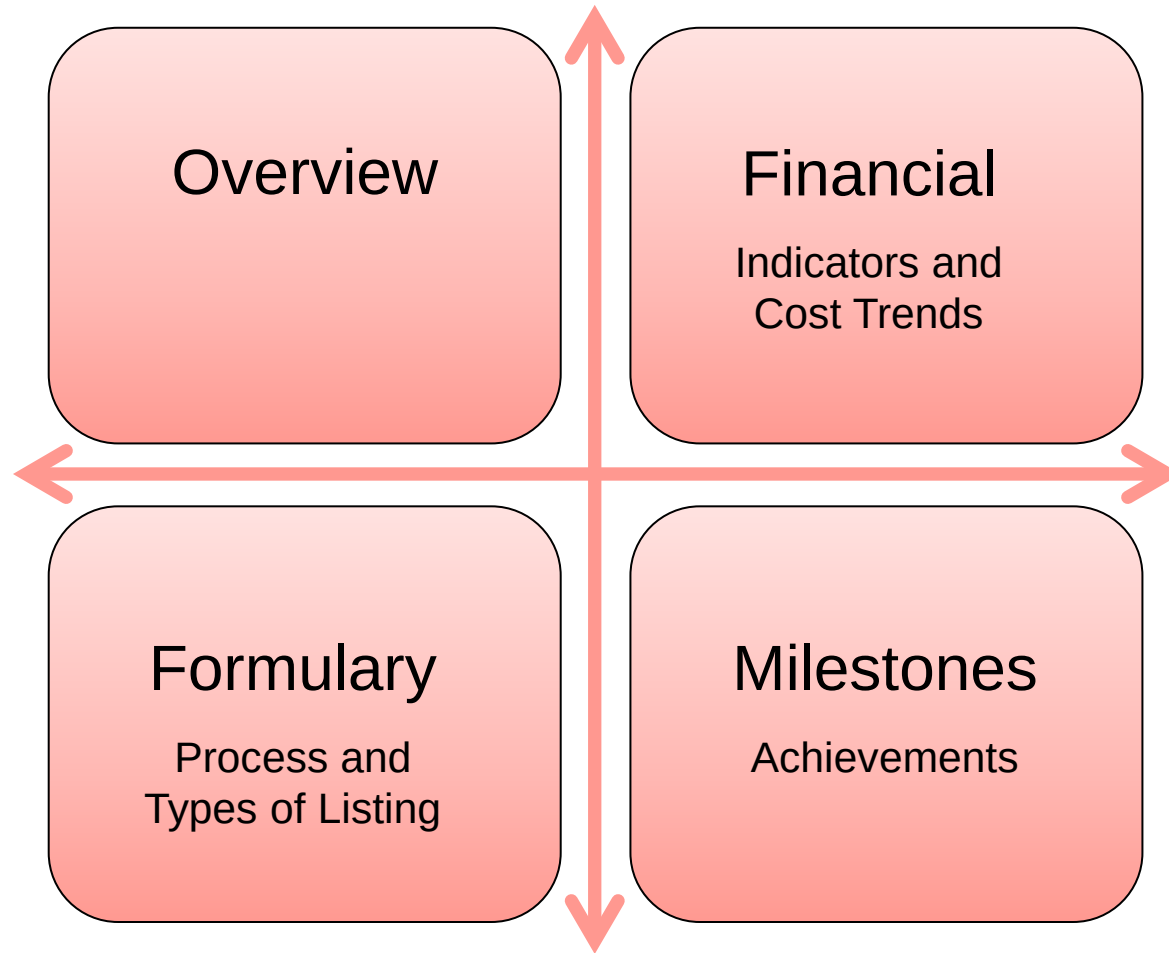


2010/11 Report Card for the Ontario Drug Benefit Program

Report Card Framework



Definitions & Disclaimers

- **Beneficiary:** Person eligible for coverage under the public drug programs
- **Utilizing Beneficiary:** Eligible person who had at least one claim during the fiscal year
- **Lower Income Senior:** Seniors who meet the Seniors Co-Payment (SCP) income thresholds
- **Core Seniors:** Refers to the majority of seniors in the ODB program. The regular ODB deductible and co-payment amounts apply to these recipients.
- **Claim:** Every time a pharmacist fills a prescription, initial or refill
- **Drug Cost :**Cost of a drug at formulary prices
- **Mark-up:** Total mark-up paid per eligible claim (maximum 8%)
- **RxCost:** Refers to Drug Cost + Markup + Dispensing Fee*
- **Recipient Cost:** Is the portion of RxCost paid by an Ontario Drug Benefit recipient (i.e. co-payments and deductibles)
- **Government Cost:** RxCost minus Recipient Cost
- **General Benefit:** Reimbursement for the drug product is without restrictions or according to therapeutic notes.
- **Exceptional Access Program (EAP):** Individual requests for coverage of drug products not listed in the formulary are reviewed on a case by case basis.
- **Limited Use Products:** Reimbursement for certain drugs is dependent on specific clinical criteria

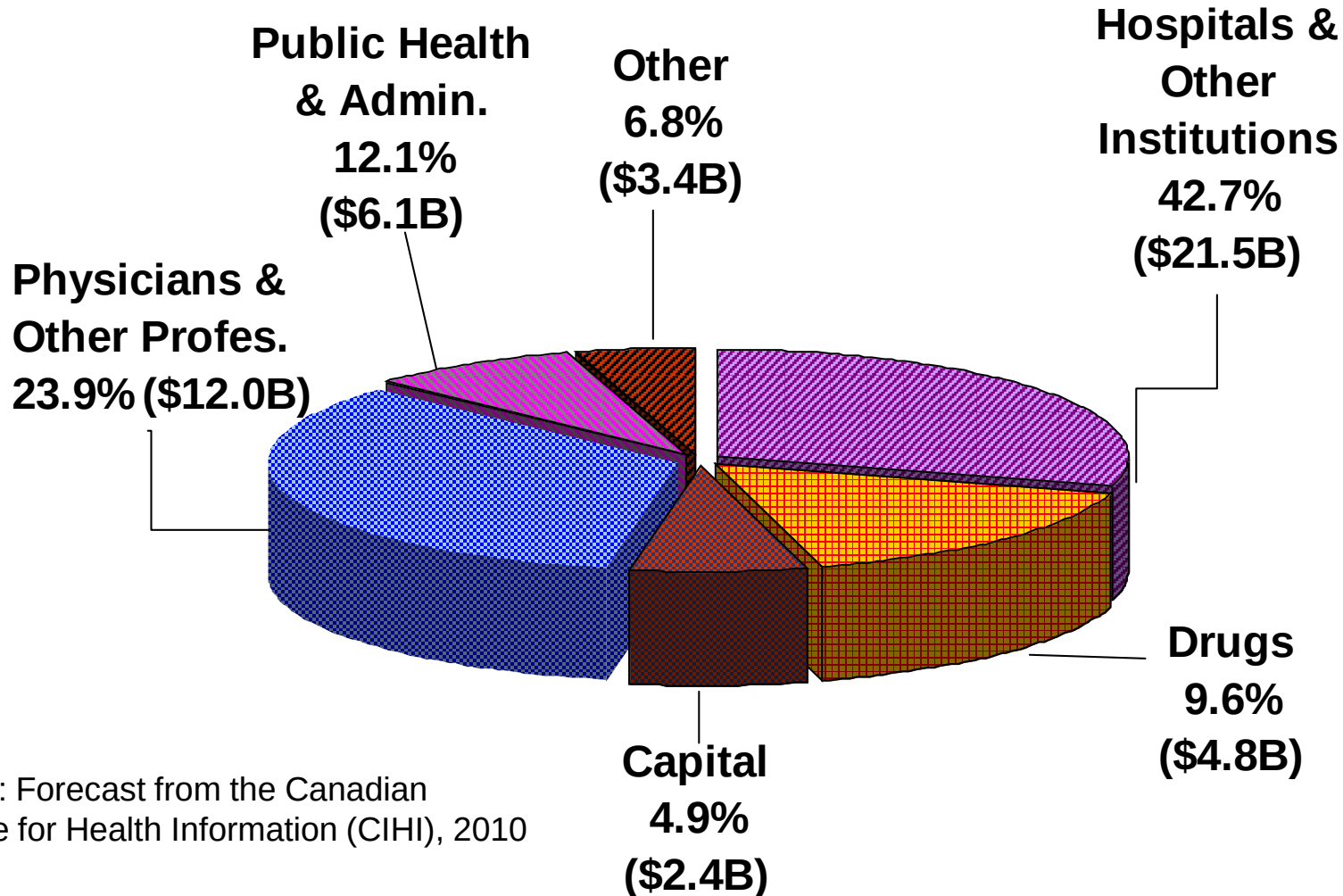
* Dispensing fee includes Professional fee + Compounding Fee

* Figures include Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Community and Social Services (MCSS) programs unless otherwise specified

Disclaimer: Many of the figures included in this report have been rounded and therefore calculated totals and percentages may not add up completely as presented here.

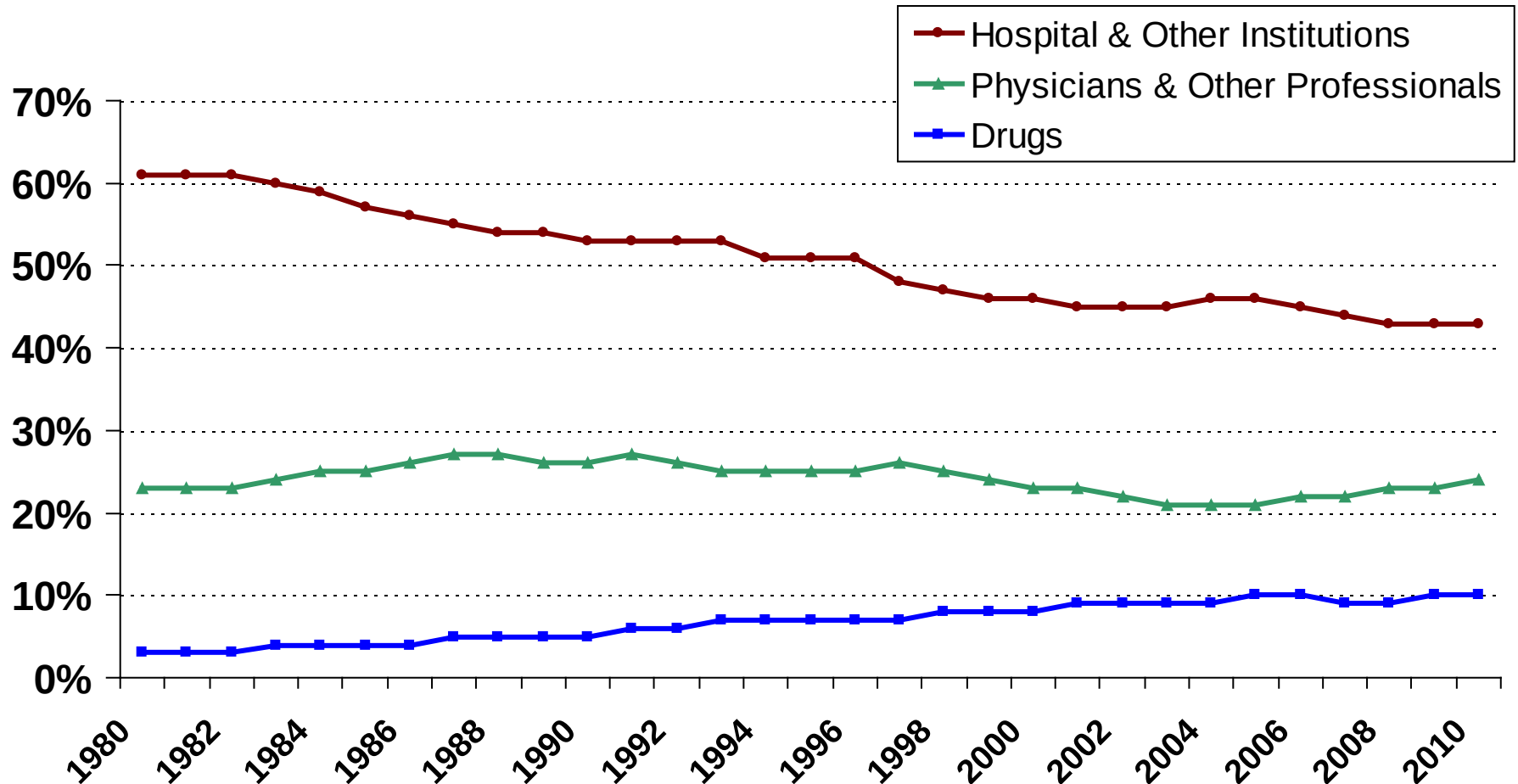
Provincial Health Expenditures: 2010

Total health expenditures
in Ontario: \$50.2 Billion



Source: Forecast from the Canadian
Institute for Health Information (CIHI), 2010

Provincial Health Expenditures for Ontario: 1980-2010*

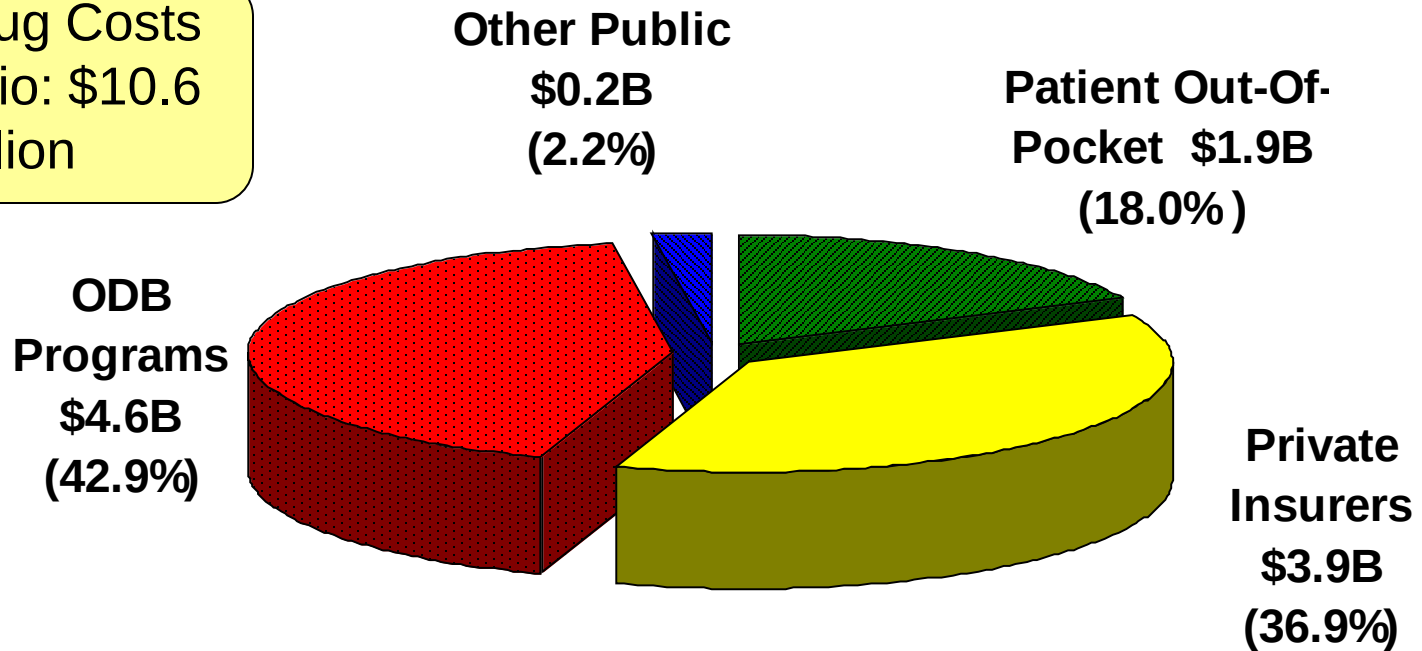


Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2010

*Forecasted figures for 2010

Provincial Drug Costs by Public, Private & Beneficiary Costs: 2010

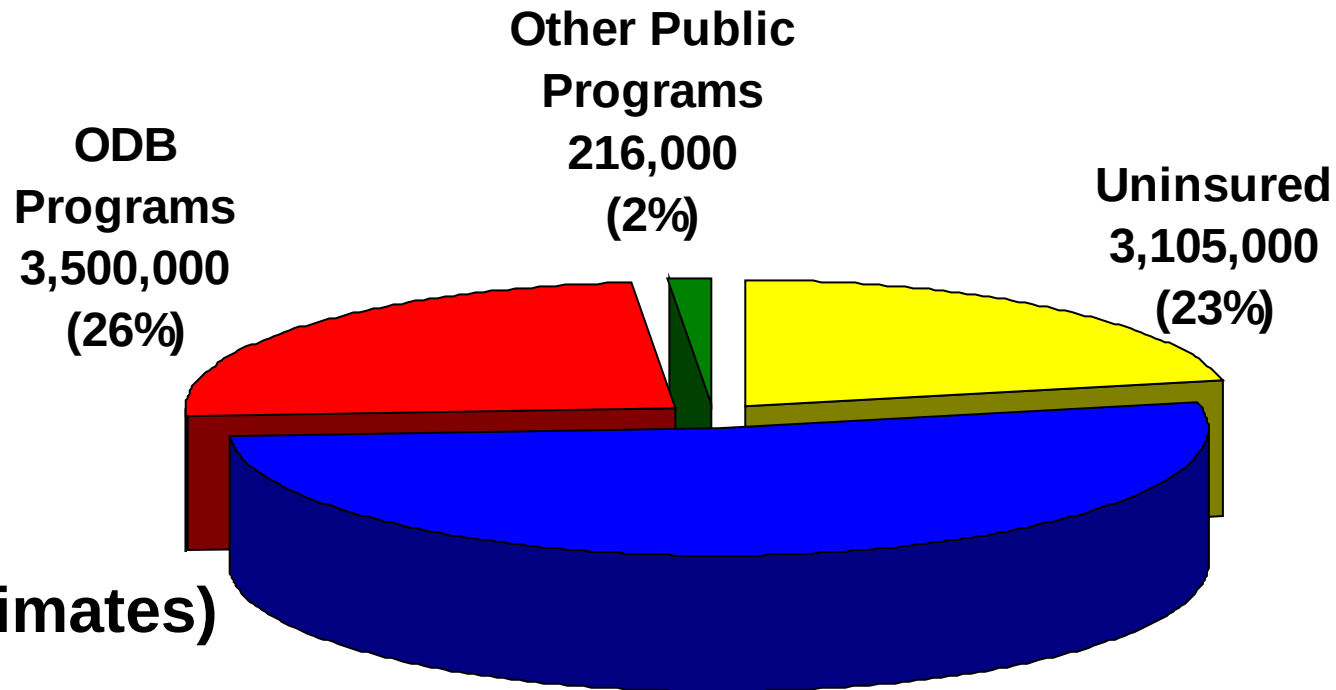
Total Drug Costs
in Ontario: \$10.6
Billion



Source: Forecast from the Canadian Institute for Health Information (CIHI), 2010

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: 2010



(2010 Estimates)

Note: Total population covered is 13,670,000 (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: Ontario Public Drug Programs calculation based on data from Applied Management, NIHB, Veteran's Affairs Programs and internal OPDP statistics

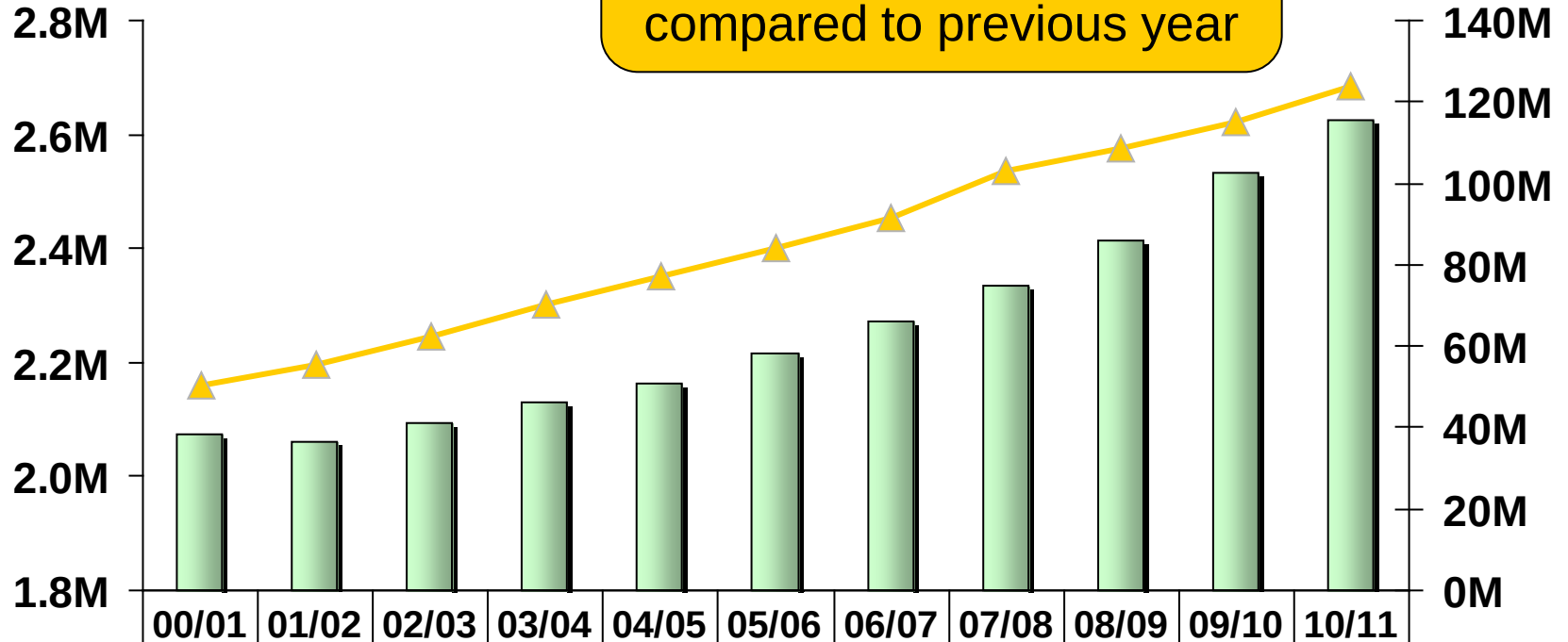
**Private
Insurers
7,594,000
(56%)**

ODB Utilizing Beneficiaries & Claims: 2000/01 – 2010/11

7.8% more claims
processed in 2010/11
compared to previous year

Beneficiaries

Claims



Beneficiaries

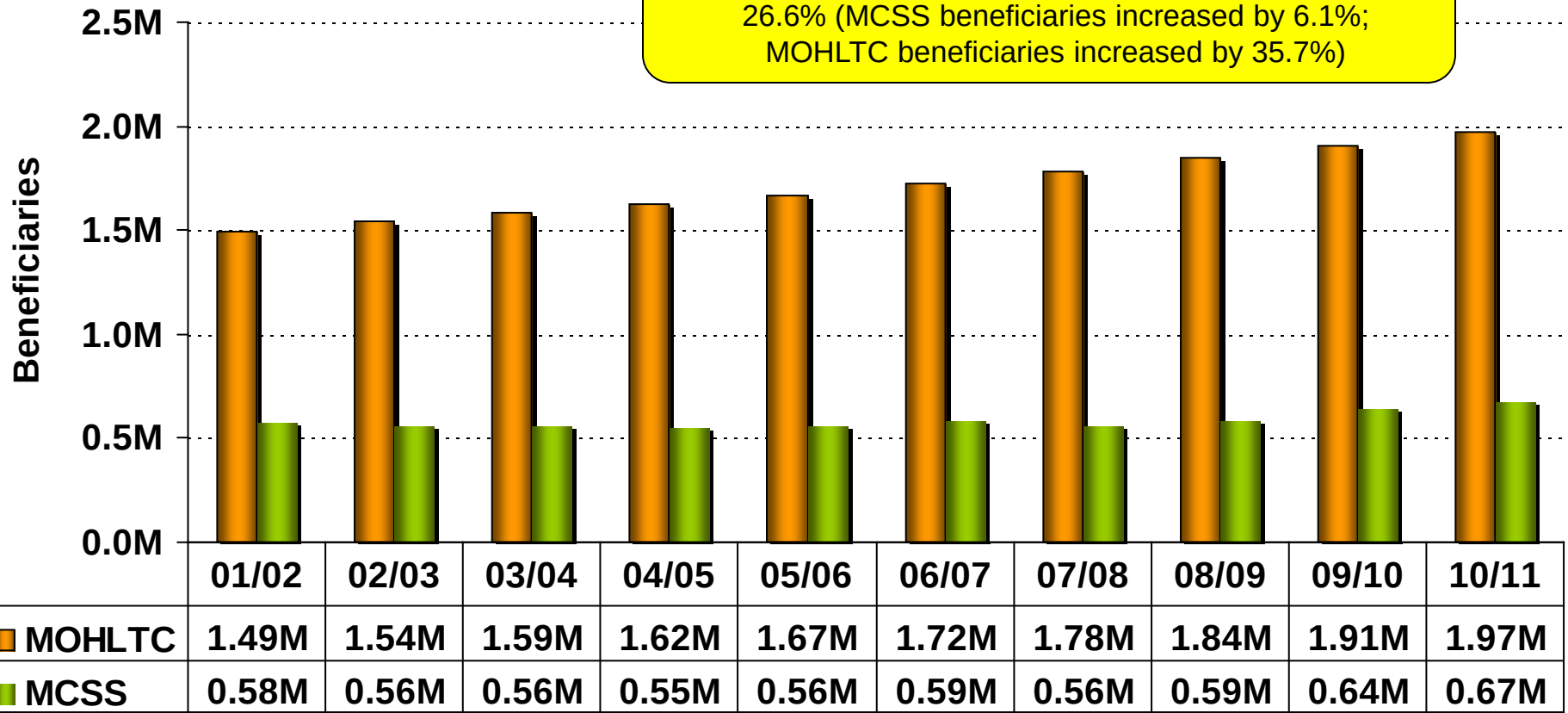
00/01 01/02 02/03 03/04 04/05 05/06 06/07 07/08 08/09 09/10 10/11

Claims

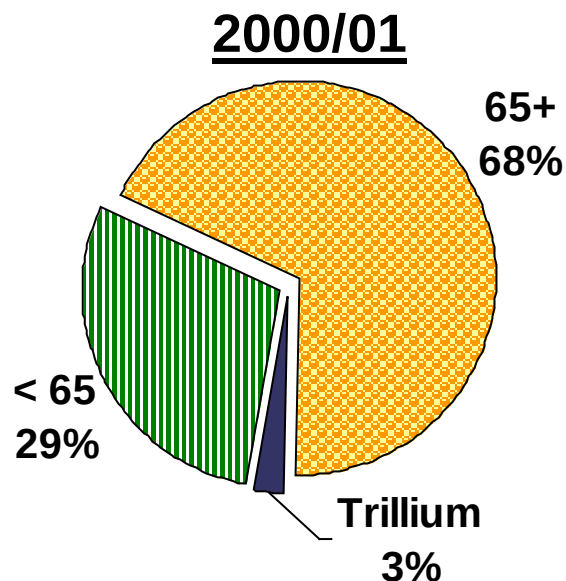
2.1M 2.1M 2.1M 2.1M 2.2M 2.2M 2.3M 2.3M 2.4M 2.5M 2.6M
50M 55M 63M 70M 77M 84M 91M 103M 109M 115M 124M

ODB Utilizing Beneficiaries by Ministry: 2009/10 – 2010/11

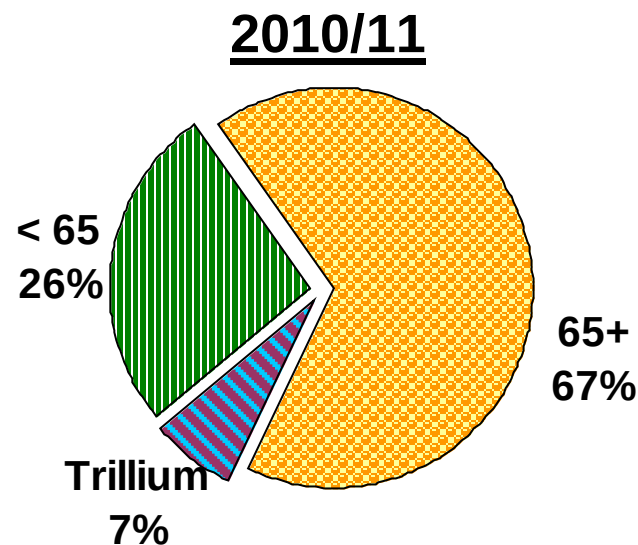
From 2000/01 to 2010/11, the total number of beneficiaries using the ODB program increased by 26.6% (MCSS beneficiaries increased by 6.1%; MOHLTC beneficiaries increased by 35.7%)



Age Breakdown of ODB Utilizing Beneficiaries 2000/01 vs. 2010/11

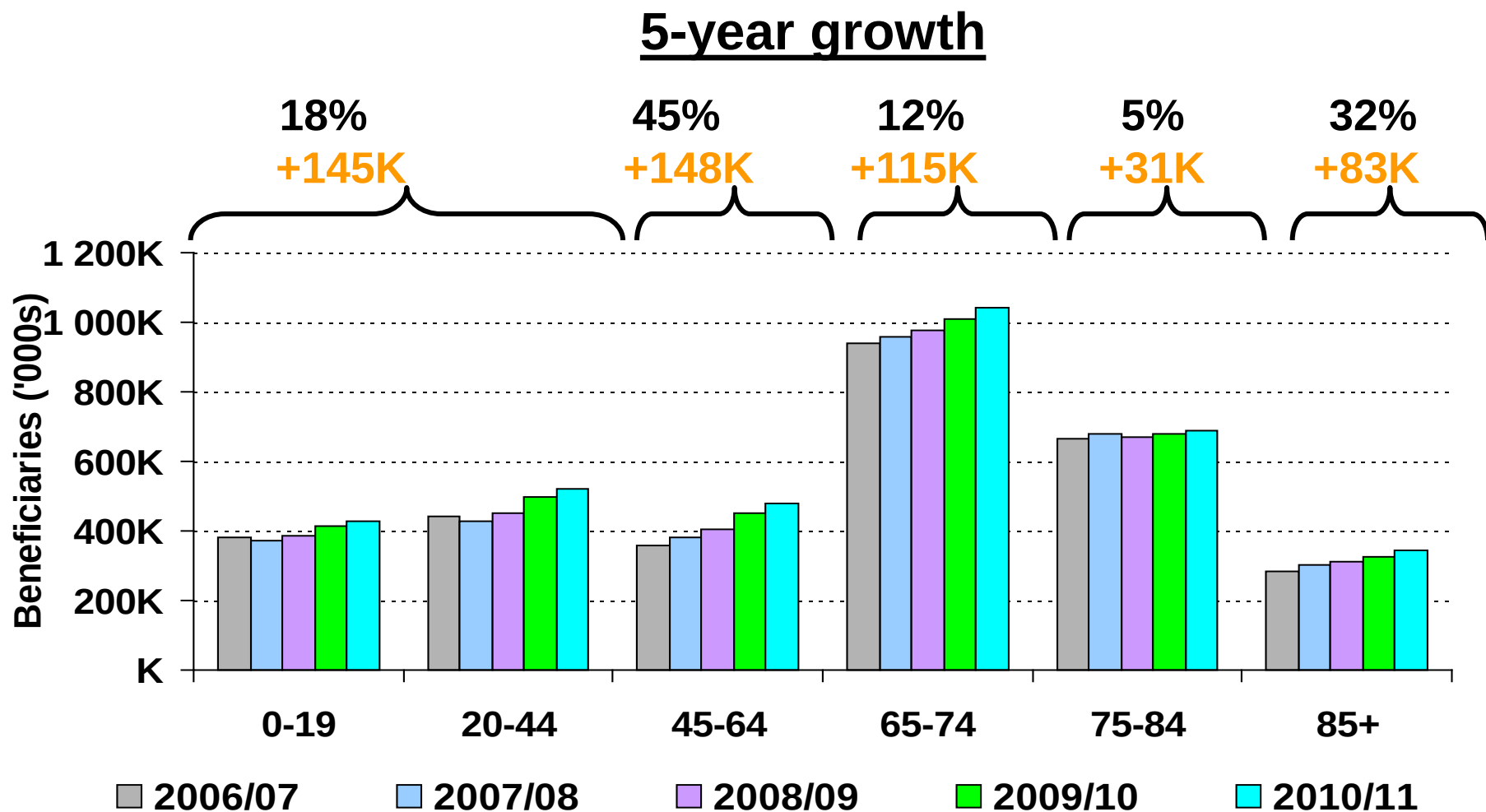


<65	593K
Trillium	61K
65+	1,405K
Total	2,059K

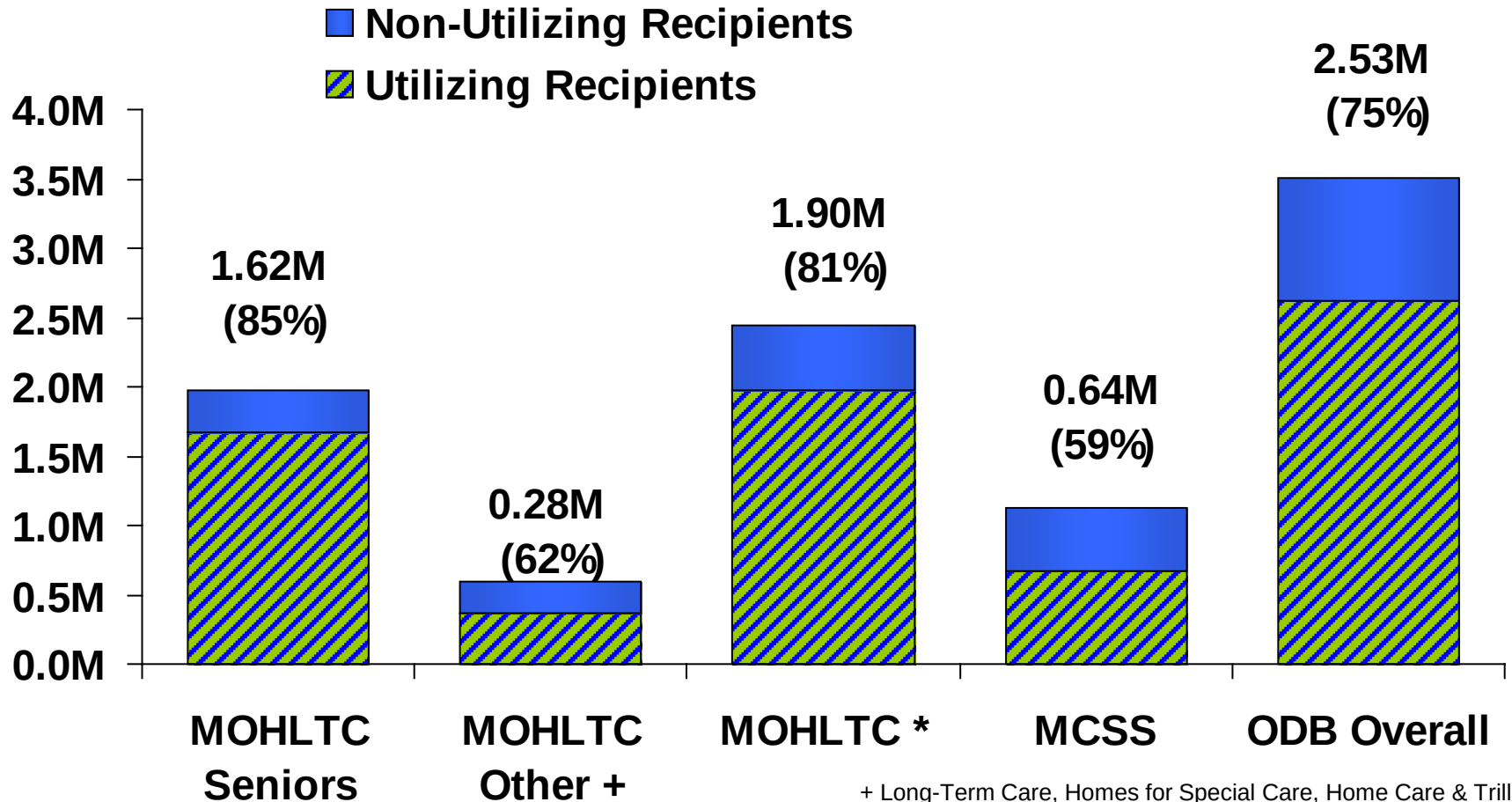


<65	690K
Trillium	179K
65+	1,746K
Total	2,615K

Age Distribution of Eligible Beneficiaries: 2006/07-2010/11



ODB Beneficiaries by Program: FY 2010/11

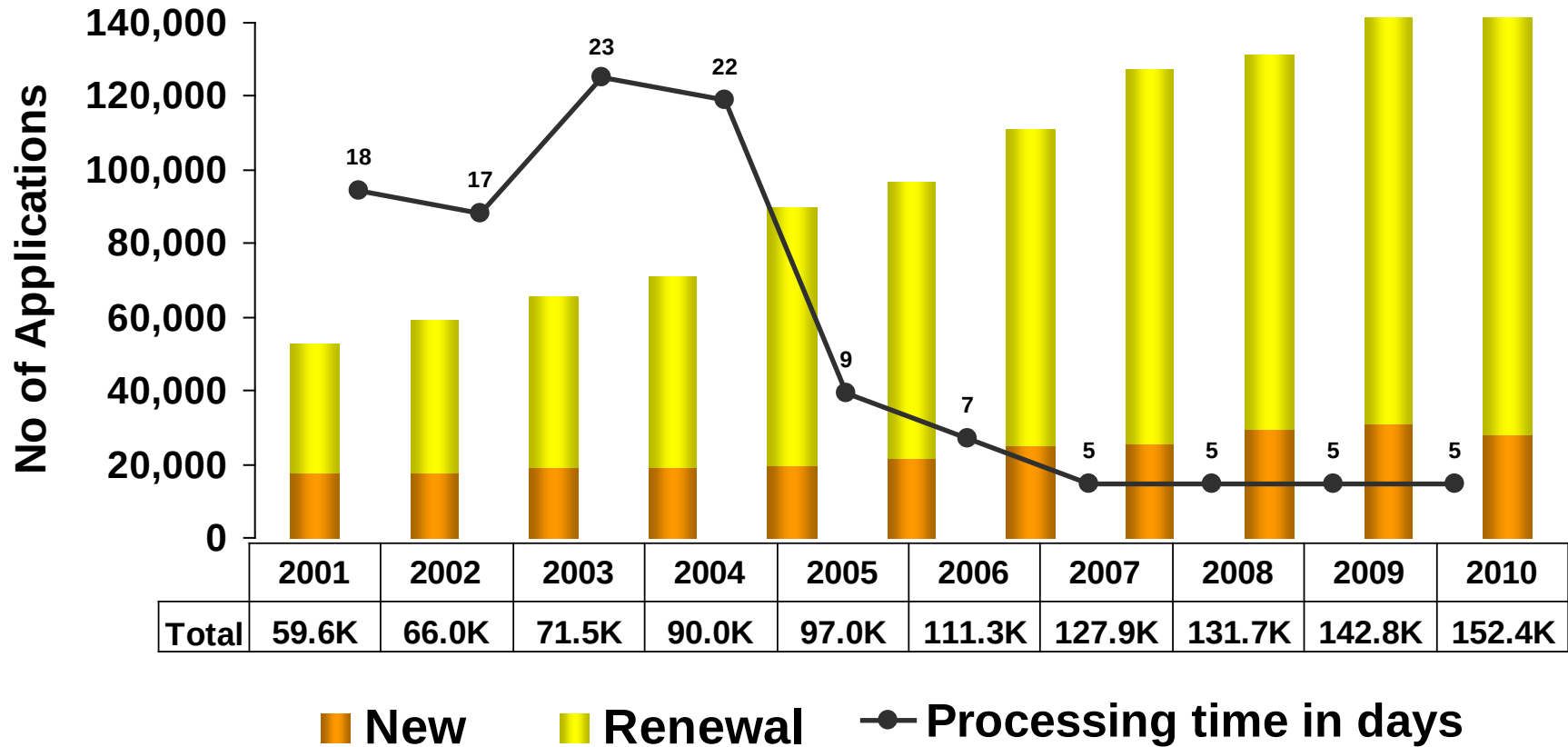


Percentages noted are the number of utilizing recipients as a percentage of total eligible recipients in the specified category.

+ Long-Term Care, Homes for Special Care, Home Care & Trillium

* Seniors + MOHLTC Other + Trillium

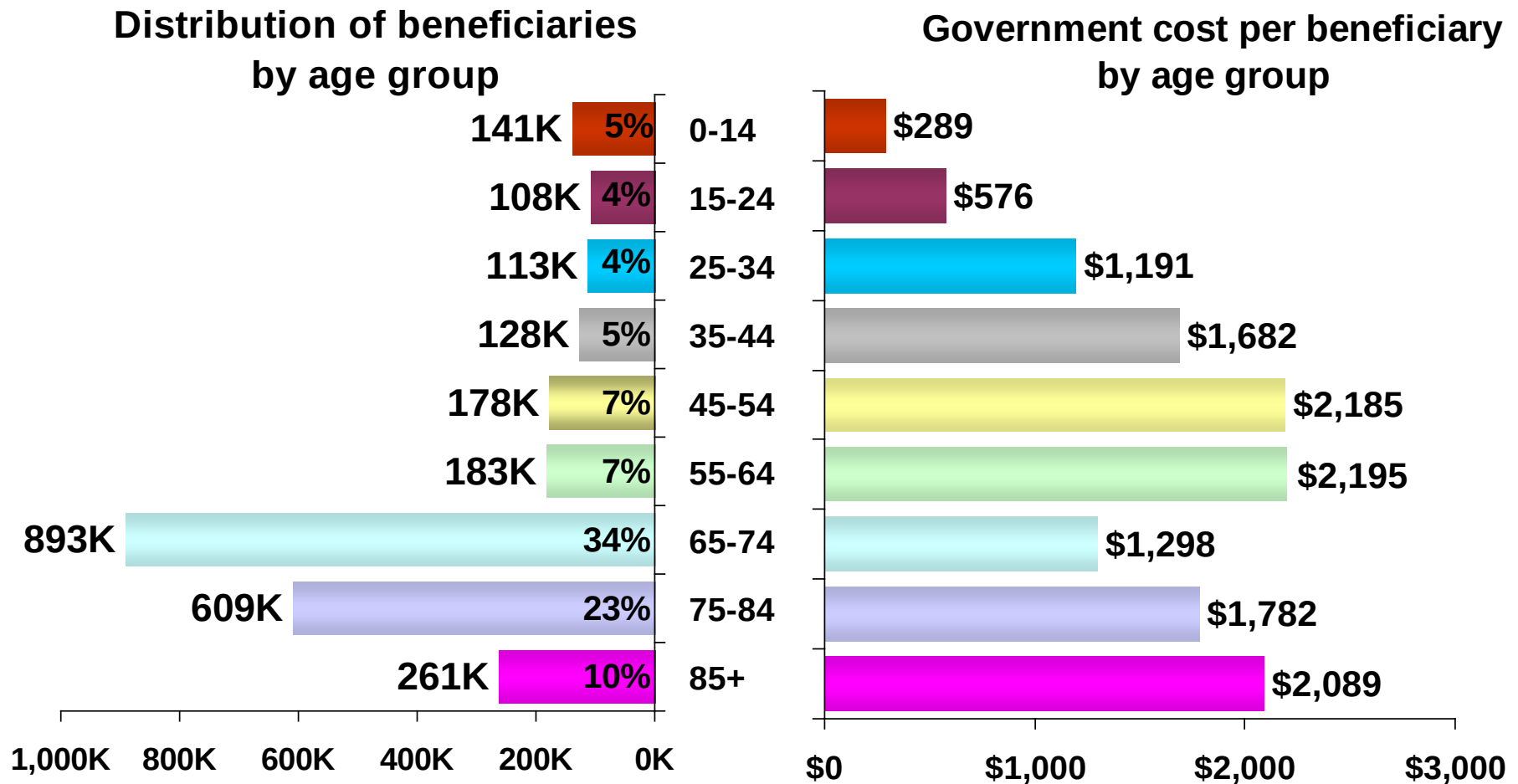
Trillium Applications* & Processing Time: 2001 – 2010 Benefit Years**



* Number of applications represents households, not individuals

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

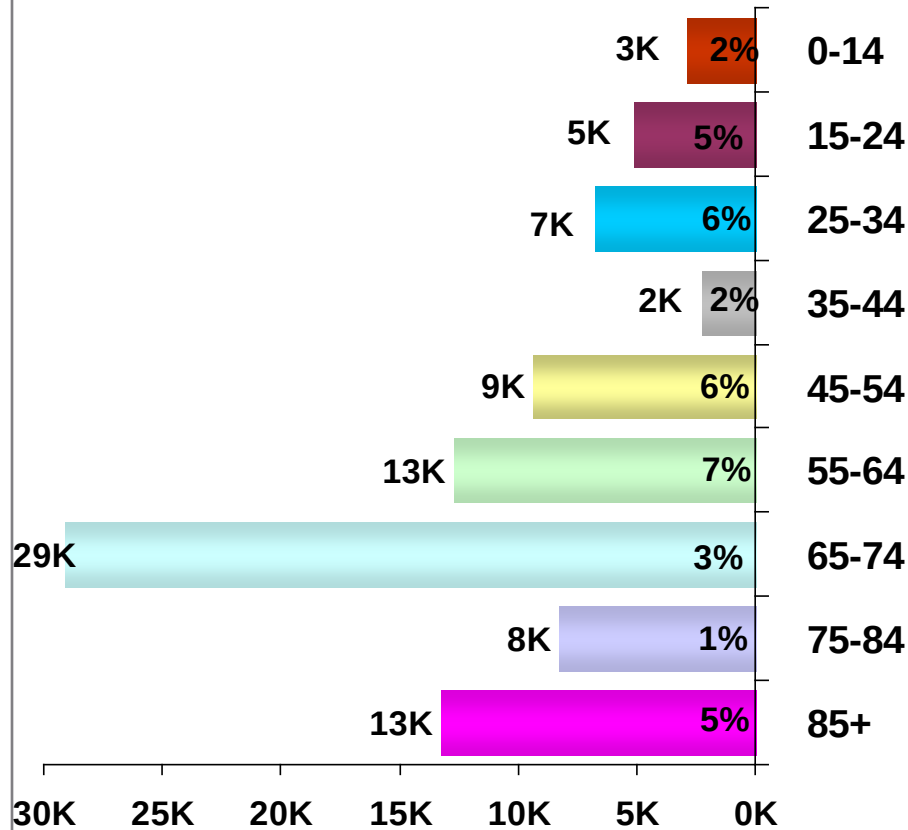
Beneficiary Distribution & Government Cost by Age: FY 2010/11



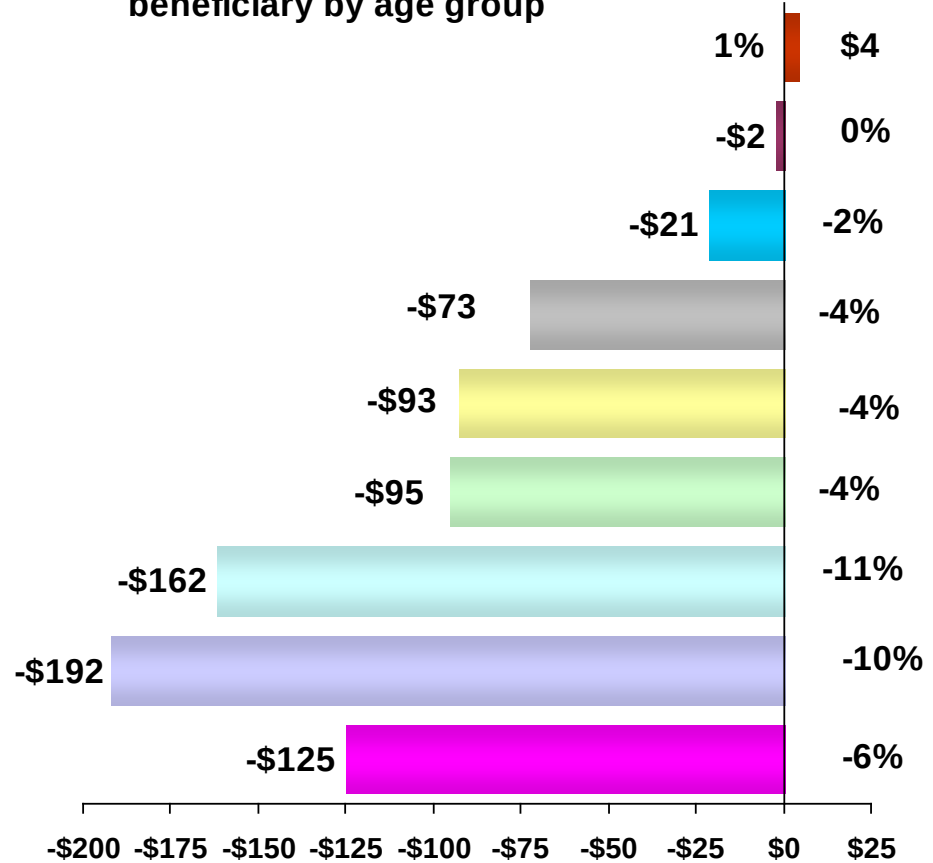
NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Age: 2009/10 – 2010/11

Change in beneficiaries by age group

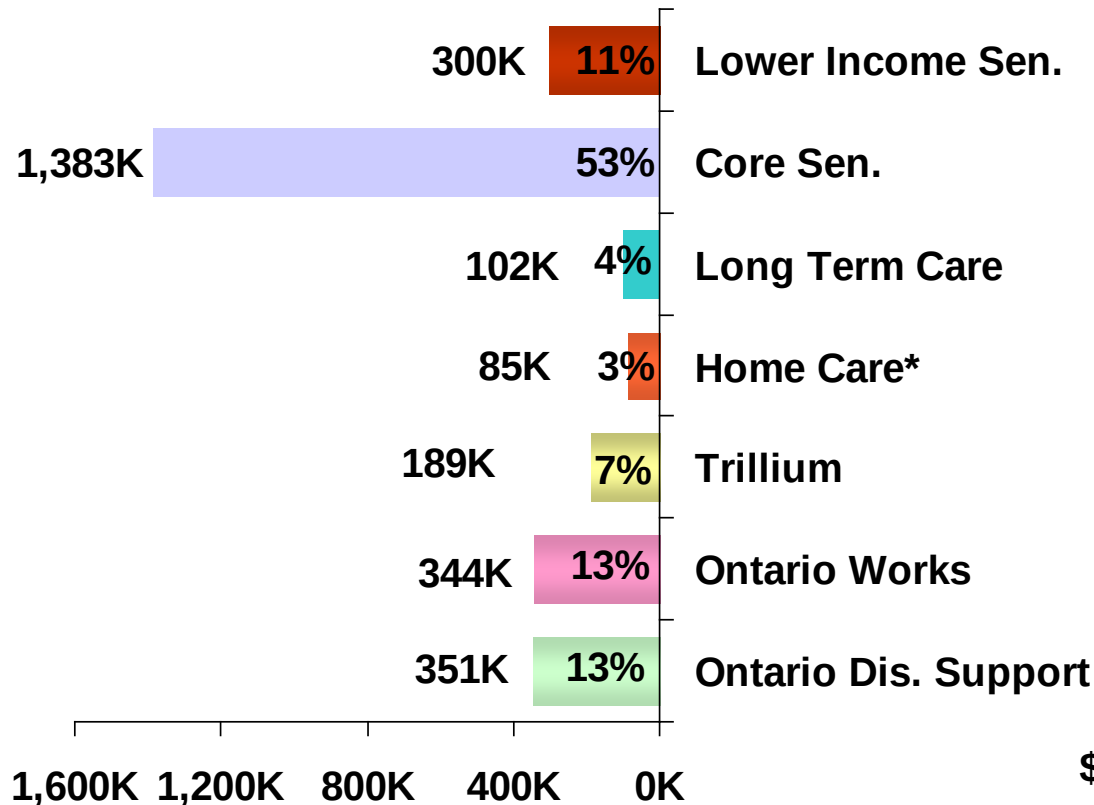


Change in government share per beneficiary by age group

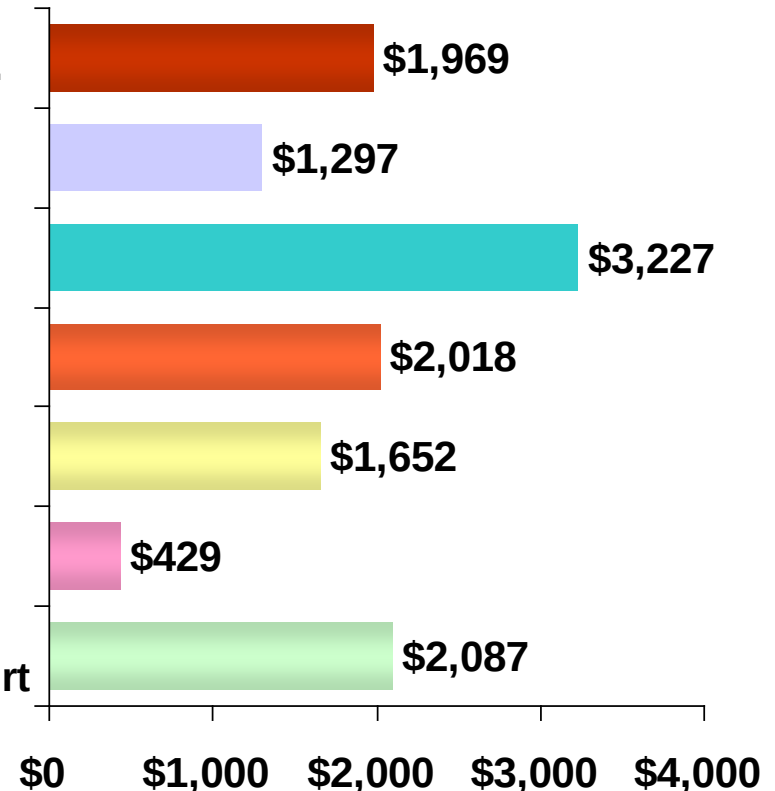


Beneficiary Distribution & Government Cost by Program: 2010/11

Distribution of beneficiaries by program



Government cost per beneficiary by program

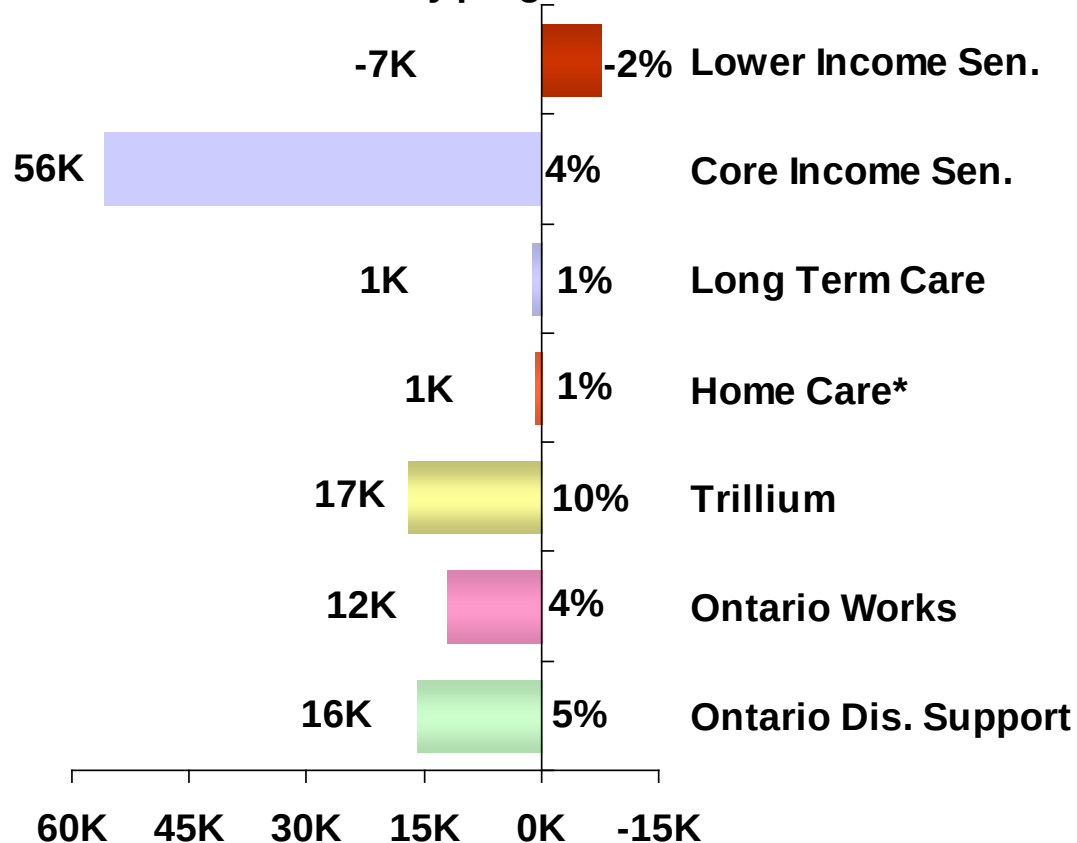


*Home Care & Homes for Special Care

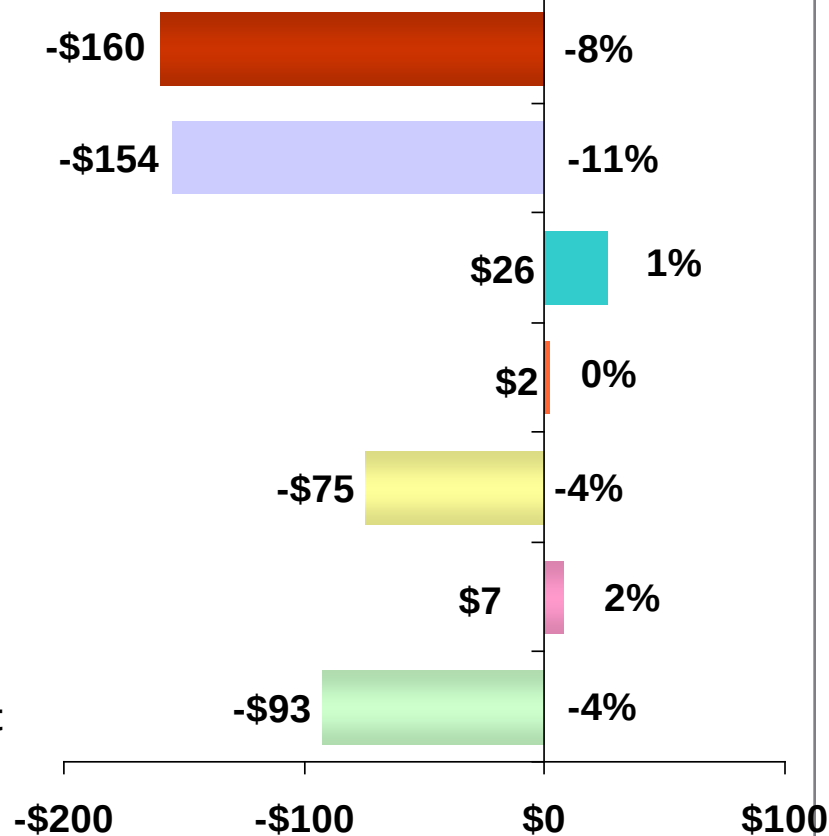
NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Program: 2009/10 – 2010/11

Change in beneficiaries by program

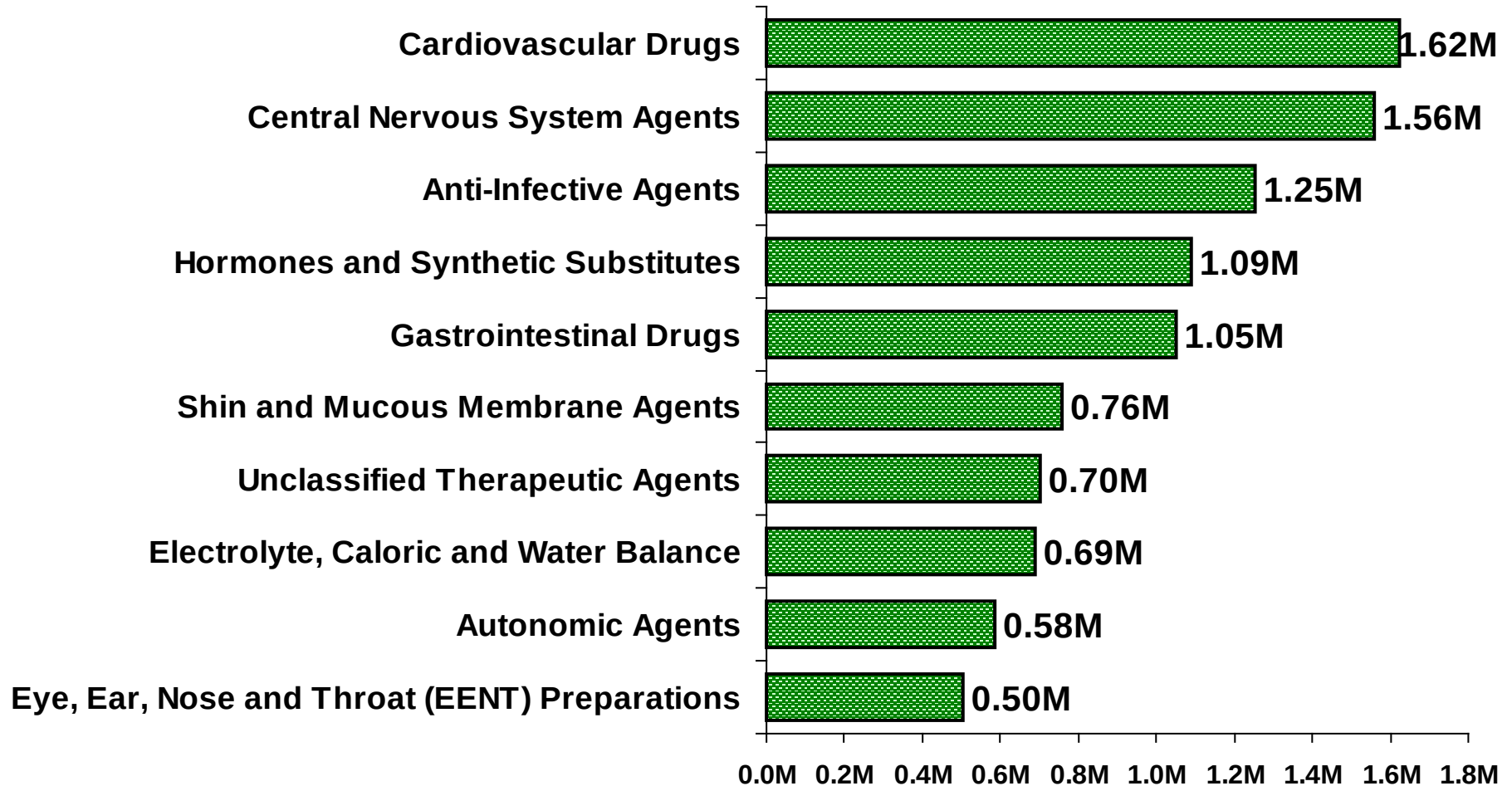


Change in government share per beneficiary by program



*Home Care & Homes for Special Care

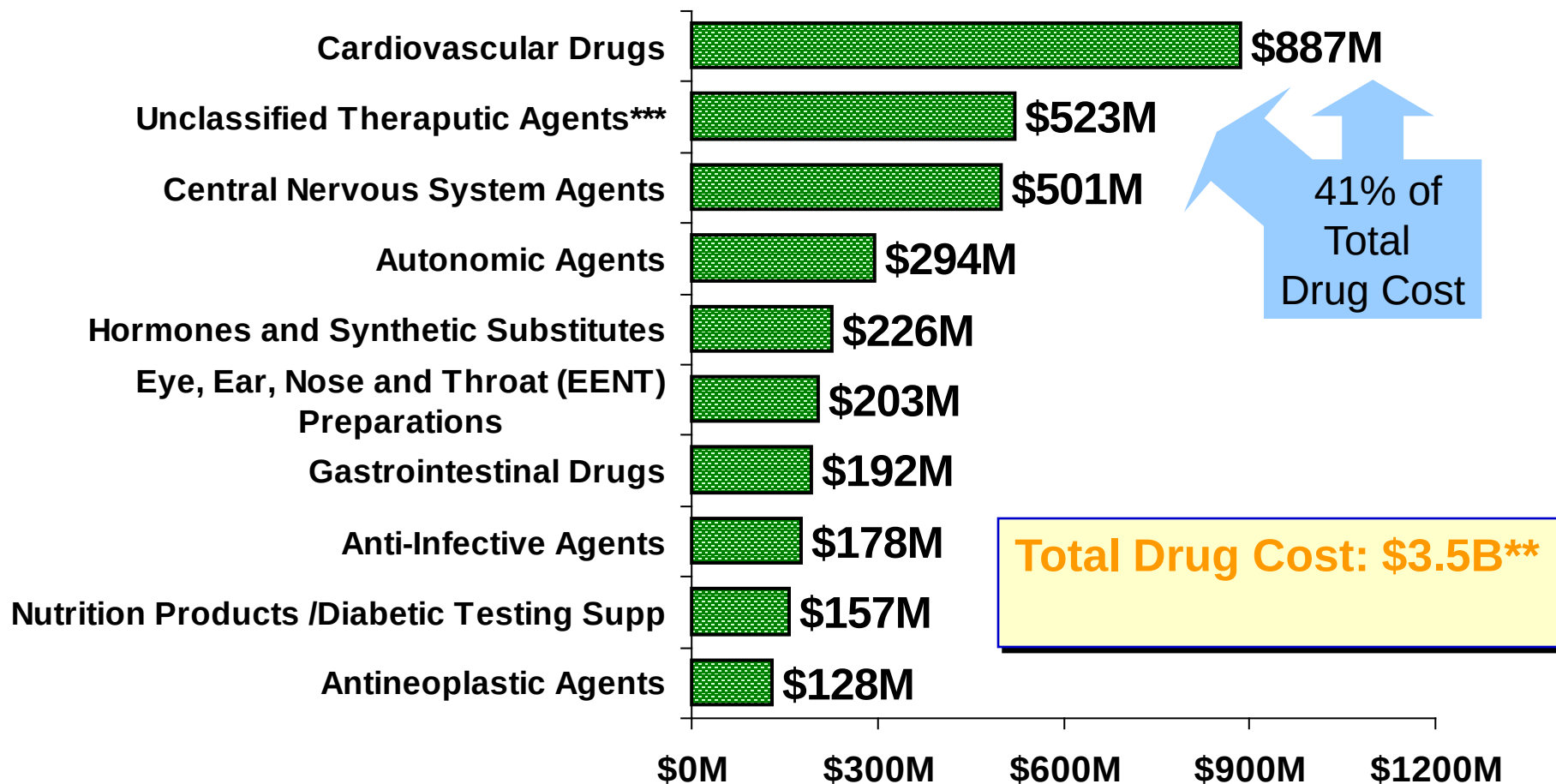
Top 10 Therapeutic Classes* by Number of Users: FY 2010/11



* Based on the classification system of the American Hospital Formulary Service of the American Society of Health-System Pharmacists (AHFS-ASHP).

**Does not include unclassified drugs.

Top 10 Therapeutic Classes by Drug Cost*: FY 2010/11

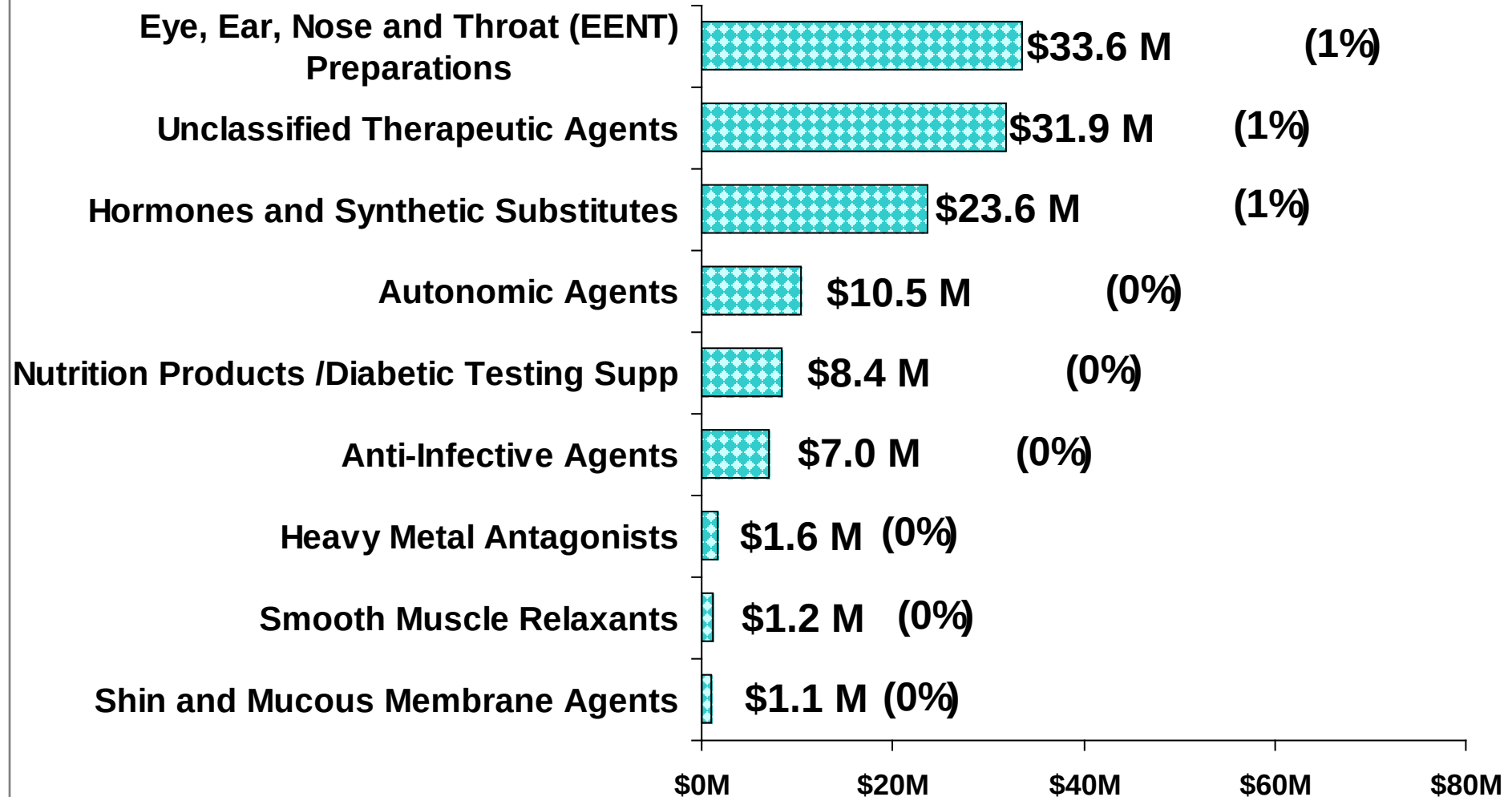


* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO).

** Includes all classes, not just top 10

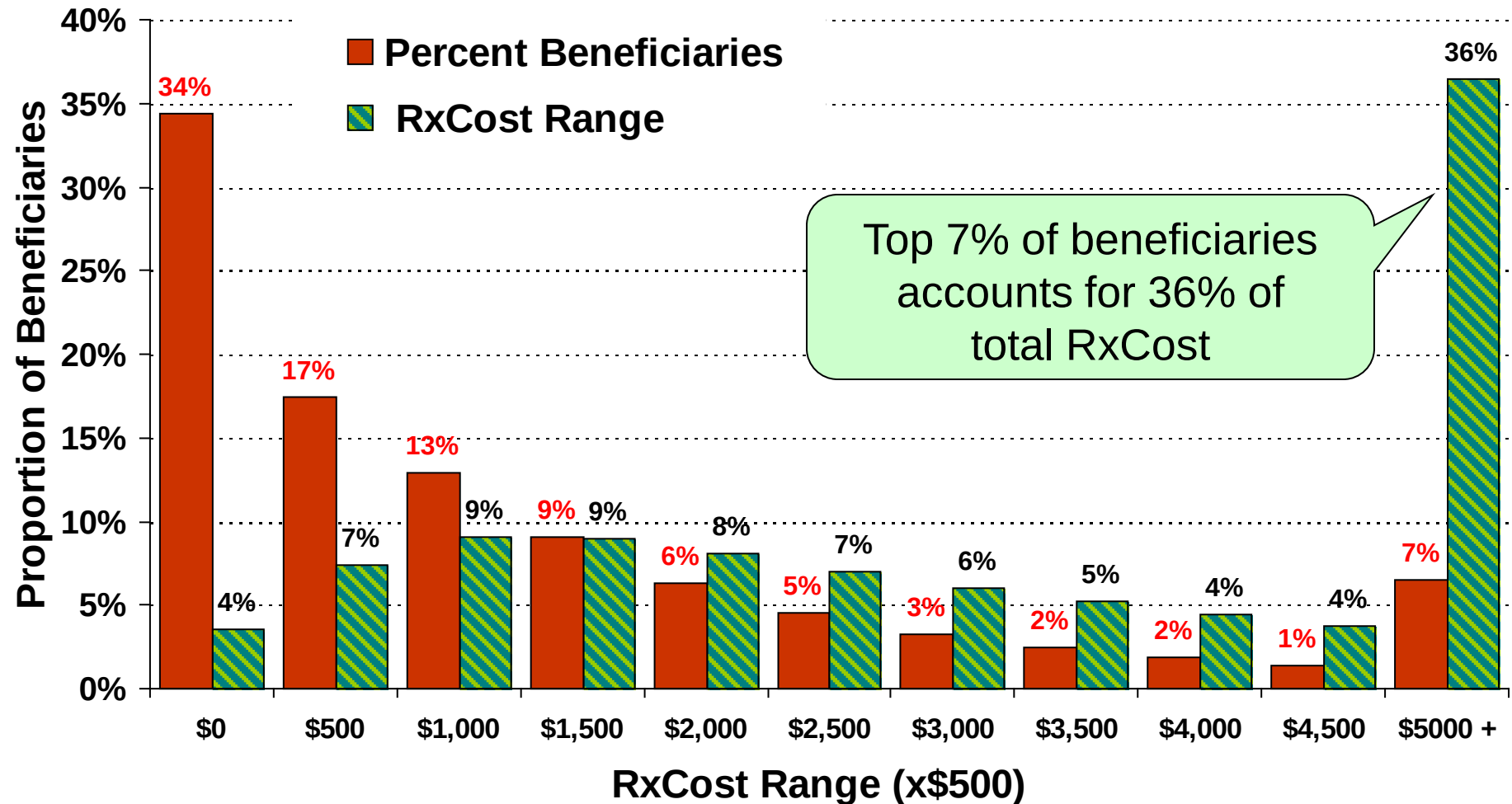
***Some top drugs in this category include drugs used to treat osteoporosis, Parkinson's Disease, Plaque Psoriasis and Rheumatoid Arthritis, Pompe Disease, Multiple Sclerosis

Fastest Growing Classes by Drug Cost: 2009/10 – 2010/11



Total increase over previous year: \$118.9M

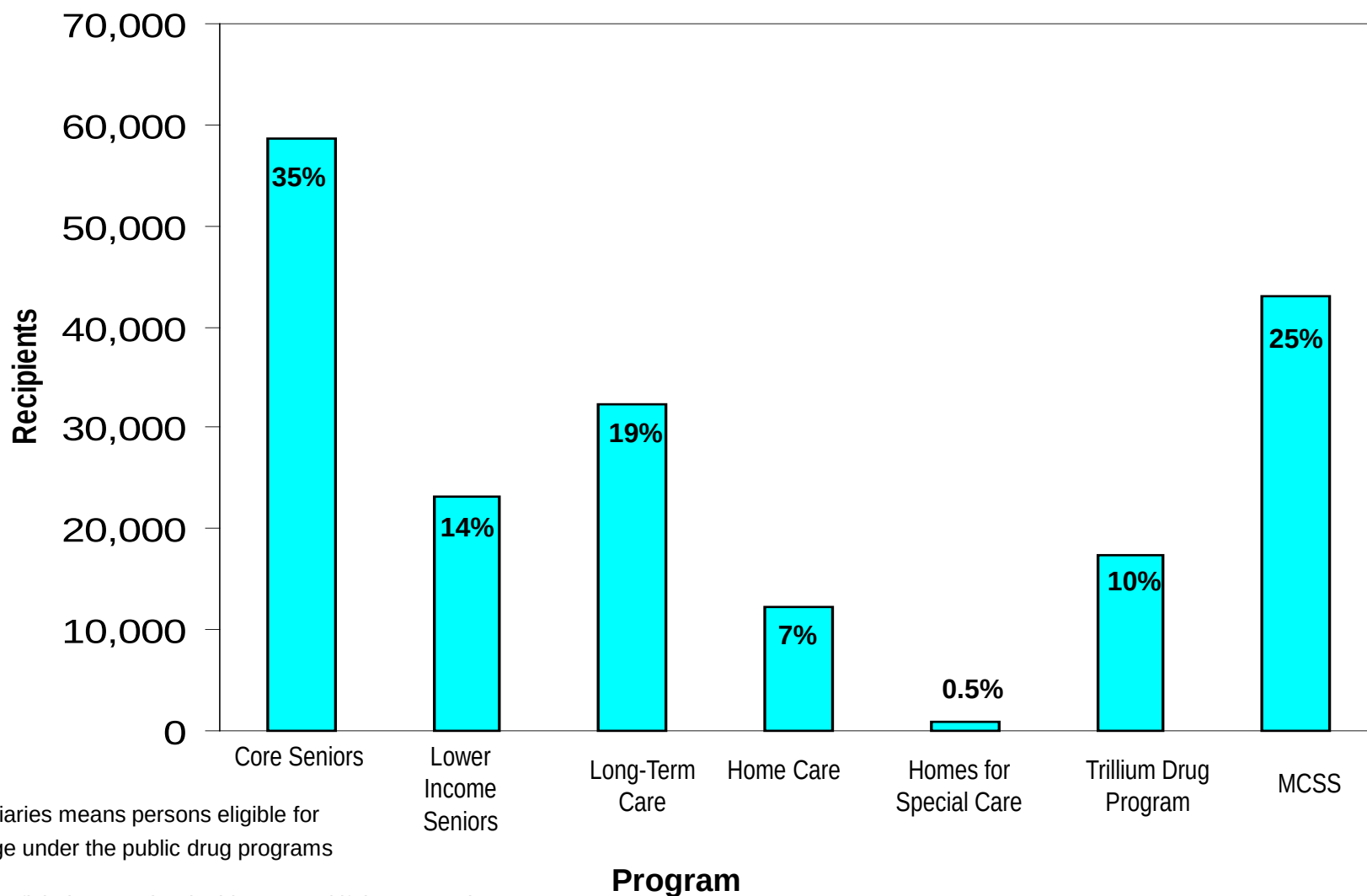
Cost Concentration From Least to Most Costly Beneficiary: FY 2010/11



Breakdown of Top Beneficiaries Category: FY 2010/11

- Top 7% of Beneficiaries amount to 36% of total RxCost
- Top drugs for these beneficiaries according to both total drug cost and total government cost are:
 1. Lucentis (ranibizumab)
 2. Remicade (infliximab)
 3. Enbrel (etanercept)
 4. Oxycontin (oxycodone)
 5. Gleevec (imatinib mesylate)
- Approximately three quarters are MOHLTC beneficiaries (ODB Seniors, LTC/Home Care/Homes for Special Care, and TDP recipients) and one quarter are MCSS (Ontario Works and Ontario Disability Support Program recipients) beneficiaries

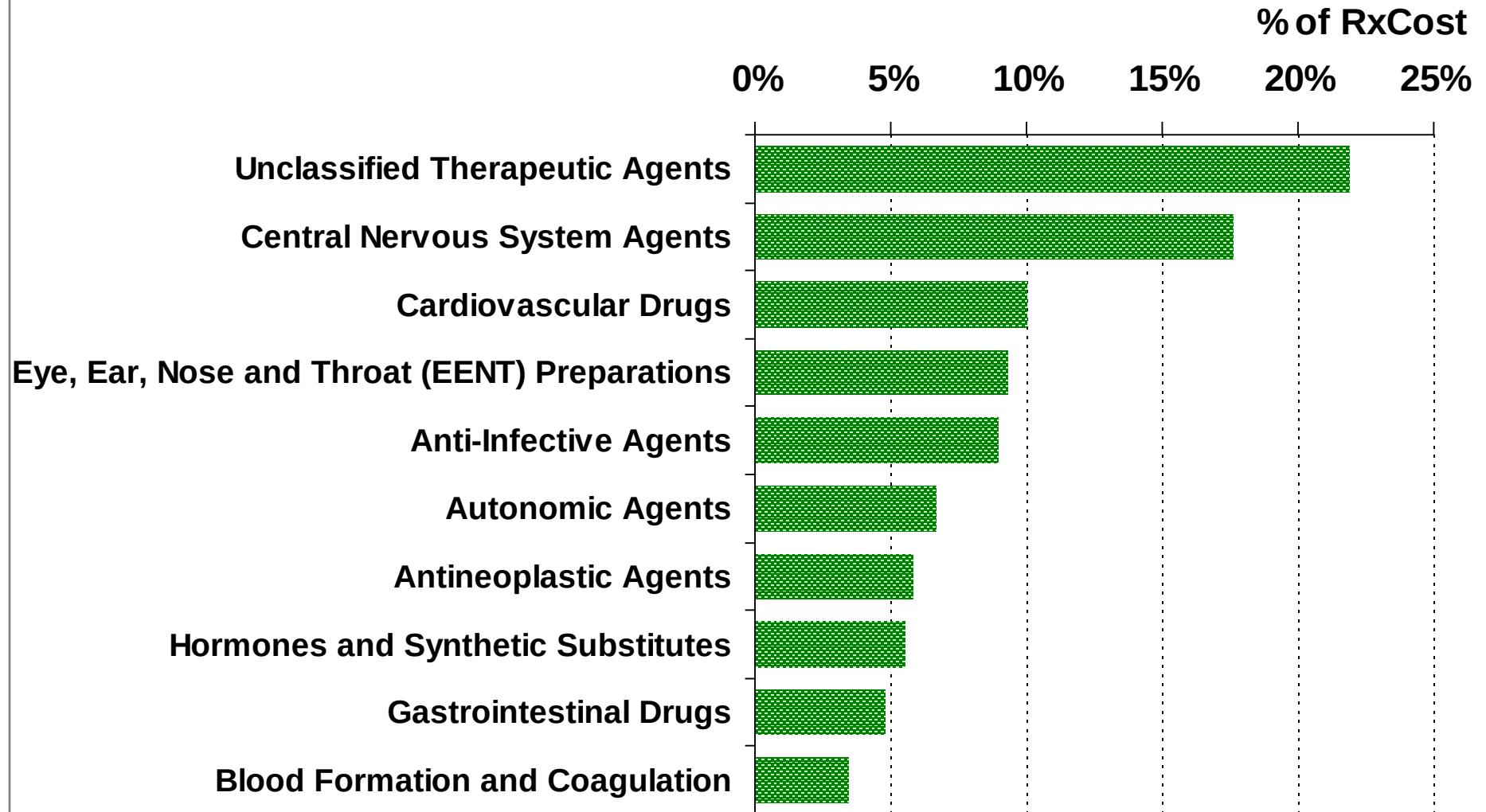
Breakdown of Top Beneficiaries by Program: 2010/11



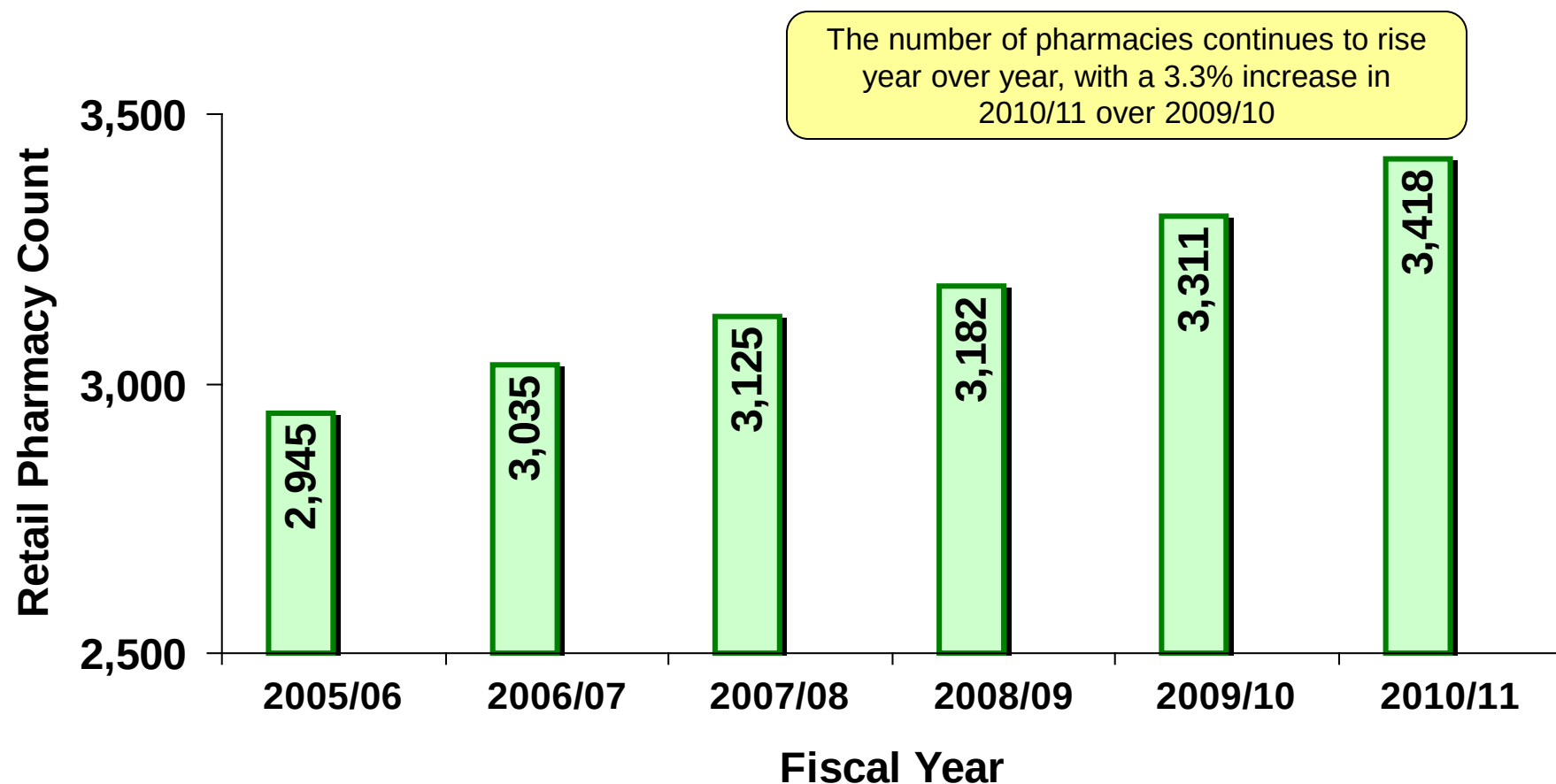
Beneficiaries means persons eligible for coverage under the public drug programs

NB: Beneficiaries may be double counted if they moved between programs in the same fiscal year

Top Therapeutic Classes for High Cost Claimants (>\$5,000): FY 2010/11

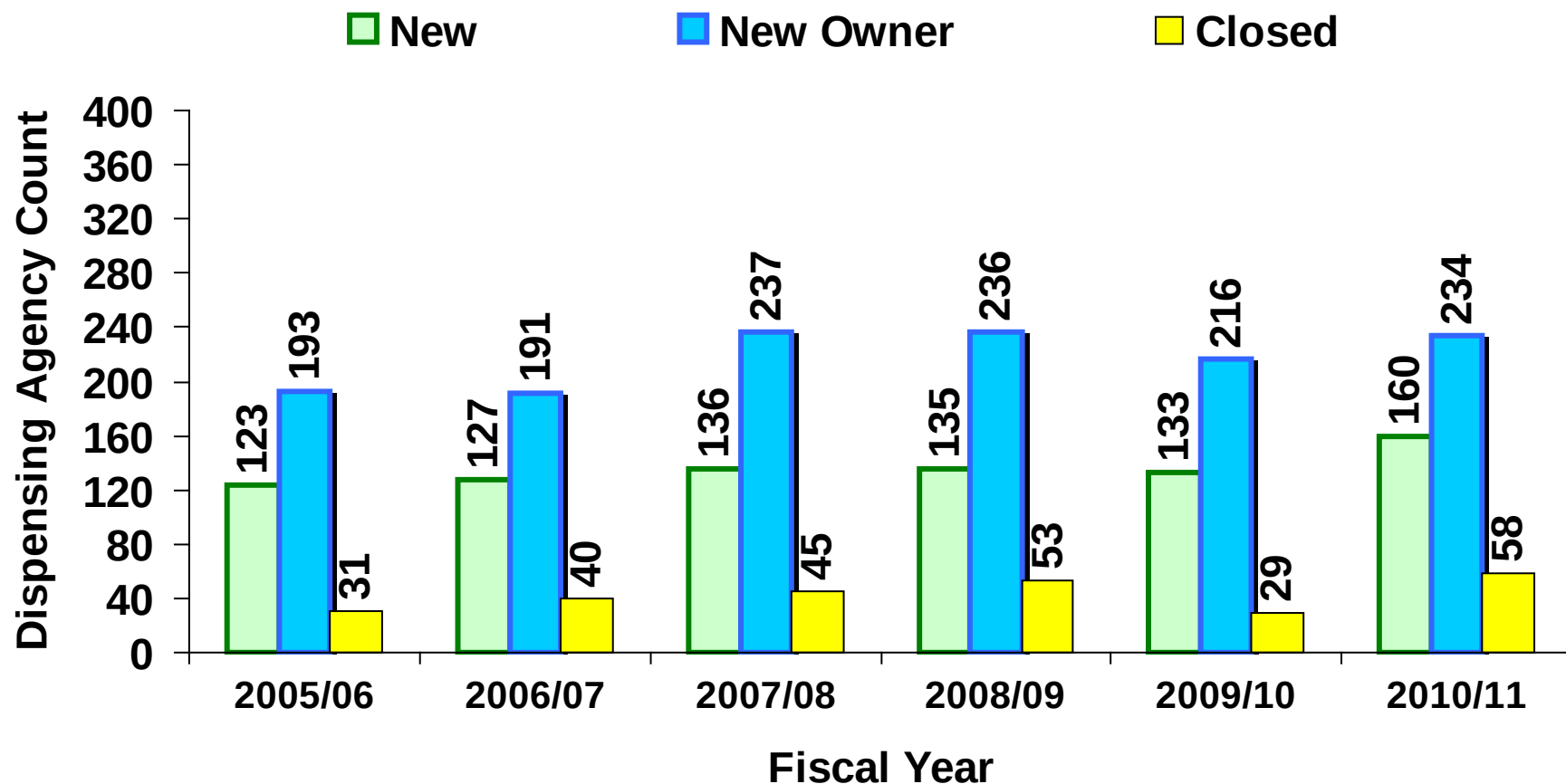


Active* Retail Pharmacies in Ontario: 2005/06 – 2010/11



*Active as of March 31st of each fiscal year

New, New Owner and Closed Retail Pharmacies in Ontario: 2005/06 – 2010/11



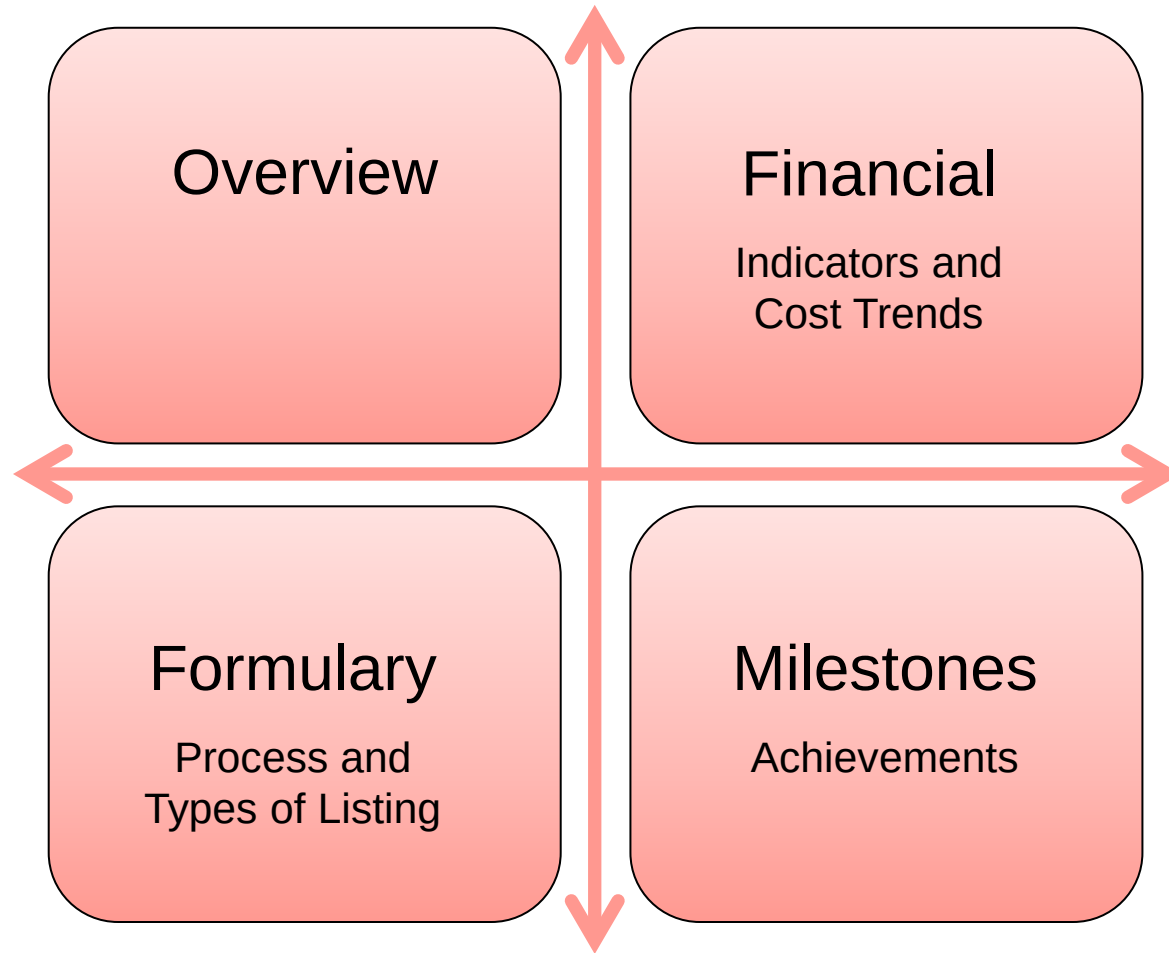
NB: Agencies may be double counted in a fiscal year if they experienced multiple changes.
Data includes all changes (new, new owner and/or closed) over an entire fiscal year.

Data excludes agencies where no change occurred during the fiscal year.

Highlights of Overview

- Drugs represented about 10% of public expenditures in 2010/11.
- The number of ODB beneficiaries and claims continues to rise: almost 7.8% more claims processed in 2010/11 over 2009/10.
- The top 7% of beneficiaries (determined by RxCost) accounted for a large proportion of expenditures (36%) in 2010/11.
- Cardiovascular drugs and Central Nervous system drugs are the top two classes of drugs in terms of number of users in 2010/11.
- The total number of ODB recipients continues to increase on annually. Over the past 10 years, the total number of beneficiaries has increased 26.6%, with MOHLTC beneficiaries increasing almost 6 times more than MCSS beneficiaries.

Report Card Framework



ODB Financial Statistics: 2009/10 vs. 2010/11

	2009/10	2010/11	% Change*
Drug Cost	\$3,724M	\$3,455M	-7%
+ Markup	\$285M	\$263M	-8%
+ Dispensing Fee	\$703M	\$832M	18%
= RxCost	\$4,712M	\$4,549M	-4%
Recipient Cost (Co-Payment and Deductible)	\$492M	\$515M	5%
Government Cost	\$4,220M	\$4,034M	-4%
<i>MOHLTC</i>	<i>\$3,352M</i>	<i>\$3,159M</i>	<i>-6%</i>
<i>MCSS</i>	<i>\$868M</i>	<i>\$875M</i>	<i>1%</i>

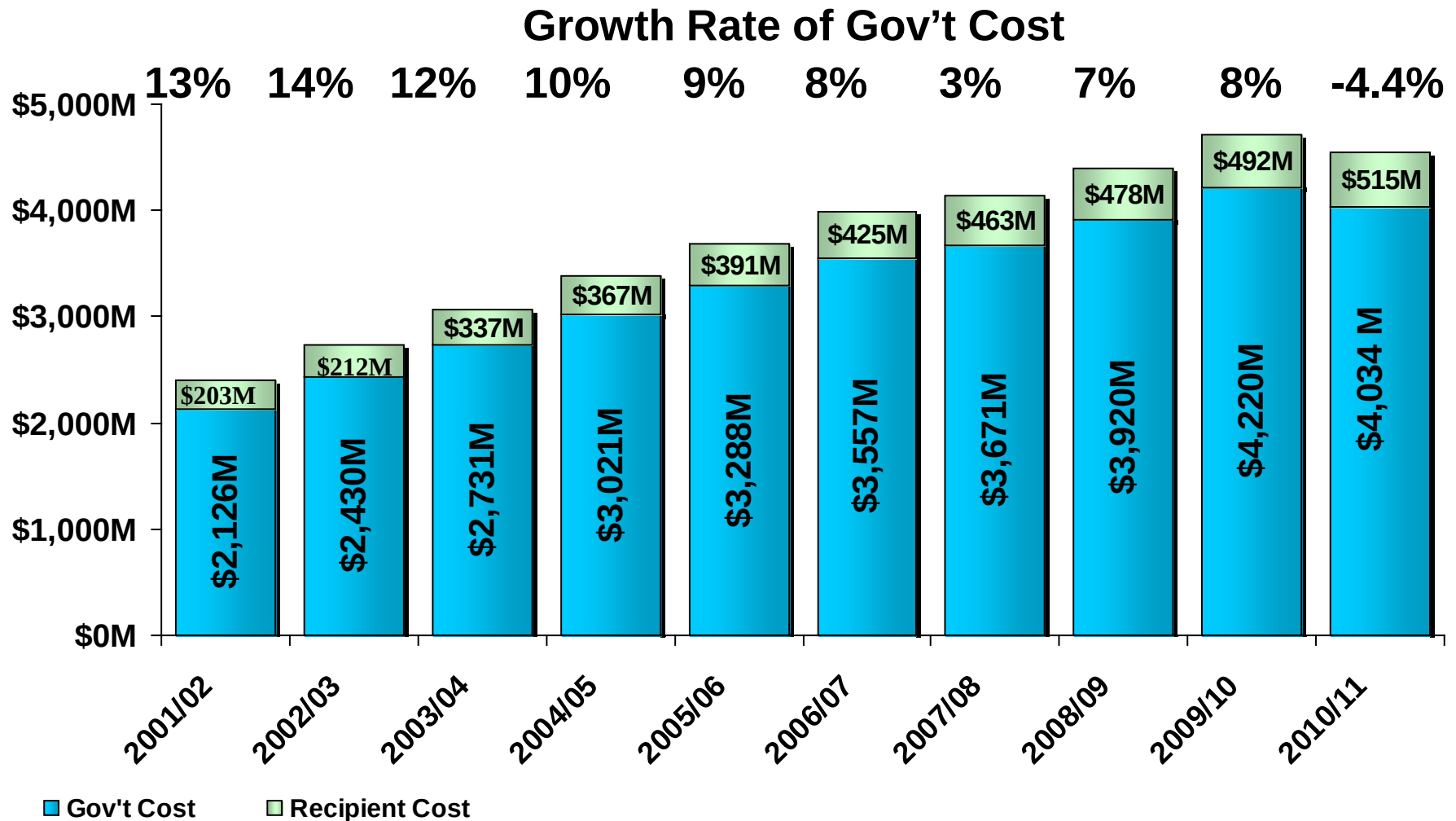
*Rounded to the nearest whole number

ODB Financial Statistics: 2009/10 vs. 2010/11

		2009/10	2010/11	% Change*
RxCost	Total	\$4,714.0M	\$4,549.9M	-4%
	<i>Brand</i>	<i>\$3,163.2M</i>	<i>\$2,990.0M</i>	<i>-6%</i>
	<i>Generic</i>	<i>\$1,550.7M</i>	<i>\$1,561.9M</i>	<i>1%</i>
Beneficiaries		2.53M	2.63M	4%
Average	RxCost per Beneficiary	\$1,871	\$1,751	-6%
	RxCost per Claim	\$41.24	\$37.13	-10%
	Claims per Beneficiary	45.4	47.2	4%
Average (Excluding LTC home recipients and Methadone Claims)	RxCost per Beneficiary	\$1,774.78	\$1651.09	-7%
	RxCost per Claim	\$51.30	\$46.22	-10%
	Claims per Beneficiary	34.6	35.7	3%

*Rounded to the nearest whole number

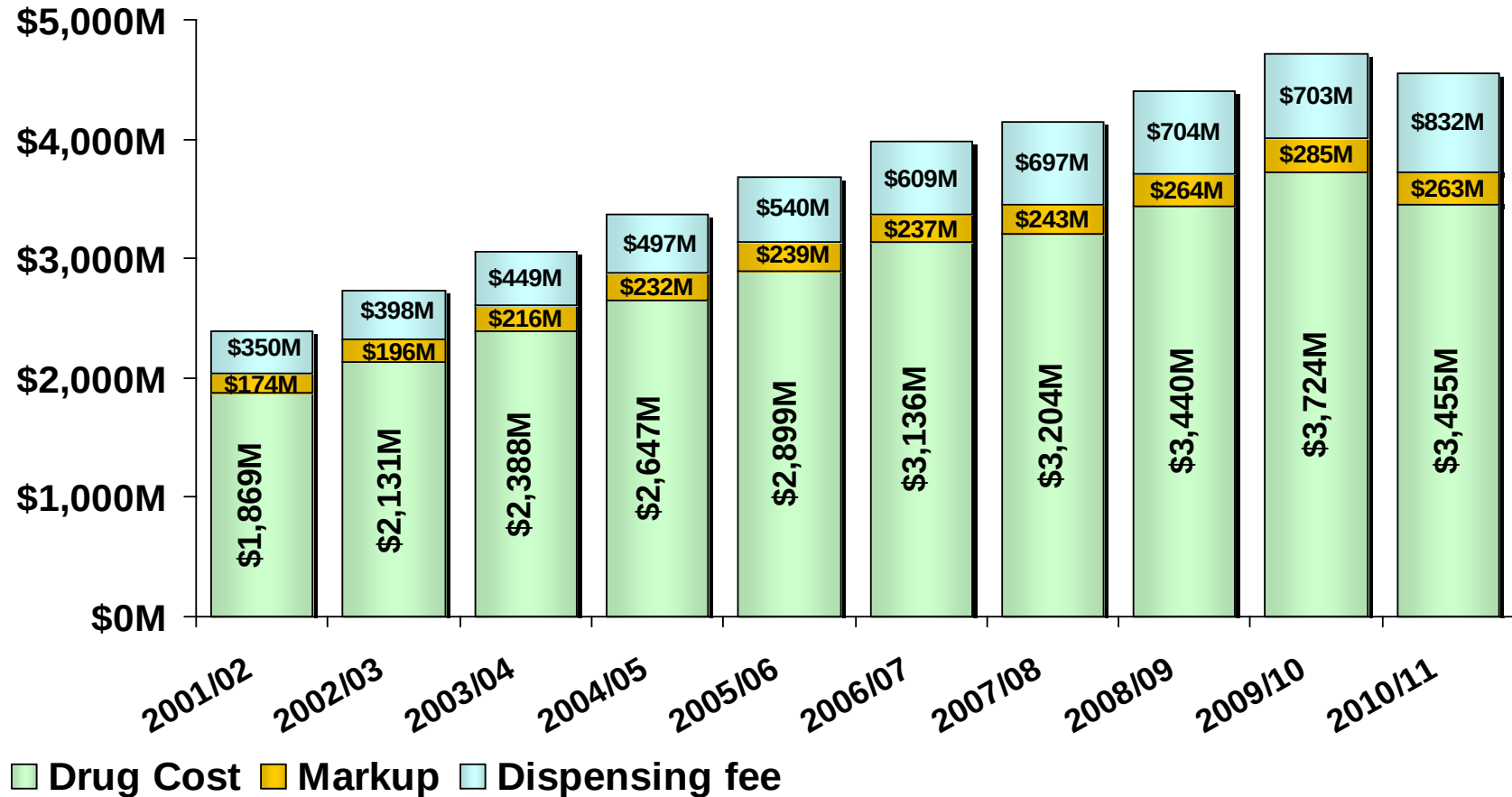
Government & Beneficiary Cost: 2001/02 – 2010/11



RxCost by Type of Spending: 2001/02 – 2010/11

Growth Rate of Distribution Costs (Markup + Dispensing fee)*

11% 13% 12% 10% 7% 9% 11% 3% 2% 11%

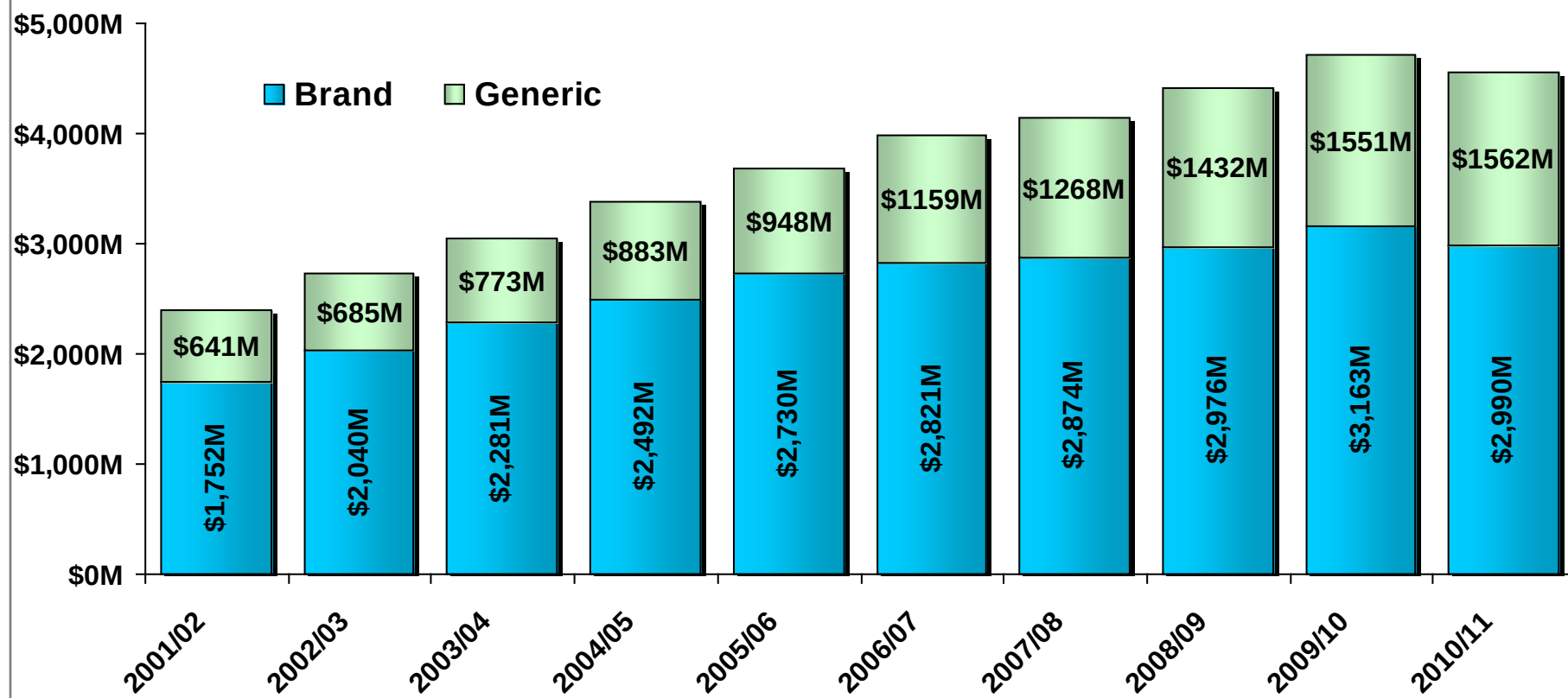


*Does not include drug cost in growth rate.

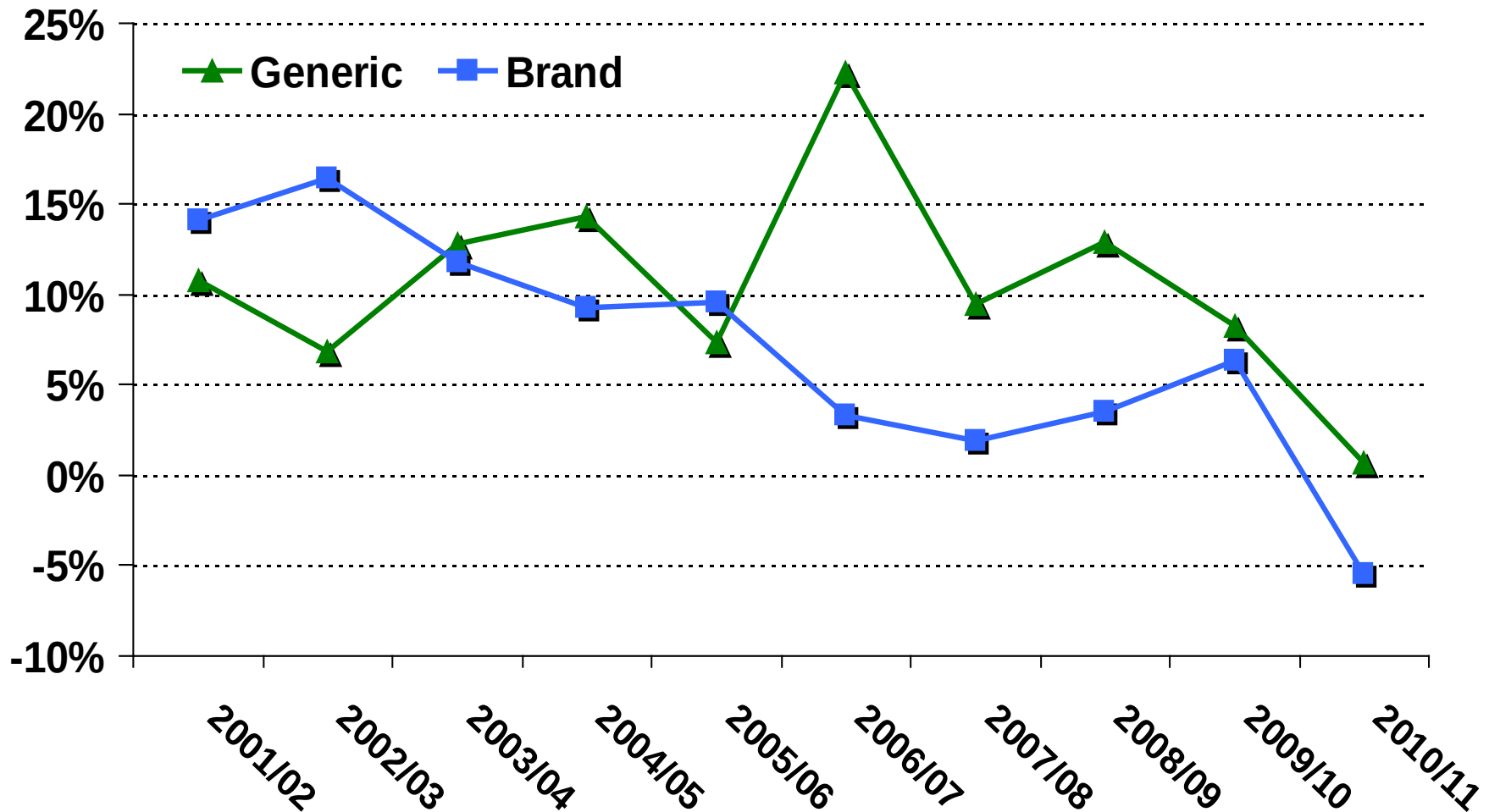
Brand vs. Generic RxCost : 2001/02 – 2010/11

Growth Rate of RxCost

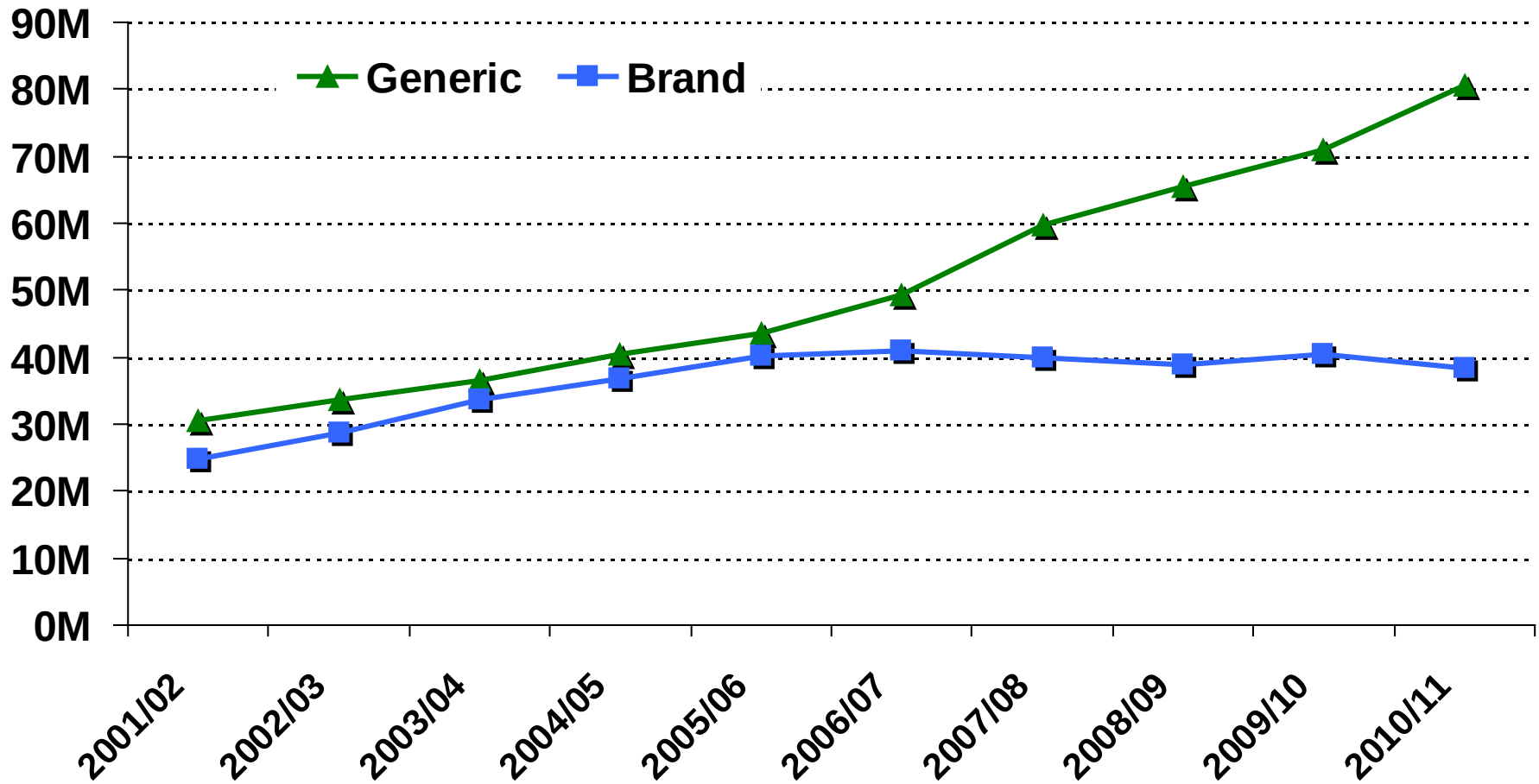
13% 14% 12% 11% 9% 9% 4% 6% 7% -3.5%



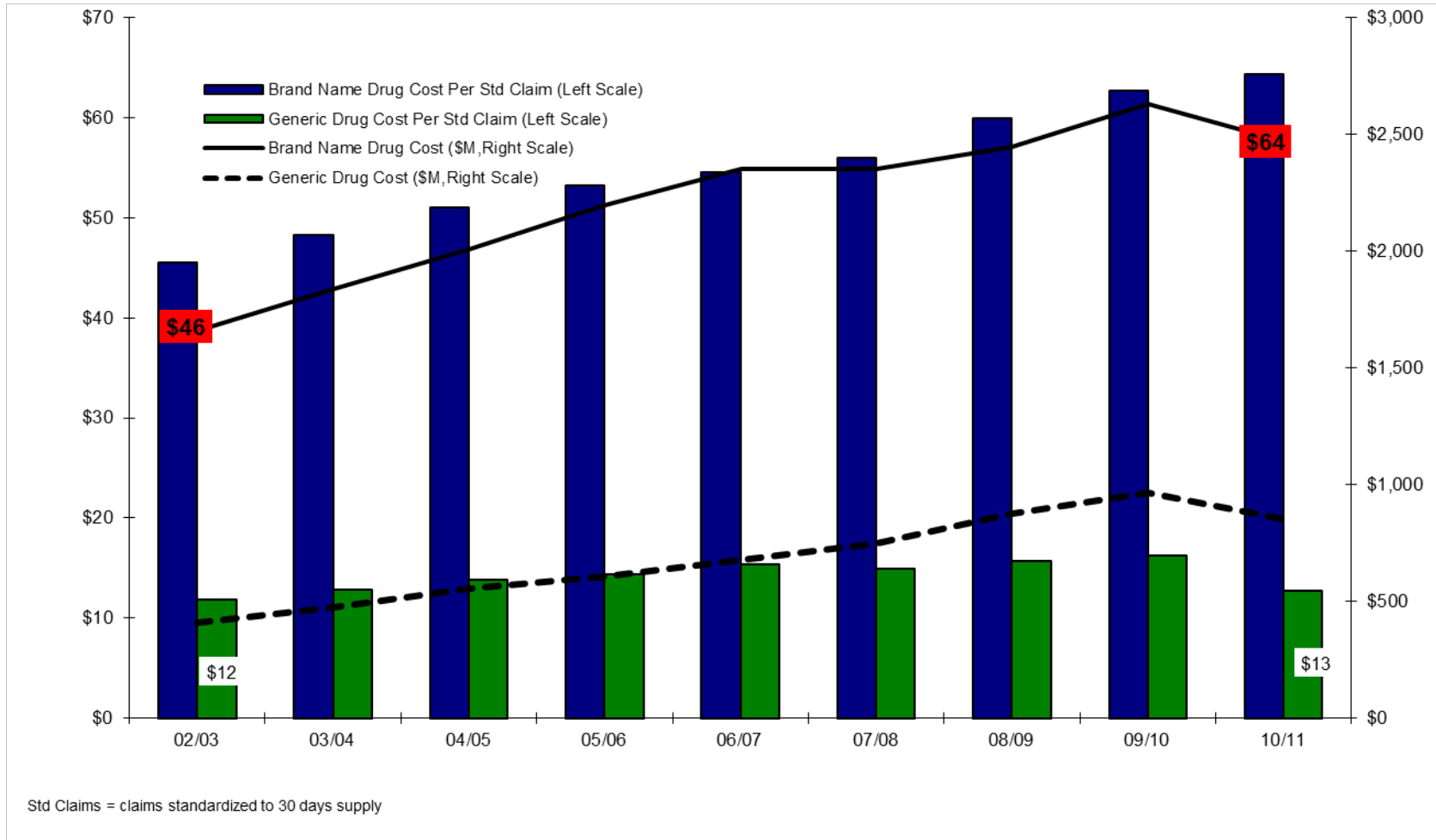
Brand vs. Generic RxCost Annual Growth: 2001/02 – 2010/11



Brand vs. Generic Claim Count: 2001/02 – 2010/11



Comparison of Brand and Generic Drug Cost



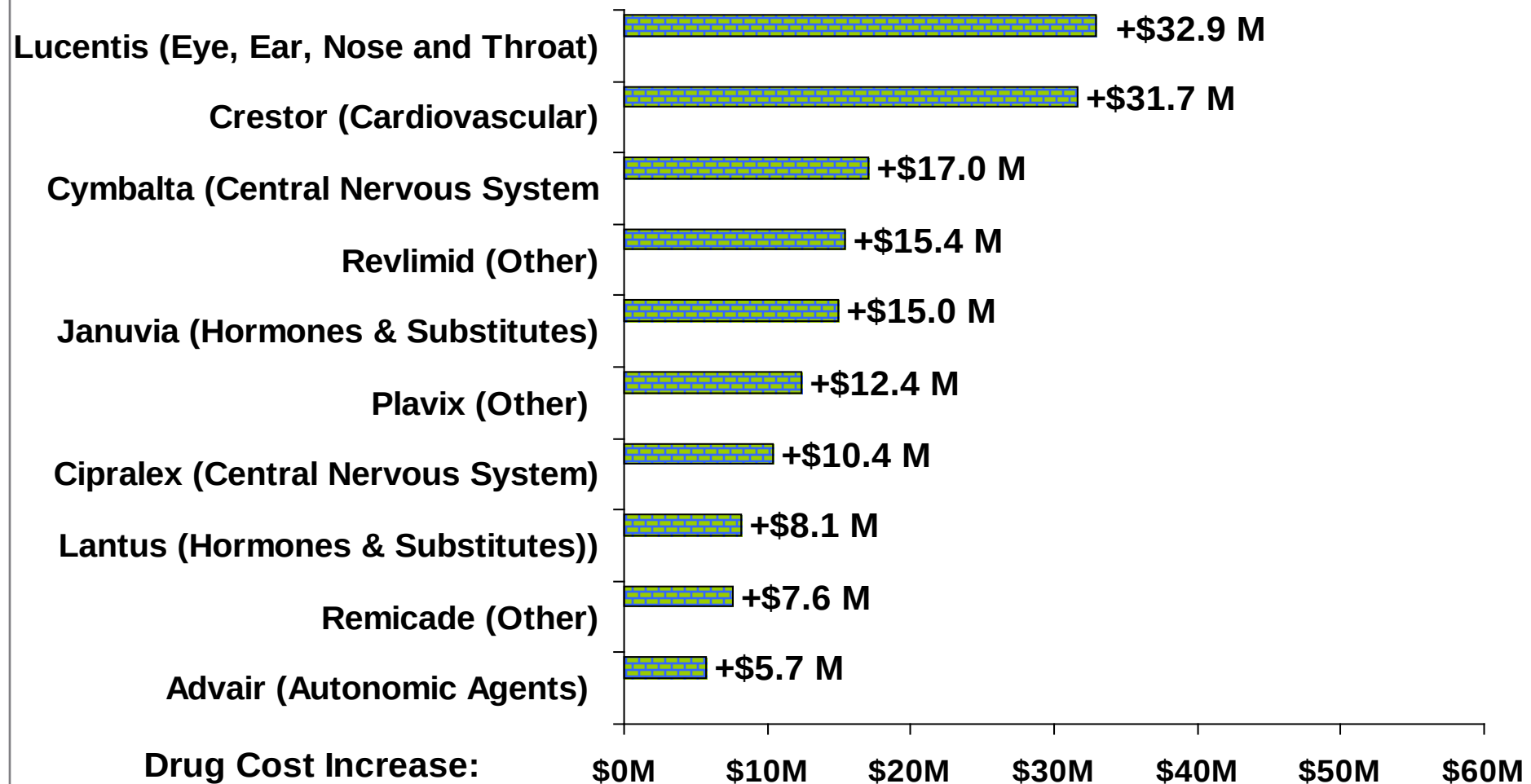
Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): FY 2010/11

Rk	Drug Name	Class	Utilizing Benef.	% Utilizing Benef.
1	Atorvastatin (Lipitor)	Cardiovascular	527K	20.1%
2	Acetaminophen & Cafeine & Codeine (Tylenol #3)	Central Nervous System	421K	16.0%
3	Amoxicillin (Amoxil)	Anti-infective	416K	15.9%
4	Diagnostic Agent - Diabetes	Diagnostic Agents	379K	14.4%
5	Rosuvastatin	Crestor	373k	14.2%
6	Metformin HCl (Glucophage)	Hormones & Substitutes	347K	13.2%
7	Ramipril (Altace)	Cardiovascular	346K	13.2%
8	Amlodipine Besylate (Norvasc)	Cardiovascular	340K	13.0%
9	Salbutamol (Ventolin)	Autonomic Agents	336K	12.8%
10	Hydrochlorothiazide	Electrolytic, Caloric & Water Balance	336K	12.8%
	Total Top 10 products		1,823K	69.4%

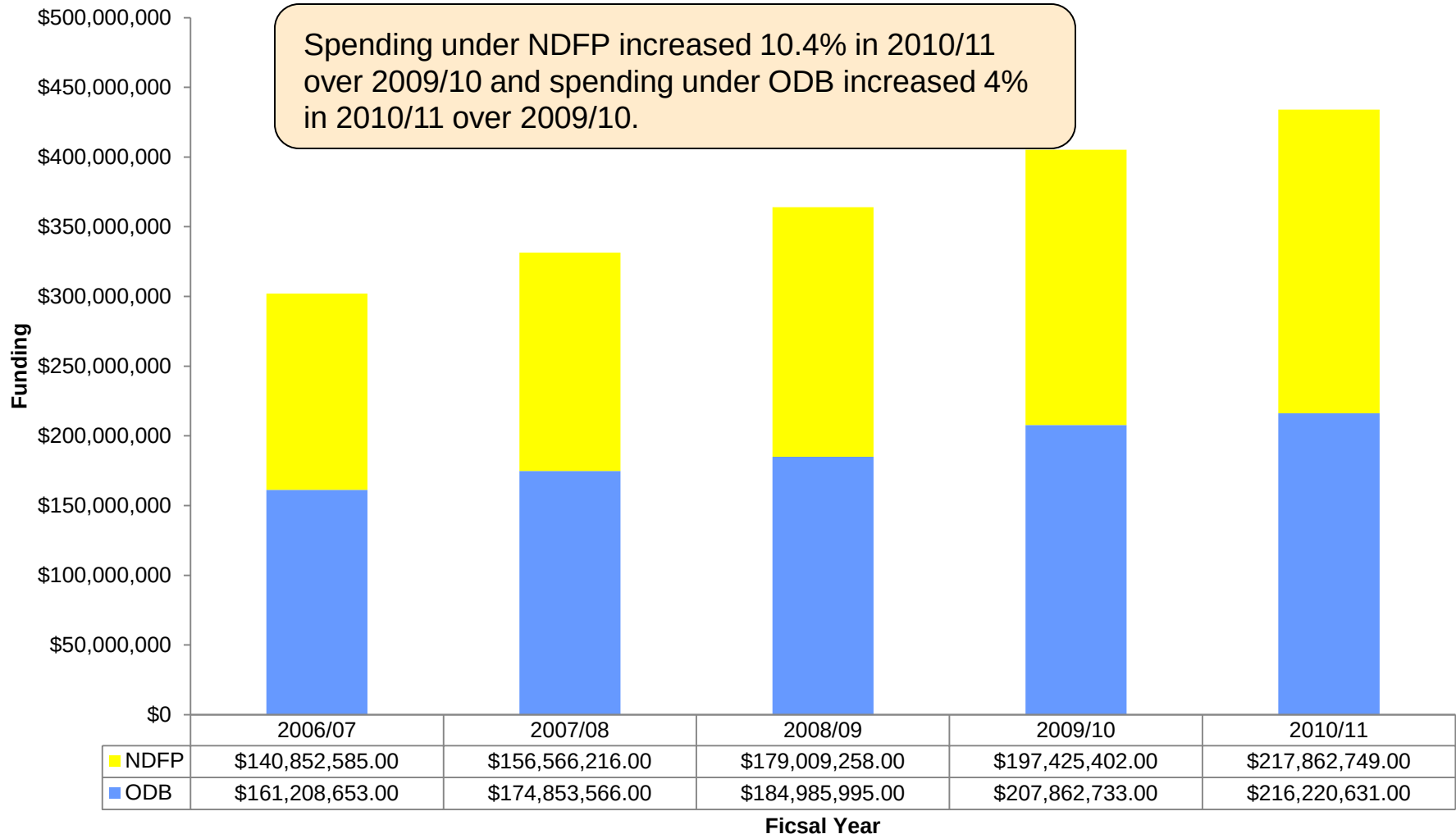
Top 10 Chemicals by Drug Cost: FY 2010/11

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Rosuvastatin Calcium (Crestor)	Cardiovascular	\$153M	4.4%
2	Ranibizumab (Lucentis)	Eye, Ear, Nose & Throat	\$138M	4.0%
3	Atorvastatin (Lipitor)	Cardiovascular	\$133M	3.9%
4	Diagnostic Agent - Diabetes	Diagnostic Agents	\$133M	3.9%
5	Salmeterol Xinafoate & Fluticasone Propionate (Advair) - LU	Autonomic Agents	\$81M	2.3%
6	Clopidogrel (Plavix)	Blood	\$77M	2.2%
7	Oxycodone (Oxycontin) - LU	Central Nervous System	\$70M	2.0%
8	Donepezil (Aricept)	Autonomic Agents	\$64M	1.9%
9	Tiotropium Bromide (Spiriva)	Autonomic Agents	\$59M	1.7%
10	Infliximab (Remicade)	Unclassified	\$57M	1.7%
TOTAL Top-10			\$967M	28.0%

Fastest Growing Brand Products by Drug Cost: 2009/10 vs 2010/11

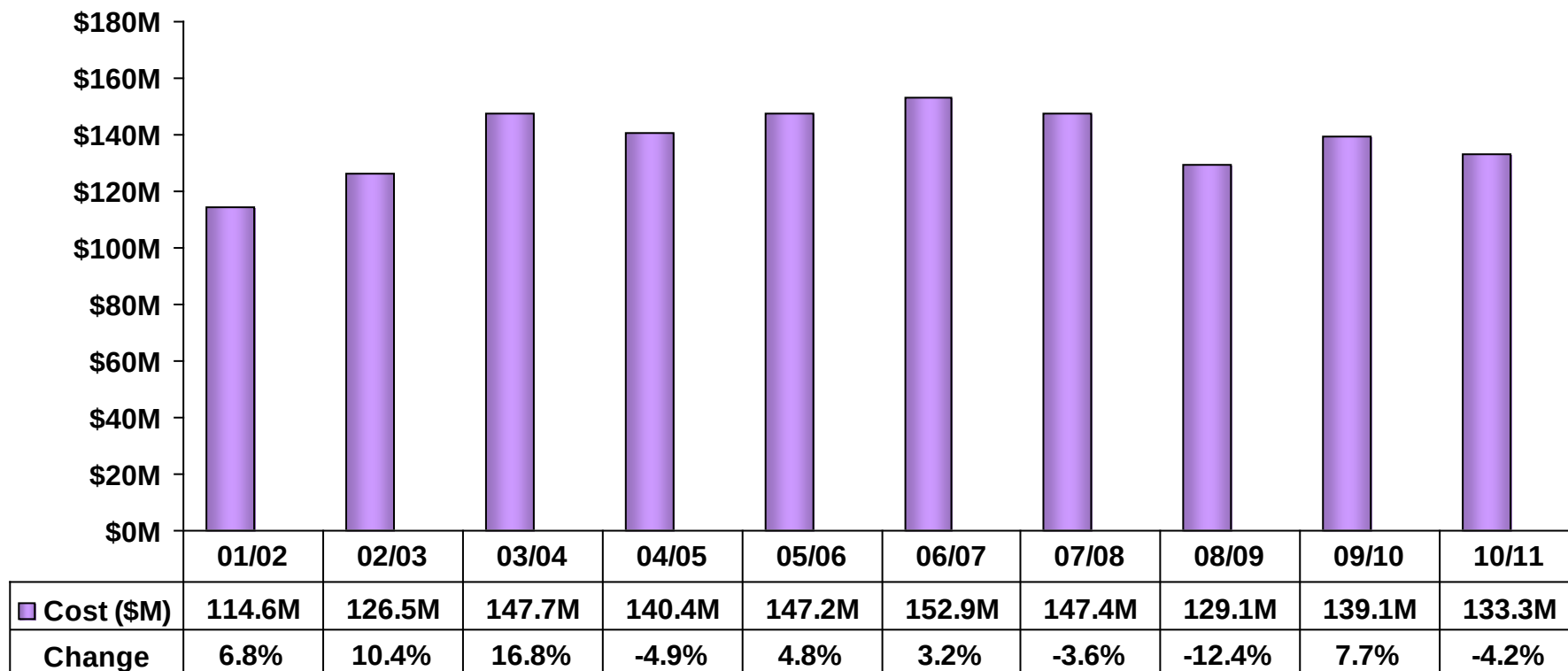


Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 – 2010/11



*NDFP = New Drug Funding Program administered by Cancer Care Ontario

Special Drugs Program* Cost: 2001/02-2010/11

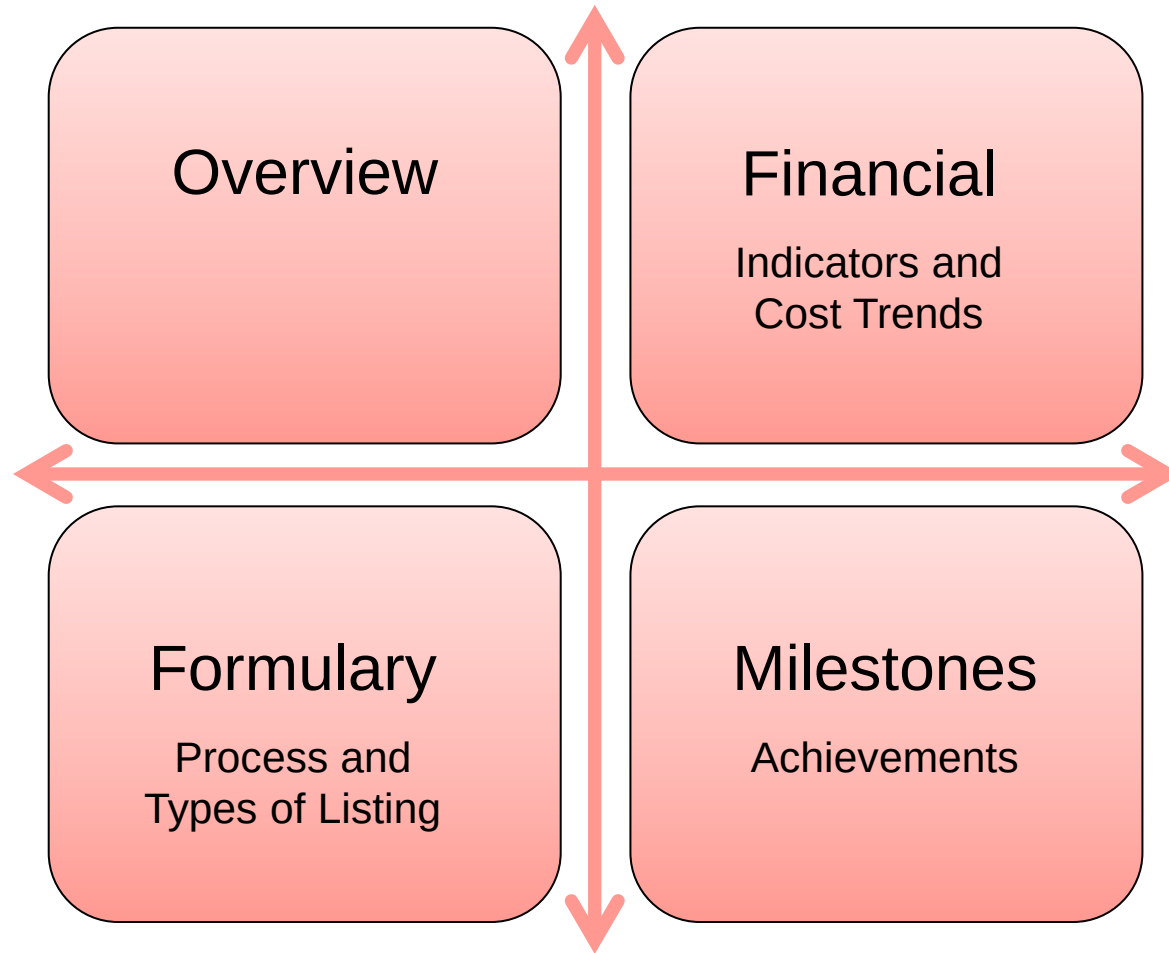


*The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.

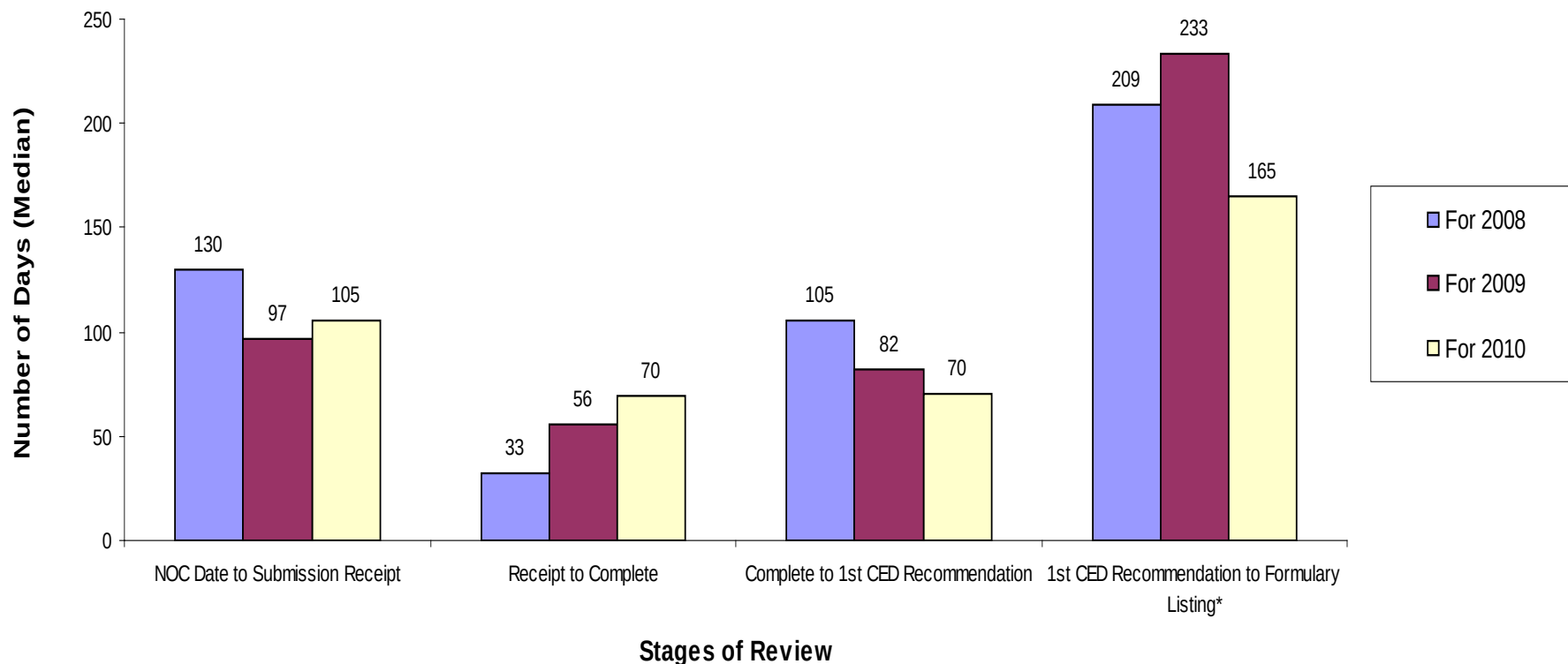
Highlights of Financials

- Drug program spending declined in 2010/11: Government cost totalled \$4,034M in 2010/11, a 5.8% decrease over 2009/10, even though the number of beneficiaries covered under the program rose by 3.7%.
- The average RxCost per beneficiary declined by about 6% in 2010/11 over previous year.
- Total RxCost decreased for brand products (-5.5%) due to a number of brand patent expiries and only increased slightly for generic products (.7%). Claims for generic drugs continued to increase in 2010/11, while claims for brand products decreased over 2009/10.
- Even though total RxCost and claims for brand products decreased in 2010/11 over 2009/10, the brand drug cost per standard claim continues to increase over time. In 2002/03 the brand drug cost per standard claim was \$46 and in 2010/11 it had increased to \$68.
- The top chemical by number of utilizing beneficiaries was Atorvastatin (Lipitor), the same as 2009/10.
- The top chemical by drug cost for 2010/11 was Rosuvastatin Calcium (Crestor).

Report Card Framework



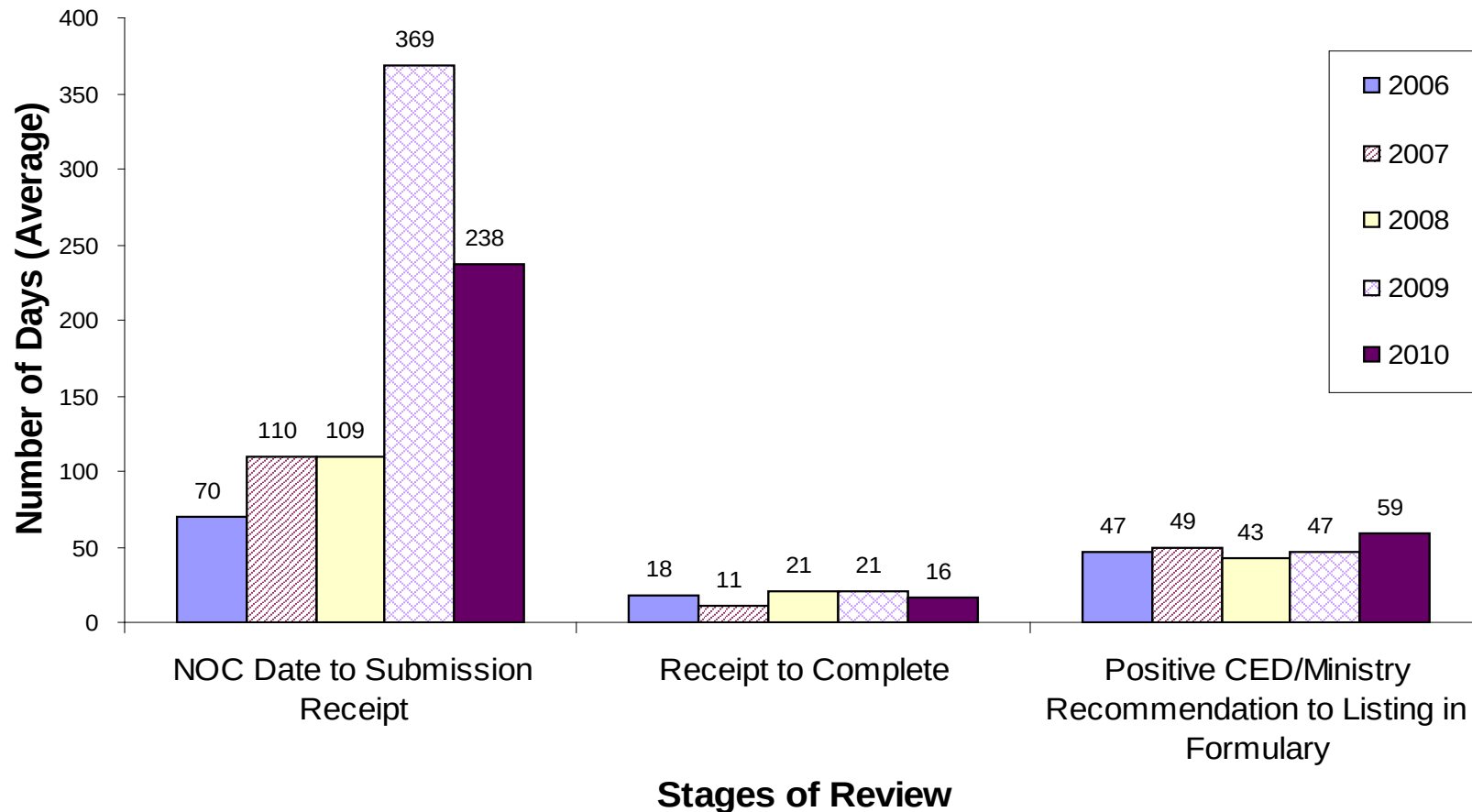
Median Review Timelines for All Single Source Drug Products Listed: 2008* - 2010



Note: This includes time spent on subsequent CED reviews of re-submissions and time required for negotiating listing agreements (if applicable).

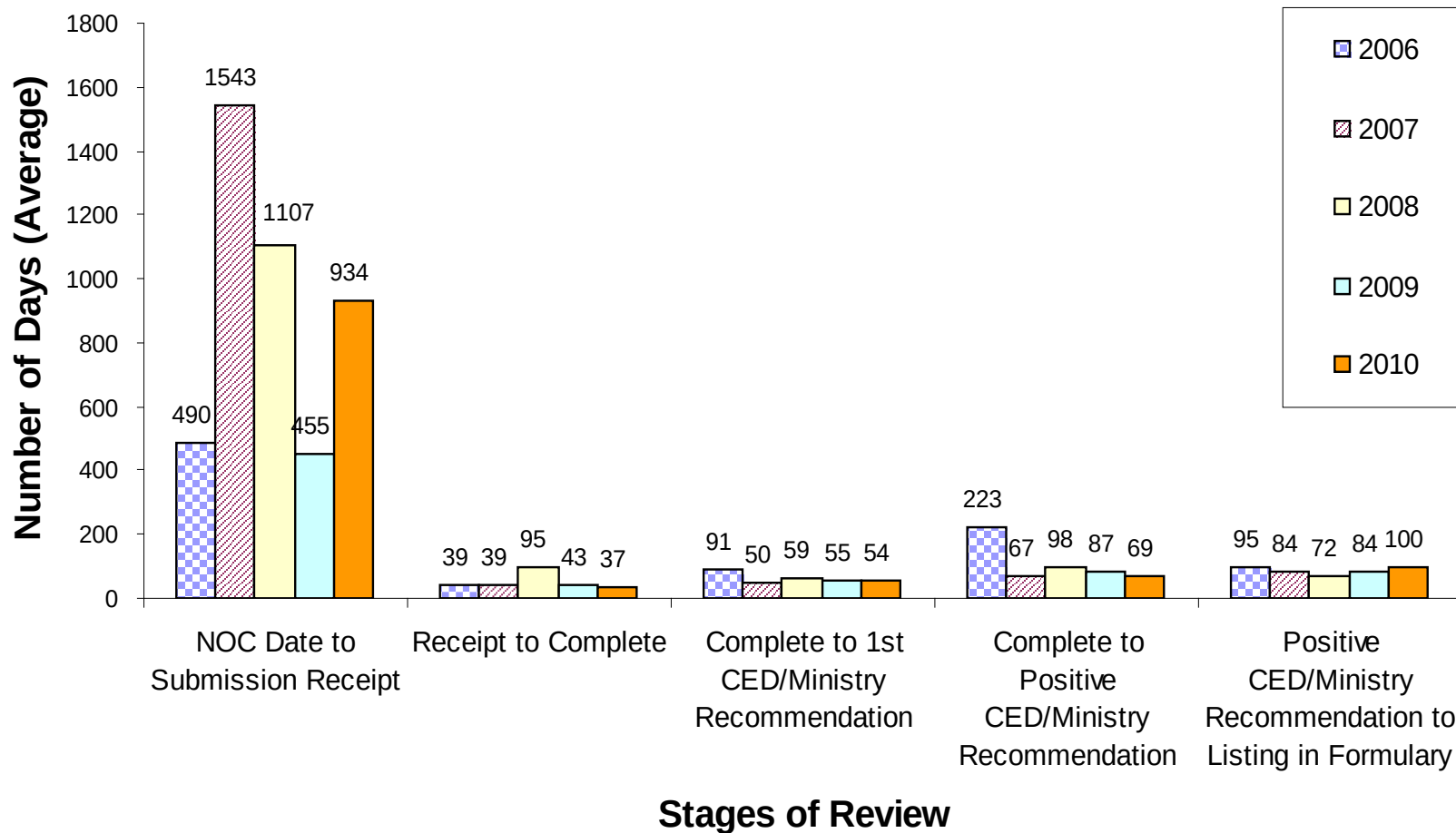
*Based on calendar years

Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2006* to 2010



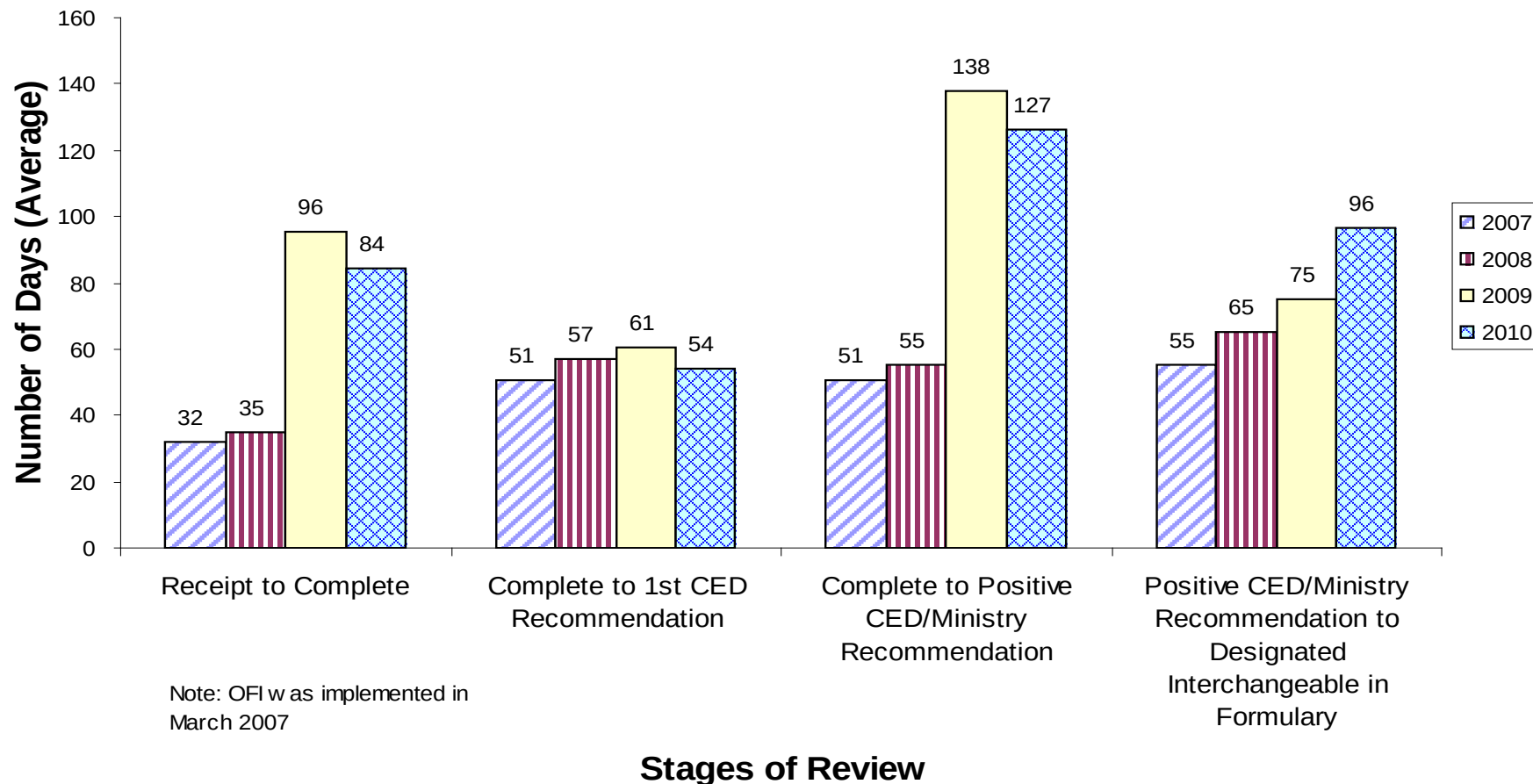
*Based on calendar years

Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2006* to 2010

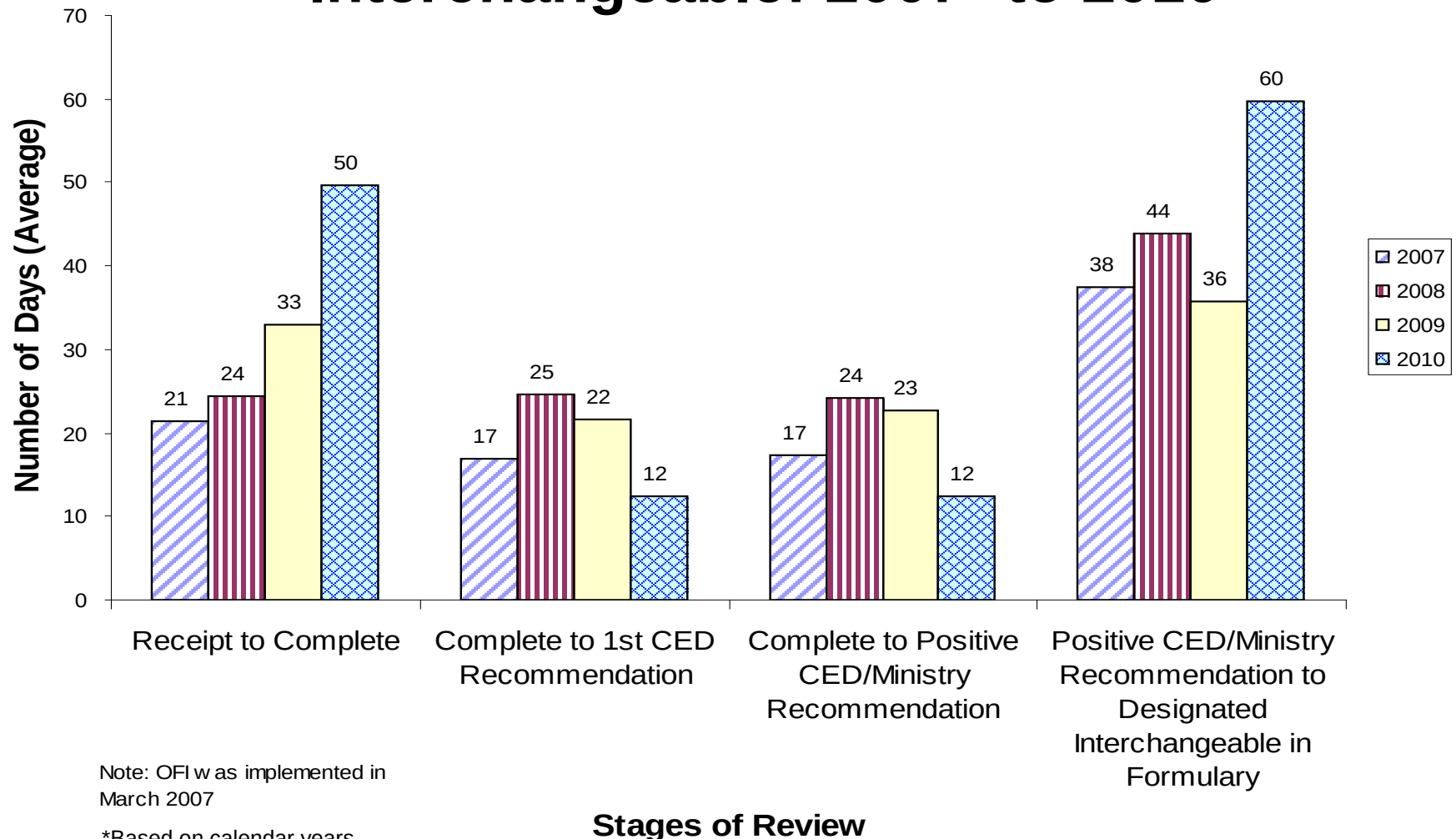


*Based on calendar years

Average Review Timelines for Off-Formulary Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2007* to 2010

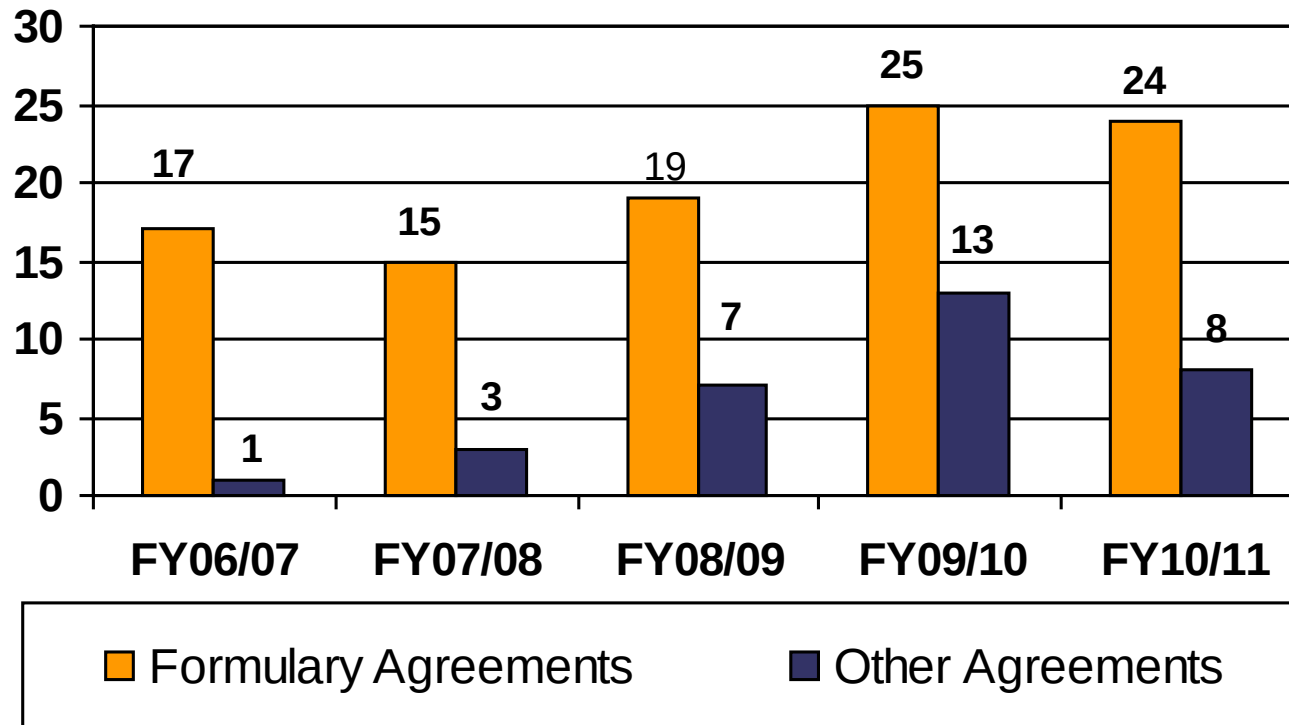


Average Review Timelines for OFI Streamlined Multiple Source Drug Products Designated Interchangeable: 2007* to 2010



Product Listing Agreements: 2006/07* - 2010/11

- 100 Formulary Agreements
- 32 Other Agreements, including EAP, NDFP & FA



* FY 2006/07 = October 1, 2006 – March 31, 2007

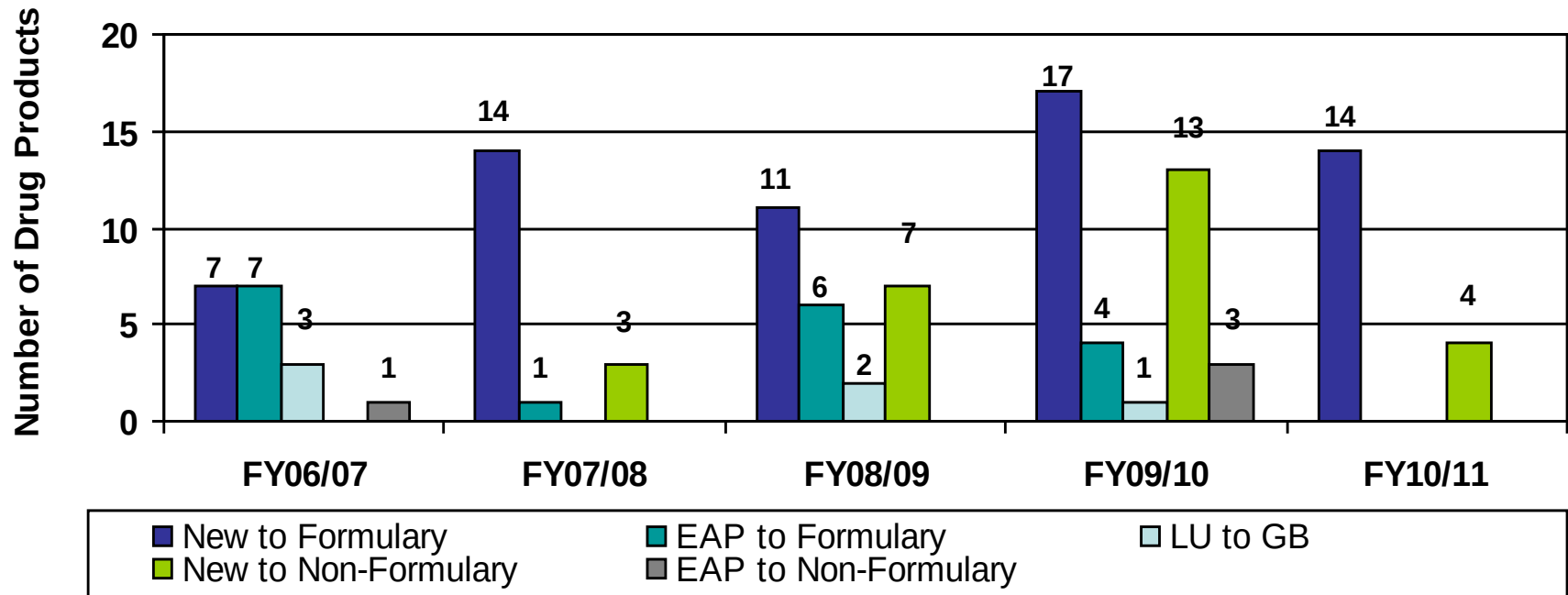
Funding of new indications are counted as new agreements

EAP – Exceptional Access Program; NDFP – New Drug Funding Program;

FA – Facilitated Access Program

Product Listing Agreements by Benefit Status: 2006/07* - 2010/11

- 73 New Drug Products to Formulary
- 18 EAP Drug Products to Formulary
- 6 LU Drug Products to GB
- 31 New Drug Products to Non-Formulary (EAP, NDFP & FA)
- 4 Non-Formulary Products with New Indications



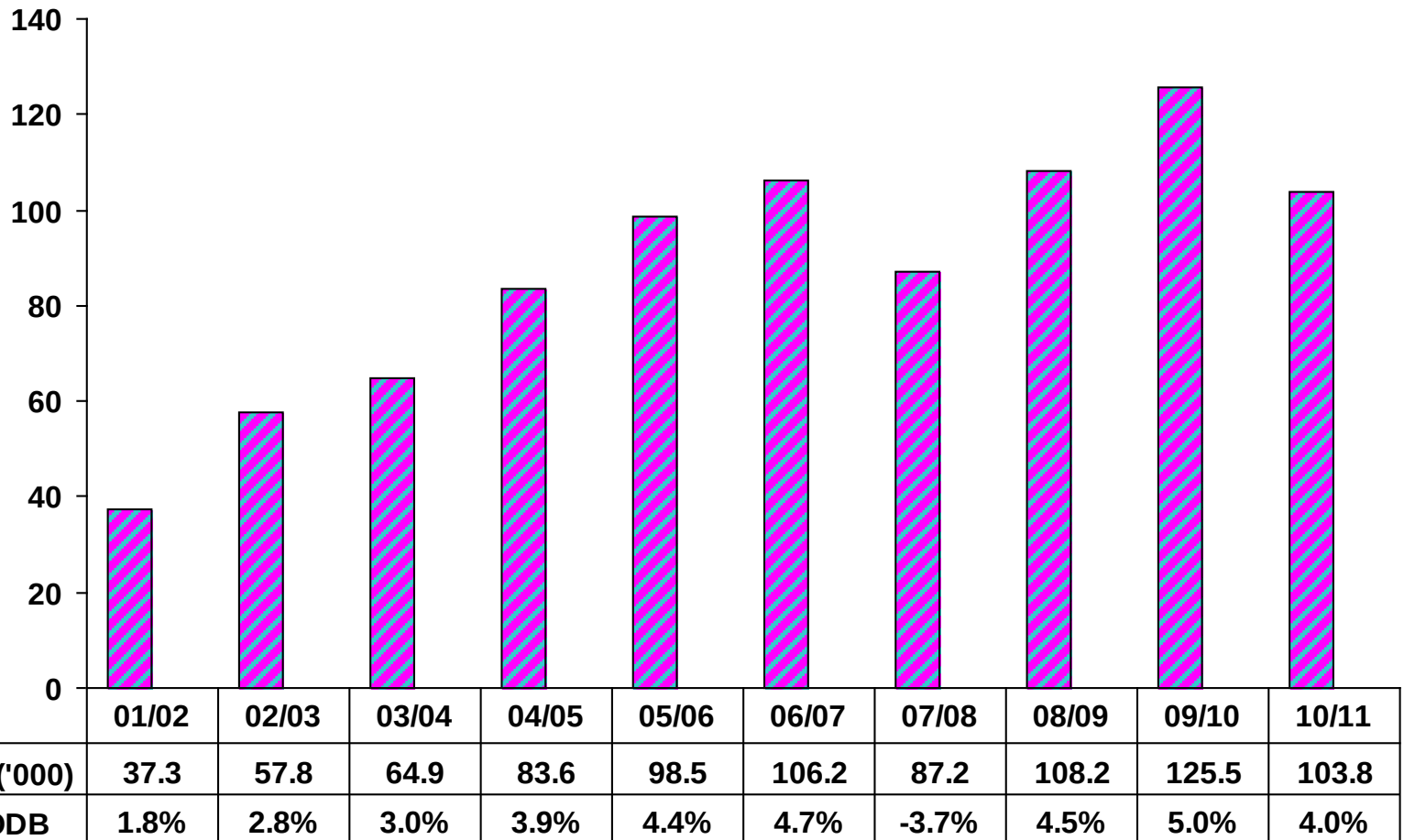
* FY 2006/07 = October 1, 2006 – March 31, 2007

Funding of new indications are counted as new agreements

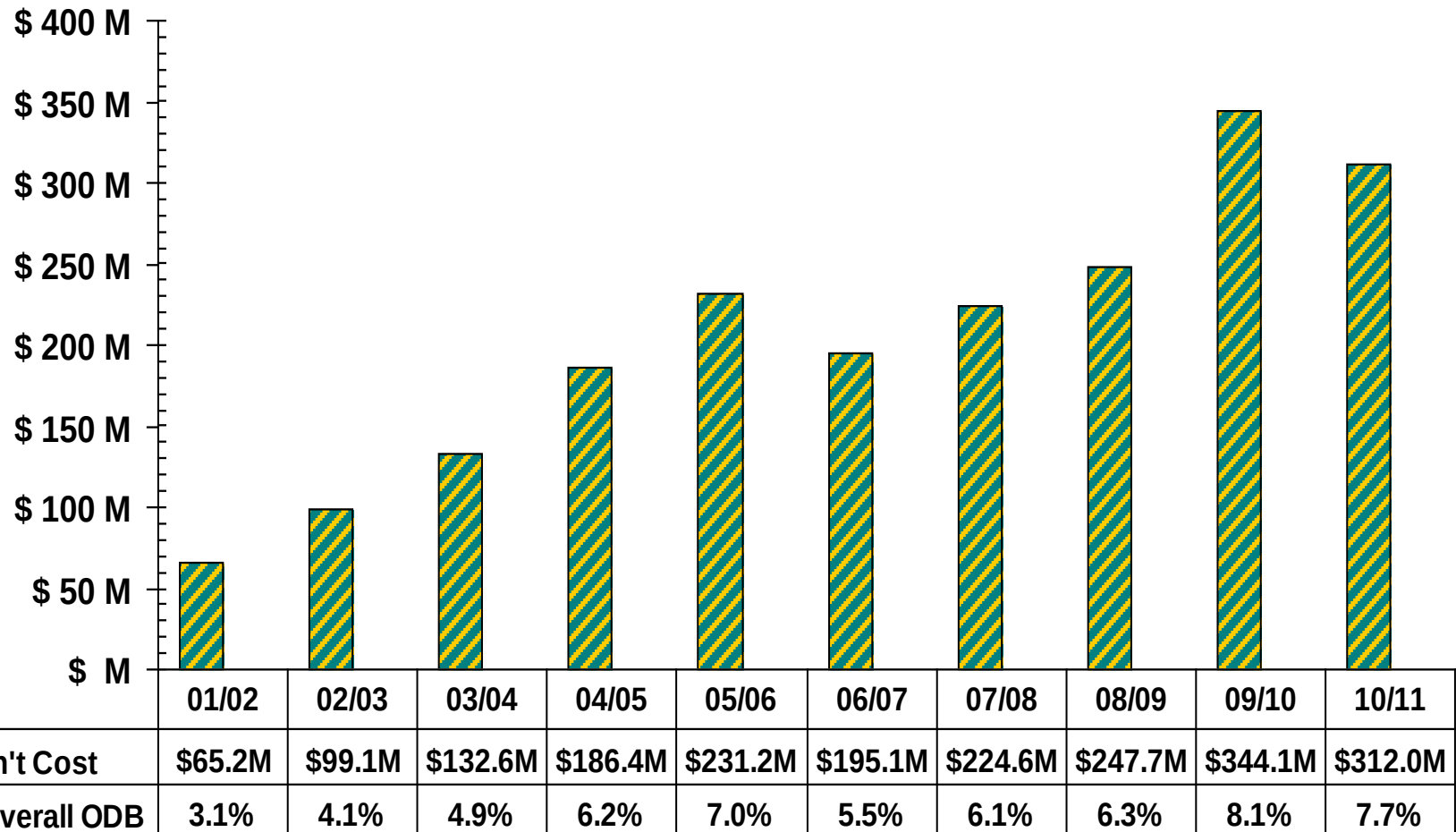
EAP – Exceptional Access Program; NDFP – New Drugs Funding Program; FA – Facilitated Access

Drug Product is defined as the brand product and its associated strengths and formulations relevant to the agreement. One drug product may relate to more than one DIN.

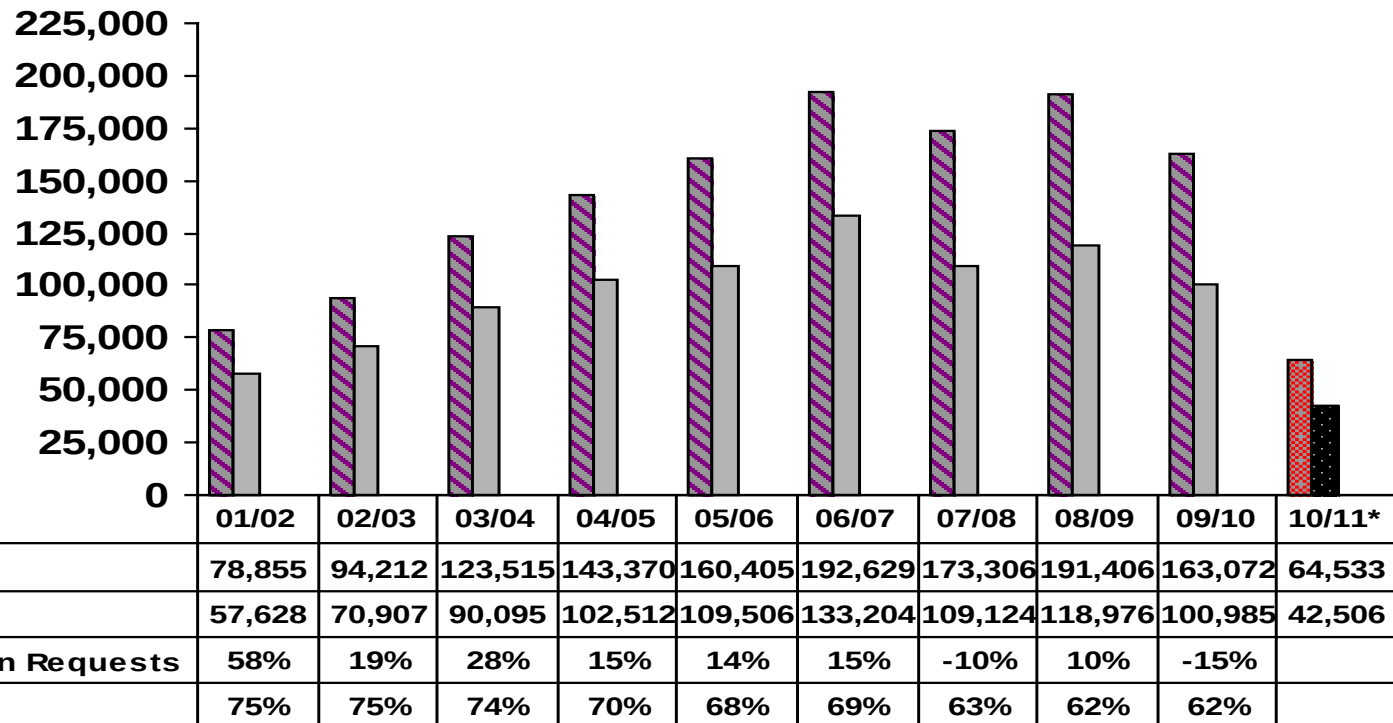
Exceptional Access Program Beneficiaries: 2001/02 – 2010/11



Exceptional Access Program Government Cost: 2001/02 – 2010/11



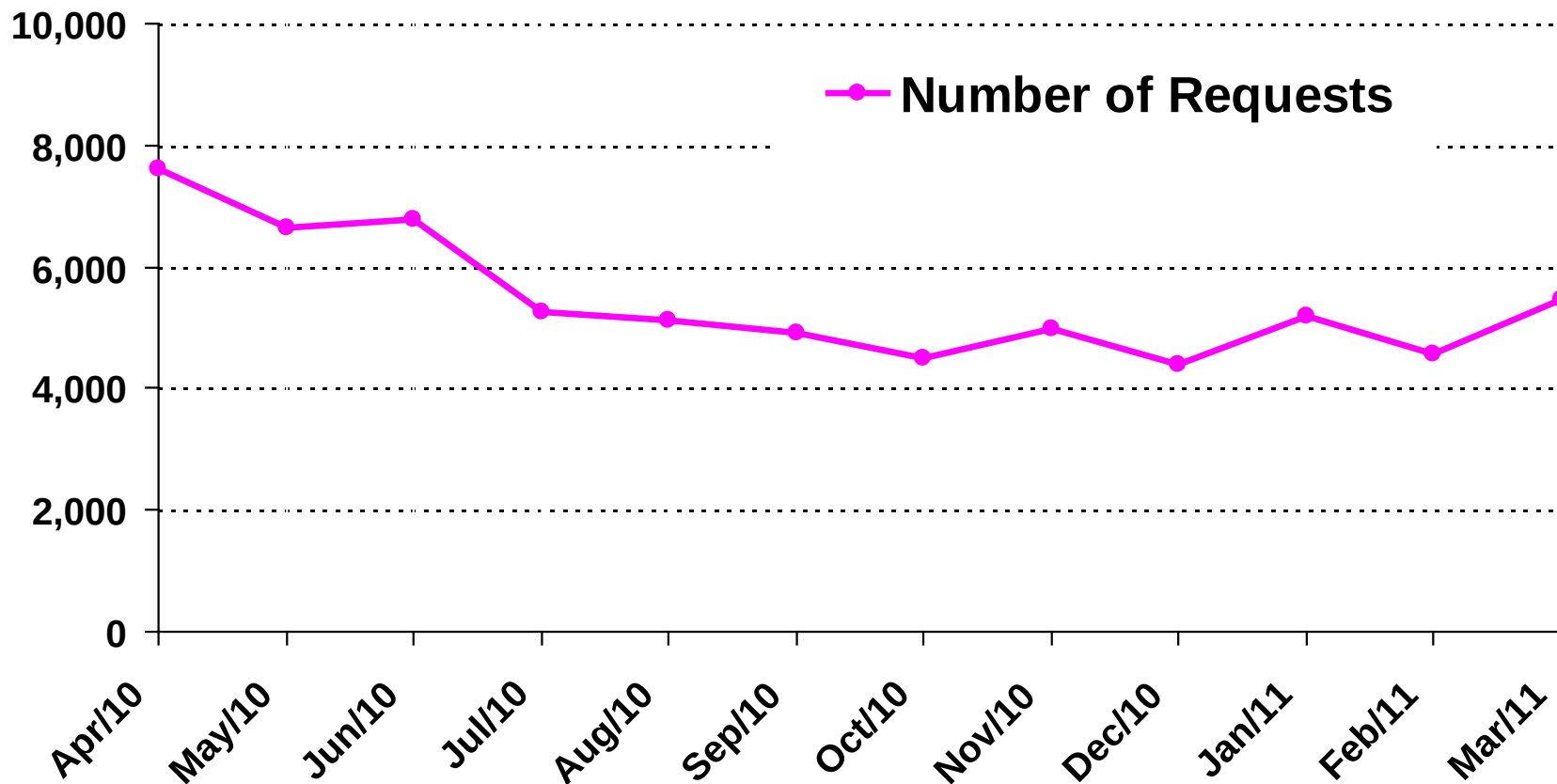
Exceptional Access Program Requests & Approval Rate: 2001/02 – 2010/11



*NB: Starting in 2010/11, the number of Exceptional Access Program requests/approvals have been presented differently: Statistics for Fiscal Year 2010/11 are based on the number of requests received per product as opposed to the number of different strengths requested per product as recorded in previous fiscal years

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

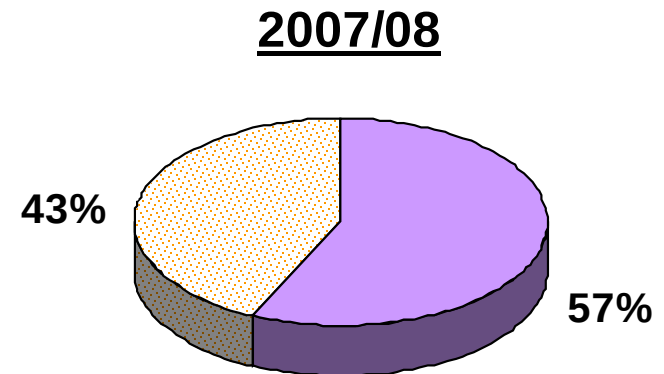
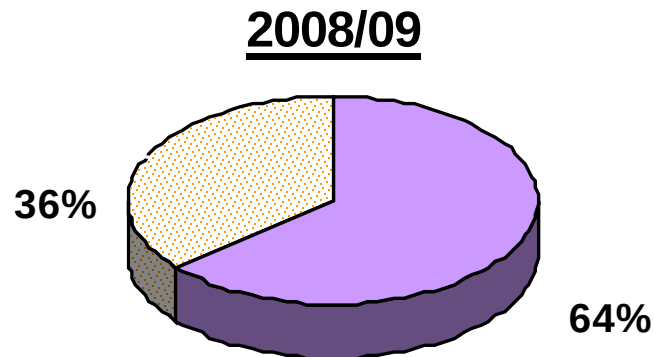
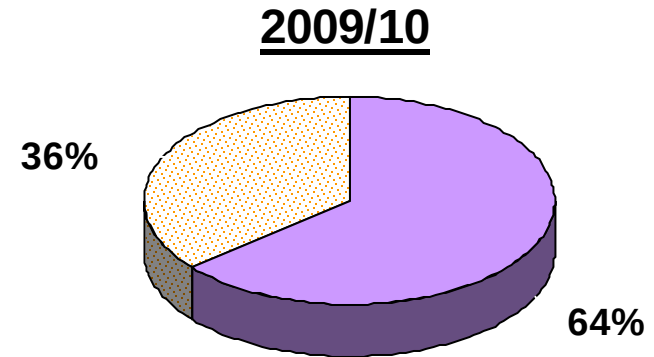
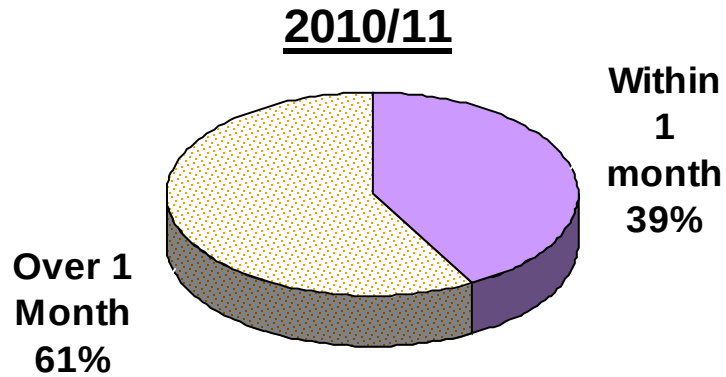
Monthly Exceptional Access Program Requests*: April 2010 to March 2011



*Each Drug Identification Number (DIN/PIN) is counted as a request until February 2010.

*Effective March 2010, requests are counted using generic name and dosage form.

Exceptional Access Program Response Time: FY 2007/08 – 2010/11



Exceptional Access Program Top 10 Requested Drugs by Volume: FY 2010/11

Rk	Drug	Requests	Approved	% Approved*	Gov't Cost
1	Remicade	6,487	6,071	93.6	\$60.4M
2	Neupogen	4,951	3,660	73.9	\$11.2M
3	Enbrel	4,176	3,744	89.7	\$20.4M
4	Humira	3,717	3,187	85.7	\$13.4M
5	Fragmin	3,233	3,204	99.1	\$0.2M
6	Lyrica	3,135	1,250	39.9	\$3.2M
7	Pegasys RBV	2,619	2,223	84.9	\$8.1M
8	Calcium Carbonate	2,532	2,530	99.9	\$0.2M
9	Eprex	2,399	2,196	91.5	\$3.0M
10	Replavite	2,336	2,317	99.2	\$0.1M
Top-10 Total		35,585	30,382	85.4	\$120.2M

*Approved on first review

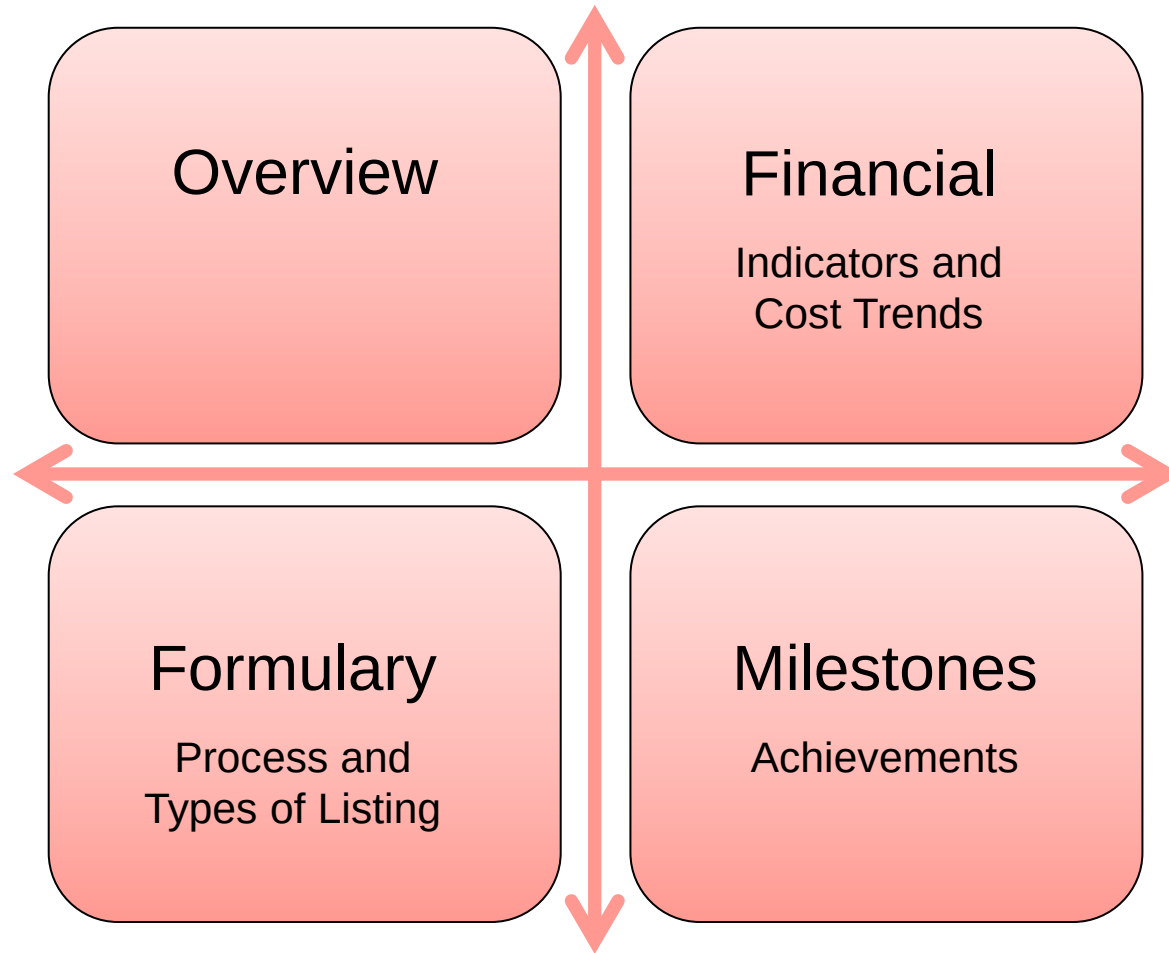
Exceptional Access Program Top 10 Requested Drugs by Government Cost: FY 2010/11

Rk	Drug	Beneficiaries	Claims	Gov't Cost
1	Remicade	2,633	15,104	\$60.4M
2	Revlimid	617	4,074	\$34.7M
3	Enbrel	2,323	10,380	\$20.4M
4	Plavis	25,661	270,114	\$18.7M
5	Humira	1,527	6,905	\$13.4M
6	Actos	22,995	166,906	\$13.1M
7	Neupogen	1,724	5,908	\$11.2M
8	Sutent	340	1,867	\$8.7M
9	Tracleer	232	2,149	\$8.4M
10	Rebif	556	4,625	\$8.2M
Total Top 10 EAP		57,963	448,032	\$197.2M
% Top 10 EAP / Total EAP		55.8%	58.0%	63.2%

Highlights of Formulary

- In 2010/11, 24 Formulary Product Listing Agreements were established; 8 'other' agreements were established (includes EAP, Facilitated Access and NDFP).
- The median time from NOC date to complete single-source submission by Ministry was 105 days.
- The average time from positive recommendation to Formulary listing for streamlined multiple source submissions was 59 days.
- Government drug cost of the EAP decreased from \$344.1M in 2009/10 to \$312M in 2010/11.

Report Card Framework



Drug System Reforms

- Ontario's public drug system was further reformed in summer 2010. The reforms set out to improve patient care, lower drug prices, encourage pharmacists to use their valuable skills, and fairly compensate them for the services they provide.
- The reforms also made important changes to the pharmacy reimbursement system to focus on patient services that add value to the health care system and improve patient outcomes.
- Changes took effect July 1, 2010, and include:
 - Lowering the cost of most generic drugs listed on the ODB Formulary by half, to 25% of the cost of the original brand name drug purchased under the public drug system and gradually decreasing generic drug pricing in the private market for people who have private insurance through their employer and for those who pay out-of-pocket.
 - Eliminating professional allowances to make Ontario's drug system more accountable and transparent.
 - Ensuring that pharmacists are fairly compensated for helping patients by increasing dispensing fees government pays and paying for additional pharmacy services.
 - Supporting access to pharmacy services in rural communities and under-serviced areas with new dedicated funding.

MedsCheck

- MedsCheck is an annual and follow-up medication review program provided by community pharmacists to all Ontarians taking three or more chronic prescription medications, that helps patients realize the most benefit from their medication regimen.
- 2010/11 marks the fourth year of the MedsCheck program.
- Based on the recommendations of the Pharmacy Council, in September 2010, MedsCheck was further expanded to include (in addition to Annual and Follow-up reviews):
 - MedsCheck for Diabetes for Ontarians who have diabetes
 - MedsCheck at Home for home-bound patients
 - MedsCheck LTC for residents of long-term care facilities
- Between April 1, 2007 – March 31, 2011 over 890,000 Ontarians received a MedsCheck service* by a pharmacist. (**Note: Includes Annual reviews, Follow ups, and Expanded MedsCheck programs*)

MedsCheck: Annual/Follow Up: 2007/08 – 2010/11

MedsCheck 4 Year Statistics – <i>MedsCheck Annual and Follow Up Only</i> (From April 1, 2007 – March 31, 2011)				
	Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)	Year 4 (2010/11)
# of Ontarians who received a MedsCheck (Annual/Follow Up)	195,772	204,545	258,764	473,601
Total # of MedsCheck (Annual/Follow Up) Claims	201,101	216,678	275,808	485,705
Total Government Cost (payment to pharmacies)	\$12.9M*	\$10.5M	\$13M	\$26.2M
Avg. # of Annual Reviews conducted per pharmacy	65	69	82	131
Avg. # of Follow Up reviews conducted per pharmacy	6	12	16	21

*Includes \$2.9M in transition payments to pharmacies provided in the first year of the program.

MedsCheck Follow-Up by Type: Number of Claims from November 30, 2007 – March 31, 2011

Type: <i>MedsCheck</i> Follow-Up (November 30, 2007 – March 31, 2011)	ODB	Non-ODB	Total
Hospital Discharge (19%)	15,690	2,325	18,015
Pharmacist's Decision (52%)	41,650	7,806	49,456
Physician / RN (EC) Referral (23%)	18,028	4,501	22,529
Planned Hospital Admission (6%)	4,707	1,174	5,881
Totals:	80,075	15,806	95,881

Narcotics Strategy

- The Ministry launched the Narcotic Strategy on August 27, 2010 to reduce the misuse, addiction, unlawful activities and deaths related to these medications.
- There are five key elements to the Narcotics Strategy:
 - New legislation to support the development of a narcotics monitoring.
 - Partnering with the health care sector to educate on appropriate prescribing
 - Partnering with the health care sector to educate on appropriate dispensing.
 - Education to prevent excessive use of prescription narcotics.
 - Treatment of addictions.
- As part of the first key element, the Ontario government introduced legislation, the *Narcotics Safety and Awareness Act, 2010*, on September 15, 2010, that allows the ministry to track narcotics and other controlled substances dispensed in Ontario through a new provincial database. The legislation was passed on November 29, 2010.
- A monitoring system is now being developed to collect and store information on prescribing and dispensing activities for these medications. The information collected by the monitoring system will be used for improving prescribing and dispensing practices and stopping the use of prescription drugs for improper purposes.

Compassionate Review Policy

- The Compassionate Review Policy (CRP) mechanism allows for funding of requests under the EAP in cases where there are rare clinical circumstances in immediately life-, limb-, or organ-threatening conditions.
- In January 2011, the Executive Officer of OPDP approved revisions to the existing CRP allowing for consideration of requests in situations where a product has been reviewed by the CED and the ministry is in protracted negotiations with the manufacturer but the EO has not made a final funding decision. These requests will be considered on a case-by-case basis for those individuals who have been hospitalized due to an immediate life-, limb-, or organ threatening complication. The request must be for a drug therapy that is directly related to the clinical condition that has resulted in the hospitalization and the drug in question is under negotiation.
- The changes to the CRP mean that even more patients with rare clinical circumstances can potentially benefit from the policy.
- 2010/11, approximately 285 applications were reviewed (and 72.3% were approved).

Patient Evidence Submission Process

- Effective April 1, 2010, a formal process was established for patient advocacy groups to submit evidence for new drugs undergoing funding review, to systematically incorporate patient evidence into the drug review and funding process.
- The information provided in these submissions is collated by the ministry and reviewed and presented by a patient member of the CED.
- Patient impact is a key consideration for drug funding recommendations and decisions. By prioritizing the most important aspects of the illness and treatment outcomes, patient evidence can help set the context for weighing the clinical and economic data and understanding therapeutic gaps that may exist.
- Ontario is the second province in Canada to have a formal process for soliciting patient input in the drug review process.
- Facts:
 - 42 patient groups registered in 2010/11
 - In 2010/11, OPDP received 29 patient evidence submissions from 25 of patient groups