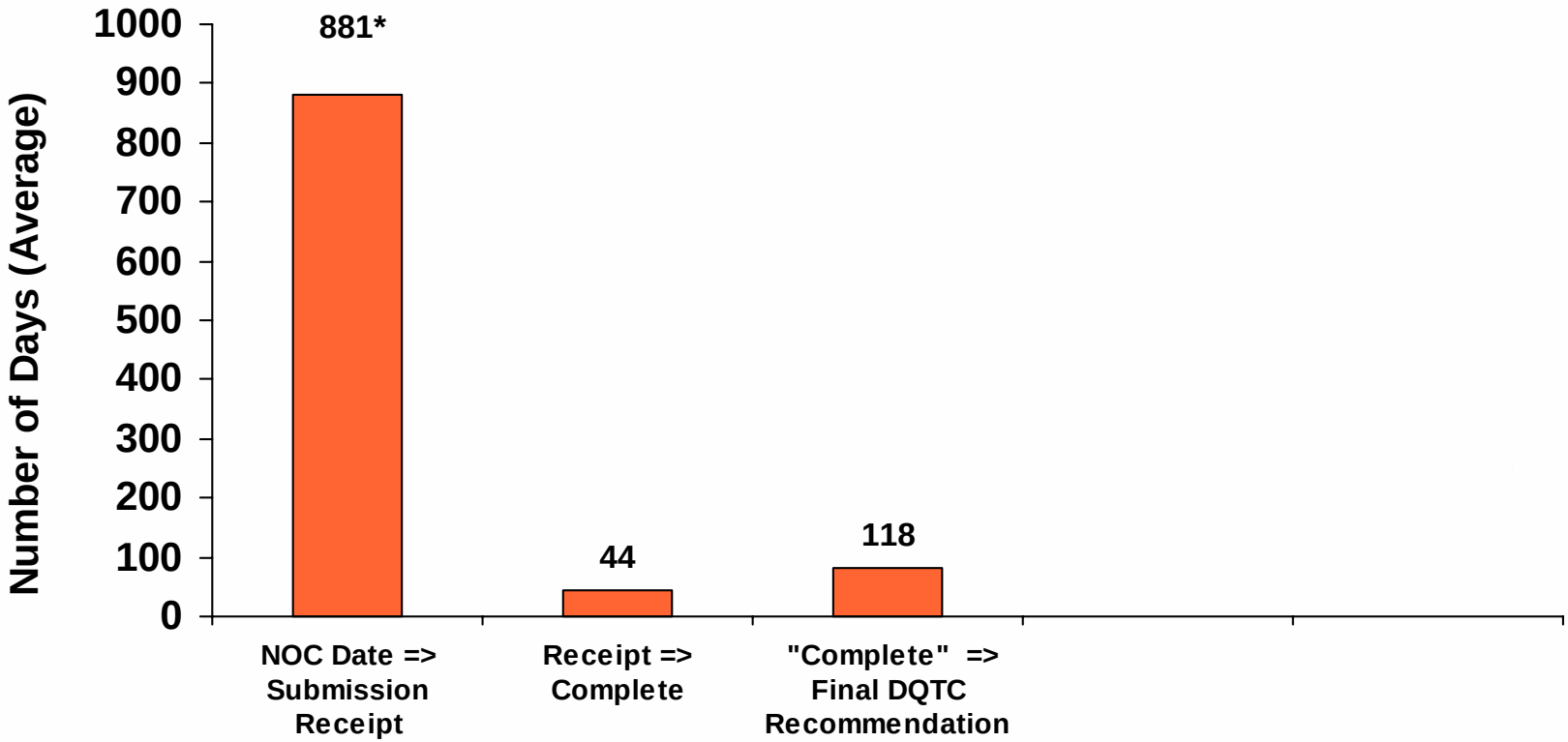
Note: Reviews of oral solid dosage forms were streamlined starting in 2002 and Aqueous Solutions were streamlined in Sept. 2005; thus these products no longer require DQTC review.

Streamlined Multiple Source Drug Products Listed in 2004 and 2005



- Numbers have been corrected from previous years
- Reviews of Aqueous Solutions were streamlined in Sept. 2005

DQTC/CCO Joint Review Process: Average Review Timelines for All Single Source Drug Products in 2005

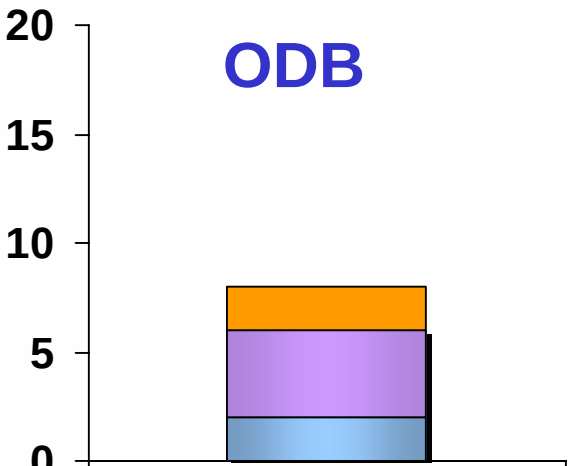


* Range from 20 – 3865 days

- Reporting reflects Industry Submissions only (both positive and negative DQTC recommendations)
- There was no industry submission process for IV cancer drugs prior to this joint process, hence the lag time between NOC and receipt of submission in some cases
- The DQTC made a final recommendation on 8 reviews in 2005; this accounts for 7 industry submissions

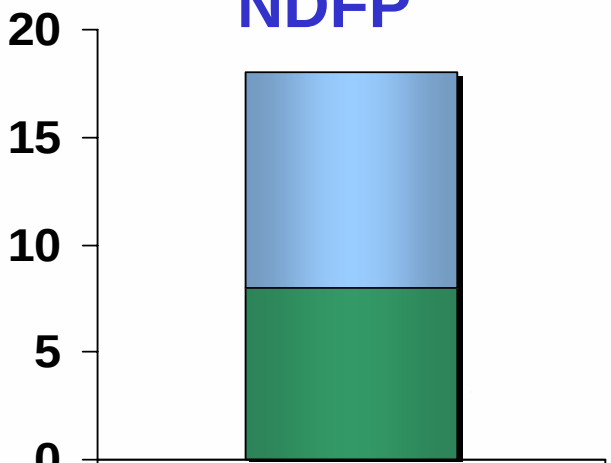
Joint Review Process: DQTC Recommendations for 2005

ODB



	2005
No Reimbursement	2
ICR	4
Limited Use*	2
General Benefit	-

NDFP



	2005
No Reimbursement **	10
Positive Reimbursement***	8

* One product was reviewed and the status remained unchanged as an LU benefit

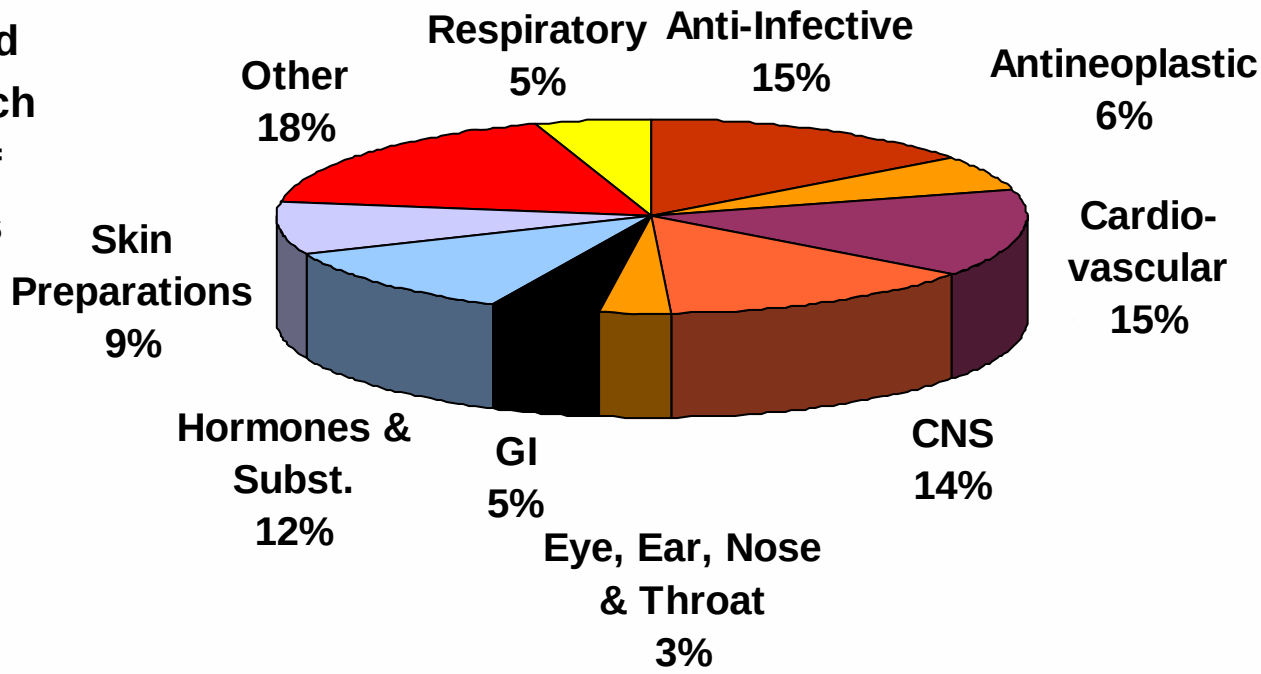
**** One submission was reviewed twice by DQTC**

***** On July 22, 2005, the Ontario government announced a $148 million investment over three years to fund Herceptin (Trastuzumab) – for breast cancer; Navelbine (Vinorelbine) – for lung cancer; and, Taxotere (Docetaxel) – for prostate cancer**

In January 2006, $496,700 was approved, for 2005/06, to fund Taxol (Paclitaxel) – for uterine papillary serous cancer, platinum-sensitive ovarian cancer, and non-small cell lung cancer

Written Agreements by Therapeutic Class, 2005/06

- Forecasted cost provided by manufacturers for each of the first three years of new single-source drugs listed
- 200 agreements are in effect as of Formulary 39, Update A (Jan. 12, 2006)

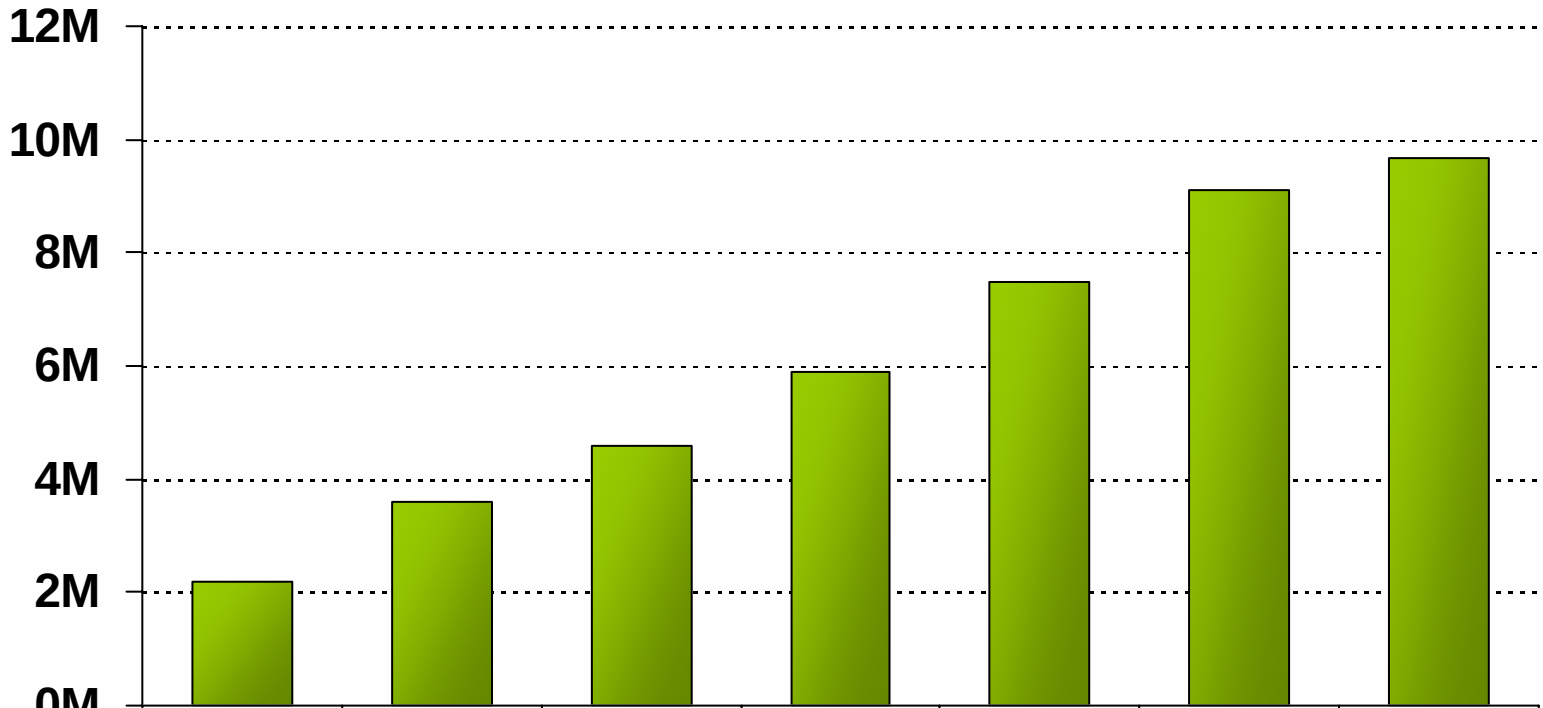


Top-10 Chemicals, 2005/06
by Number of Utilizing Beneficiaries (thousands)

Rk	Drug Name	Class	Utilizing Benef.	% Utilizing Benef.
1	Atorvastin (Lipitor)	Cardiovascular	423K	19.1%
2	Acetaminophen & Cafeine & Codeine (Tylenol No.3)	Central Nervous System	421K	19.0%
3	Ramipril (Altace)	Cardiovascular	343K	15.5%
4	Amoxicillin (Amoxil)	Anti-infective	330K	14.9%
5	Hydrochlorothiazide	Electrolytic, Caloric & Water B.	306K	13.8%
6	Diagnostic Agent – Diabetes	Diagnostic Agents	277K	12.5%
7	Levothyroxine sodium (Synthroid)	Hormones & Subst.	265K	12.0%
8	Lorazepam (Ativan)	Central Nervous System	243K	11.0%
9	Amlodipine Besylate (Norvasc)	Cardiovascular	243K	11.0%
10	Metformin Hcl (Glucophage)	Hormones & Substitutes	227K	10.2%

All these drugs are General Benefits

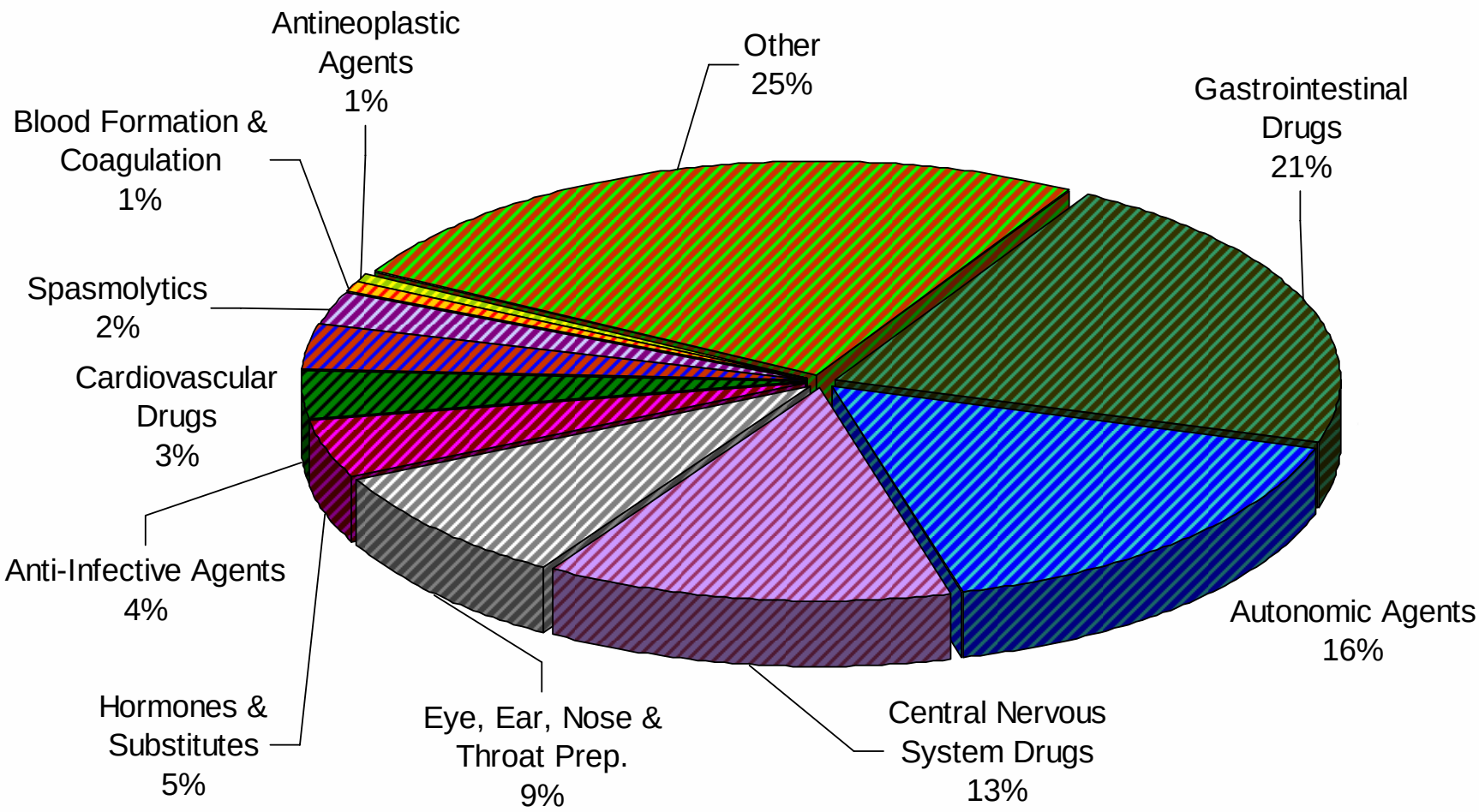
Limited Use Products
Number of Claims, 1999/2000 – 2005/06



	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06*
Claims (million)	2.2M	3.6M	4.6M	5.9M	7.5M	9.1M	9.7M
% of Overall ODB	4.8%	7.2%	8.3%	9.4%	10.7%	11.8%	11.5%

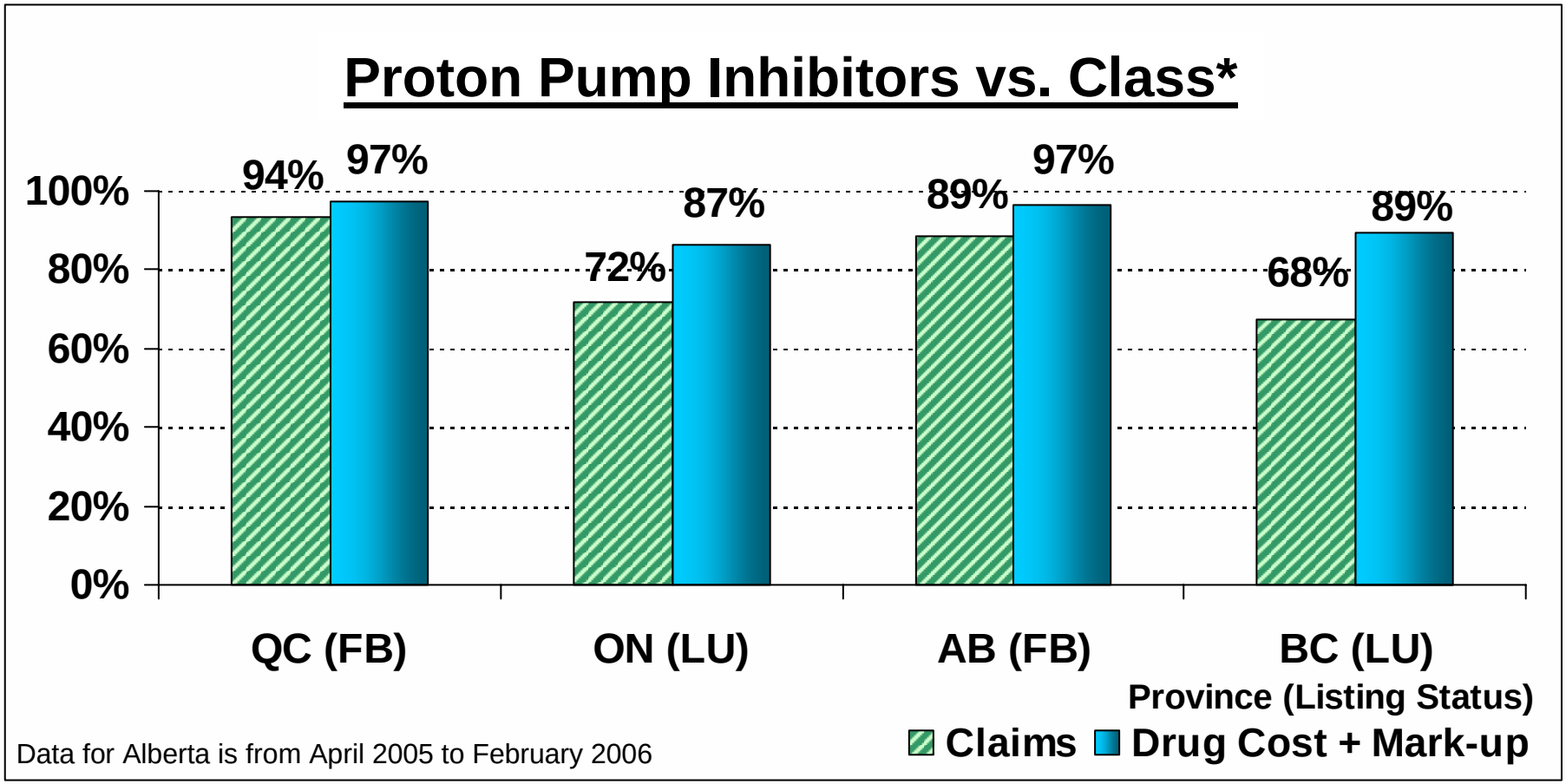
* A more refined methodology is utilized to identify claims in 2005/6

Limited Use Products Claims by Class, 2005/06



* 'Other' includes Skin & Mucous membrane, Unclassified Therapeutic Agents, Electrolytic, Caloric & Water B. and miscellaneous

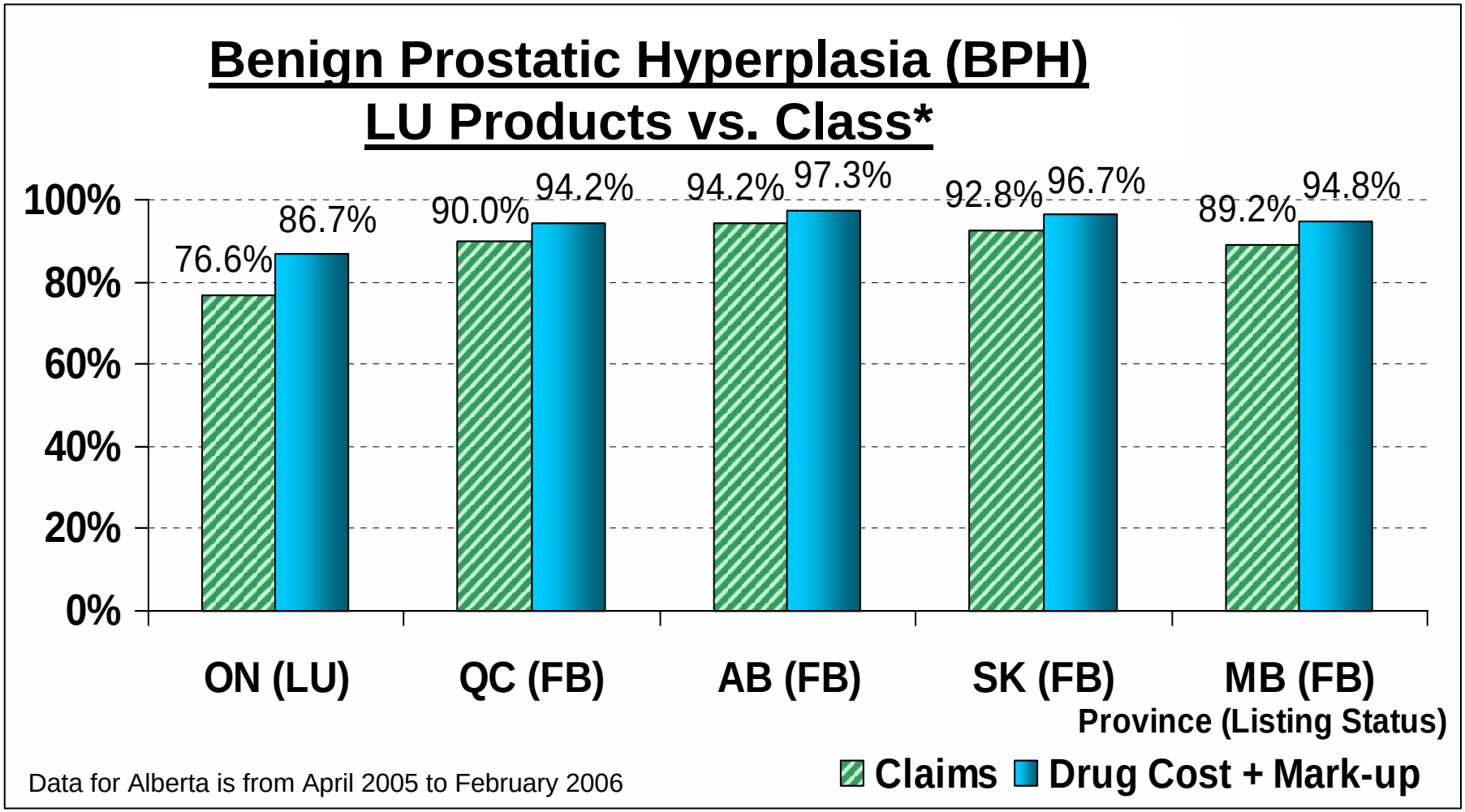
Limited Use Products vs. Entire Class, by Province, 2005/06



Data for Alberta is from April 2005 to February 2006

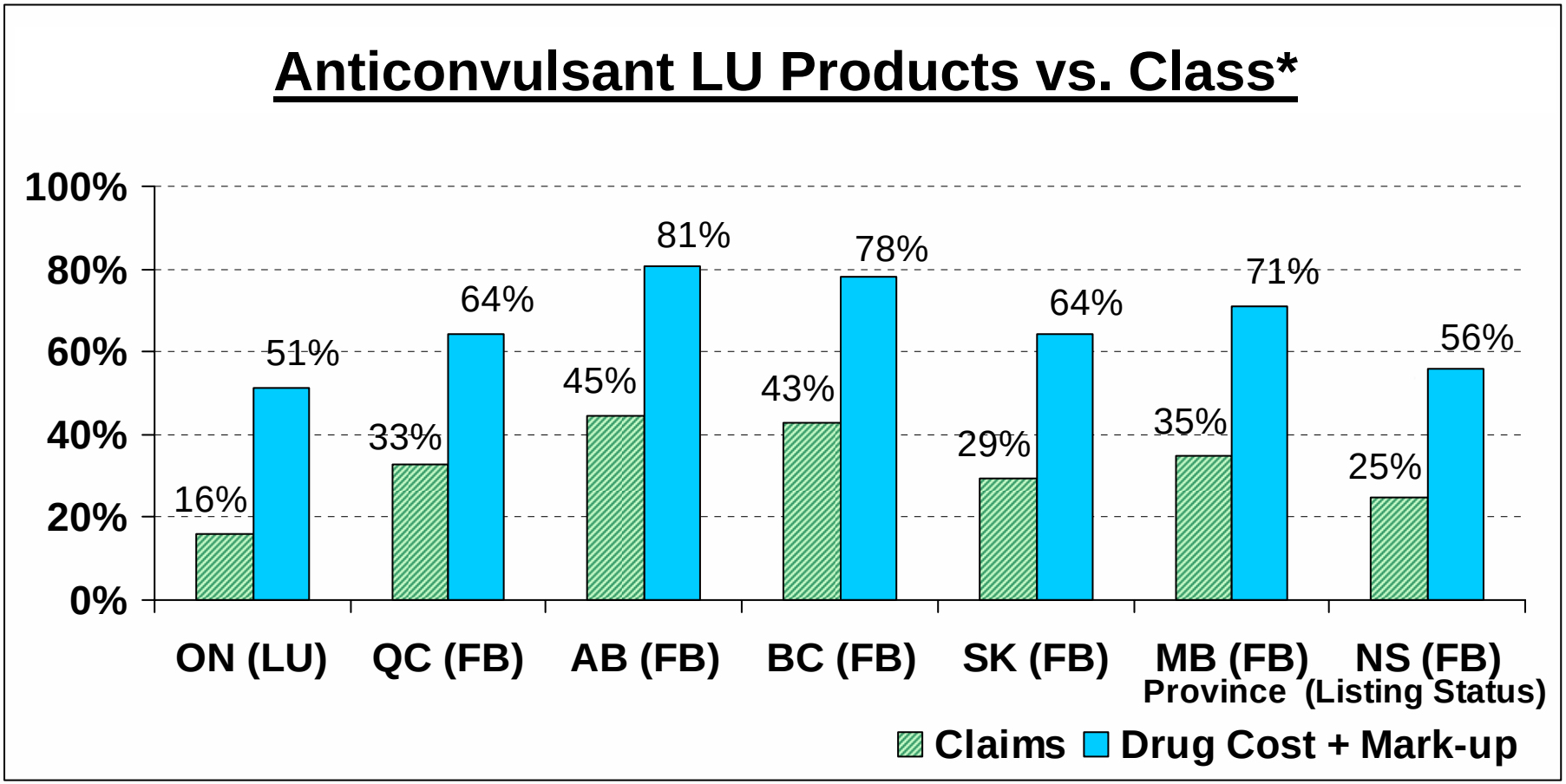
* The class is defined as Proton Pump Inhibitors and Histamine H2 Receptor Antagonists. Note that not all PPIs are Limited Use Products in Ontario.

Limited Use Products vs. Entire Class, by Province, 2005/06



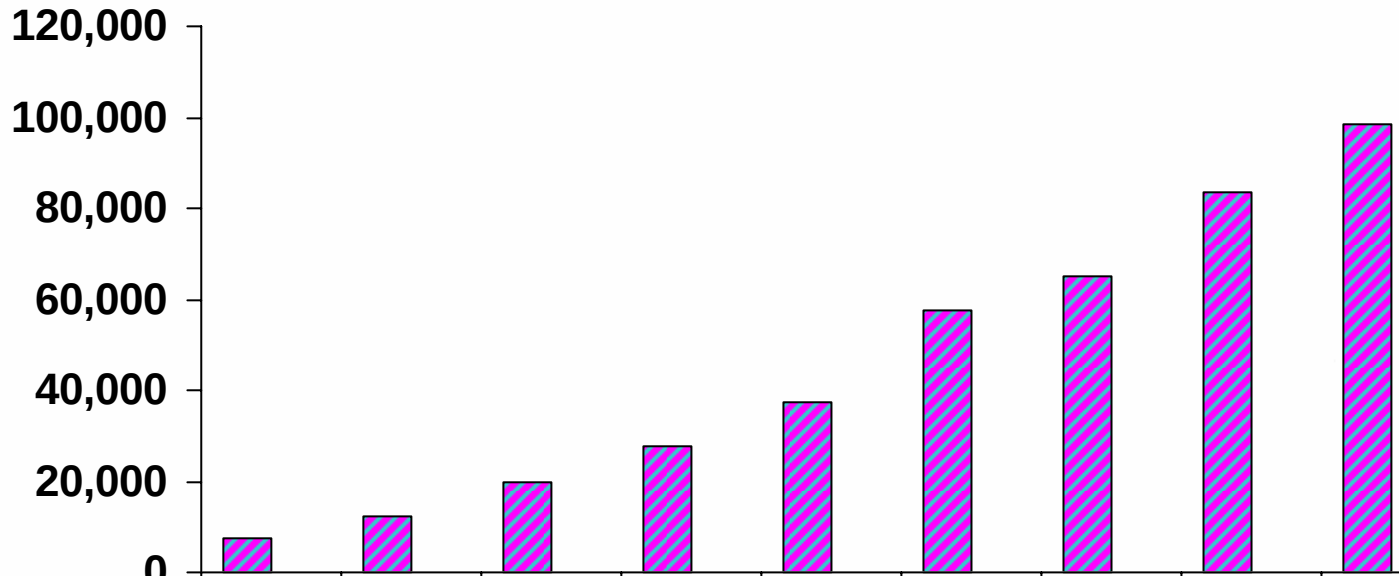
* Note that not all products in this class are Limited Use products in Ontario

Limited Use Products vs. Entire Class, by Province, 2005/06



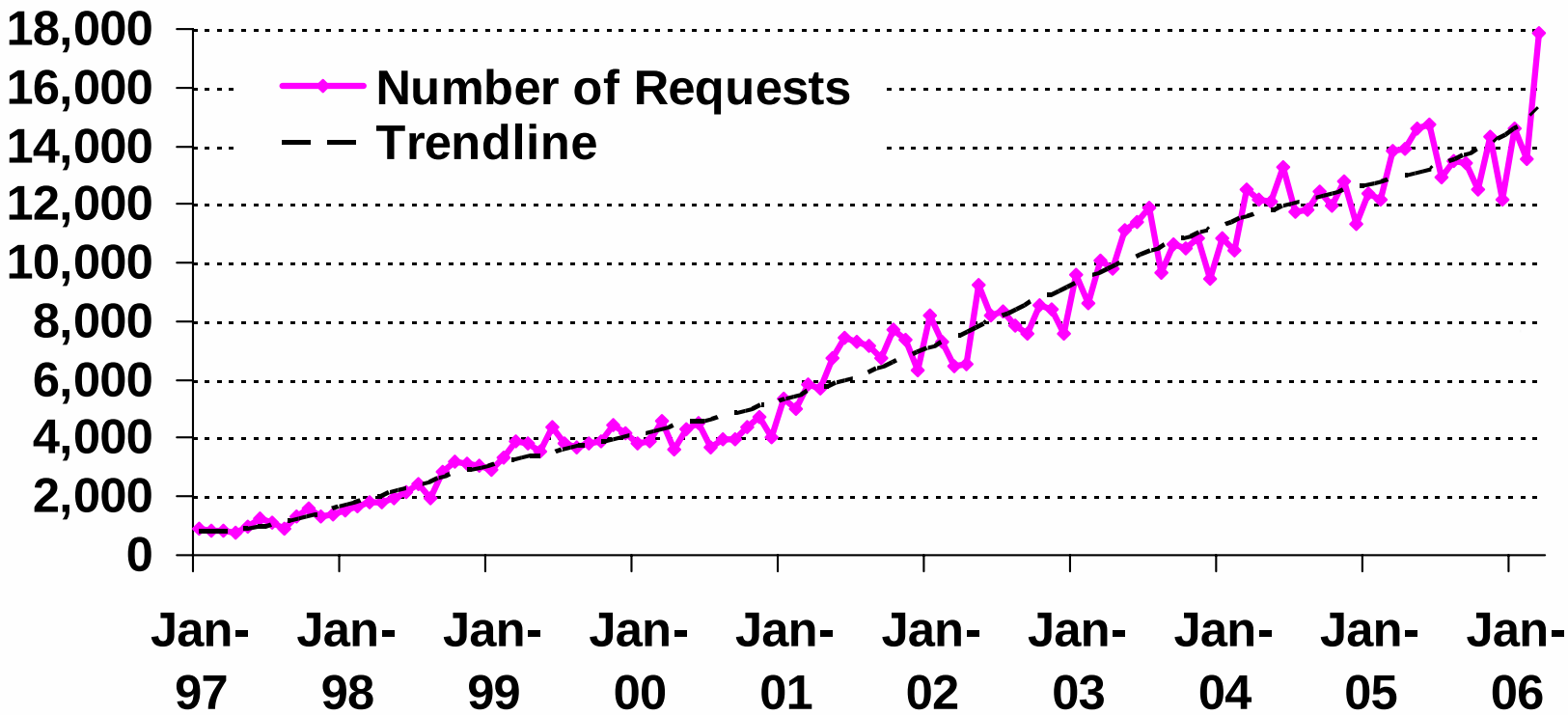
* Note that not all Anticonvulsant drugs are Limited Use products in Ontario

Individual Clinical Review (ICR) Beneficiaries, 1997/98 - 2005/06

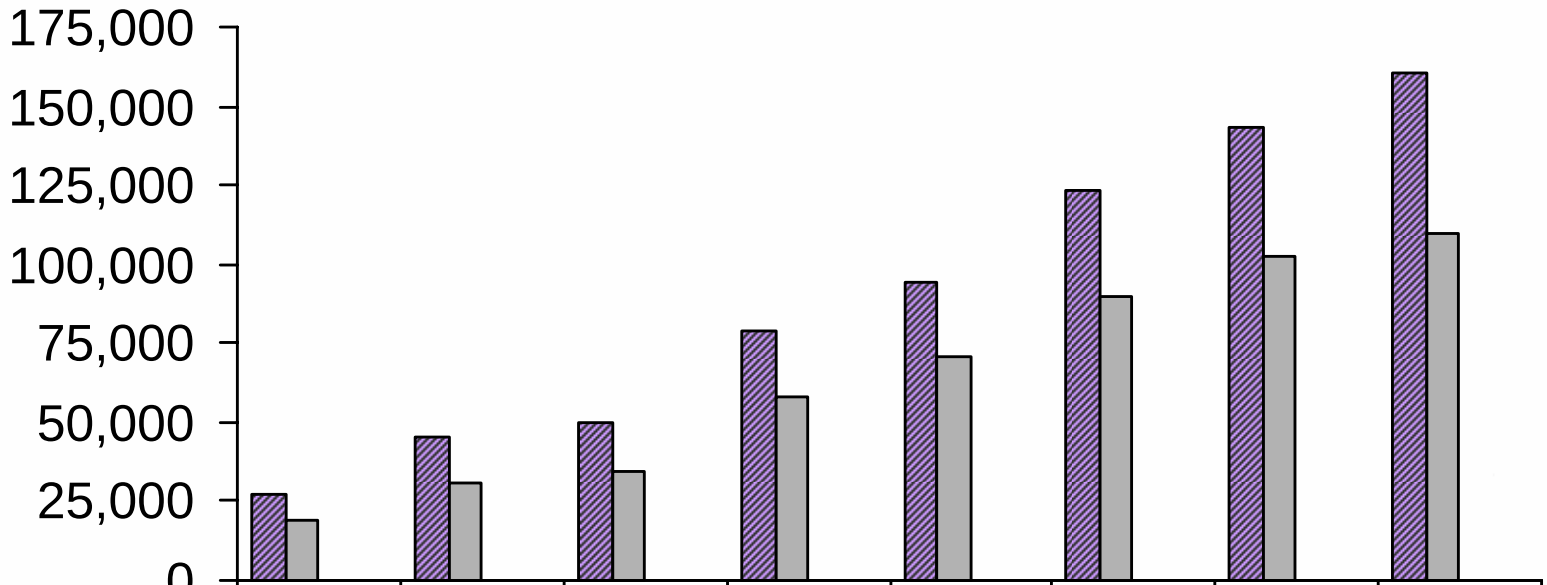


	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06
Beneficiaries	7,429	12,401	19,818	27,848	37,303	57,754	64,905	83,603	98,548
% of Overall ODB	0.3%	0.6%	0.9%	1.3%	1.8%	2.8%	3.0%	3.9%	4.4%

Monthly ICR Requests
January 1997 – March 2006



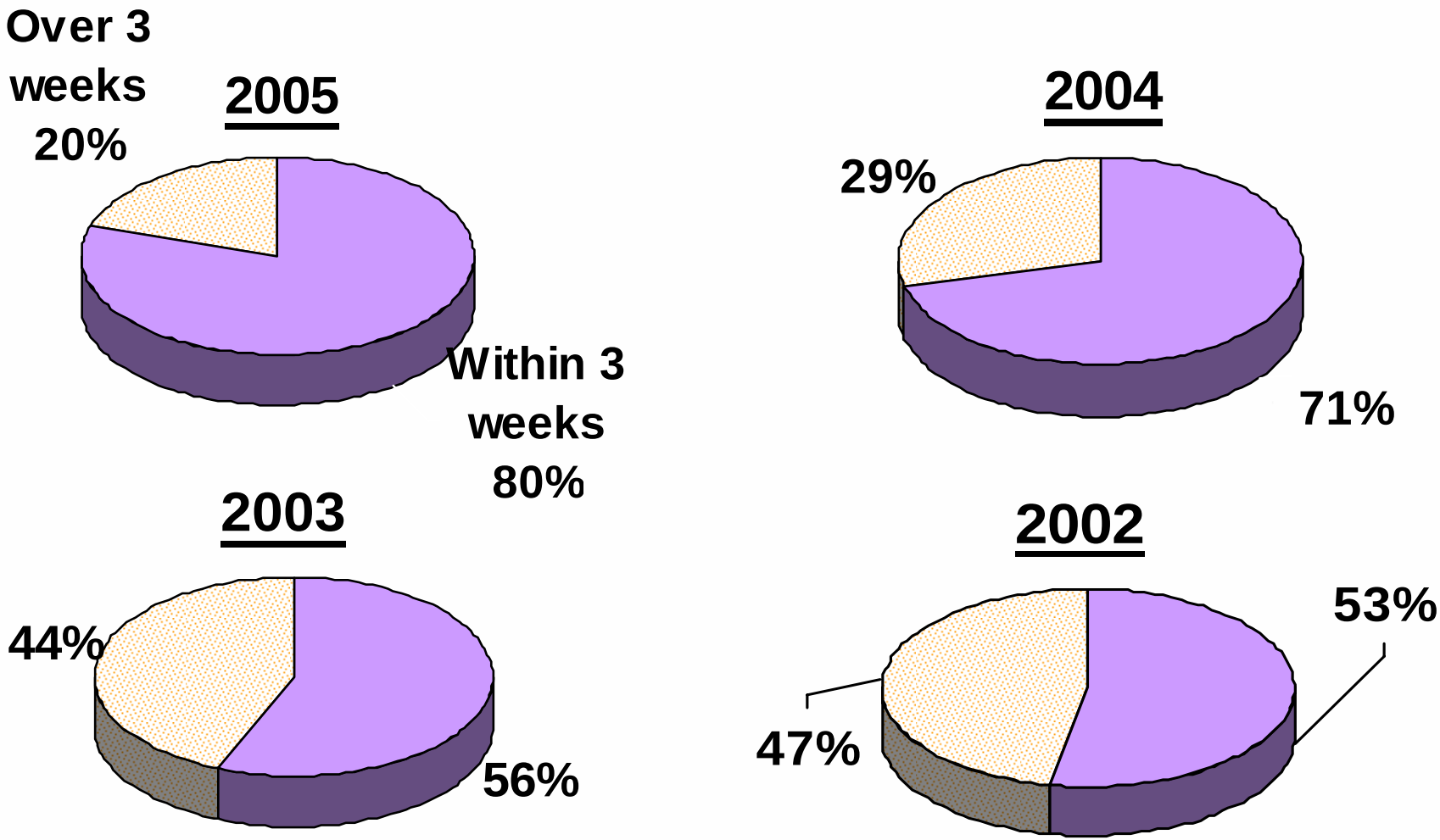
ICR Requests & Approval Rate 1998 - 2005



	1998	1999	2000	2001	2002	2003	2004	2005
Received	27,472	45,694	49,518	78,855	94,212	123,515	143,370	160,405
Approved*	18,924	30,487	34,110	57,628	70,907	90,095	102,512	109,506
% Increase	N/A	66%	8%	59%	19%	31%	16%	12%
% Approved	69%	67%	69%	73%	75%	73%	72%	68%

* approved on first review; does not include approvals subsequent to provision of additional information from requesting physicians

ICR Response Time, 2002 - 2005



ICR Top-10 Requested Drugs, by Volume, 2005/06

Rk	Drug	Requests	Approved	% Approved*	Gov't Cost
1	Plavix	54,100	45,250	83.6	$34.4M
2	Avandia	13,764	8,715	63.3	$12.4M
3	Eprex	12,011	8,245	68.6	$23.9M
4	Actos	7,944	5,648	71.1	$7.4M
5	Remicade	4,848	3,717	76.7	$23.7M
6	Gabapentin	4,421	2,264	51.2	$0.5M
7	GlucoNorm	3,939	2,383	60.5	$0.7M
8	Neupogen	2,864	2,101	73.4	$8.7M
9	Gleevec	2,774	2,372	85.6	$15.6M
10	Enbrel	2,348	1,623	69.1	$17.5M
Top-10 Total		109,013	82,318	75.6	$144.8M

* approved on first review

ICR Top-10 Requested Drugs, by Government Costs, 2005/06

Rk	Drug	Beneficiaries	Claims	Gov't Cost
1	Plavix	46,698	399,523	$34.4M
2	Eprex	2,947	11,576	$23.9M
3	Remicade	1,196	6,526	$23.7M
4	Enbrel	1,331	10,914	$17.5M
5	Gleevec	502	3,782	$15.6M
6	Avandia	14,039	89,358	$12.4M
7	Neupogen	1,341	4,621	$8.7M
8	Sandostatin	405	3,636	$7.7M
9	Actos	7,444	46,926	$7.4M
10	Rebif	434	3,897	$7.1M
Total Top 10 ICR		74,769	580,759	$158.4M
% Top 10 ICR / Total ICR		75.9%	75.7%	68.5%

Highlights of Formulary

- In 2005, there were 26 single-source products listed on the formulary: 16 as General Benefits and 10 as Limited Use Benefits*.
- The average time from NOC date to complete single-source submission by Ministry was 333 days.
- The average time from the complete single-source submission to Formulary listing was 359 days.
- The top 10 drugs by the number of recipients receiving therapy are all General Benefits.
- The number of Limited Use claims has more than quadrupled since 2000.
- 160,405 requests were processed through the ICR mechanism in 2005, and 68% of those requests were approved on first review.

*Includes products for which recommendations may have been made in 2004 due to the time lag between recommendations and listing

Report Card Framework

I. Program Overview

Program overview and utilization trends

II. Financial

Financial indicators and cost trends

III. Formulary Listings

Product and Type of Listing

IV. Achievements

Accomplishments and Looking Ahead

Formulary Updates

- Edition 38, Update G – May 25, 2005
- Edition 39 – September 27, 2005
  - Recommendations from Hormone Replacement Therapy and Testosterone reviews implemented
  - Limited Use process modernization (extended expiry dates, elimination of the LU form)
- Edition 39 - Update A – January 12, 2006
- Edition 39 - Update B – April 19, 2006
- Monthly generic updates

Drug Review Process

Common Drug Review (CDR)

- CDR process integrated internally with DQTC
- Active participation at national level on Advisory Committee on Pharmaceuticals (ACP) and related National Pharmaceutical Strategy initiatives
- Timely processing of CDR submissions and final CEDAC recommendations
- Continue to monitor timelines to ensure they meet Ontario's needs

Generic Streamlining

- Submission process streamlined for Aqueous Solutions; with new Regulation effective September 2005
- Timely processing of streamlined generic submissions

Drug Review Process (continued)

Cancer Drugs

- DQTC/CCO subcommittee to review cancer drugs established February 2005
- Communications, guidelines and procedures published
- On July 22, 2005, the Ontario government announced a $148 million investment over three years to fund Herceptin (Trastuzumab) – for breast cancer; Navelbine (Vinorelbine) – for lung cancer; and, Taxotere (Docetaxel) – for prostate cancer
- In January 2006, Taxol was approved for uterine papillary serous cancer, platinum-sensitive ovarian cancer, and non-small cell lung cancer

Drug Review Process (continued)

Formulary and ICR Modernization Reviews

- Hormone Replacement Therapy (HRT) and testosterone changes communicated in September 2005 and implemented March 2006
- PPI review completed and LU criteria revised
- ICR reviews completed for Eprex (in oncology and preoperative settings)
- Ongoing review of oral anti-diabetic agents, Cox-2

LU Modernization

- LU authorization start date added May 2005 to track LU prescriptions
- Long-term LU expiry dates implemented September 2005
- Waiving of LU form requirement implemented September 2005
- New LU handbook published September 2005 (33,000 copies) with updates posted on website

Program Delivery

Trillium

- System changes to support client consent and electronic income verification from Canada Revenue Agency implemented
- Re-engineering of renewal process implemented
- Document management system to scan and store applications and receipts for faster processing implemented
- Prepared program for outsourcing to an external vendor

ICR

- Recruitment of staff
- Implementation of long-term renewals for chronic medications
- New ICR general request form published with September 2005 Formulary update

Emergency Department (ED) Access to ODB Drug Profile

- Completed the development and testing of an electronic Drug Profile Viewer (DPV) System
- Communicated to ODB recipients regarding ED Access to DPV and implied consent
- Implemented DPV in 69 hospital Emergency Departments (from October 2005 to March 2006)
- Completed majority of reports for Canada Health Infoway which is sharing costs of project

National Pharmaceutical Strategy

- Participated in setting priorities and development of strategic options/directions
  - Catastrophic Drug Coverage
  - Expensive Drugs for Rare Diseases
  - Common Drug Formulary
  - Real World Evaluation of Drug Safety and Effectiveness
  - Drug Pricing and Purchasing
- Co-chaired working group on ‘Real World Evaluation of Drug Safety and Effectiveness’
- Led negotiations with manufacturers and supported development of independent post-market study of enzyme replacement therapy for Fabry patients meeting treatment guidelines