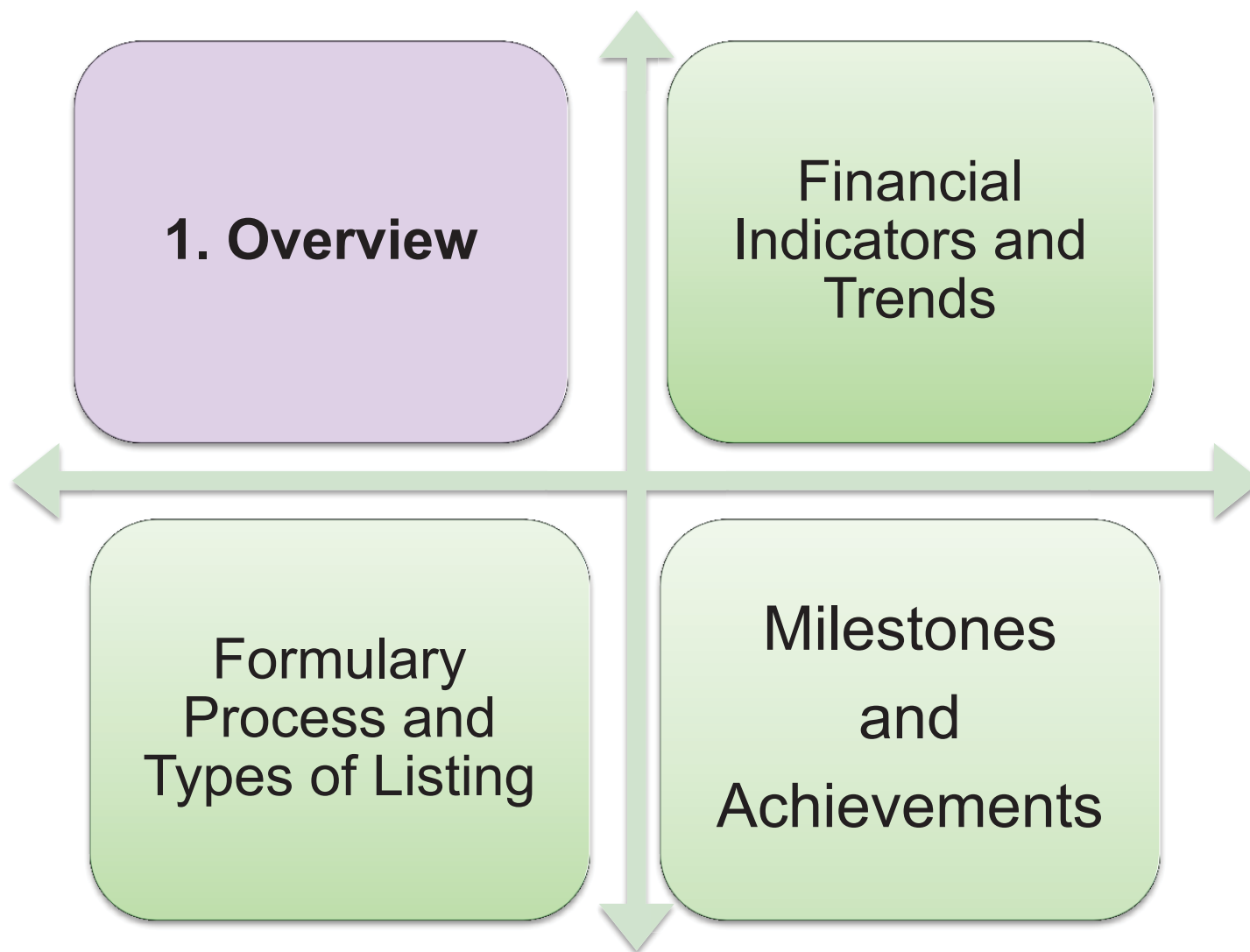


2011/12 Report Card

- 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
- **Markup:** 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

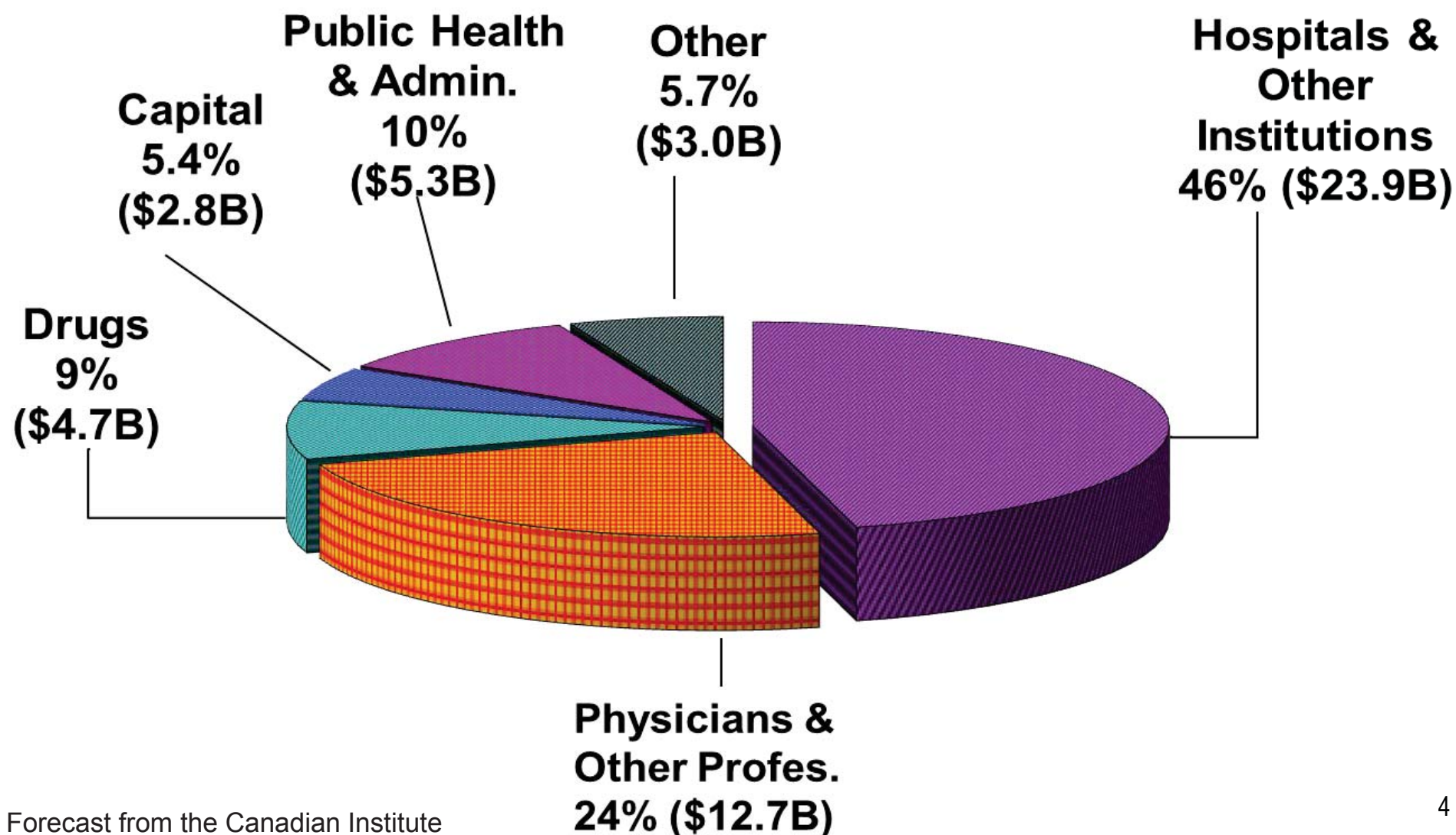
* Dispensing fee includes Professional fee + Compounding Fee

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

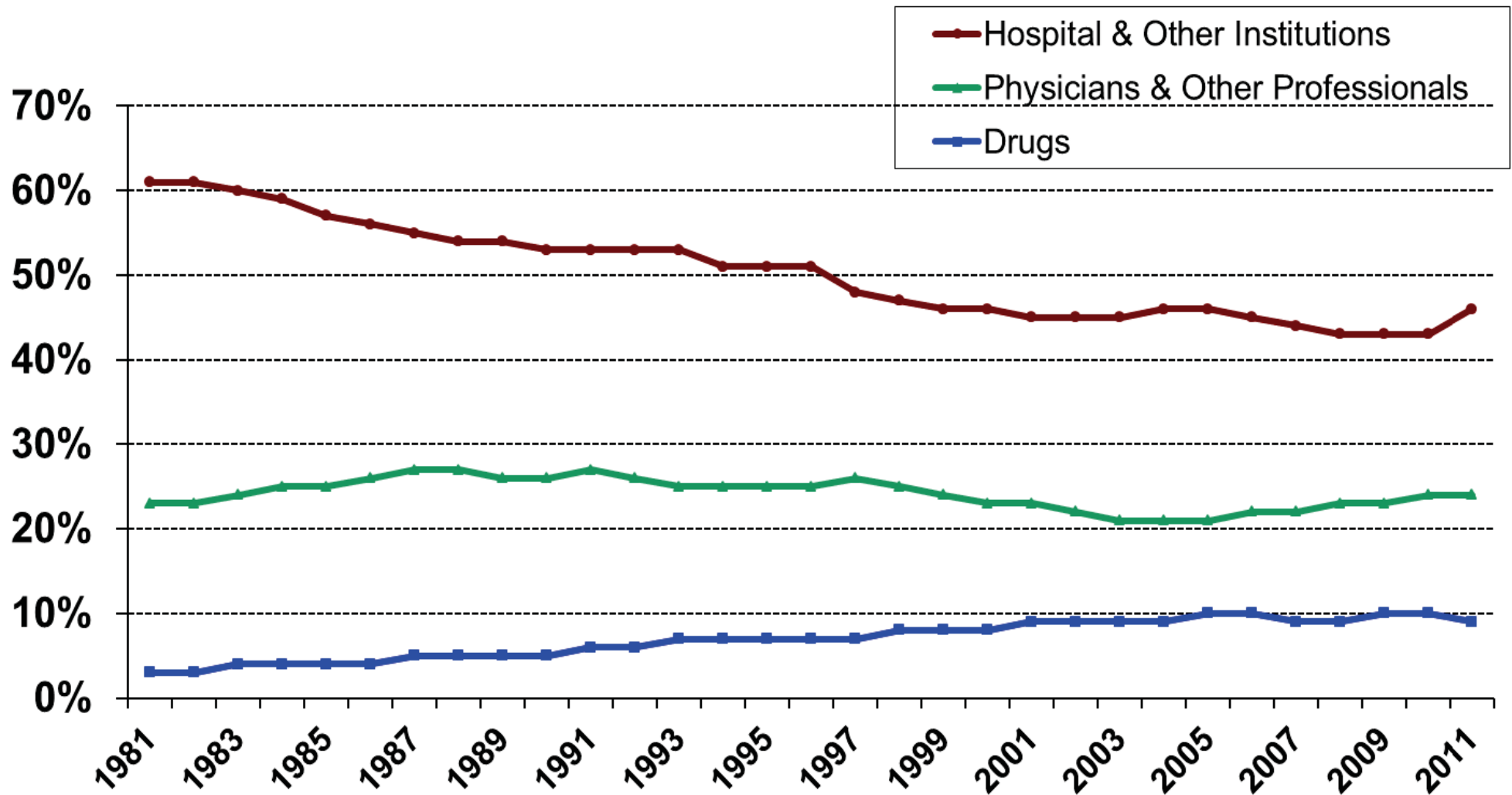
Disclaimer: Many of the figures included in this report have been rounded and therefore calculated totals and percentages may not add up completely as presented here.

Provincial Health Expenditures: 2011

Total health expenditures
in Ontario: \$52.4 Billion



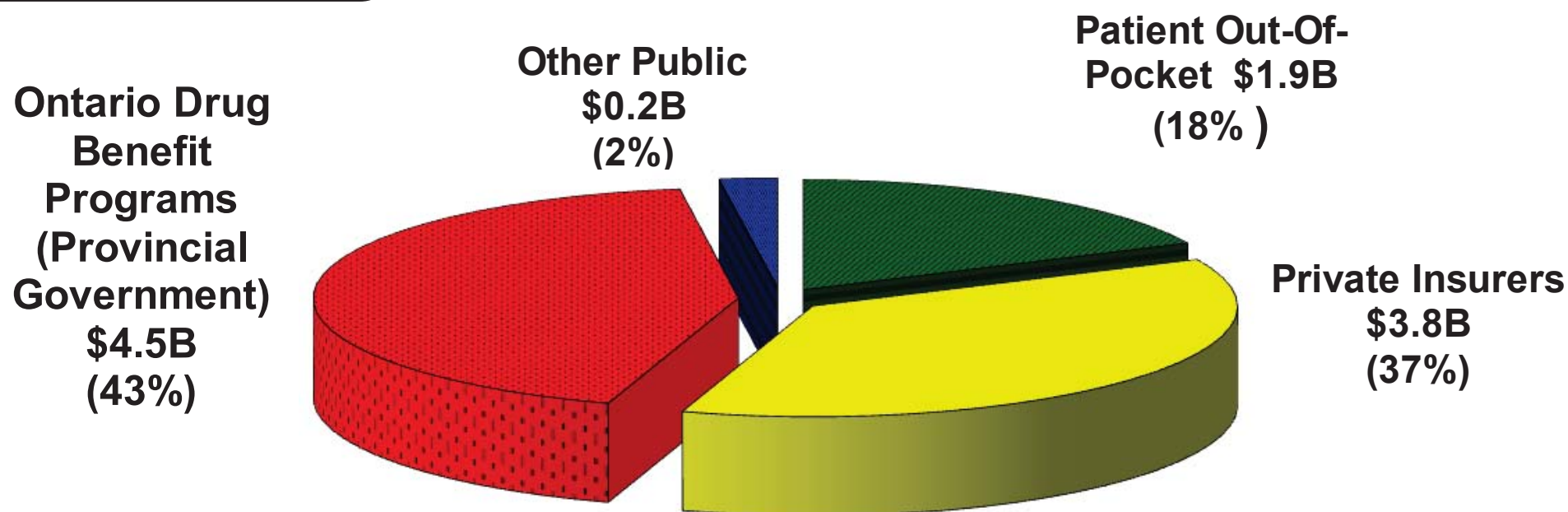
Provincial Health Expenditures Ontario: 1981-2011



Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2011

Drug Costs by Public, Private & Cash: 2011

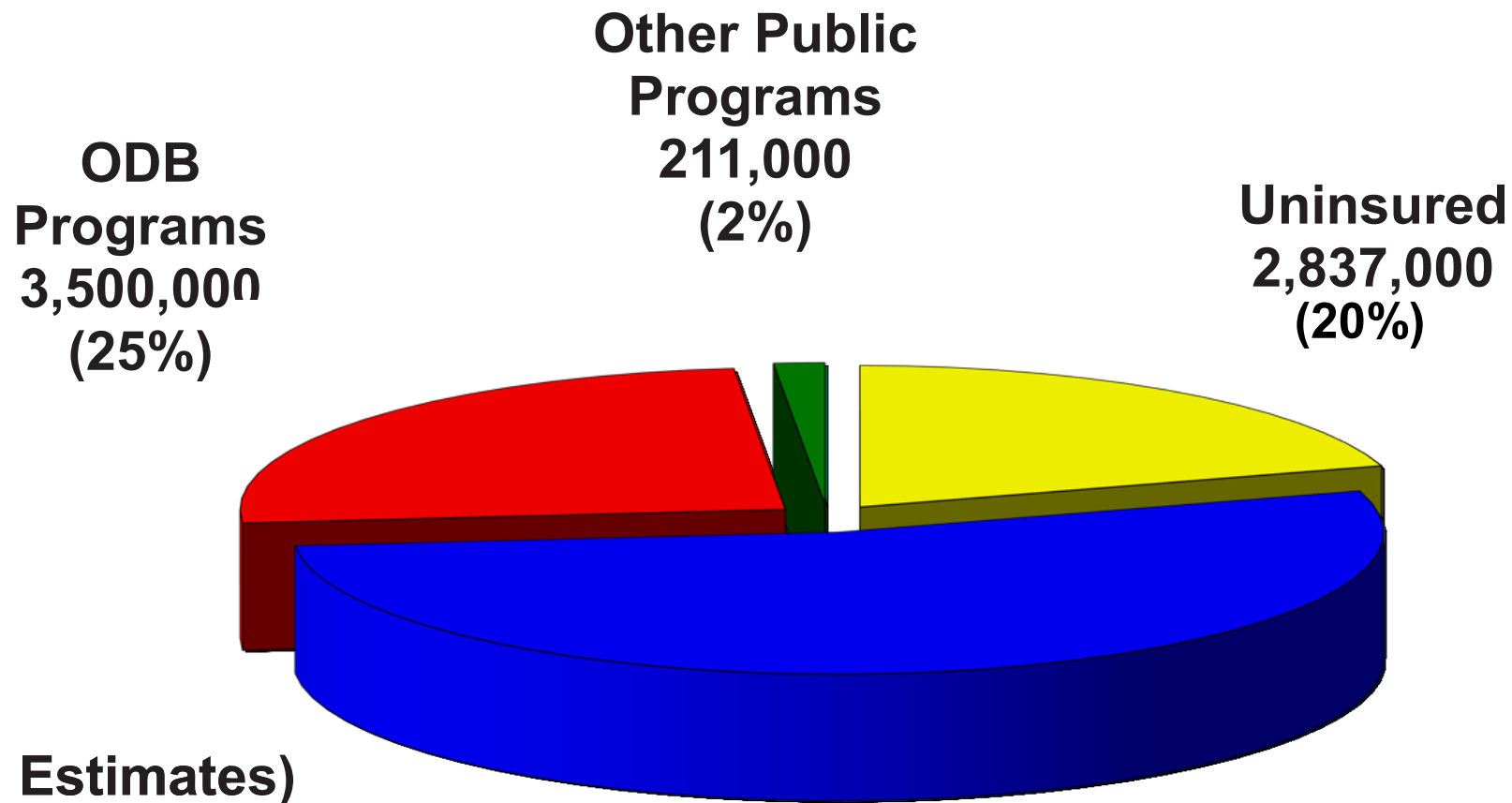
**Total Drug Costs
in Ontario: \$10.4
Billion**



Source: Forecast from the Canadian Institute for Health Information (CIHI), 2011

Note: Other Public includes federal direct expenditures (e.g. Non-Insured Health Benefits (NIHB), Veteran's programs) and other miscellaneous programs

Ontario Population Covered, by Public and Private Insurance: 2011



(2011 Estimates)

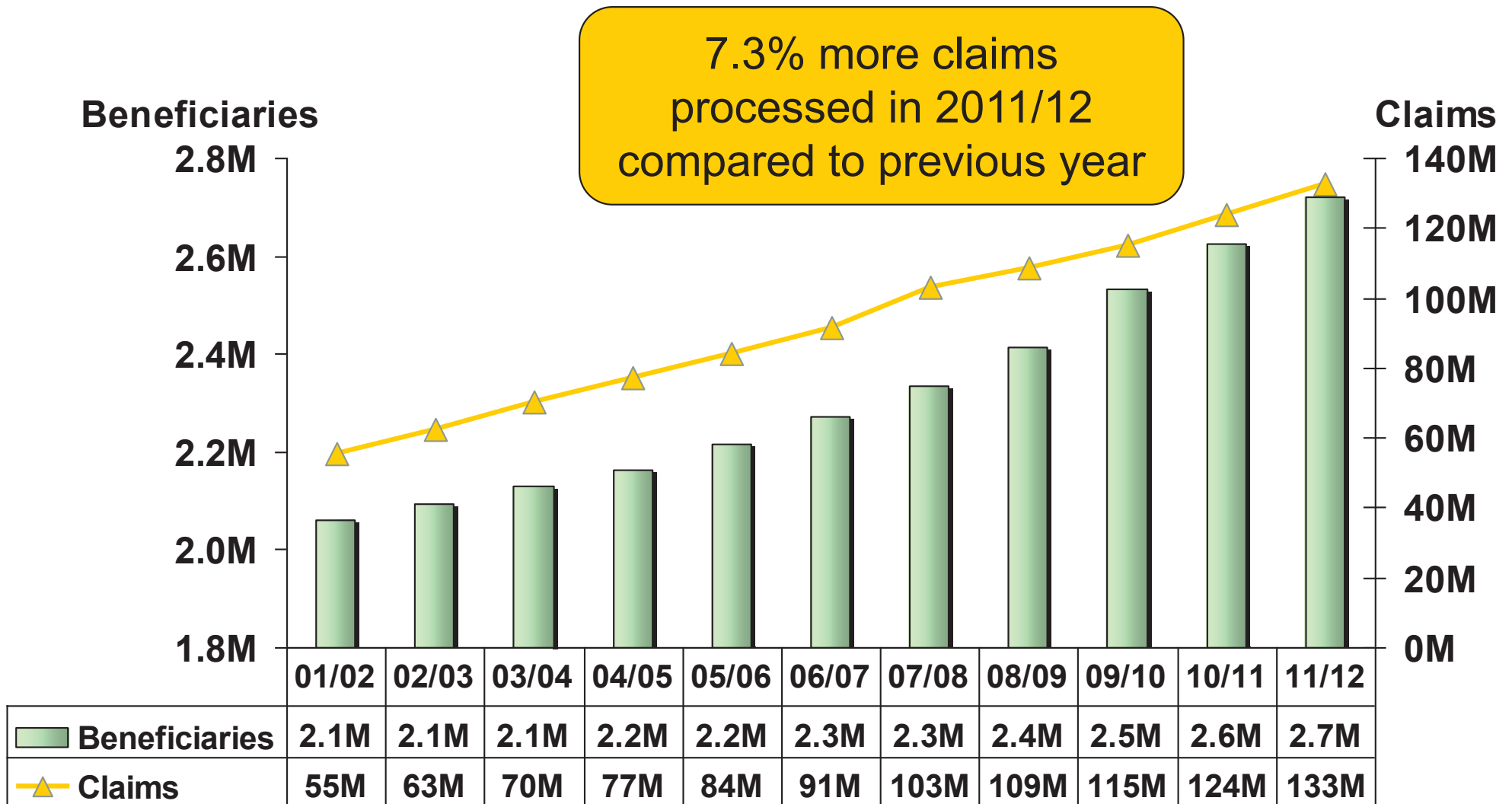
Note: Total population covered is 13,982,000 (includes overlaps between public and private programs)

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
7,434,000
(53%)**

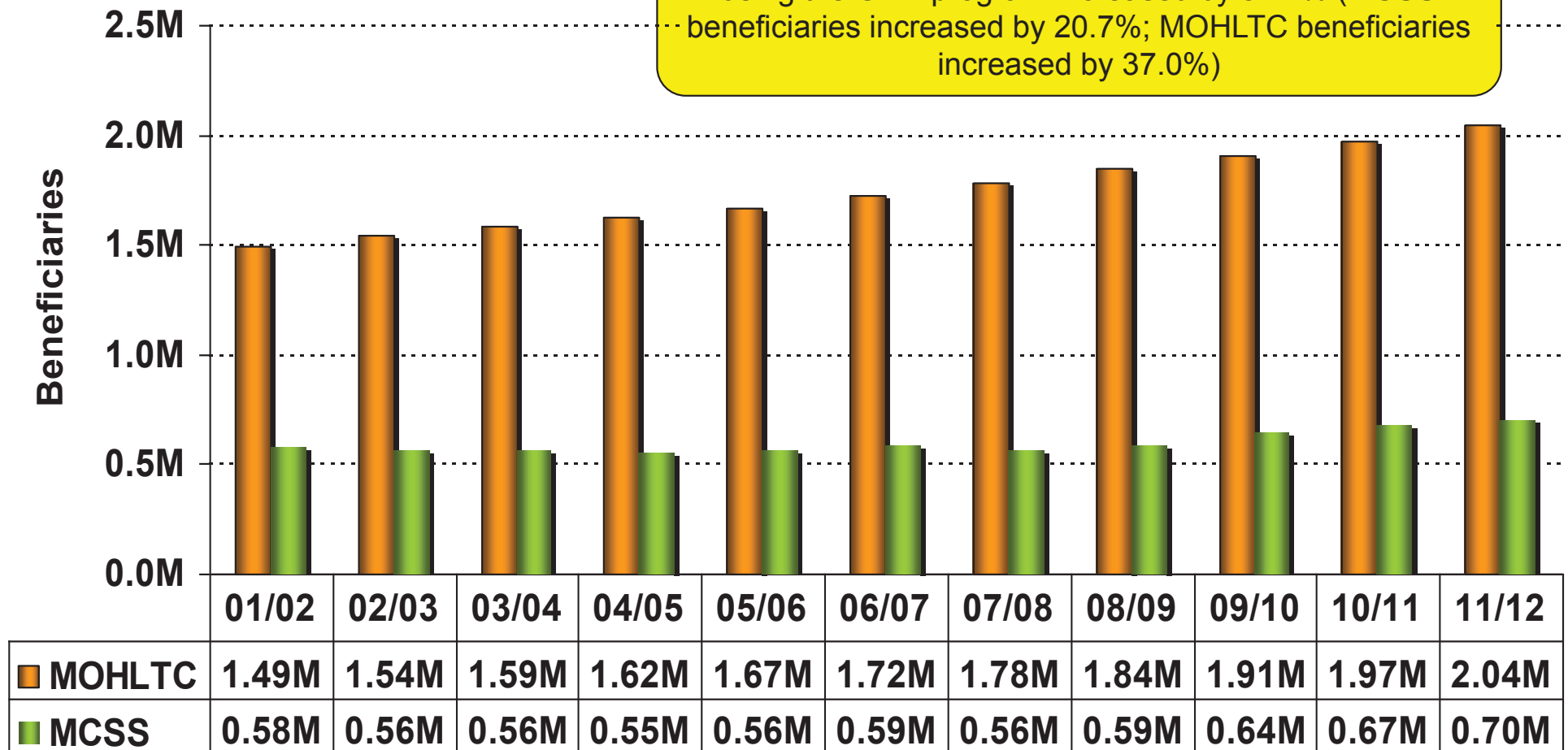
ODB Utilizing Beneficiaries & Claims: 2001/02 – 2011/12



ODB Utilizing Beneficiaries by Ministry: 2001/02 – 2011/12



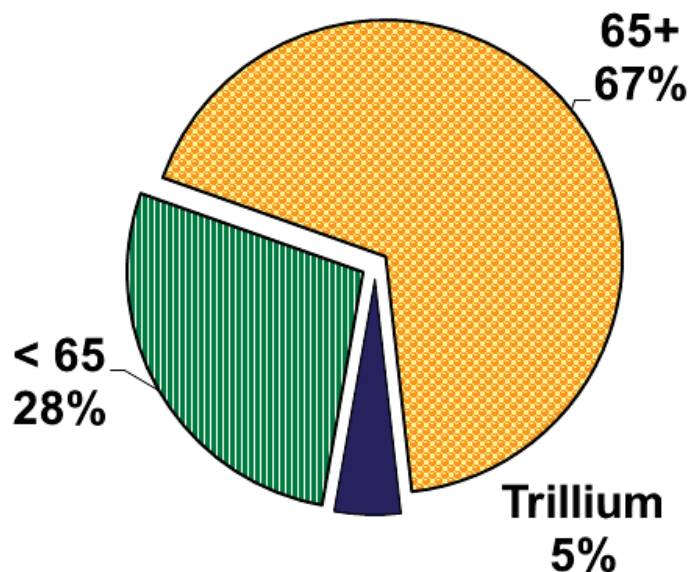
From 2001/02 to 2011/12, the total number of beneficiaries using the ODB program increased by 32.1% (MCSS beneficiaries increased by 20.7%; MOHLTC beneficiaries increased by 37.0%)



Age Breakdown of ODB Utilizing Beneficiaries: Ontario

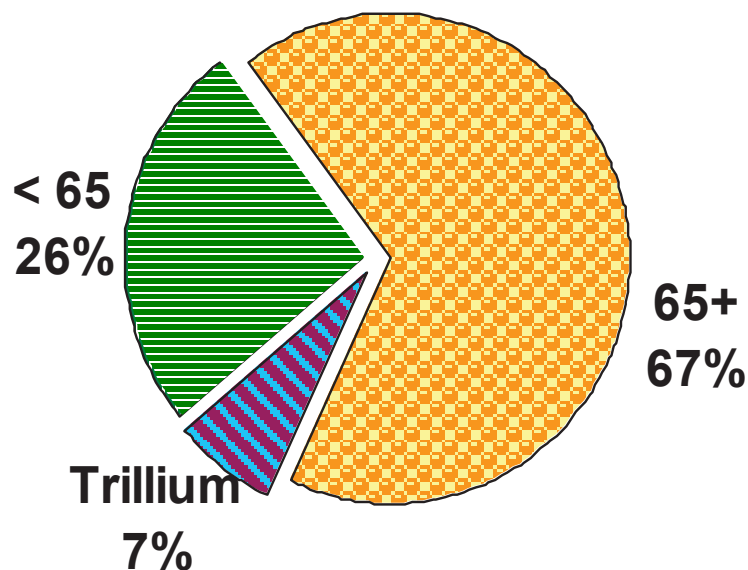
2001/02 vs. 2011/12

2001/02



<65	569K
Trillium	93K
65+	1,397K
Total	2,059K

2011/12

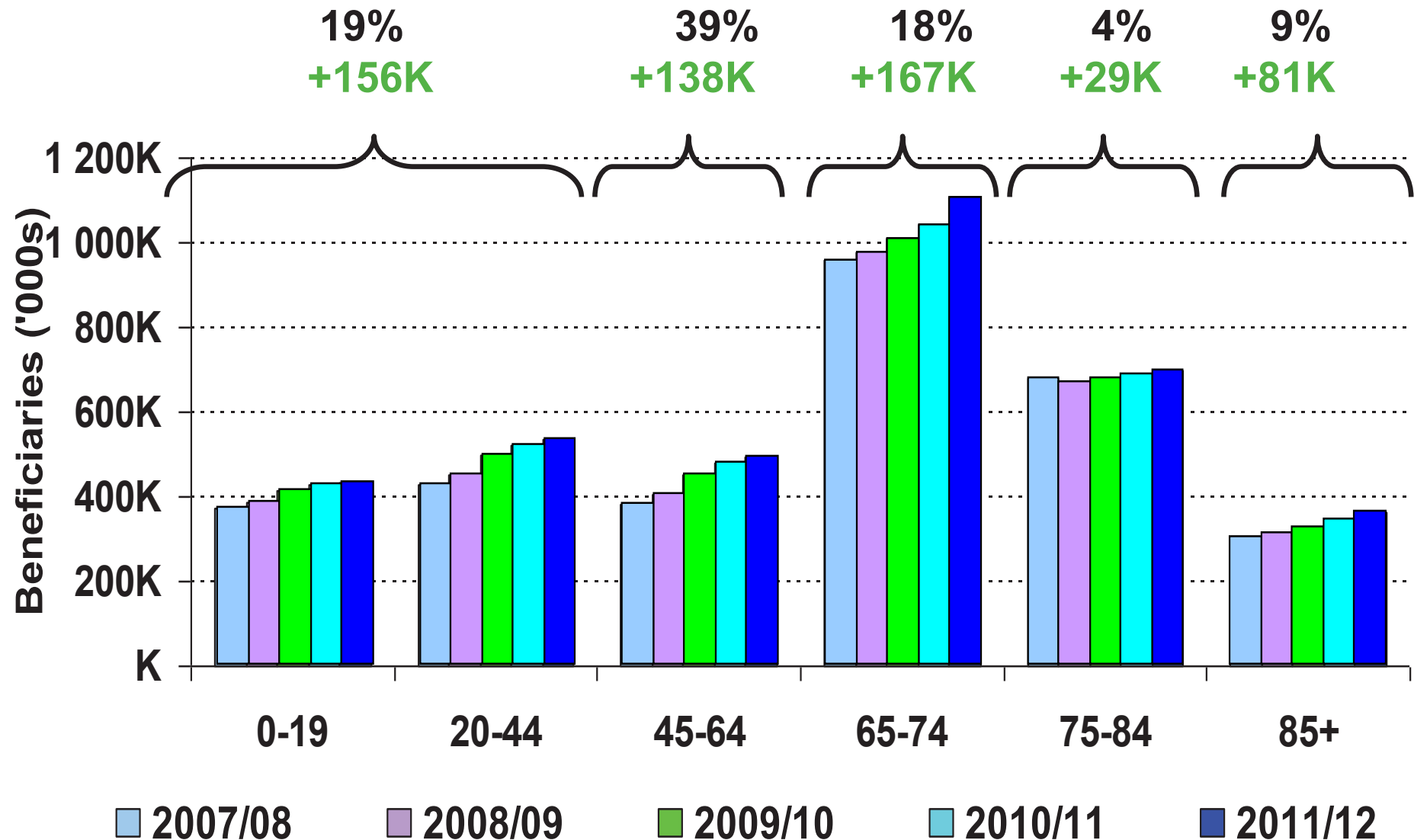


<65	702K
Trillium	192K
65+	1,826K
Total	2,720K

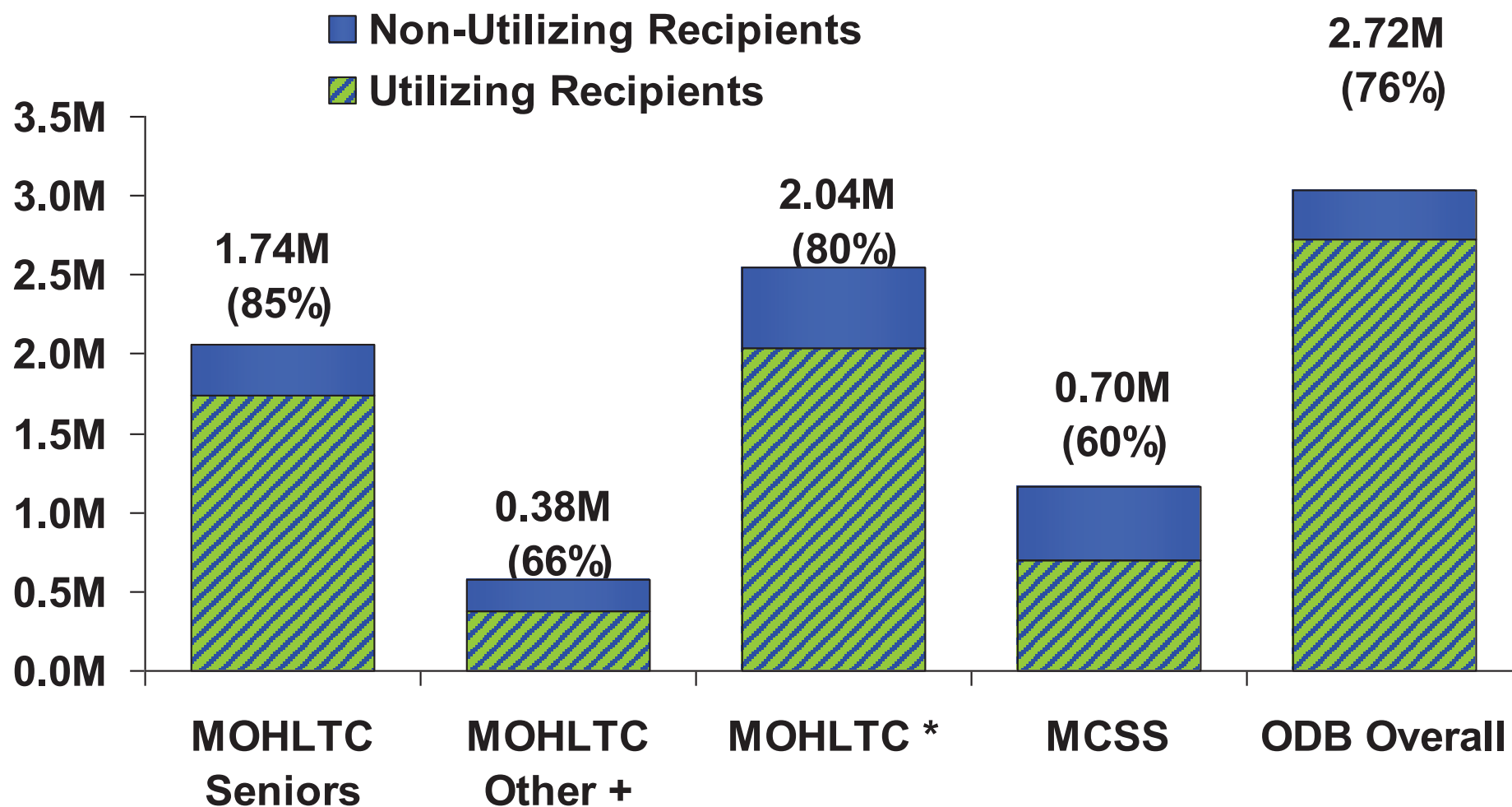
Age Distribution of Eligible Beneficiaries: 2007/08 - 2011/12



5-year growth

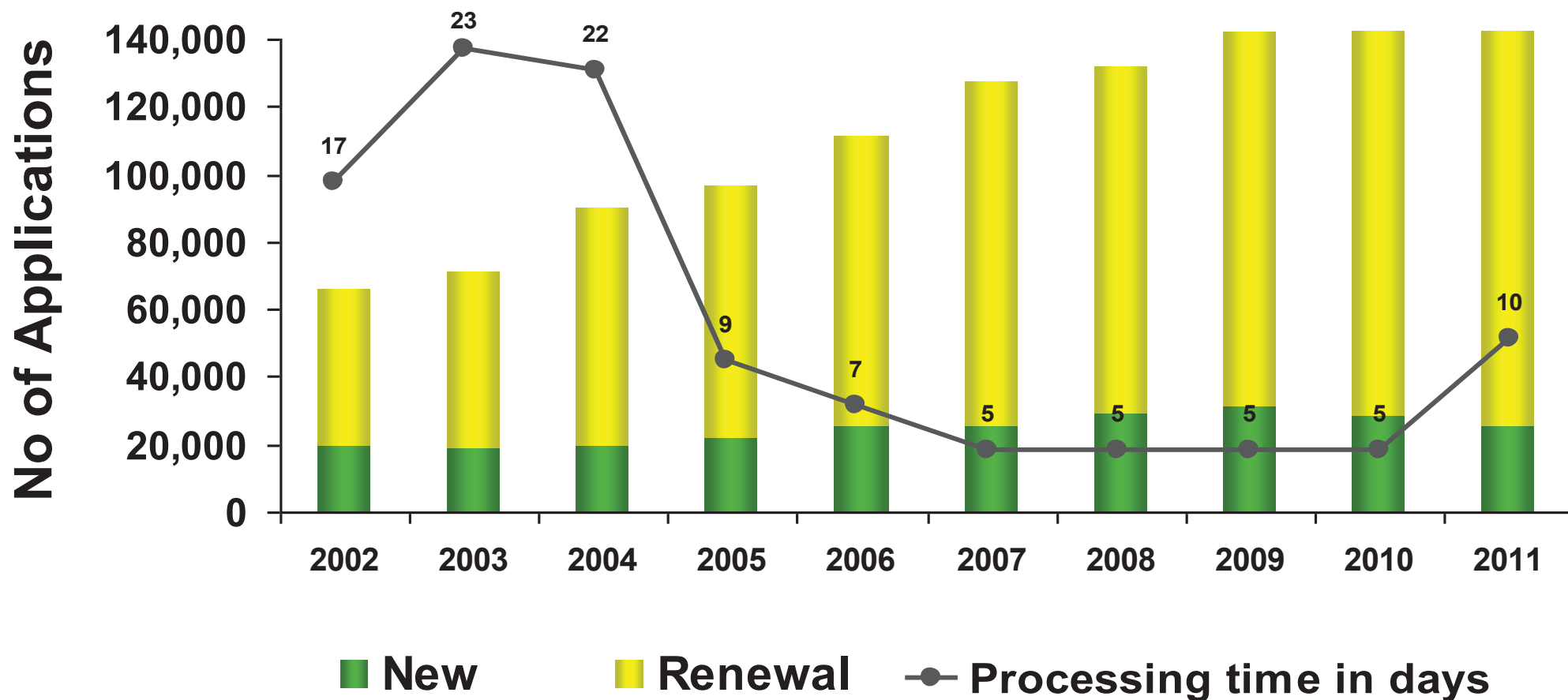


ODB Beneficiaries by Program: FY 2011/12



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

Trillium Applications* & Processing Time: 2002 – 2011 Benefit Years**

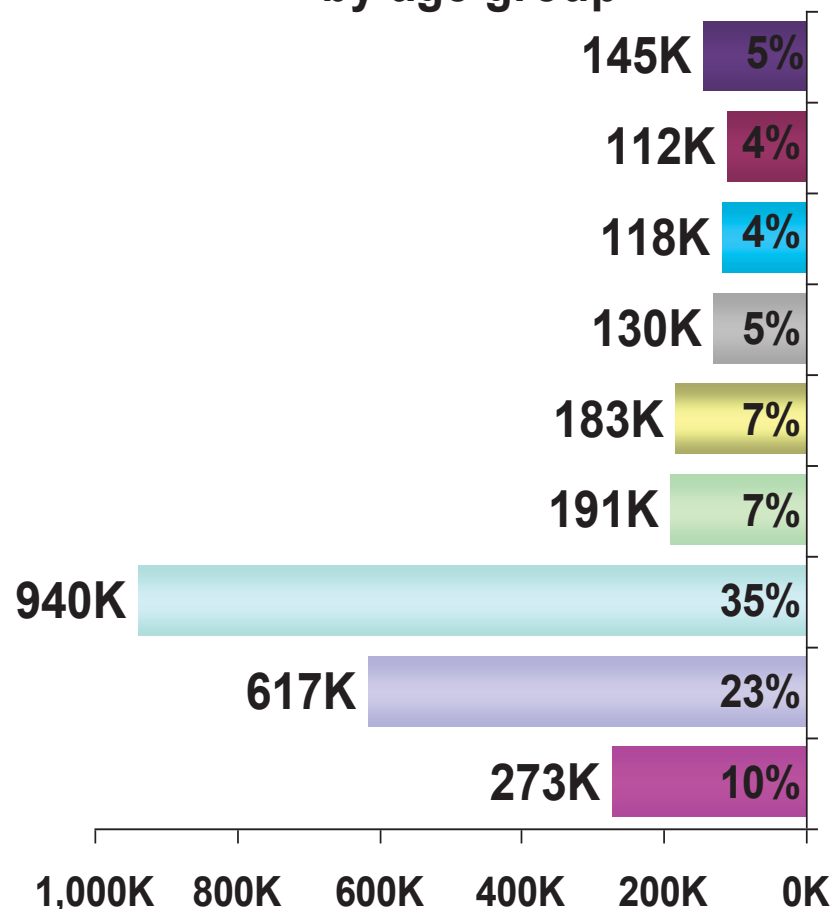


* Number of applications represents households, not individuals

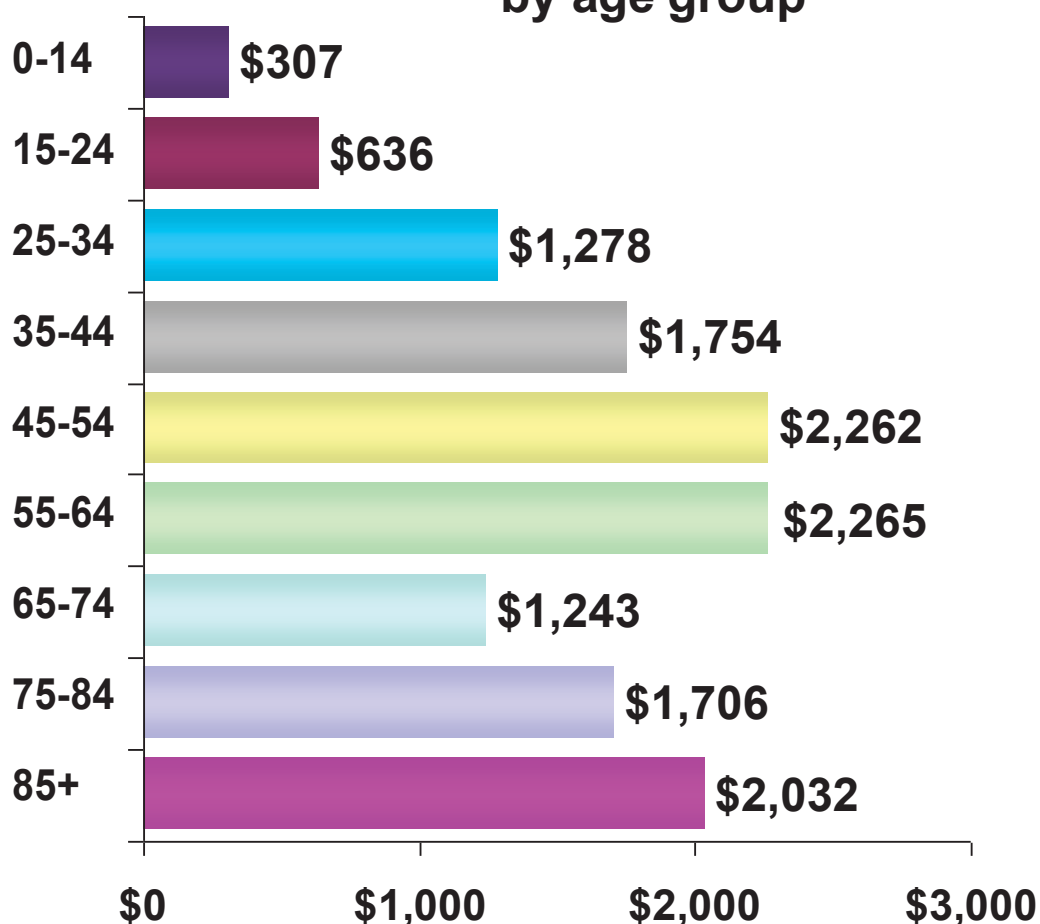
** Trillium benefit year starts August 1 and ends July 31 the following year

Beneficiary Distribution & Government Cost by Age: FY 2011/12

**Distribution of beneficiaries
by age group**



**Government cost per beneficiary
by age group**

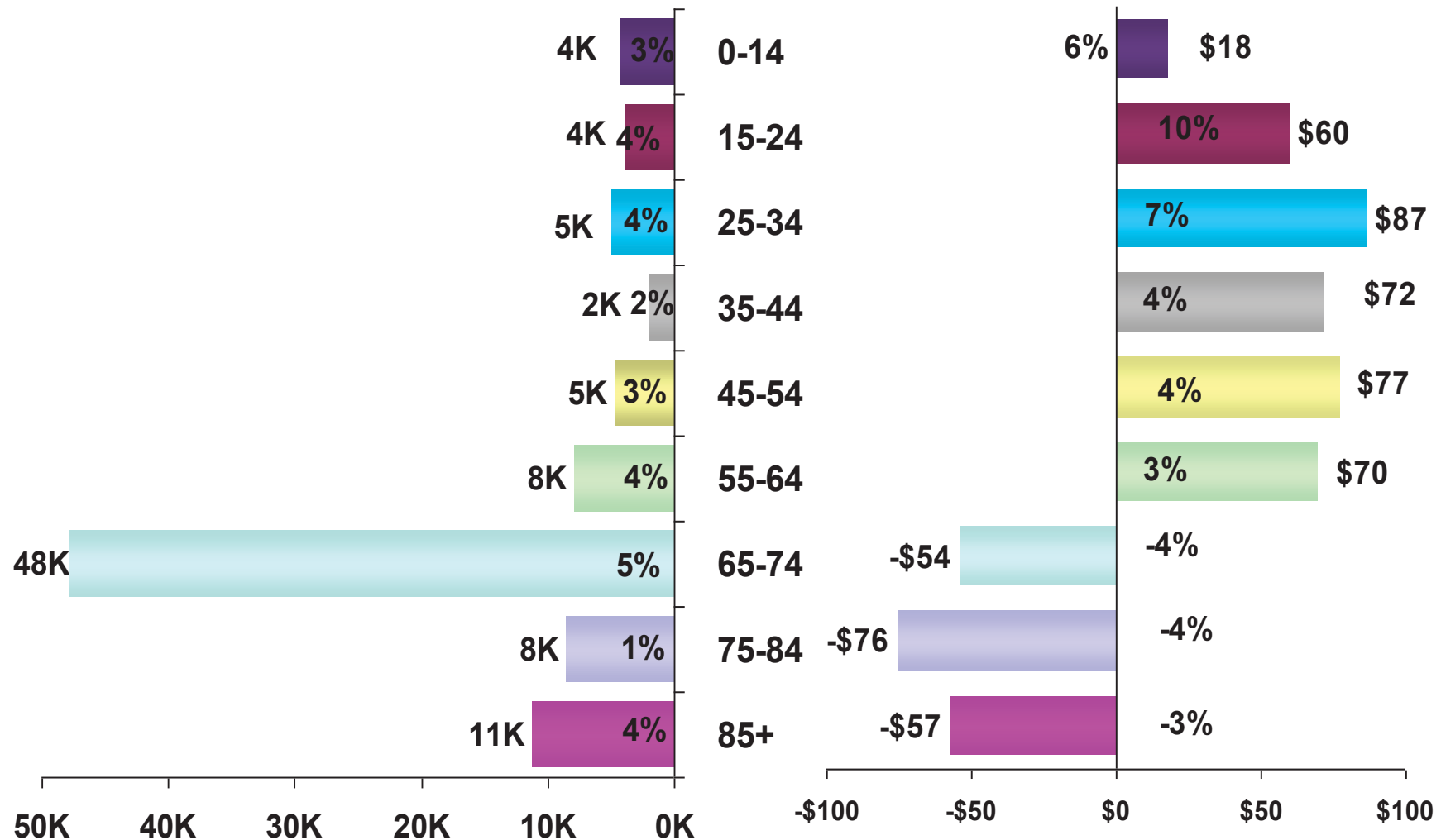


NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Age: 2010/11 – 2011/12

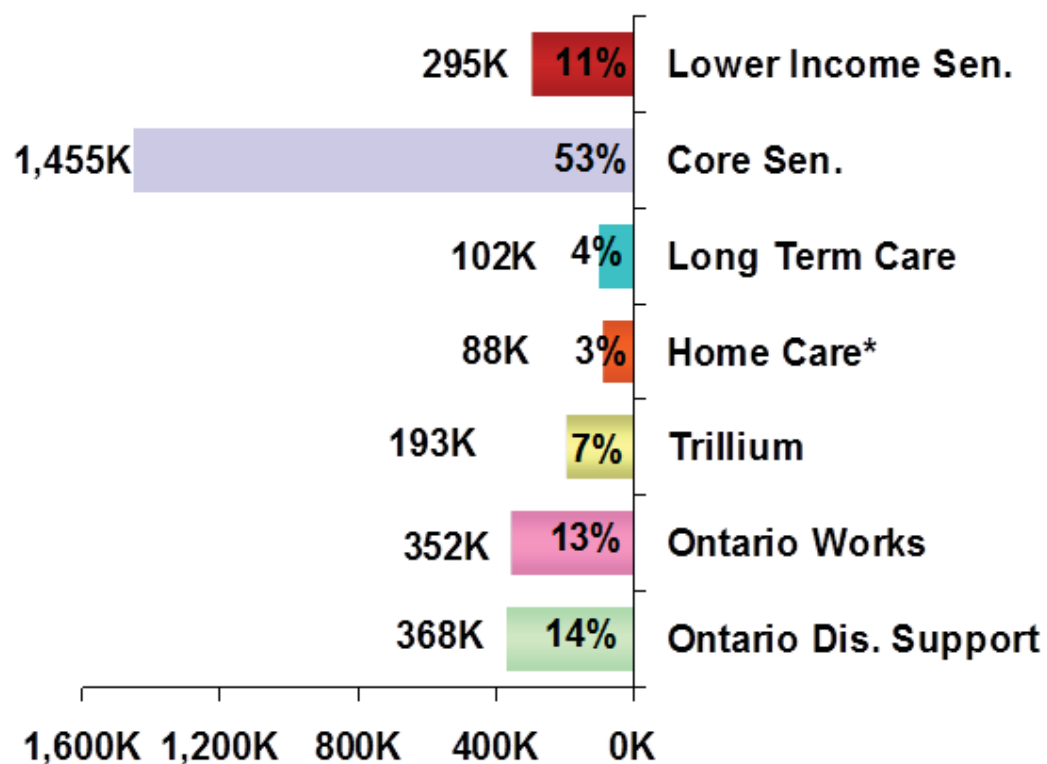
Change in beneficiaries
by age group

Change in government cost per
beneficiary by age group

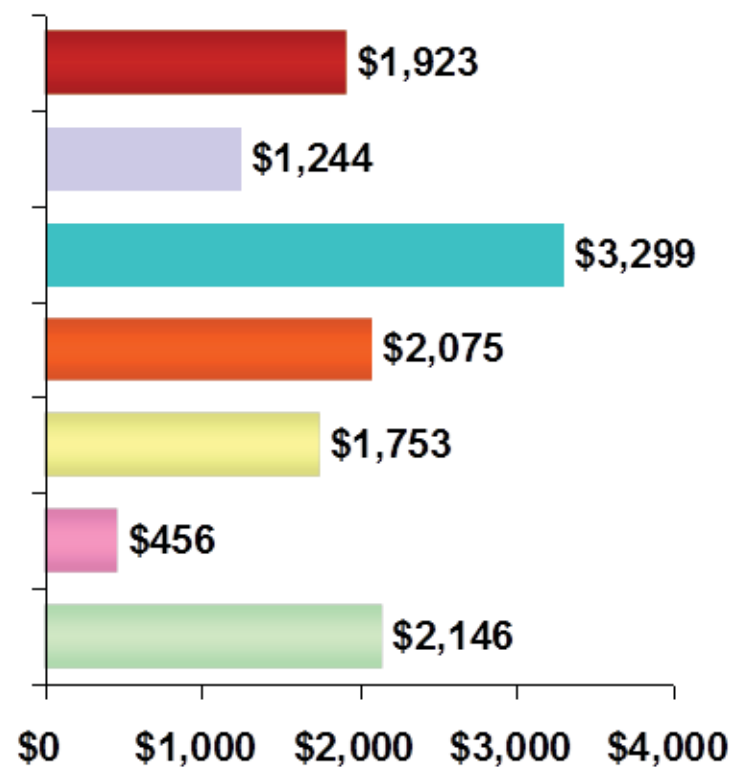


Beneficiary Distribution & Government Cost by Program: 2011/12

Distribution of beneficiaries by program



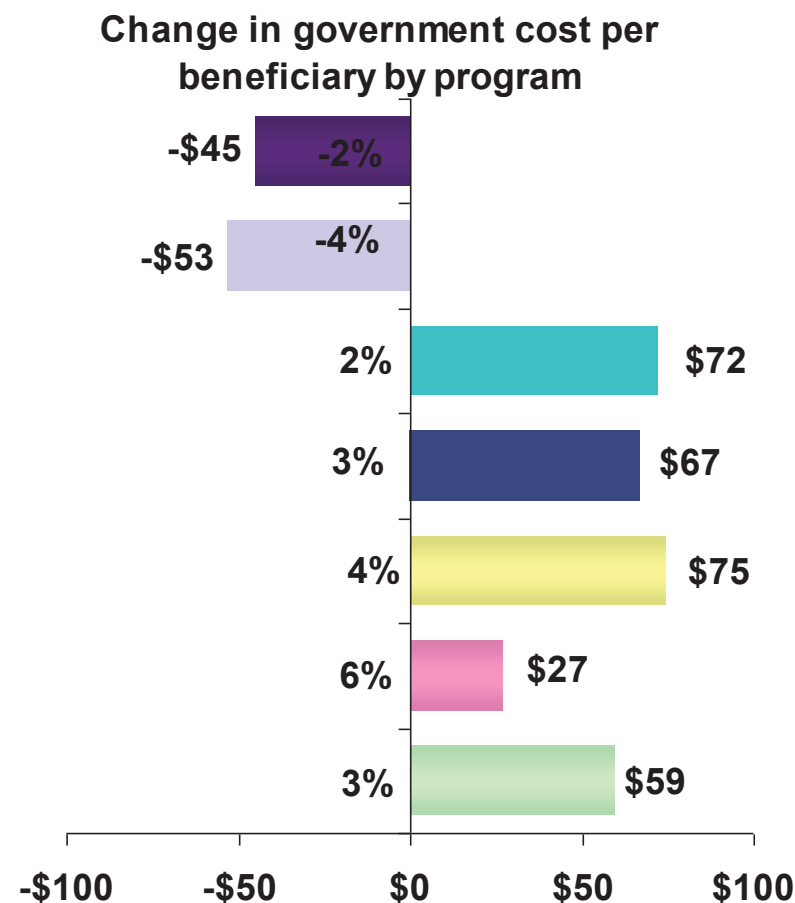
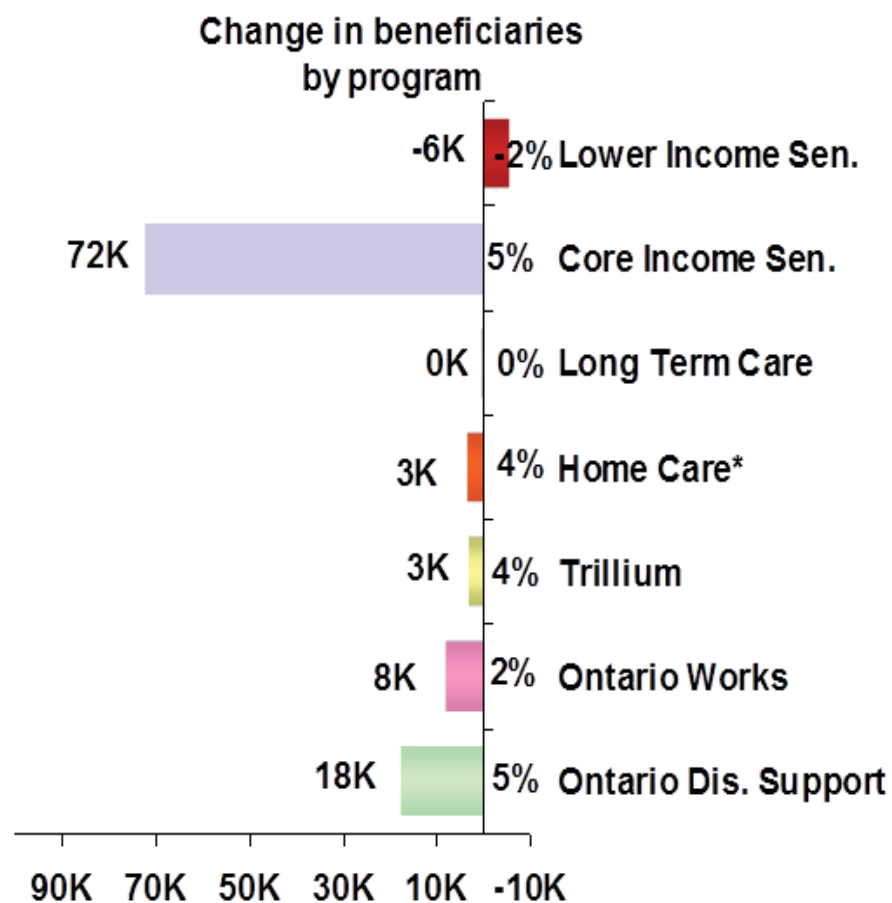
Government cost per beneficiary by program



*Home Care & Homes for Special Care

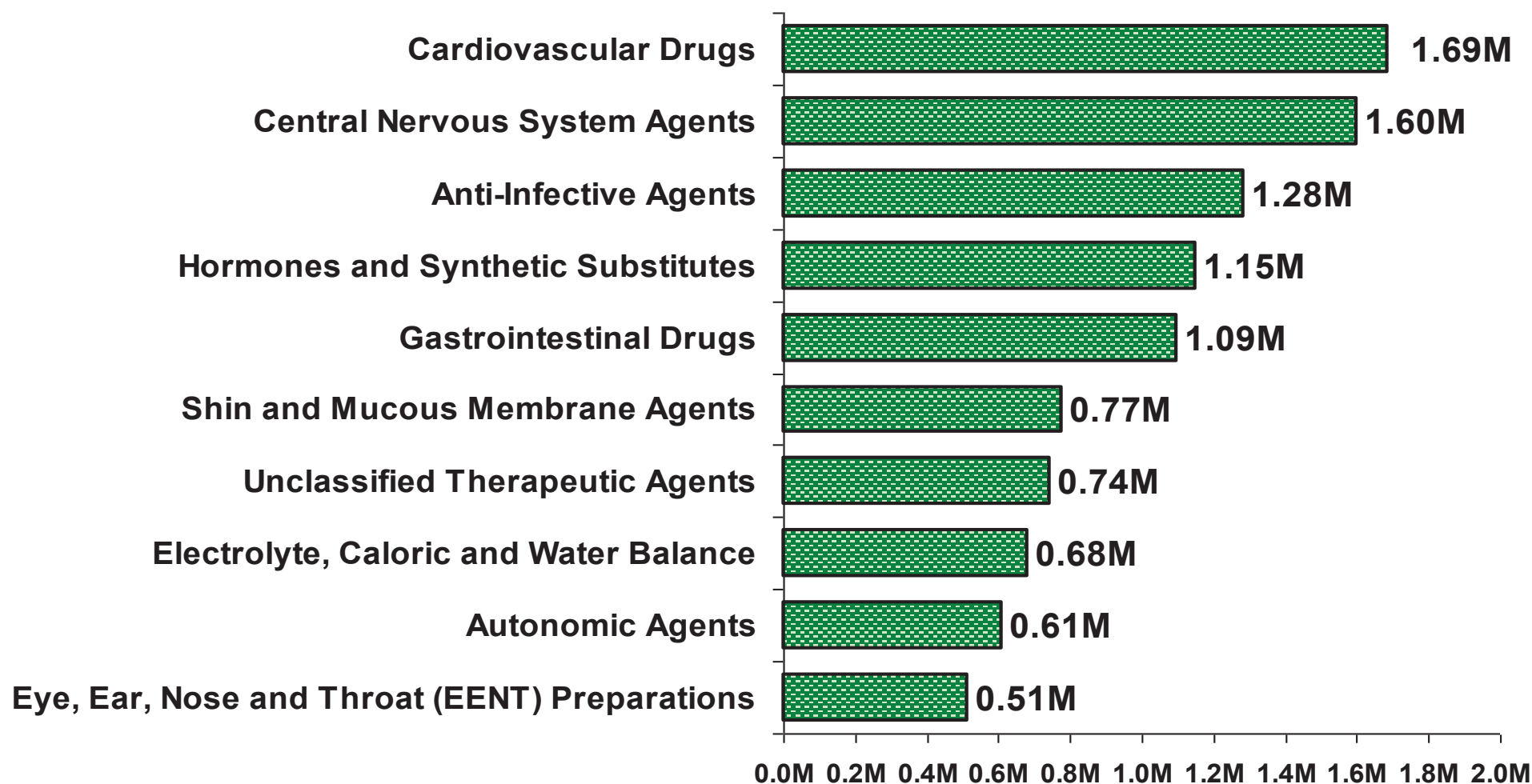
NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries. Individuals may move between programs within a benefit year and may be counted in more than one category.

Change in Beneficiaries & Government Cost by Program: 2010/11 – 2011/12



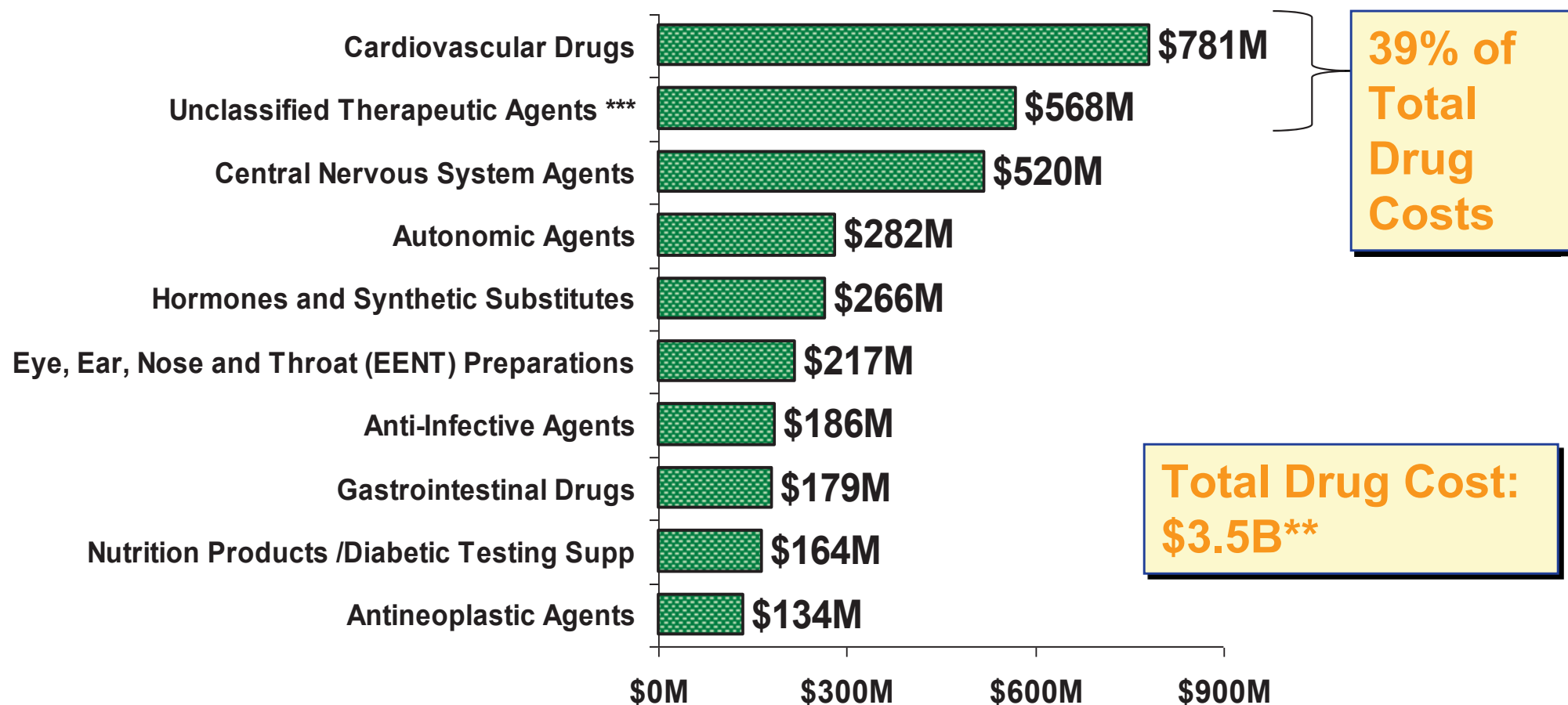
*Home Care & Homes for Special Care

Top 10 Therapeutic Classes* by Number of Users: Fiscal Year 2011/12



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

Top 10 Therapeutic Classes by Drug Cost*: Fiscal Year 2011/12

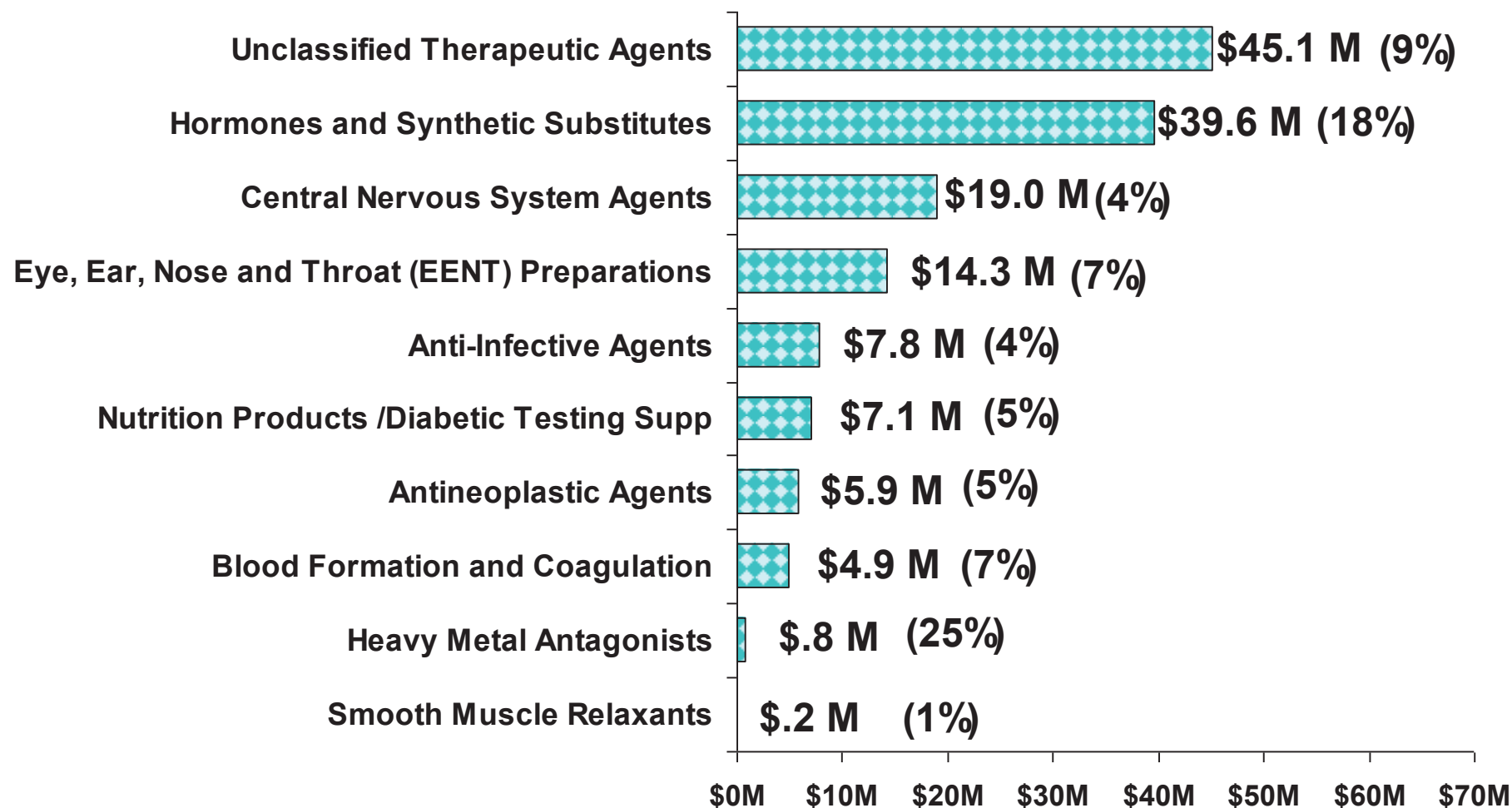


* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO).

** Includes all classes, not just top 10

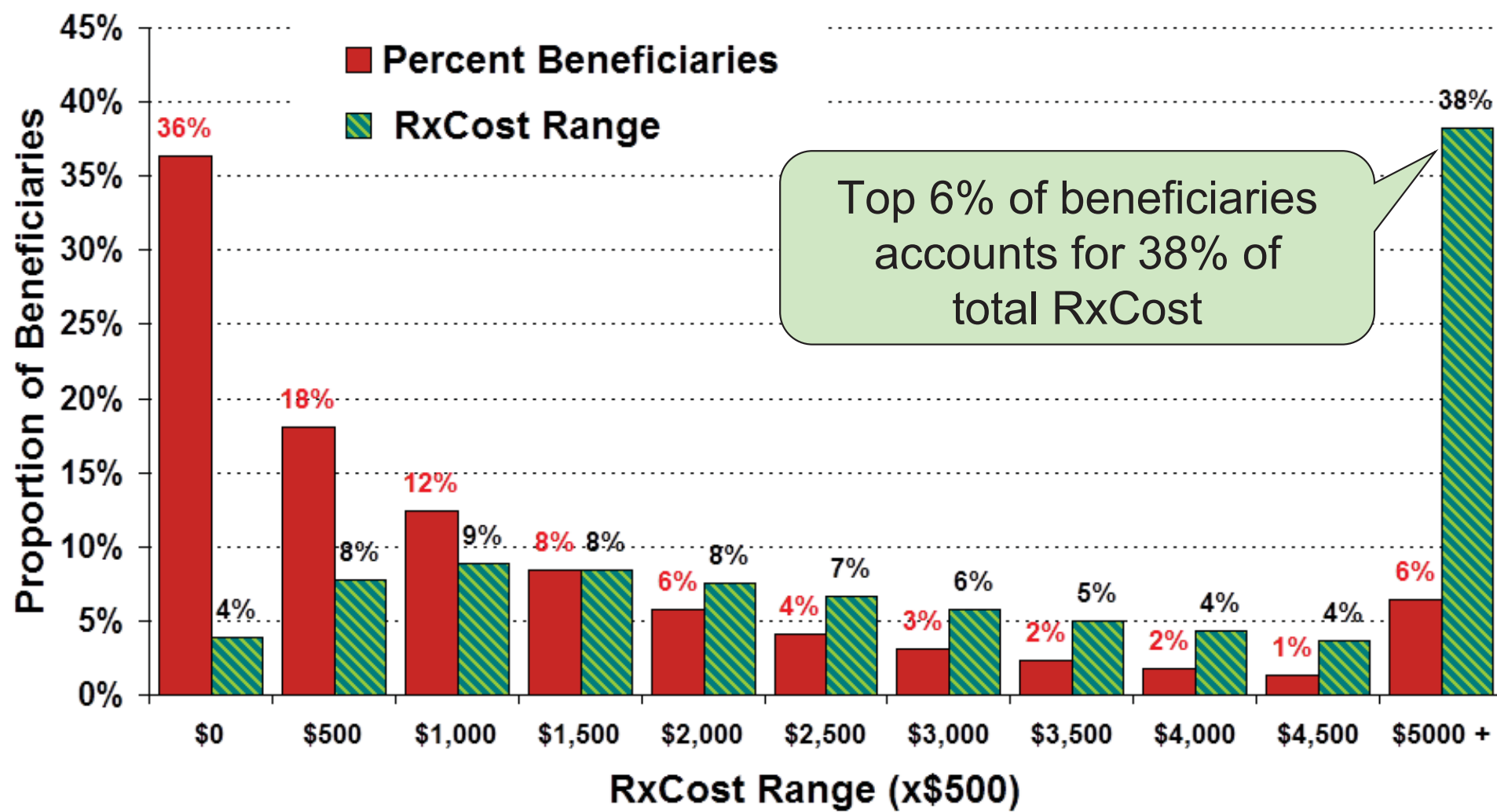
***Some top drugs in this category include drugs used to treat osteoporosis, Parkinson's Disease, Plaque Psoriasis and Rheumatoid Arthritis, Pompe Disease, Multiple Sclerosis

Fastest Growing Classes by Drug Cost: 2010/11 – 2011/12



Total increase over previous year: \$144.7M

Cost Concentration From Least to Most Costly Beneficiary: FY 2011/12

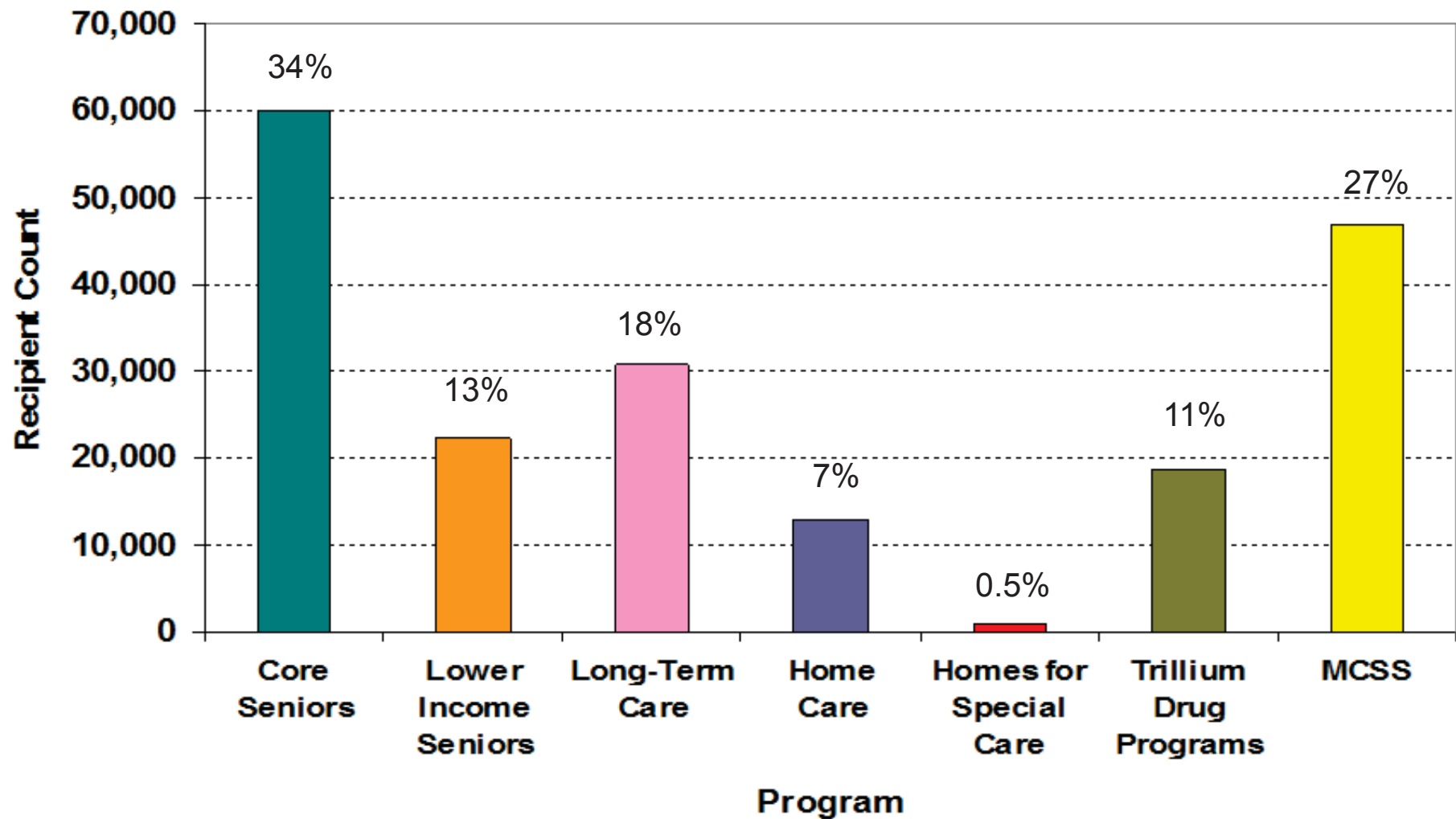


Breakdown of Top Beneficiaries Category: FY 2011/12



- Top 6% of Beneficiaries amount to 38% 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. Oxycodone (Oxycontin/OxyNeo)
 4. Injectable mixture, infusion and in cassette
 5. Enbrel (etanercept)
 6. Revlimid (lenalidomide)
- Approximately over 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

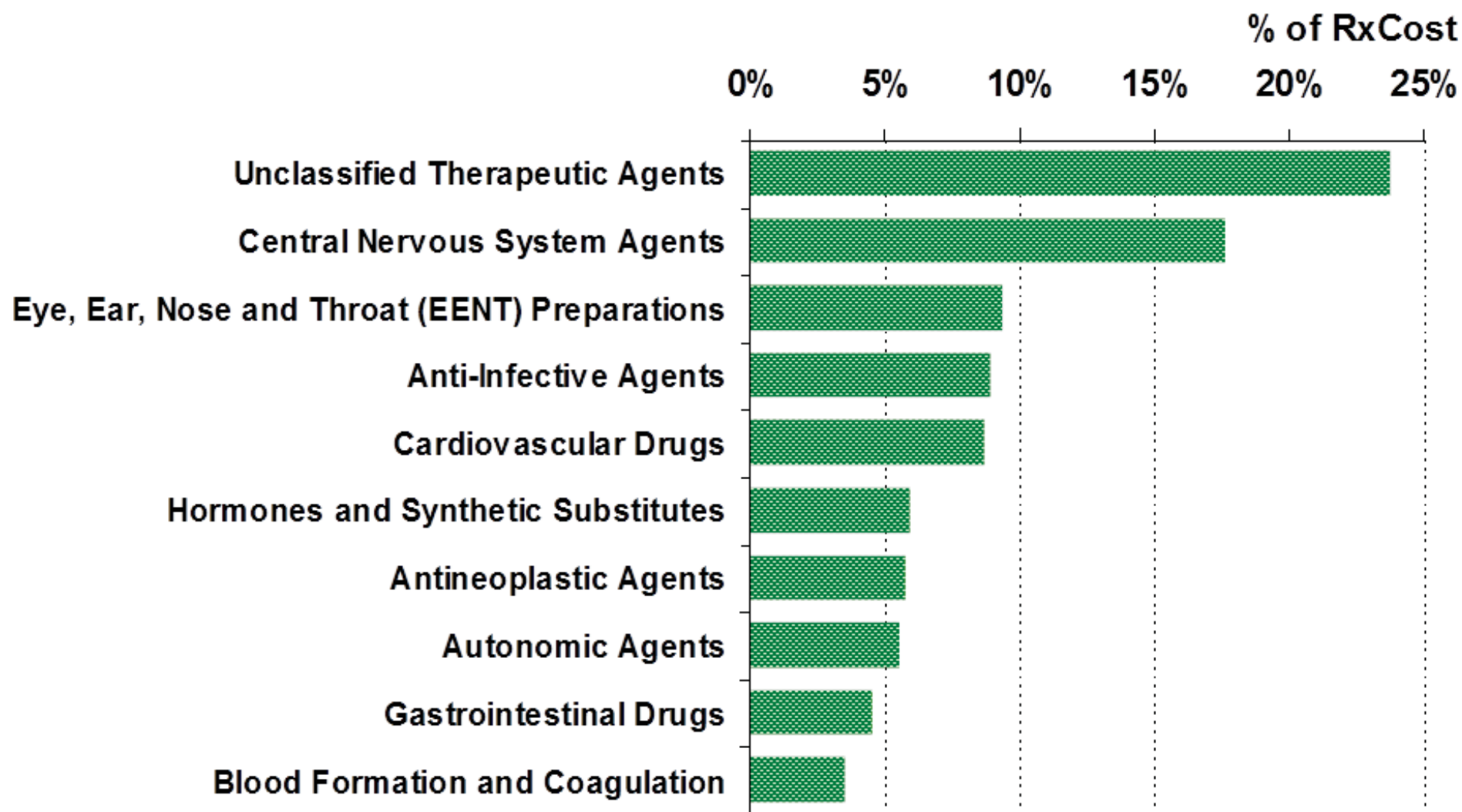
Breakdown of Top Beneficiaries by Program: 2011/12



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

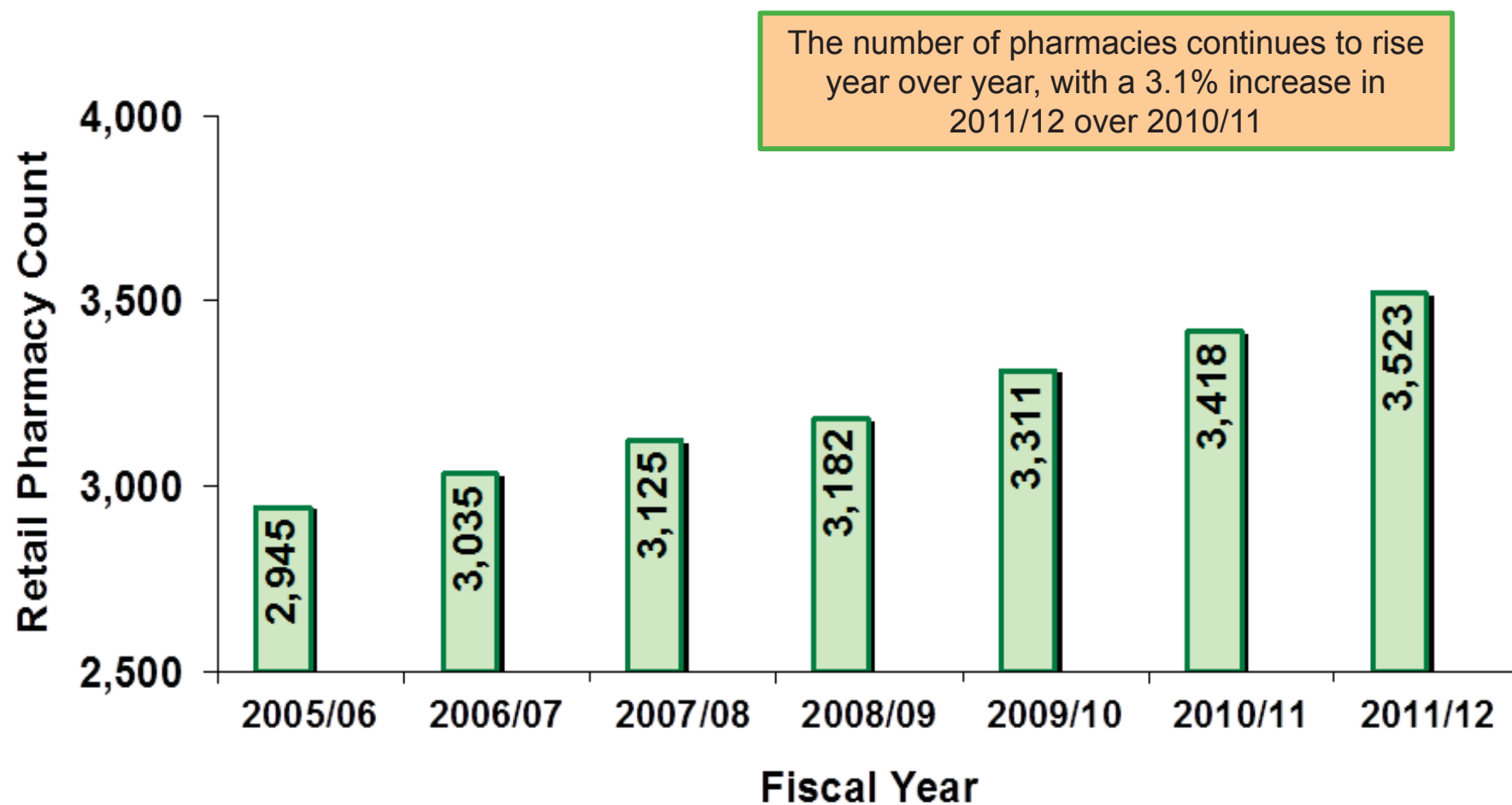
Top Therapeutic Classes for High Cost Claimants (>\$5,000): FY 2011/12



Top 10 Chemicals for High Cost Claimants Ontario by Total RxCost (Recipient + Government Costs): FY 2011/12

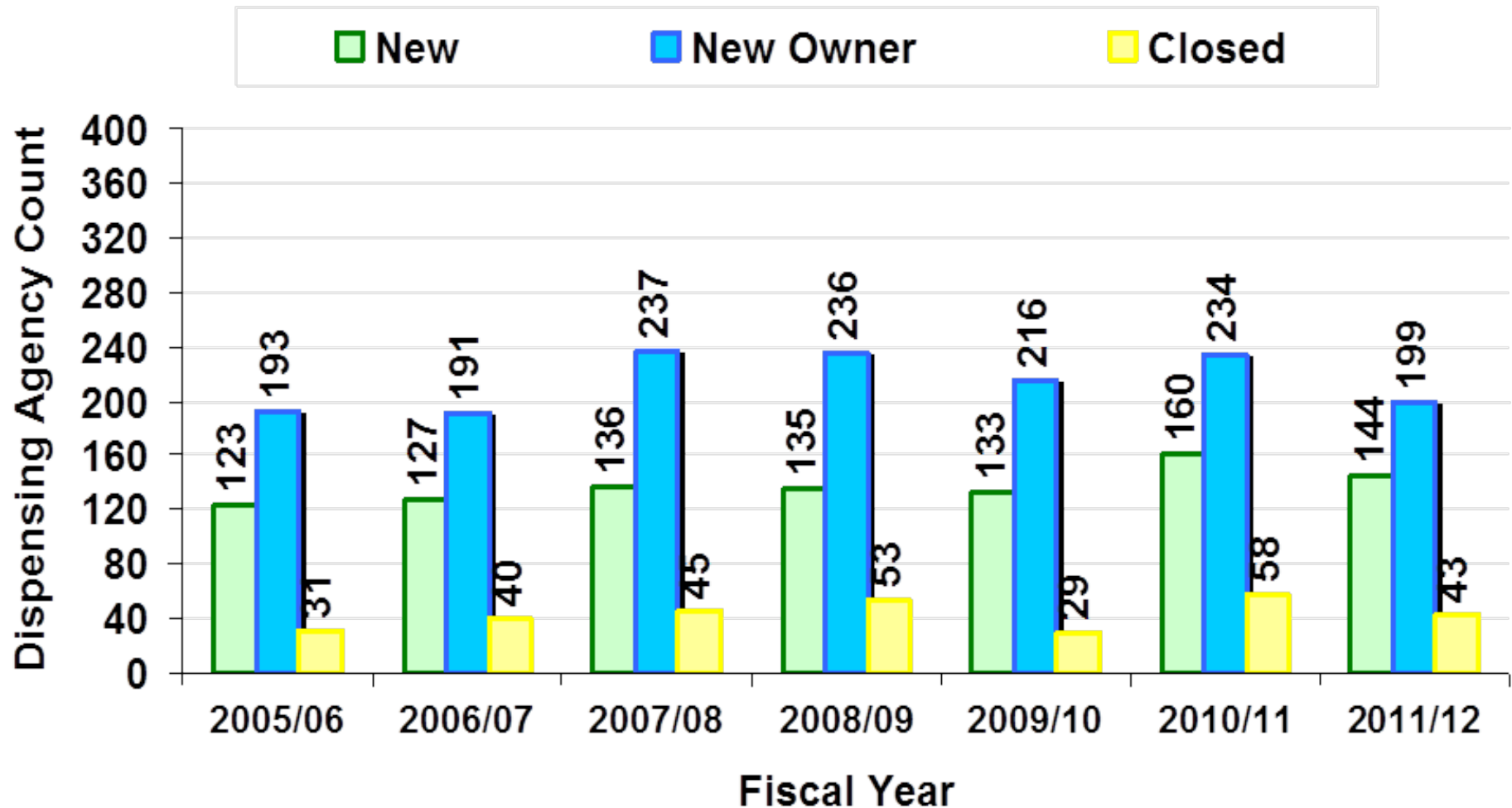
Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	\$157M	8.8%
2	Infliximab (Remicade)	Unclassified	\$71M	4.0%
3	Oxycodone HCL (Oxycontin/OxyNeo)	Central Nervous System	\$58M	3.3%
4	Injectable in Cassette, Infusion or Mixture	Unclassified	\$56M	3.1%
5	Etanercept (Enbrel) -LU	Unclassified	\$43M	2.4%
6	Lenalidomide (Revlimid)	Unclassified	\$42M	2.3%
7	Donepezil (Aricept) - LU	Autonomic Agents	\$32M	1.8%
8	Imatinib Mesylate (Gleevec)	Antineoplastic Aents	\$32M	1.8%
9	Adalimumab (Humira) - LU	Unclassified	\$32M	1.8%
10	Salmeterol Xinafoate & Fluticasone Propionate (Advair) - LU	Autonomic Agents	\$27M	1.5%
TOTAL Top 10			\$550M	30.7%

Active* Retail Pharmacies in Ontario: 2005/06 – 2011/12



*Active as of March 31st of each fiscal year

New, New Owner and Closed Retail Pharmacies in Ontario: 2005/06 – 2011/12



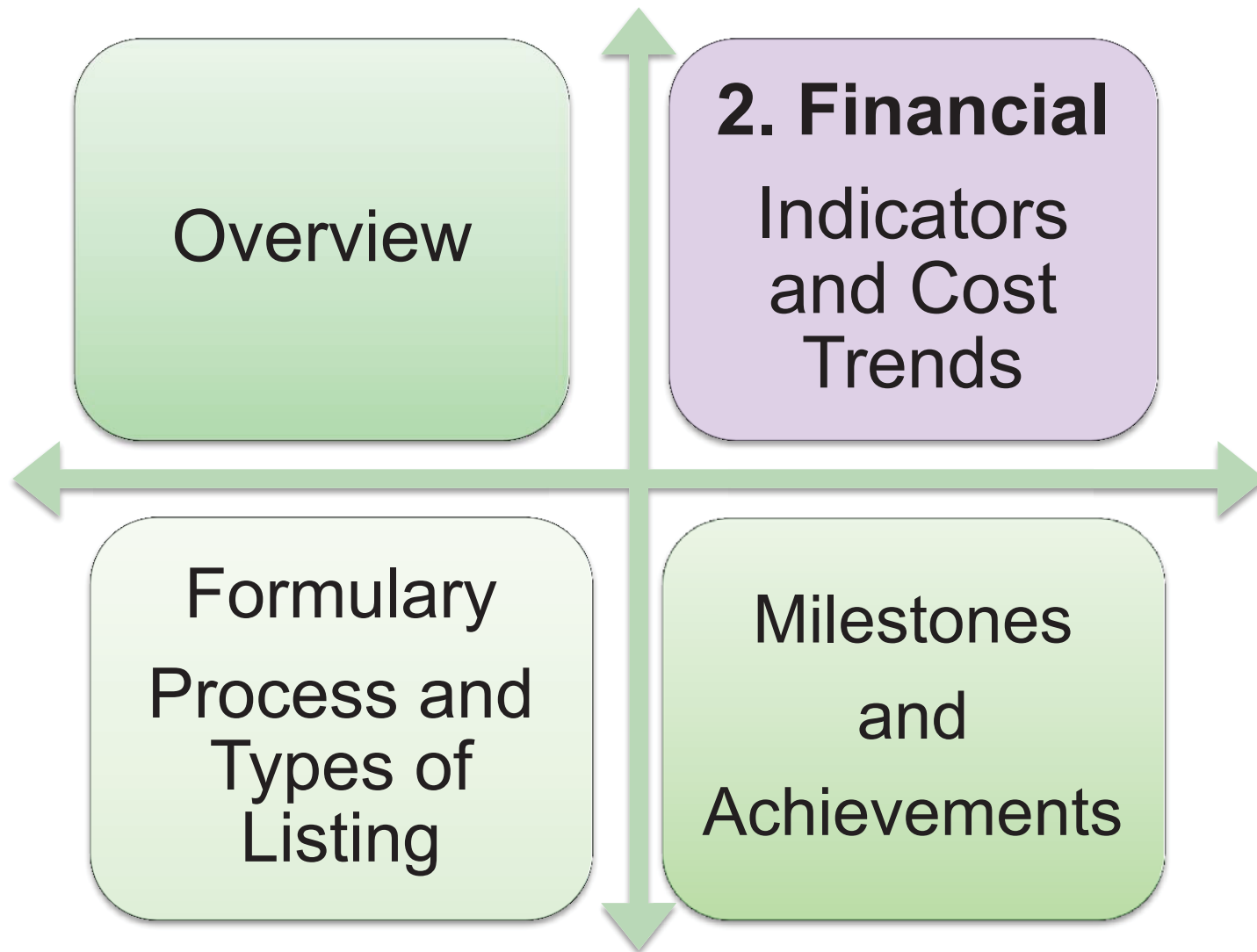
NB: Agencies may be double counted in a fiscal year if they experienced multiple changes.
Data includes all changes (new, new owner and/or closed) over an entire fiscal year.

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

Highlights of Overview

- Drugs represented 9% of provincial health expenditures in 2011/12.
- The number of ODB beneficiaries and claims continues to rise: approximately 7.3% more claims processed in 2011/12 over 2010/11.
- The top 6% of beneficiaries (determined by RxCost) accounted for a large proportion of expenditures (38%) in 2011/12.
- Cardiovascular drugs and Central Nervous system drugs are the top two classes of drugs in terms of number of users in 2011/12.
- The total number of ODB recipients continues to increase annually. From 2001/02 – 2011/12, the total number of beneficiaries has increased 32.1%.

Report Card Framework



ODB Financial Statistics: 2010/11 vs. 2011/12

	2010/11	2011/12 **	% Change*
Drug Cost	\$3,455M	\$3,466M	0.3%
+ Markup	\$263M	\$264M	0.4%
+ Dispensing and Compounding Fees	\$832M	\$932M	10%
= RxCost	\$4,549M	\$4,681M	3%
Recipient Cost (Co-Payment and Deductible)	\$515M	\$549M	7%
Government Cost	\$4,034M	\$4,132M	3%
<i>MOHLTC</i>	<i>\$3,159M</i>	<i>\$3,187M</i>	<i>0.9%</i>
<i>MCSS</i>	<i>\$875M</i>	<i>\$945M</i>	<i>8%</i>

* Rounded to the nearest whole number

** Data excludes other professional service fees (eg. MedChecks & Smoking Cessation Program (Counselling portion))

ODB Financial Statistics: 2010/11 vs. 2011/12



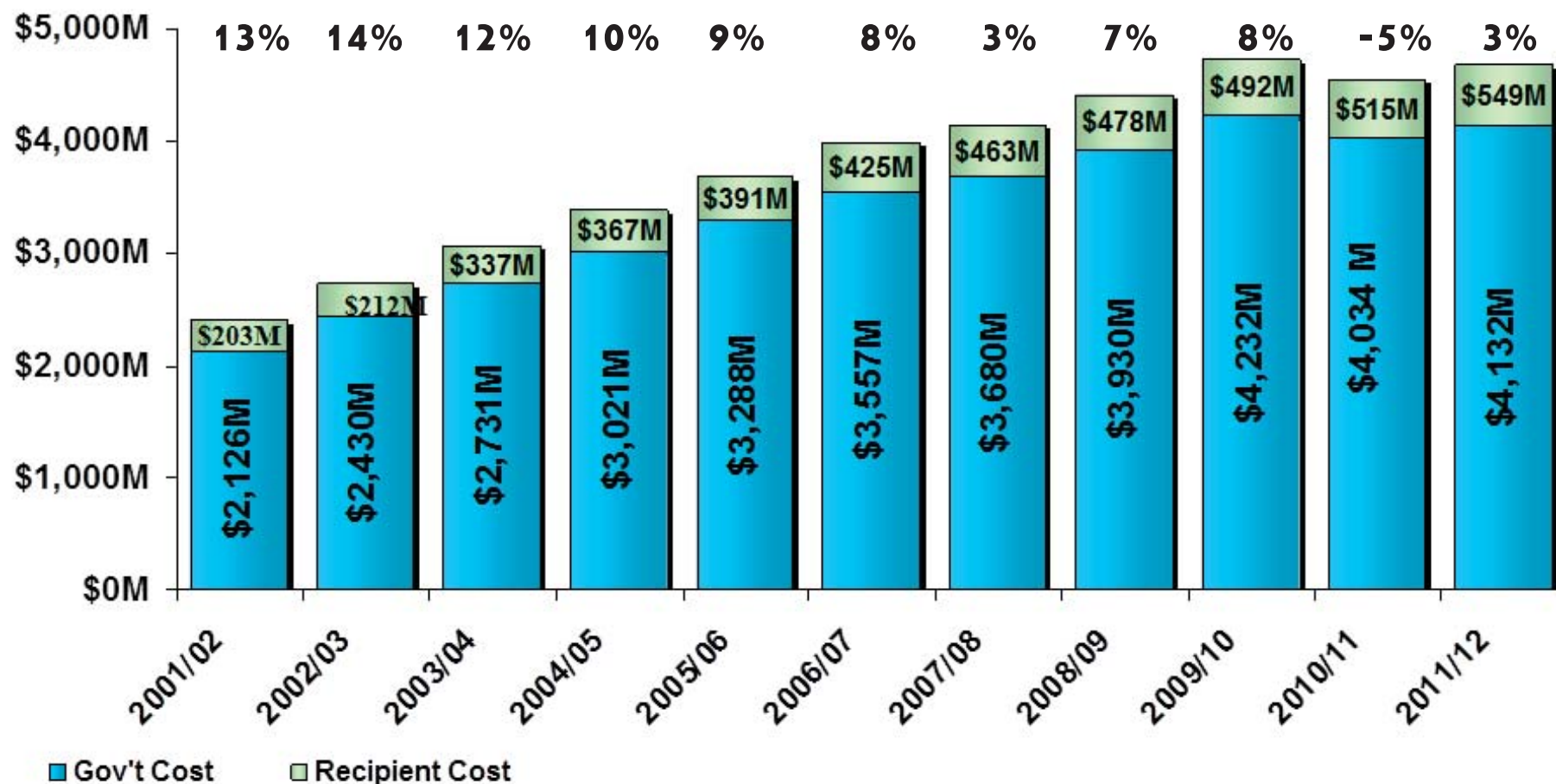
		2010/11	2011/12 **	% Change*
RxCost	Total	\$4,549M	\$4,681M	3%
	<i>Brand</i>	<i>\$2,990M</i>	<i>\$3,076M</i>	<i>3%</i>
	<i>Generic</i>	<i>\$1,561M</i>	<i>\$1,556M</i>	<i>-0.4%</i>
Beneficiaries		2.63M	2.72M	4%
Average	RxCost per Beneficiary	\$1,751	\$1,721	-2%
	RxCost per Claim	\$37.13	\$35.56	-4%
	Claims per Beneficiary	47.2	48.4	3%
Average (Excluding LTC home recipients and Methadone Claims)	RxCost per Beneficiary	\$1,651.09	\$1625.52	-1.5%
	RxCost per Claim	\$46.22	\$44.09	-4.6%
	Claims per Beneficiary	35.7	36.9	3.4%

* Rounded to the nearest whole number

** Data excludes other professional service fees (eg. MedChecks & Smoking Cessation Program (counselling portion))

Government & Beneficiary Cost: 2001/02 – 2011/12

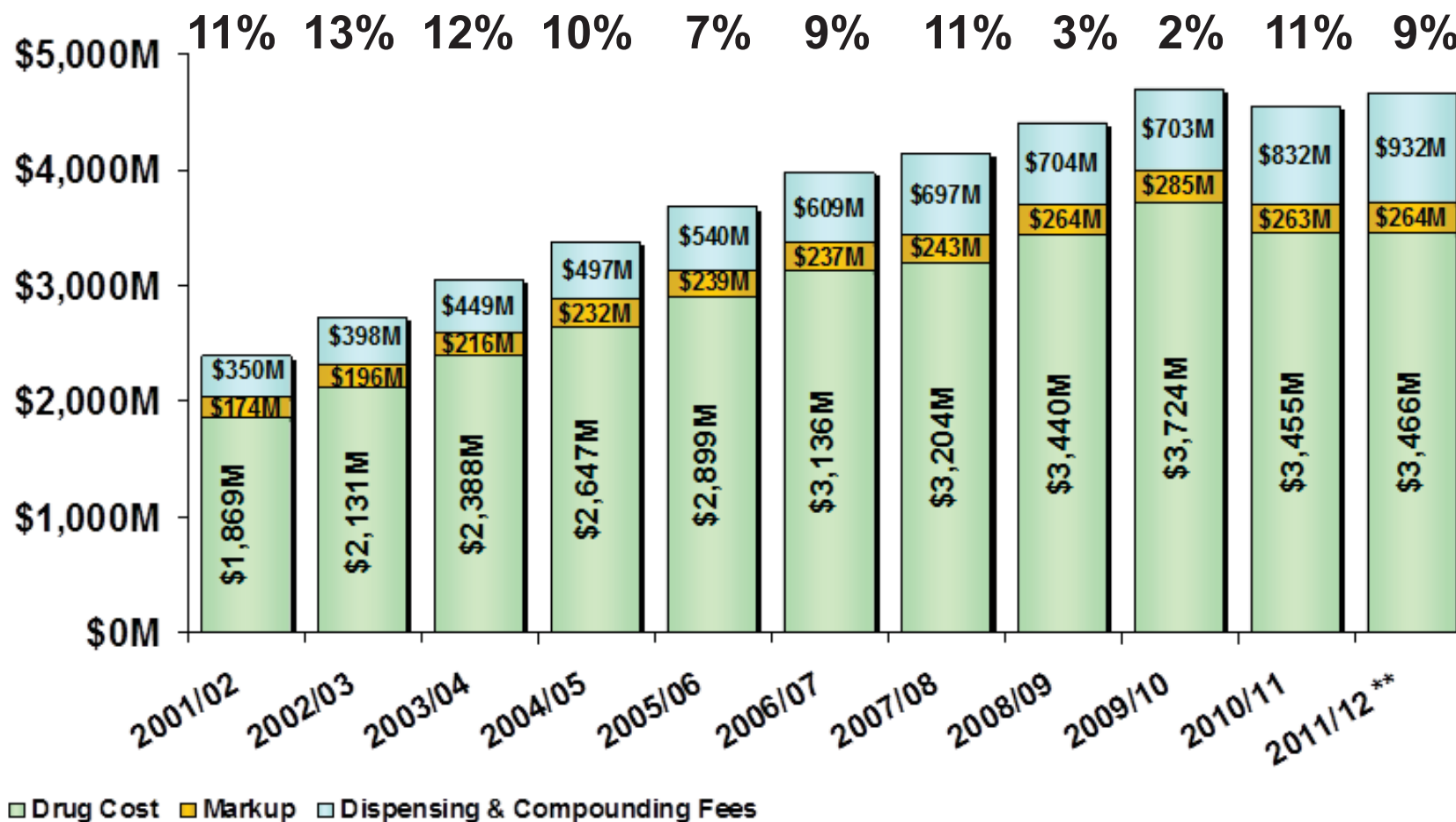
Growth Rate of Gov't Cost



* Data for FY 2011/12 excludes other professional service fees (eg. MedChecks & Smoking Cessation Program (Counselling portion))

RxCost by Type of Spending: 2001/02 – 2011/12

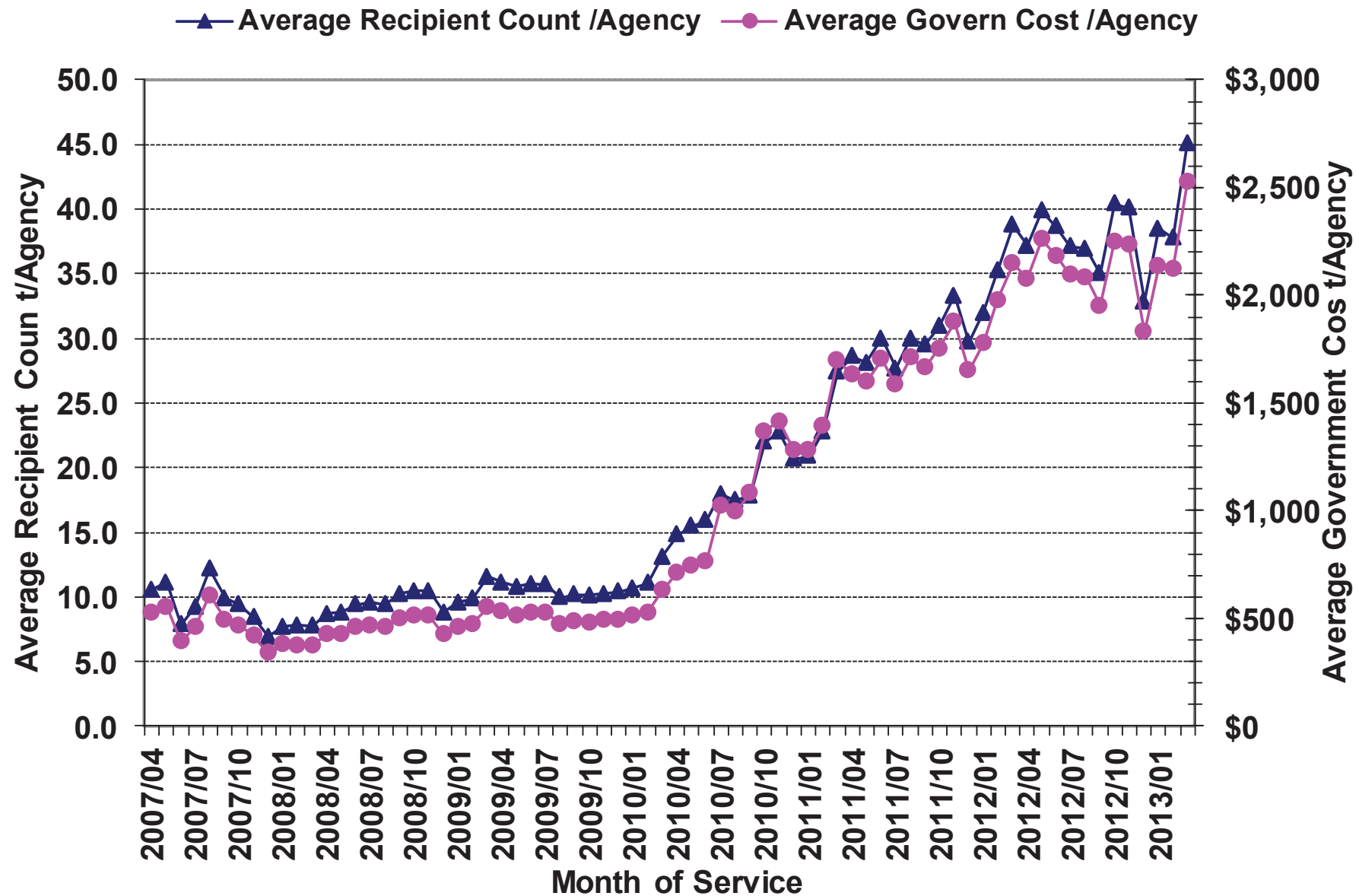
Growth Rate of Distribution Costs (Markup + Fees)*



* Does not include drug cost in growth rate.

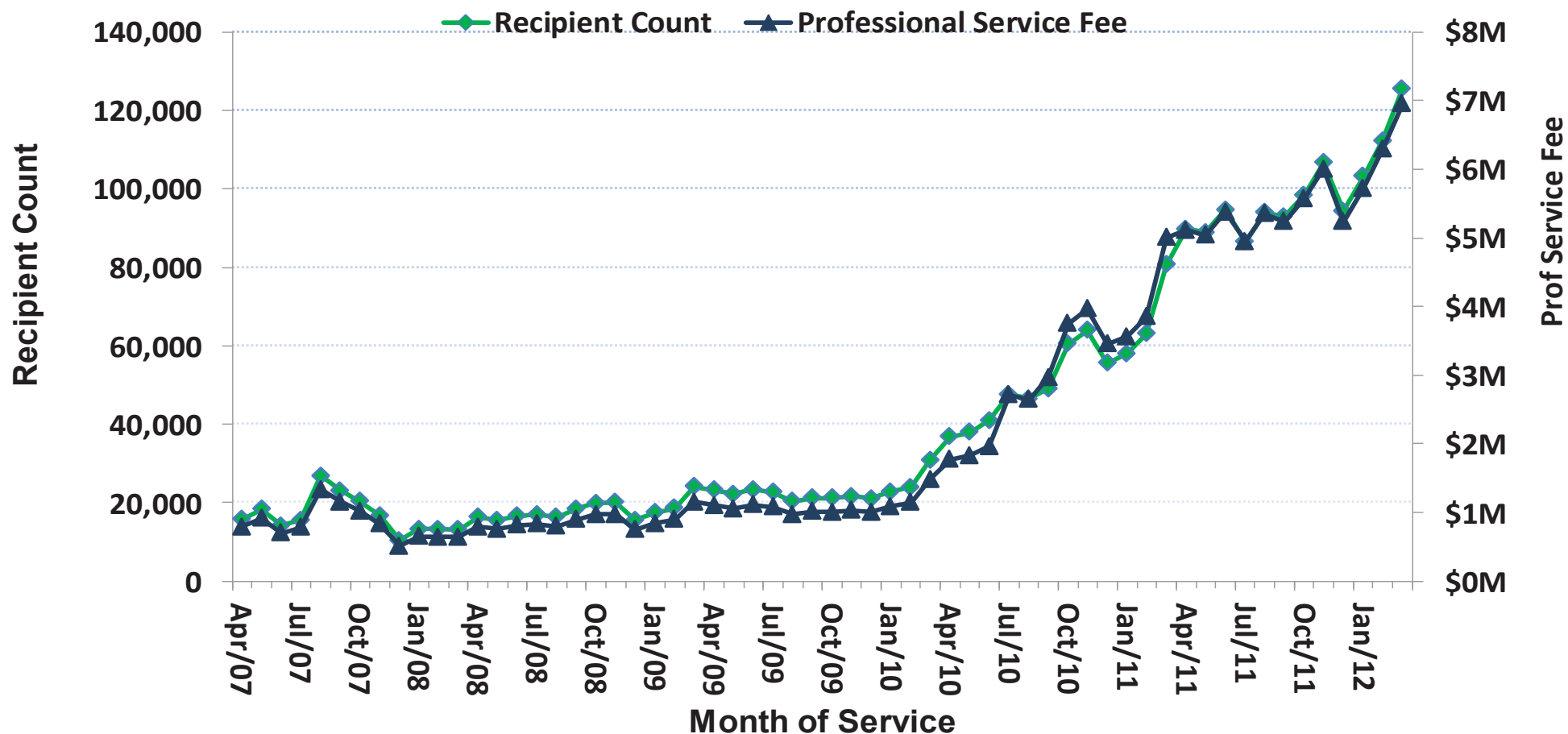
** Excludes other professional fees (e.g. MedChecks & Smoking Cessation Program (Counselling portion))

Professional Service Fee* Growth April 2007 to March 31, 2012



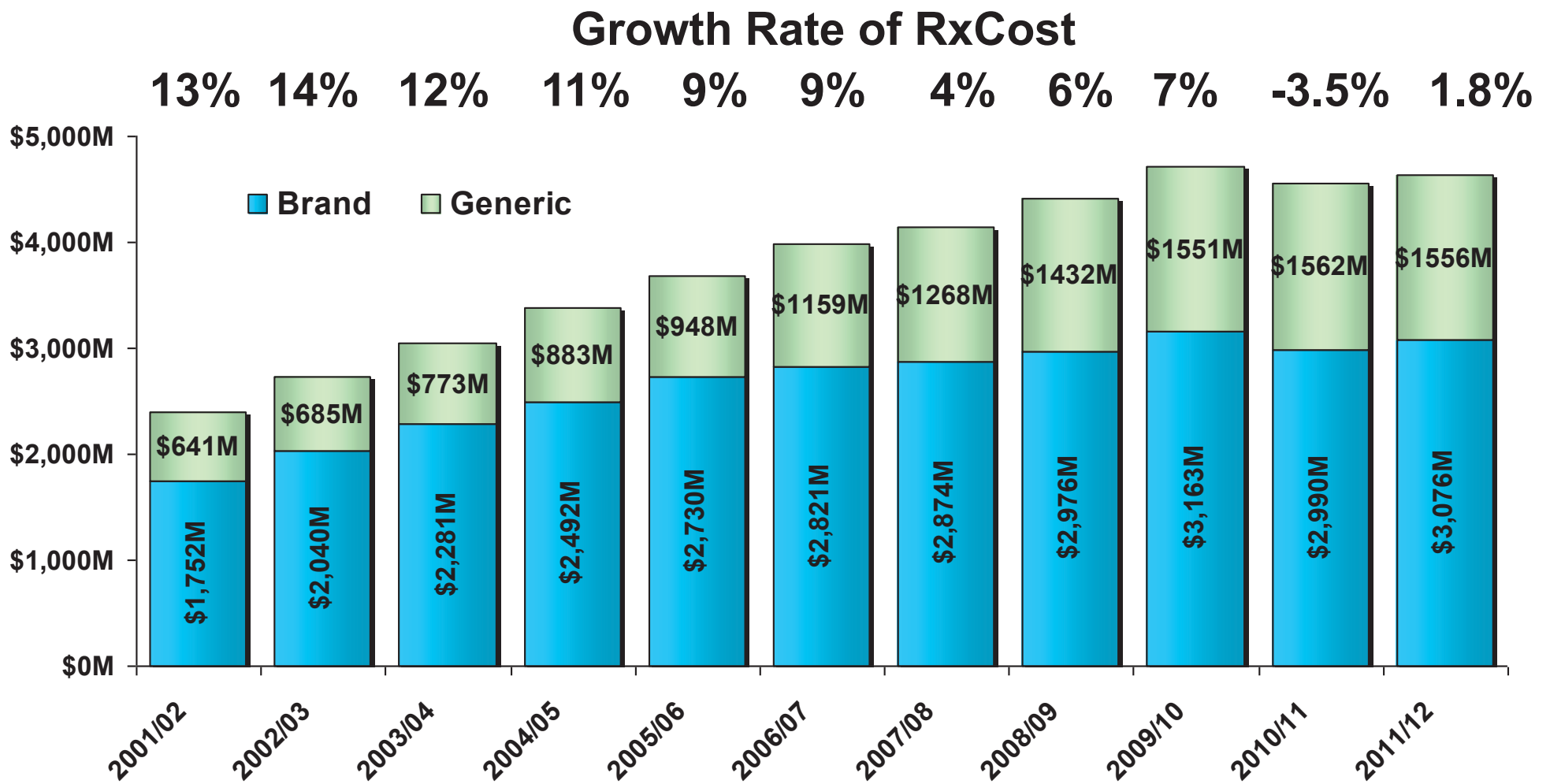
* Professional Service Fee includes All MedChecks and Pharmaceutical Opinions

Professional Service Fee* Growth – MedsChecks and Smoking Cessation Program (Counseling): April 2007 – March 31, 2012

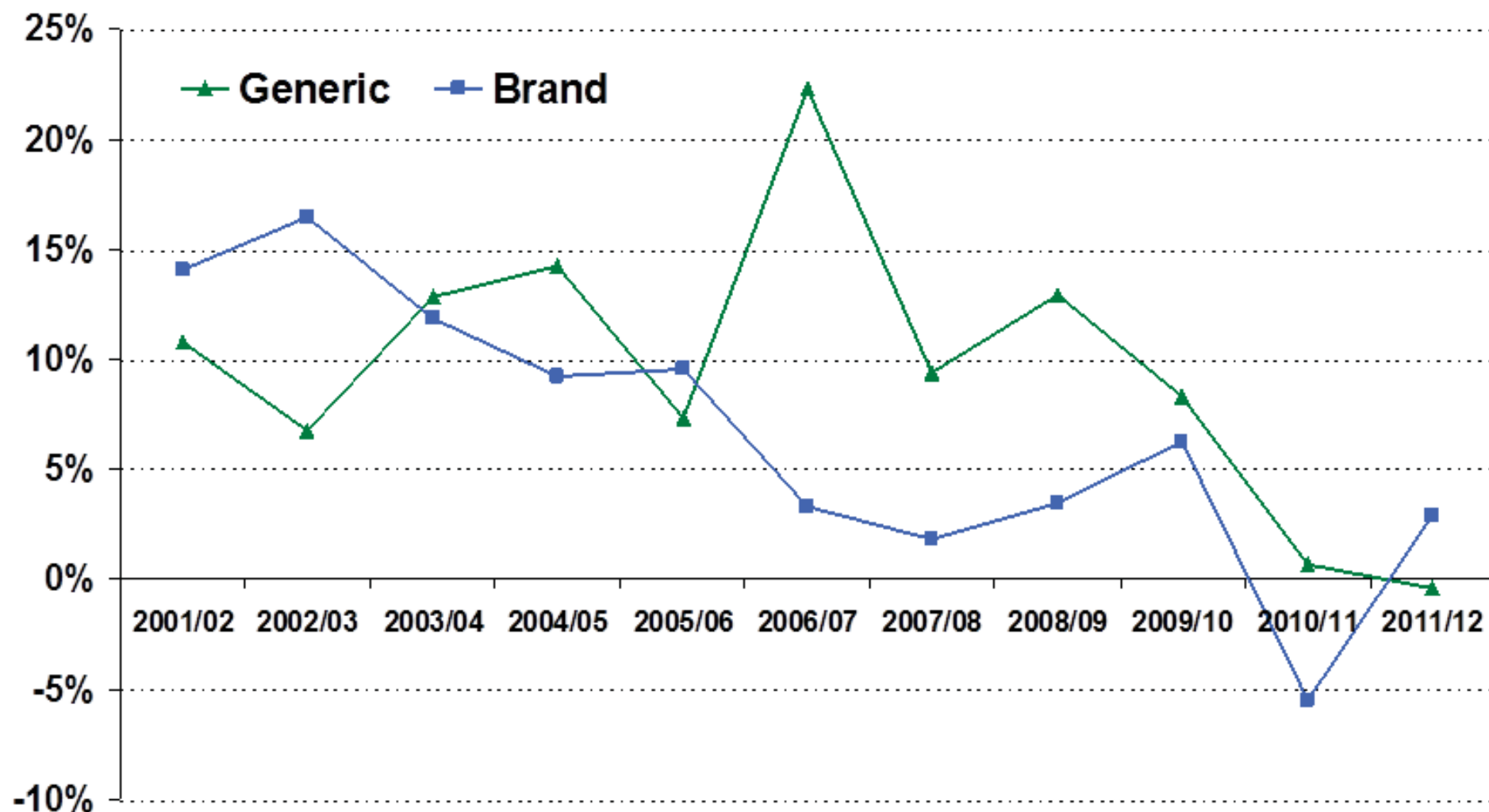


* Professional Service Fee includes All MedChecks and Pharmaceutical Opinions and Smoking Cessation Program (Counseling)

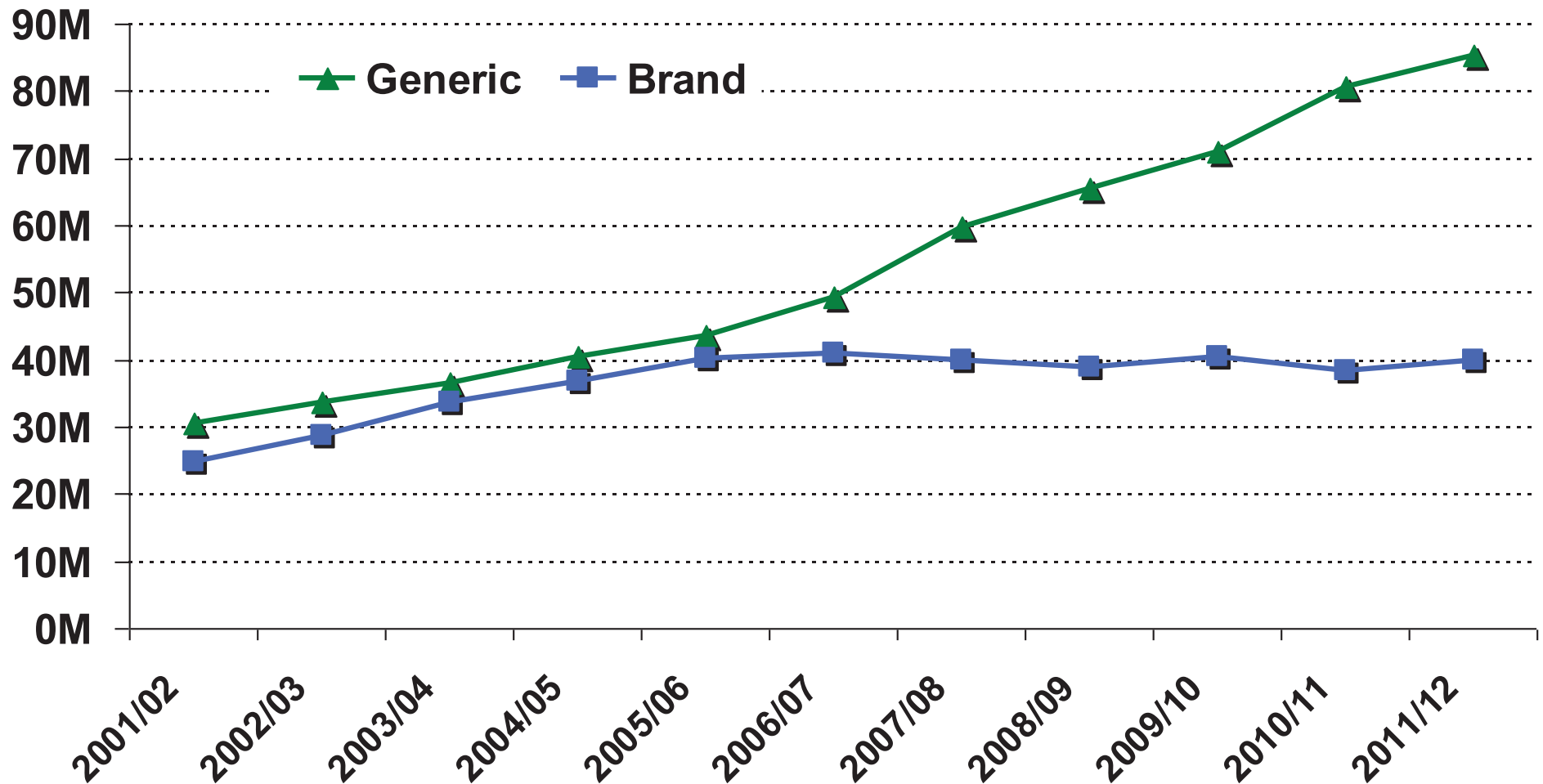
Brand vs. Generic RxCost : 2001/02 – 2011/12 Ontario



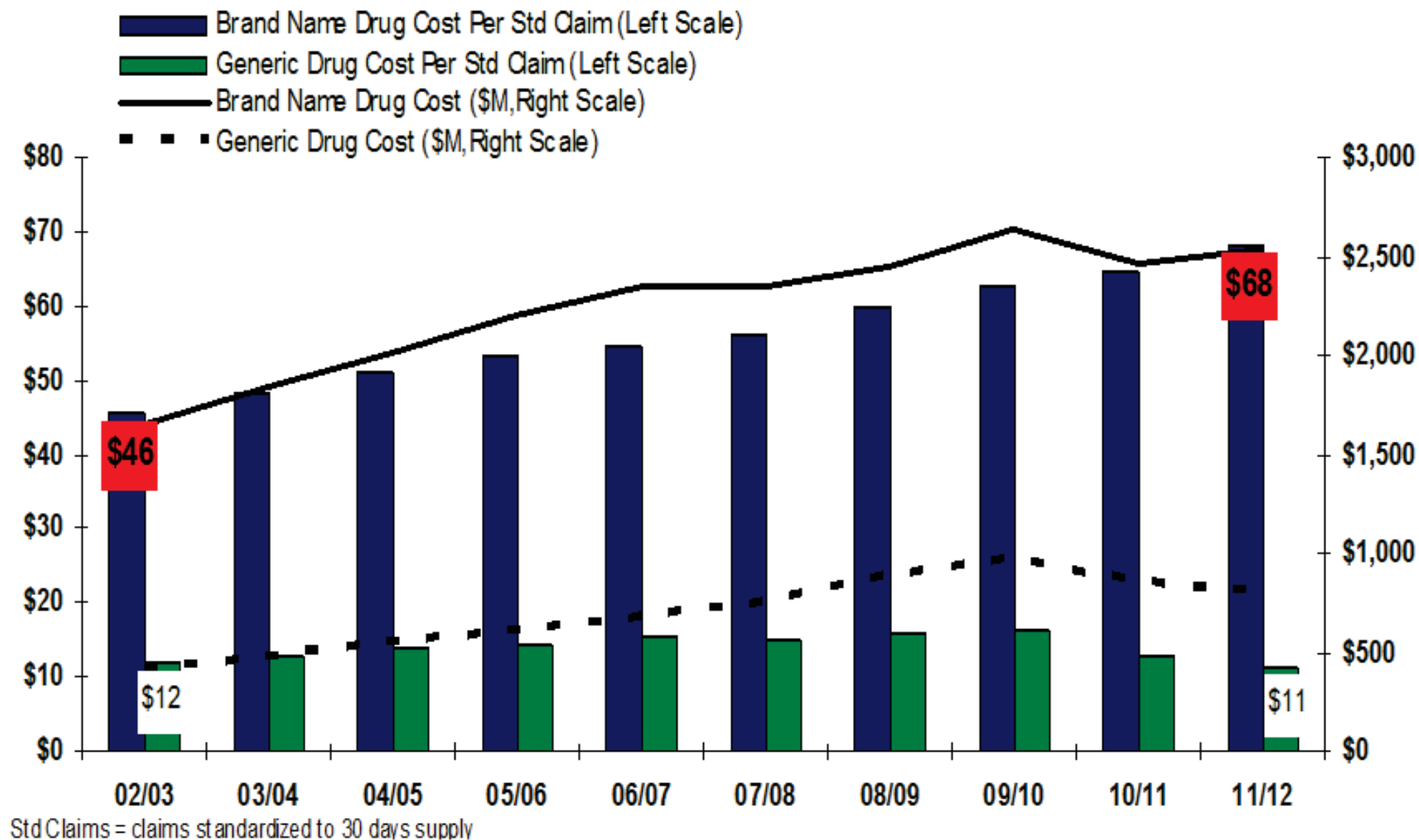
Brand vs. Generic RxCost Annual Growth: 2001/02 – 2011/12



Brand vs. Generic Claim Count: 2001/02 – 2011/12



Comparison of Brand and Generic Drug Cost



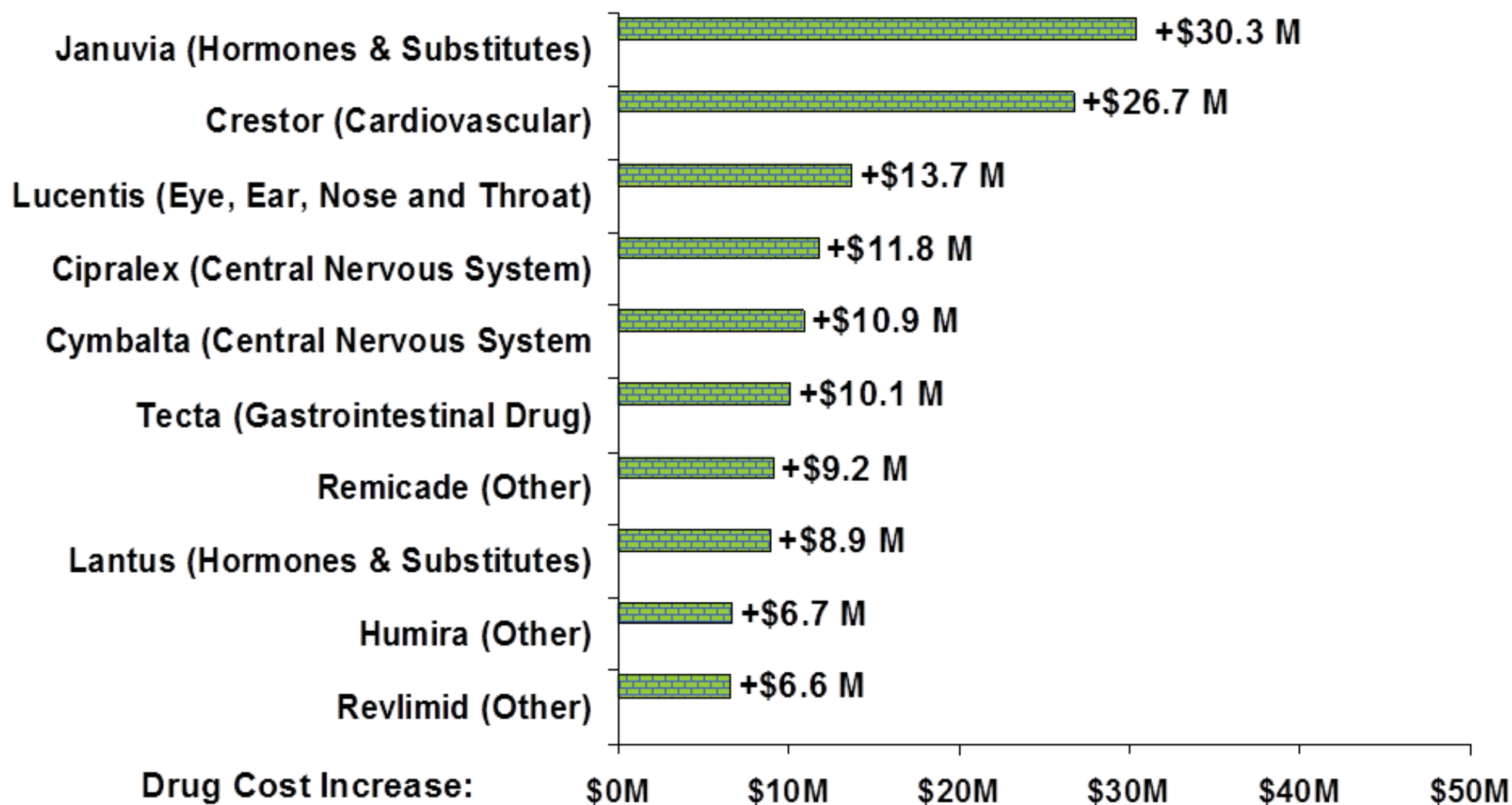
Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): FY 2011/12

Rk	Drug Name	Class	Utilizing Benef.	% Utilizing Benef.
1	Atorvastatin (Lipitor)	Cardiovascular	527K	19.4%
2	Amoxicillin (Amoxil)	Anti-infective	435K	16.0%
3	Rosuvastatin (Crestor)	Cardiovascular	427K	15.7%
4	Acetaminophen & Caffeine & Codeine (Tylenol #3)	Central Nervous System	407K	15.0%
5	Diagnostic Agent - Diabetes	Diagnostic Agents	394k	14.5%
6	Metformin HCl (Glucophage)	Hormones & Substitutes	370K	13.6%
7	Amlodipine Besylate (Norvasc)	Cardiovascular	359K	13.2%
8	Salbutamol (Ventolin)	Autonomic Agents	351K	12.9%
9	Levothyroxine (Synthroid)	Hormones & Substitutes	351K	12.9%
10	Ramipril (Altace)	Cardiovascular	337K	14.4%
	Total Top 10 products		1,917K	70.5%

Top 10 Chemicals by Drug Cost: FY 2011/12

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Rosuvastatin Calcium (Crestor)	Cardiovascular	\$180M	5.2%
2	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	\$152M	4.4%
3	Diagnostic Agent - Diabetes	Diagnostic Agents	\$138M	4.0%
4	Salmeterol Xinafoate & Fluticasone Propionate (Advair) - LU	Autonomic Agents	\$85M	2.5%
5	Atorvastatin (Lipitor)	Cardiovascular	\$82M	2.4%
6	Clopidogrel (Plavix)	Blood	\$73M	2.1%
7	Oxycodone (Oxycontin) - LU	Central Nervous System	\$71M	2.0%
8	Donepezil (Aricept)	Autonomic Agents	\$69M	2.0%
9	Infliximab (Remicade)	Unclassified	\$59M	1.9%
10	Tiotropium Bromide (Spiriva)	Autonomic Agents	\$57M	1.9%
TOTAL Top-10			\$979M	28.2%

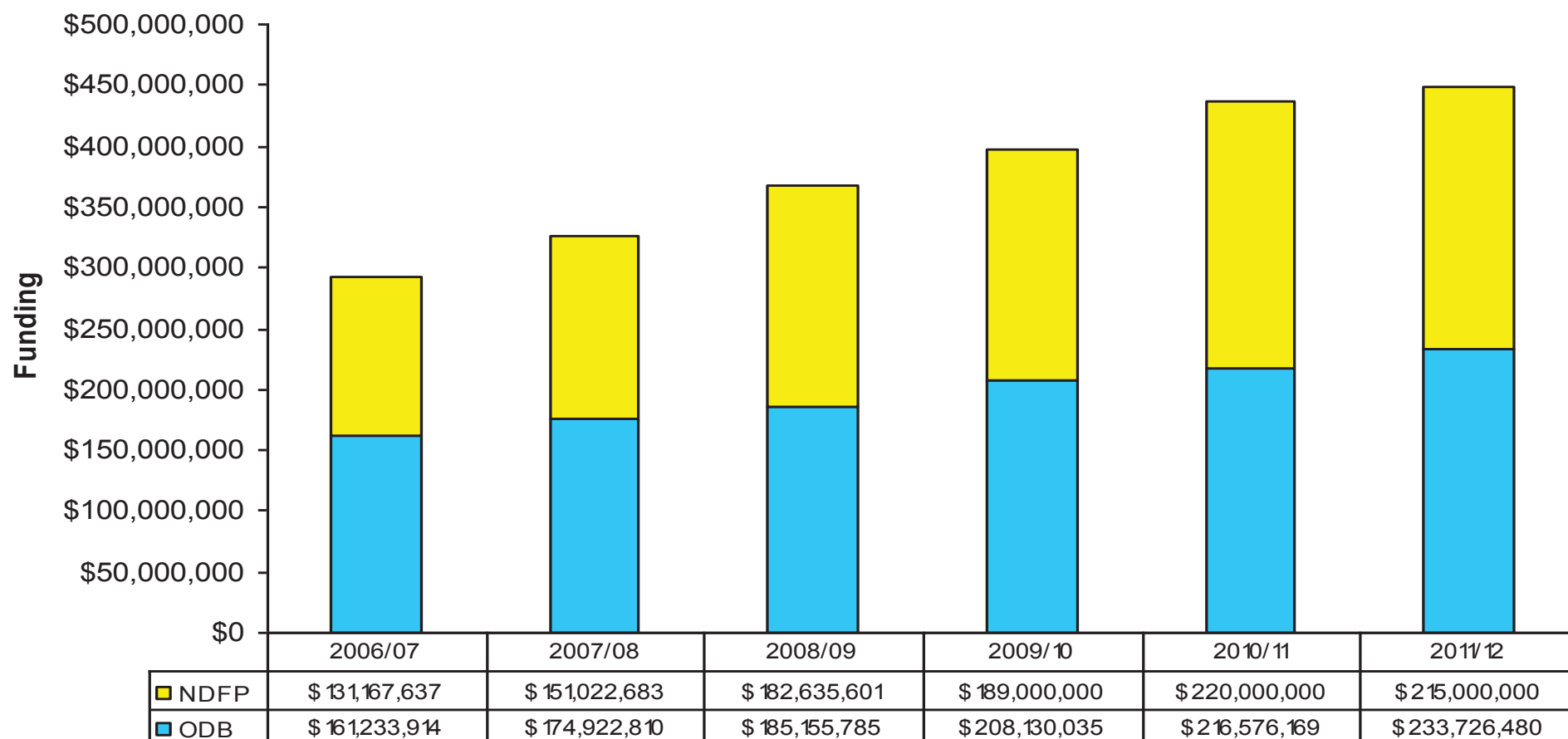
Fastest Growing Brand Products by Drug Cost: 2010/11 vs 2011/12



Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 – 2011/12

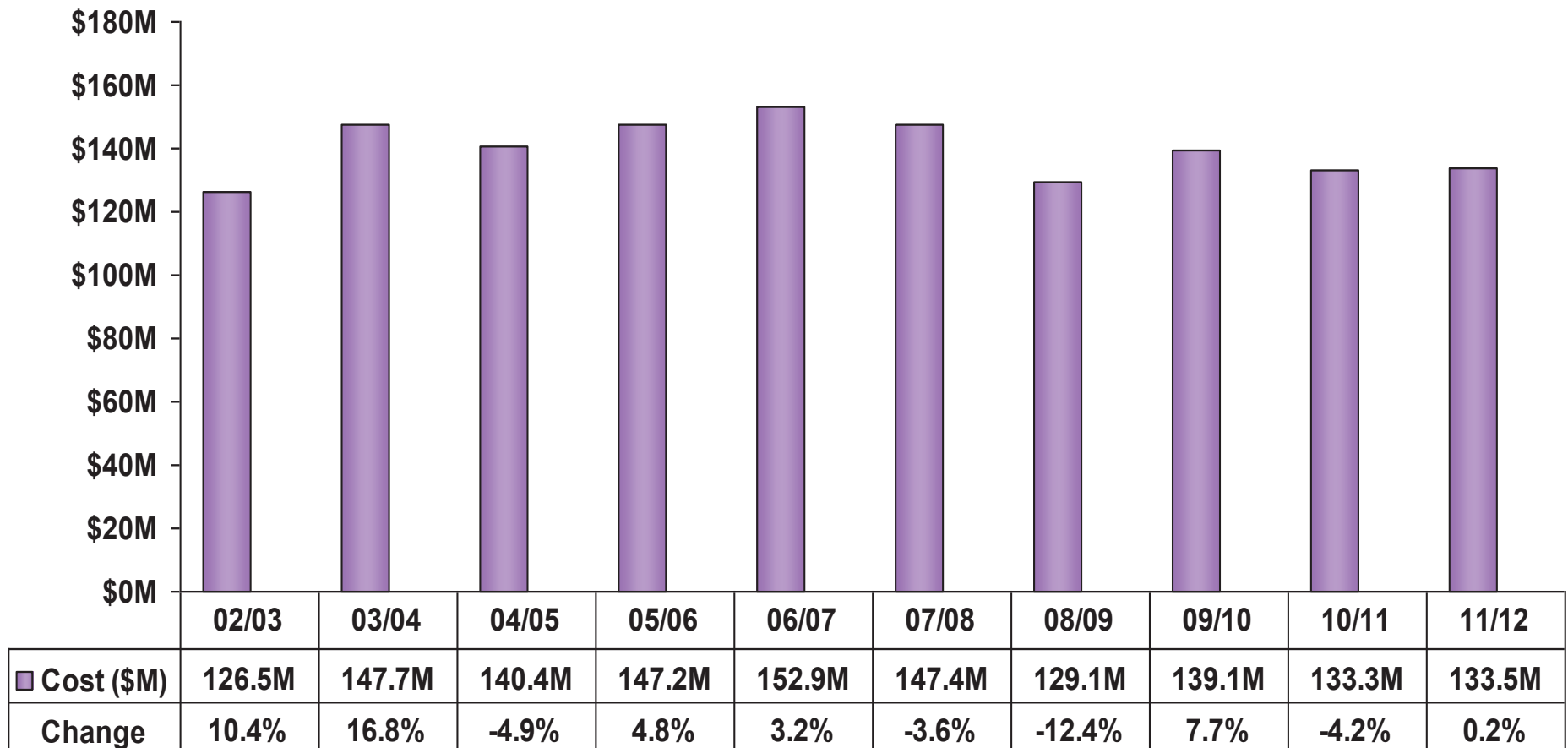


Spending under NDFP declined by 2% in 2011/12 over 2010/11 and spending under ODB increased 8% in 2011/12 over 2010/11.



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

Special Drugs Program* Cost: 2002/03 - 2011/12

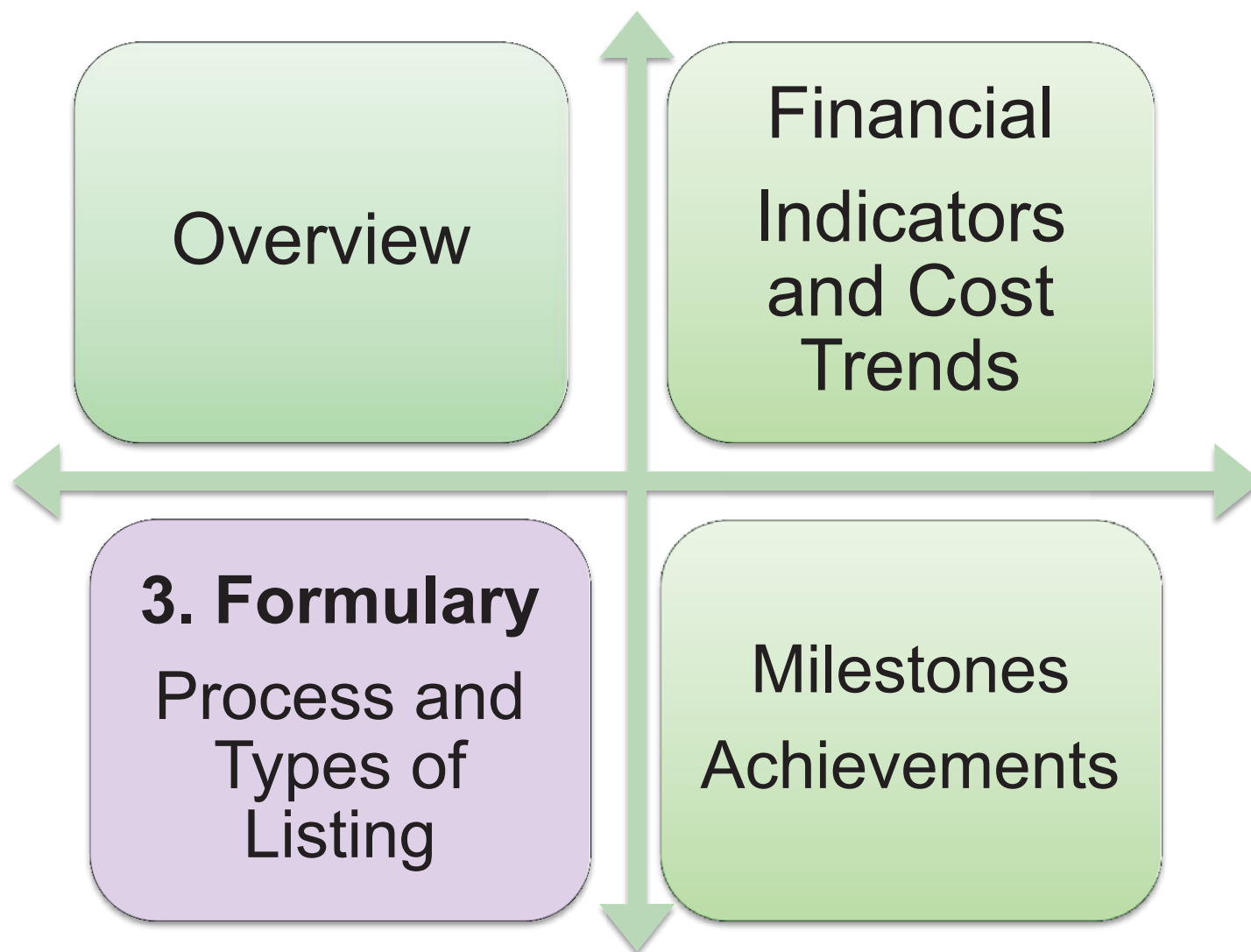


* The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.

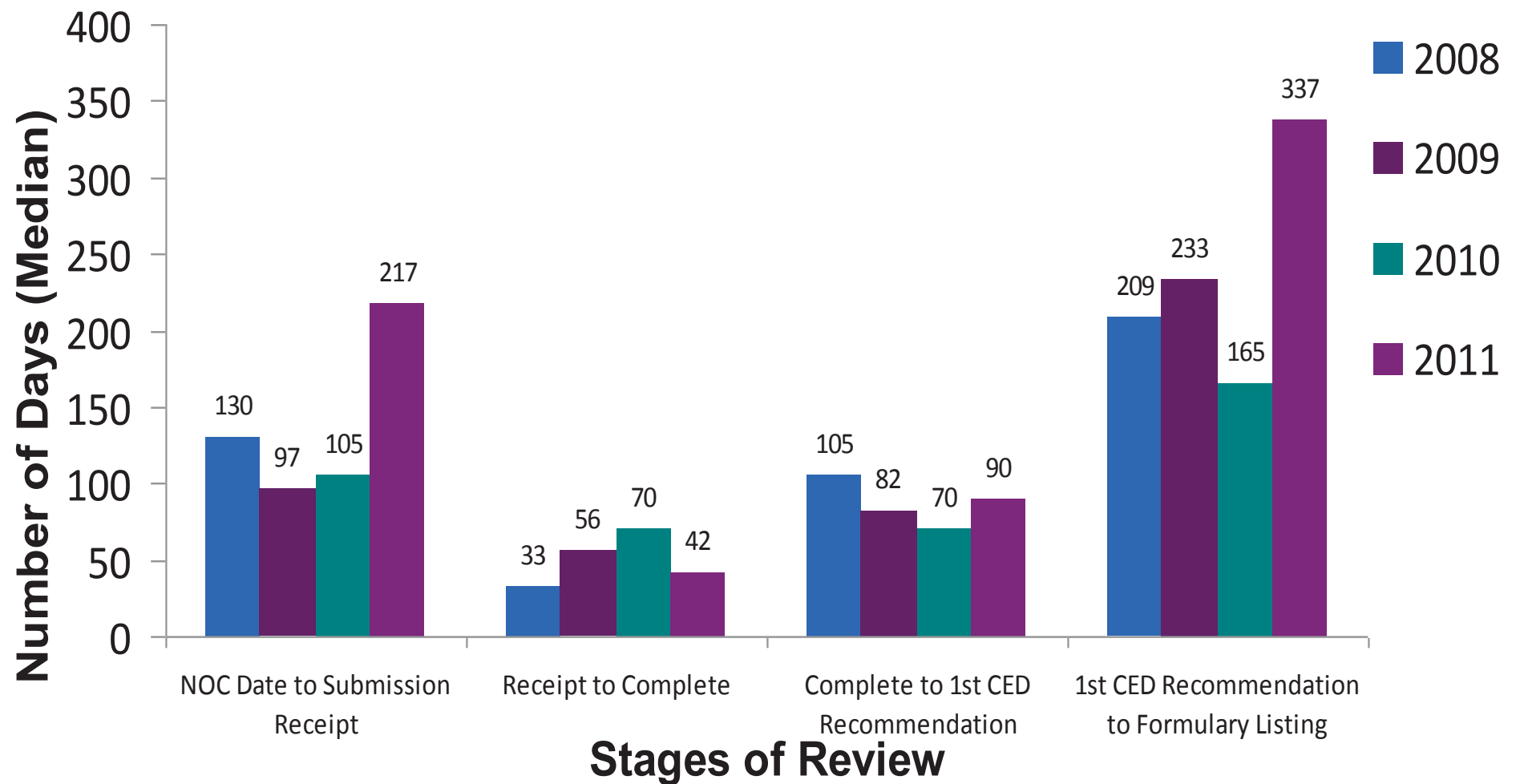
Highlights of Financials

- Drug program spending increased in 2011/12: Government cost totalled \$4,119M in 2011/12, a 2% increase over 2010/11; the number of beneficiaries covered under the program rose by 4% during this time.
- The average RxCost per beneficiary remained almost the same in 2011/12 over the previous year, declining by about 2%.
- Total RxCost increased for brand products (3%) and only decreased slightly for generic products (.4%).
- The standard cost per claim for brand drugs has increased over time: in 2002/03 the brand drug cost per standard claim was \$46 and in 2011/12 it had increased to \$68; the standard cost per claim for generic drugs has decreased over time, in large part due to generic drug system reforms and pricing initiatives.
- The top chemicals by number of utilizing beneficiaries was Atorvastatin (Lipitor), the same as in 2010/11 and 2009/10.
- The top chemical by drug cost for 2011/12 was Rosuvastatin Calcium (Crestor), the same as in 2010/11.

Report Card Framework

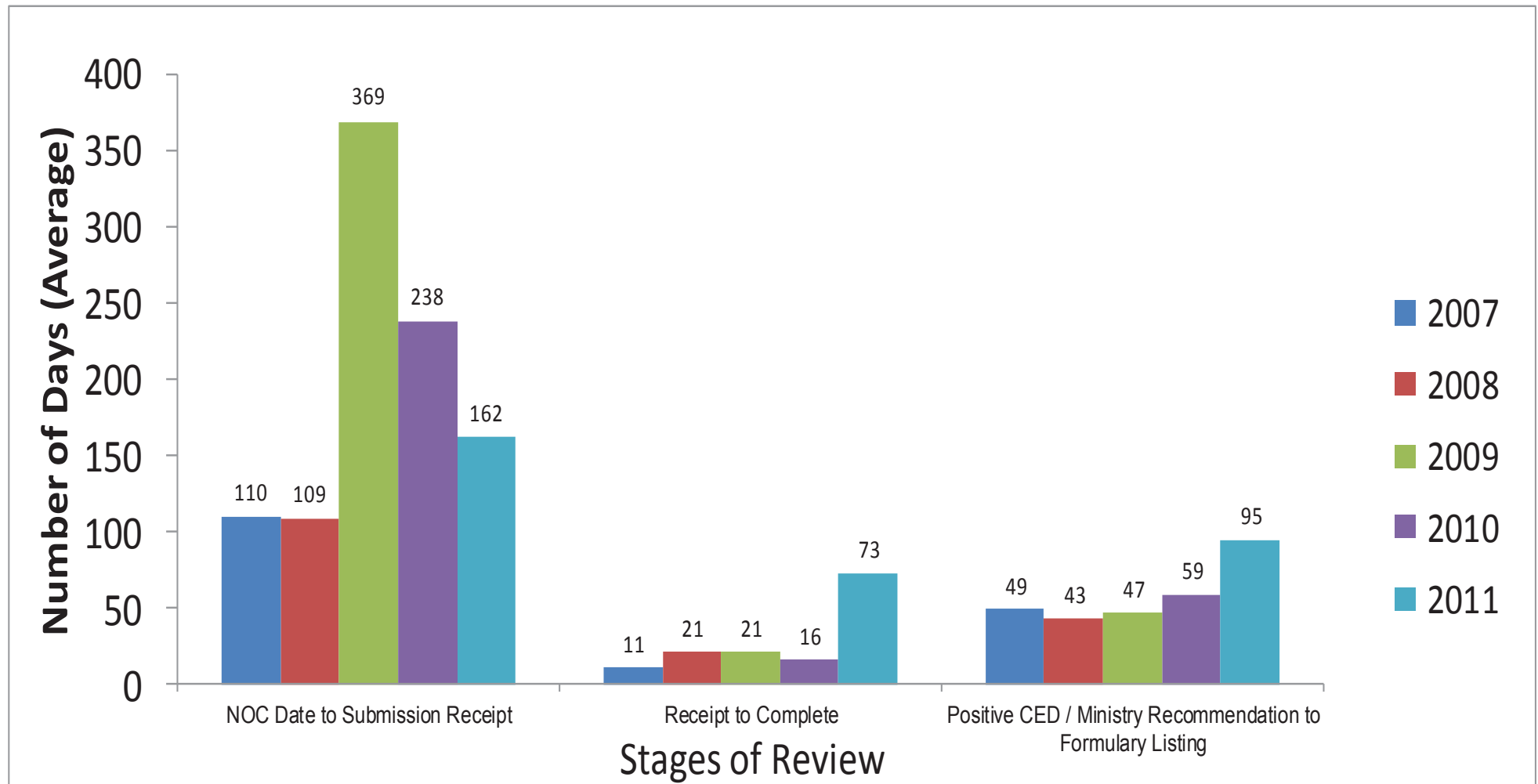


Median Review Timelines for All Single Source Drug Products Listed: 2008* - 2011



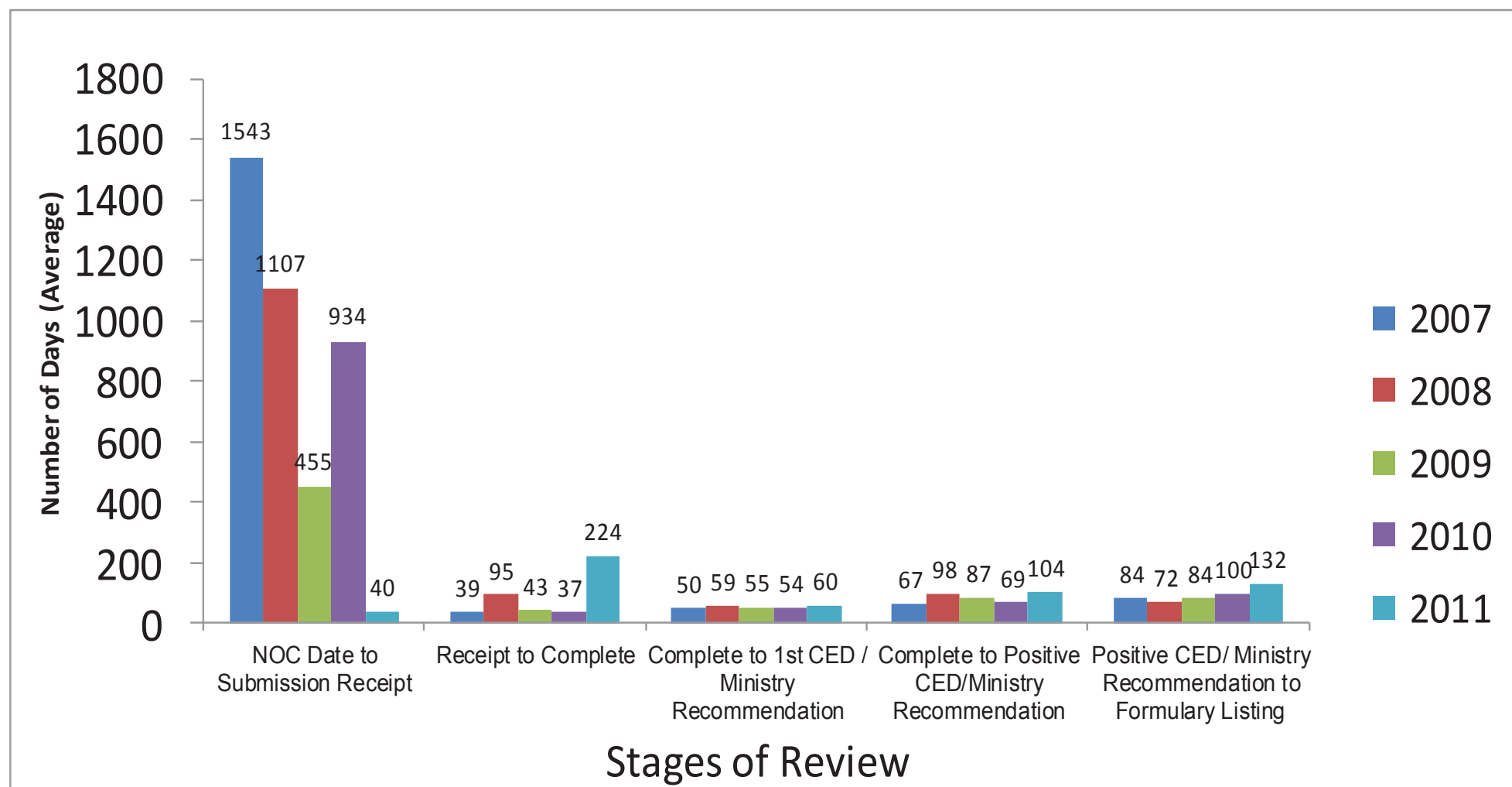
Note: This includes time spent on subsequent CED reviews of re-submissions and time required for negotiating listing agreements (if applicable).

Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2007* to 2011

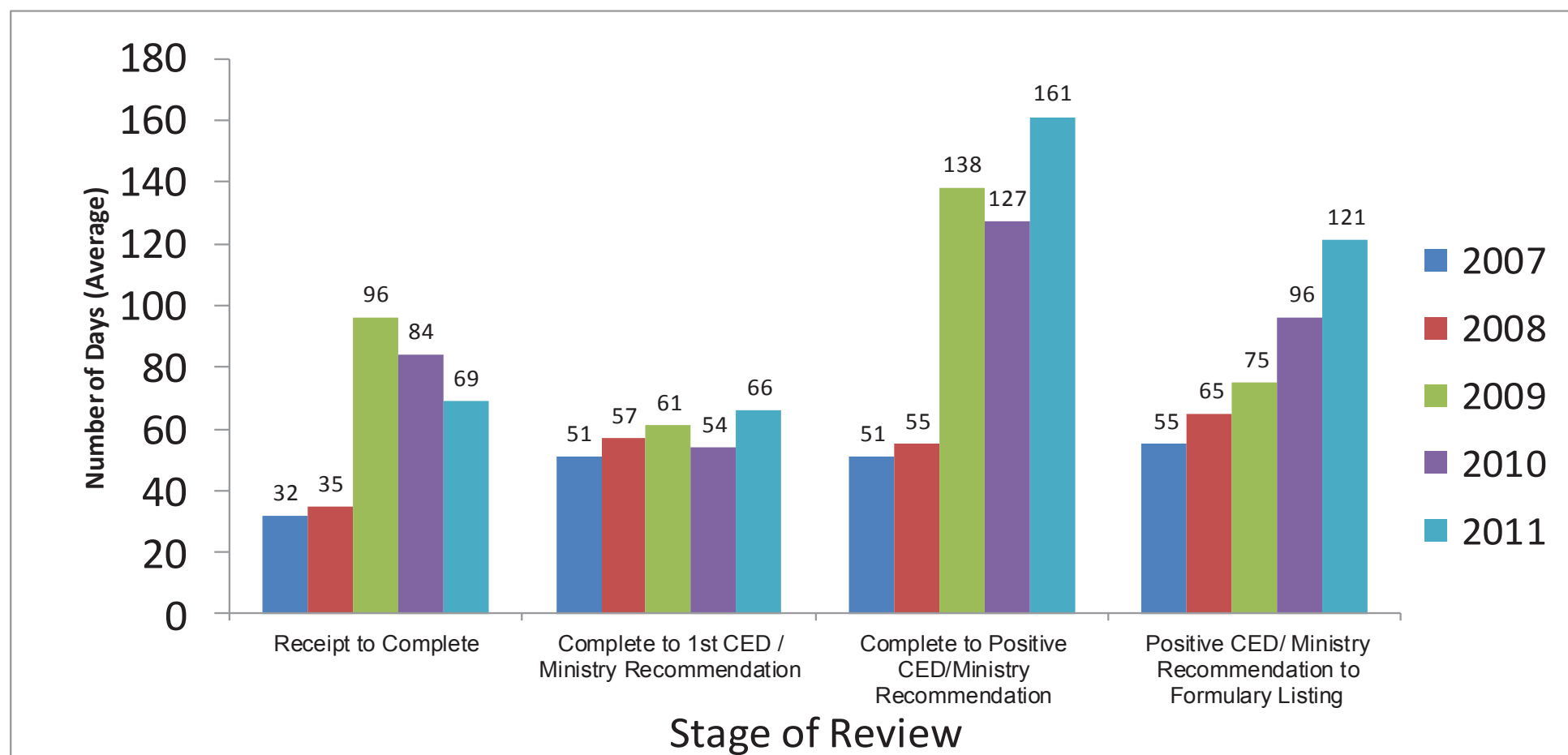


* Based on calendar years

Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2007* to 2011

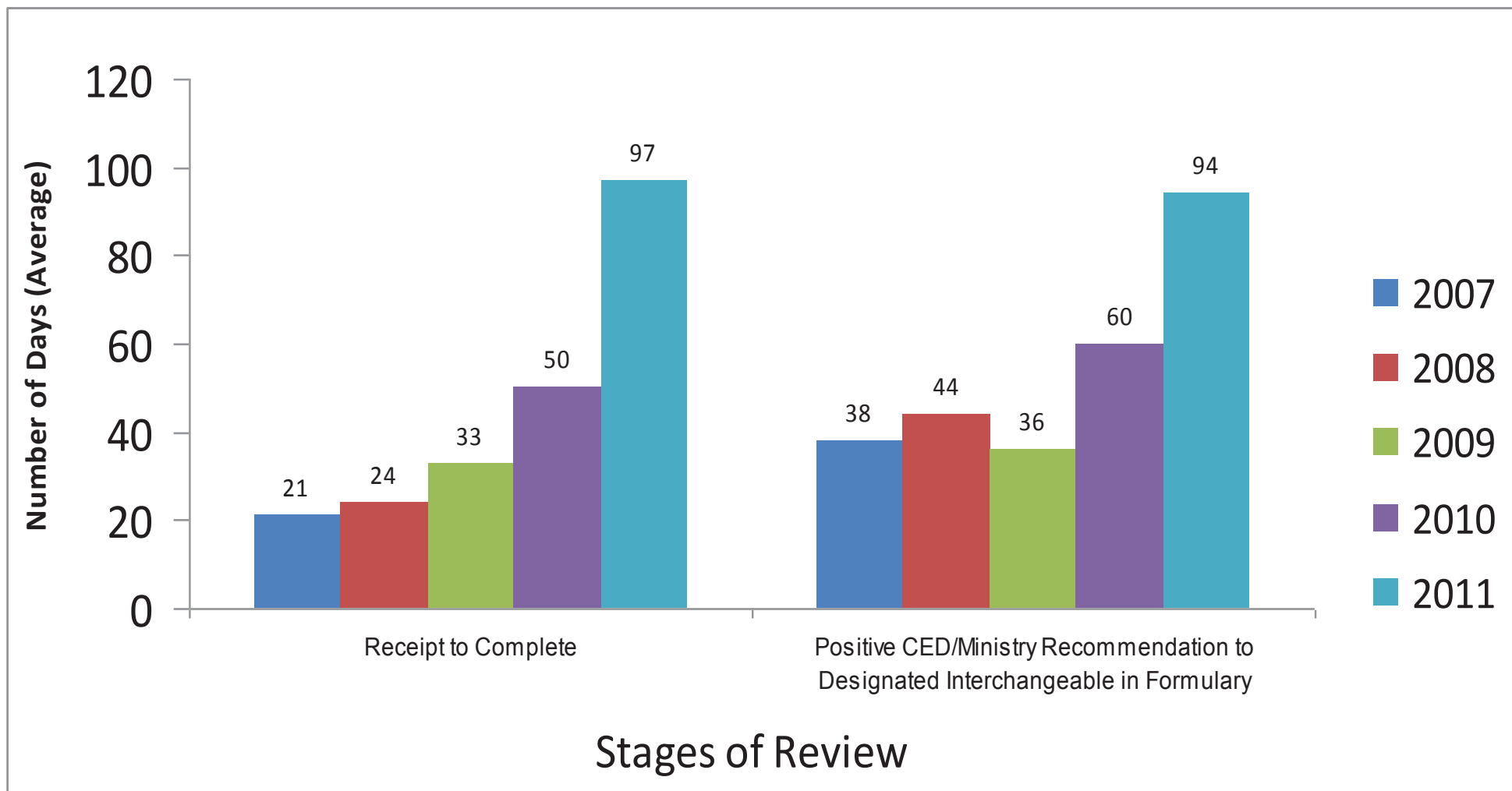


Average Review Timelines for Off-Formulary Ontario Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2007* to 2011



* Based on calendar years

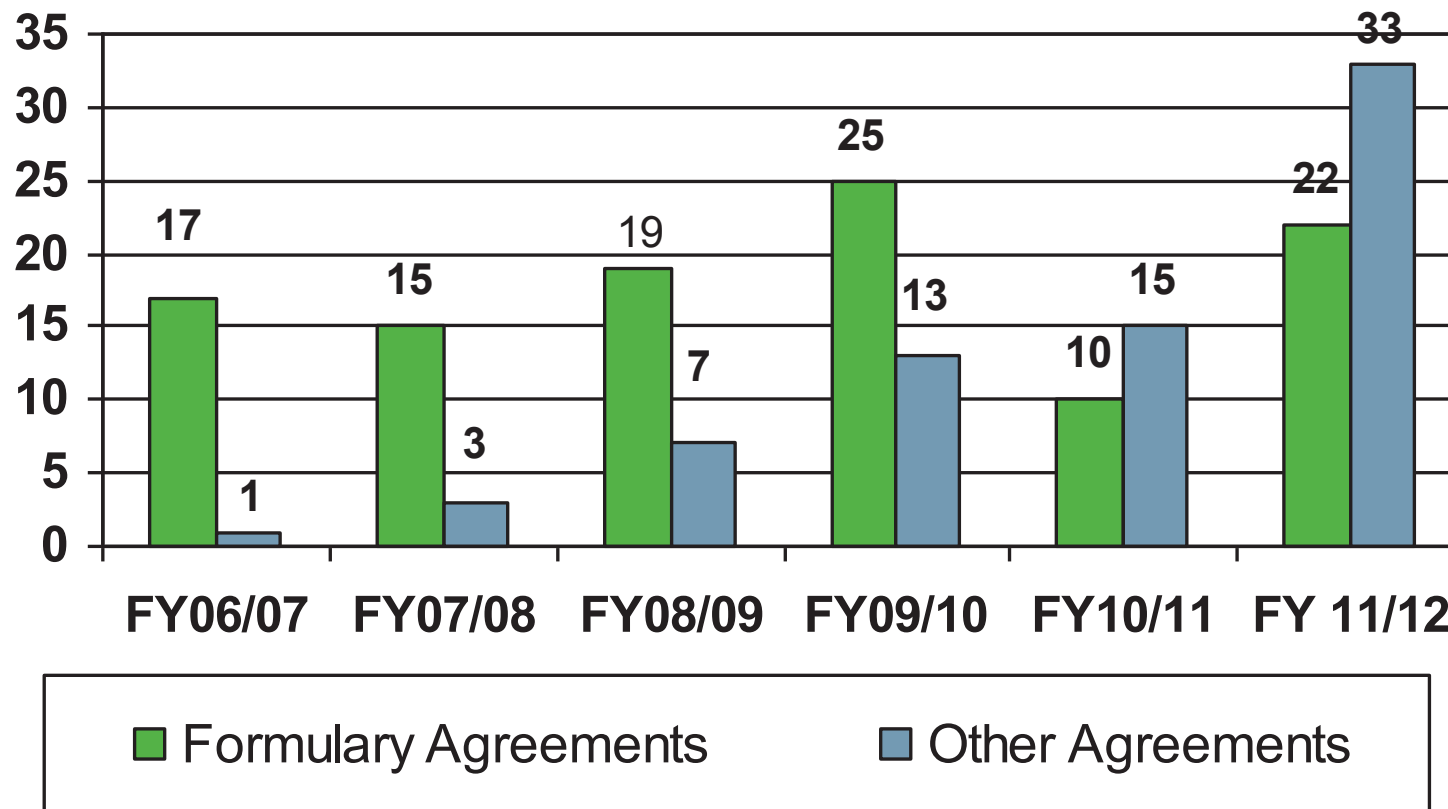
Average Review Timelines for Off-Formulary Ontario Interchangeability (OFI) Streamlined Multiple Source Products Listed: 2007* to 2011



* Based on calendar years

Product Listing Agreements: 2006/07* - 2011/12

- 108 Formulary Agreements
- 72 other Agreements, including Exceptional Access Program, New Drug Funding Program & Facilitated Access Program
- 16 re-negotiated agreements in 2011/12

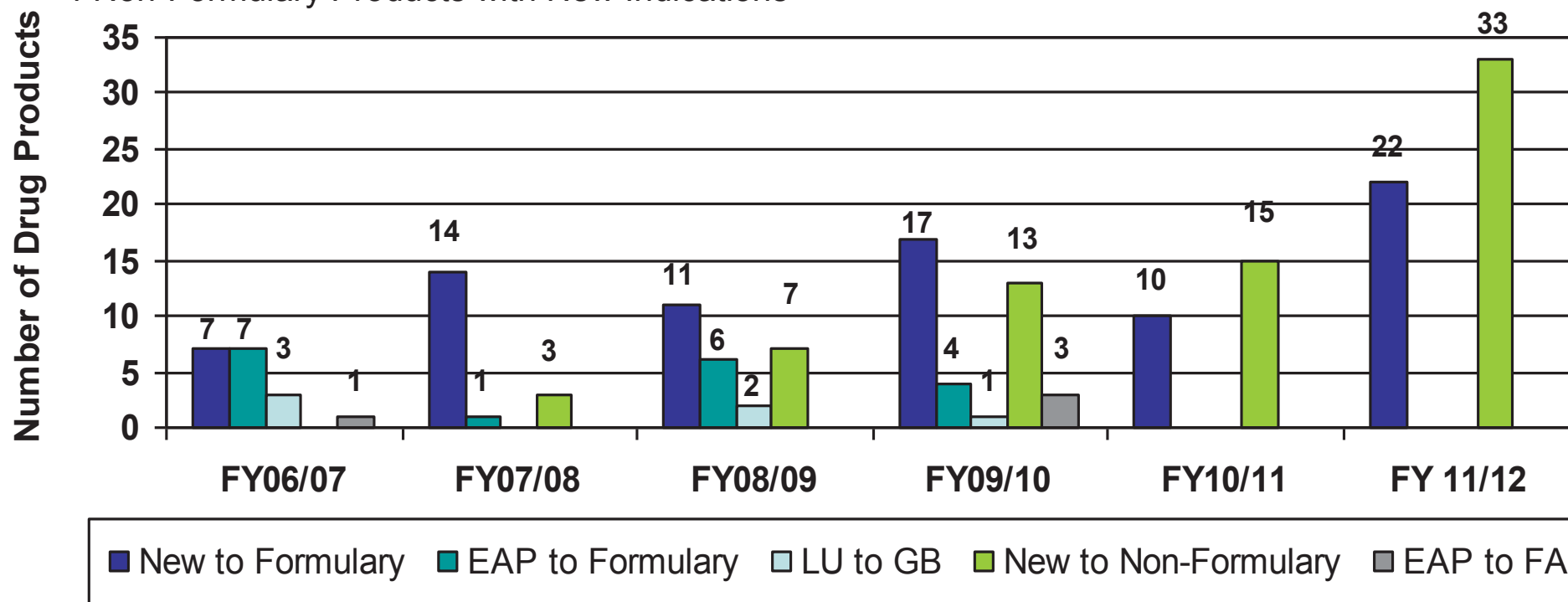


* FY 2006/07 = October 1, 2006 – March 31, 2007

Note: Funding of new indications are counted as new agreements

Product Listing Agreements by Benefit Status: 2006/07* - 2011/12

- 81 New Drug Products to Formulary
- 18 Exceptional Access Program Drug Products to Formulary
- 6 Limited Use Drug Products to General Benefit
- 71 New Drug Products to Non-Formulary (Exceptional Access Program, New Drug Funding Program & Facilitated Access Program)
- 4 Non-Formulary Products with New Indications

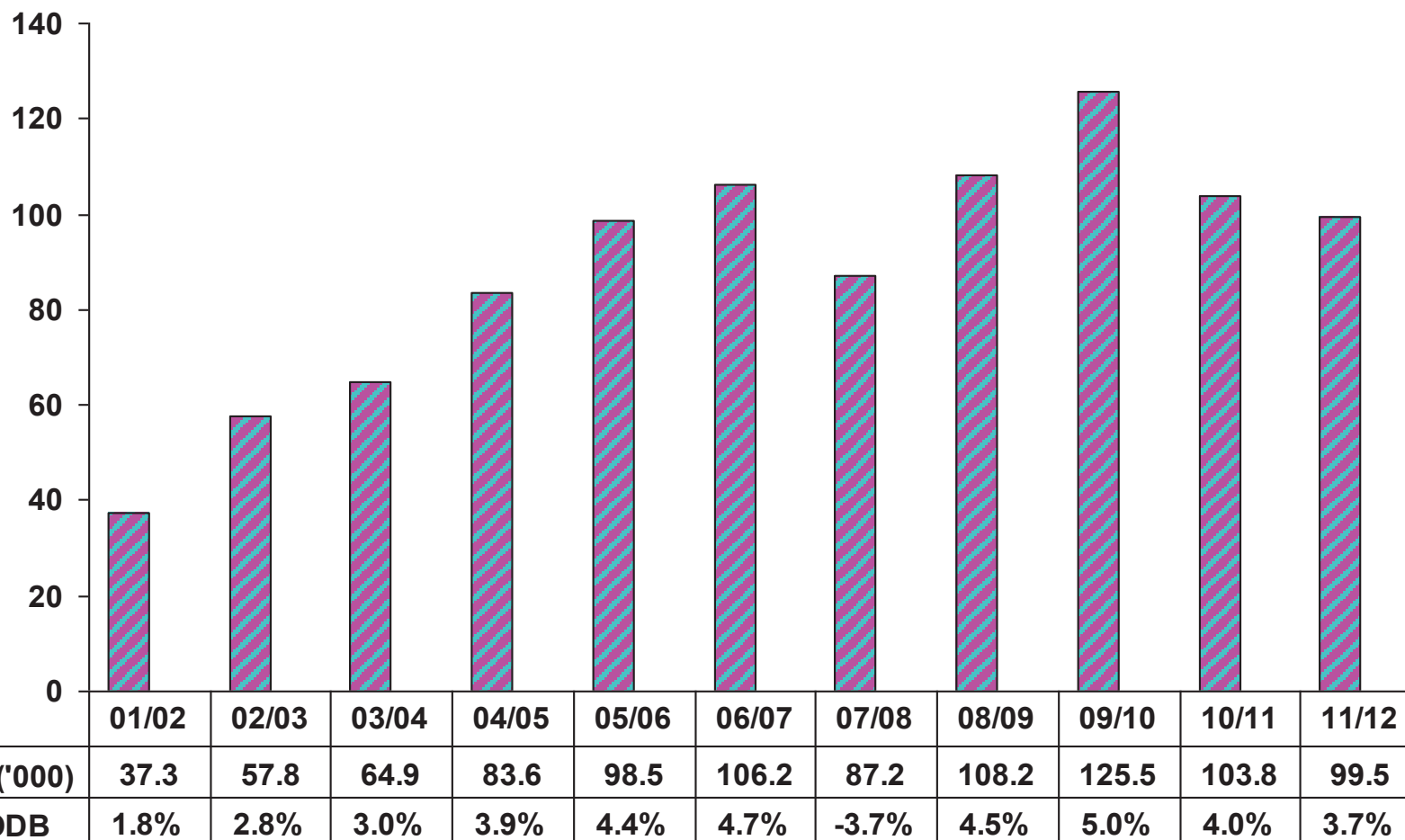


* FY 2006/07 = October 1, 2006 – March 31, 2007

Note: Funding of new indications are counted as new agreements

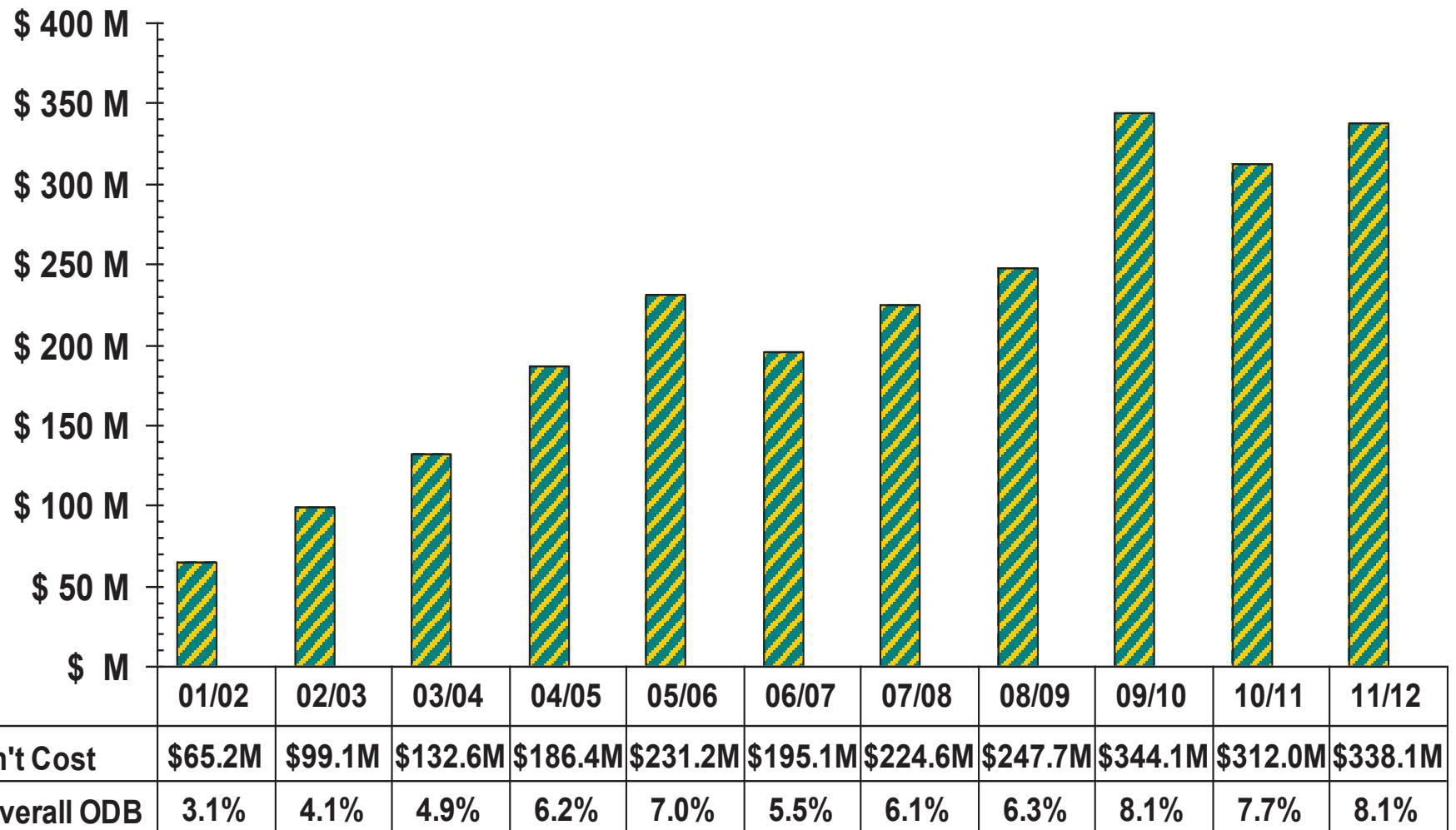
Note: Drug Product is defined as the brand product and its associated strengths and formulations relevant to the agreement. One drug product may relate to more than one DIN.

Exceptional Access Program Beneficiaries: 2001/02 – 2011/12

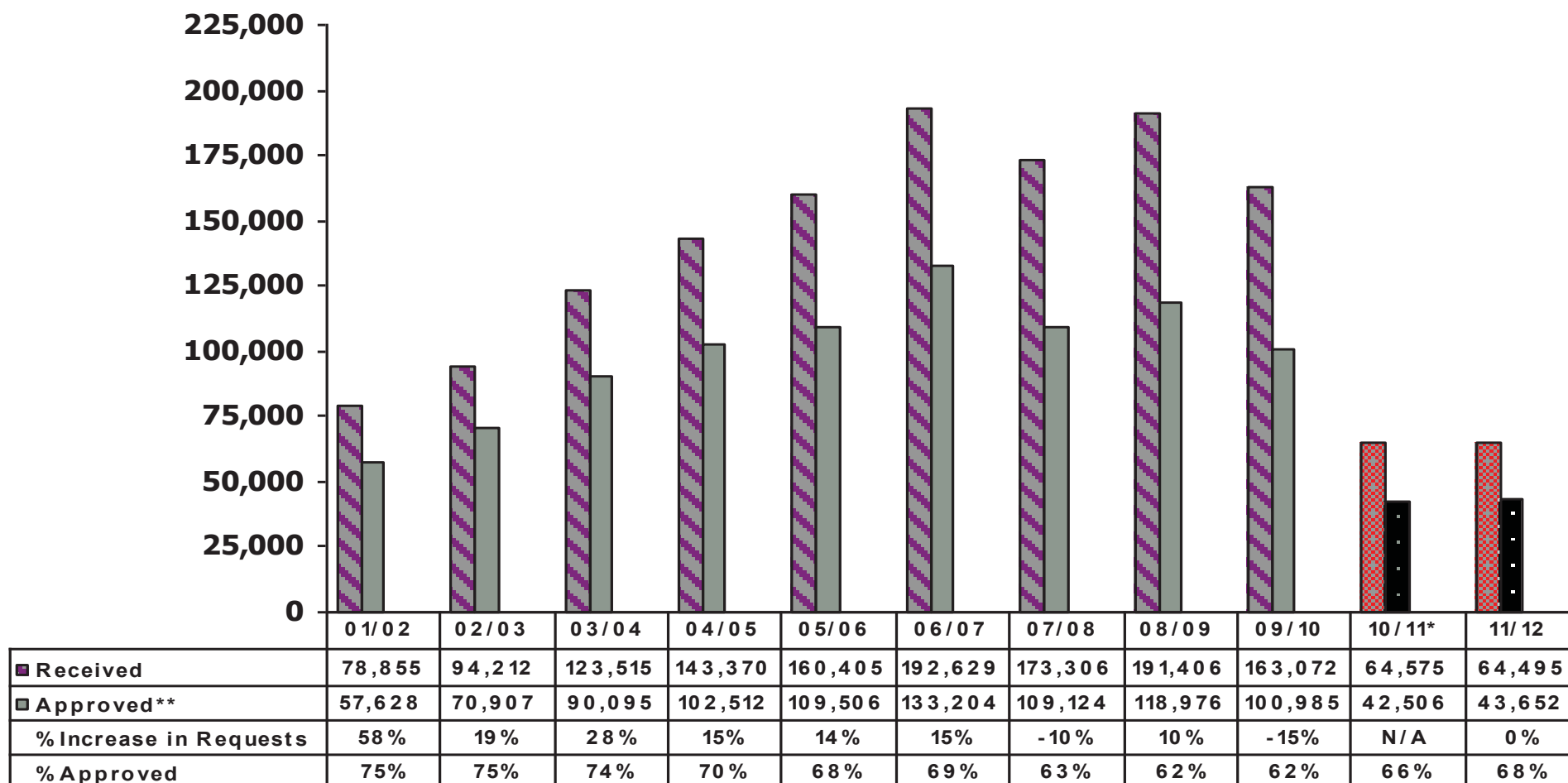


Exceptional Access Program Government Cost: Ontario

2001/02 – 2011/12



Exceptional Access Program Requests & Approval Rate: 2001/02 – 2011/12

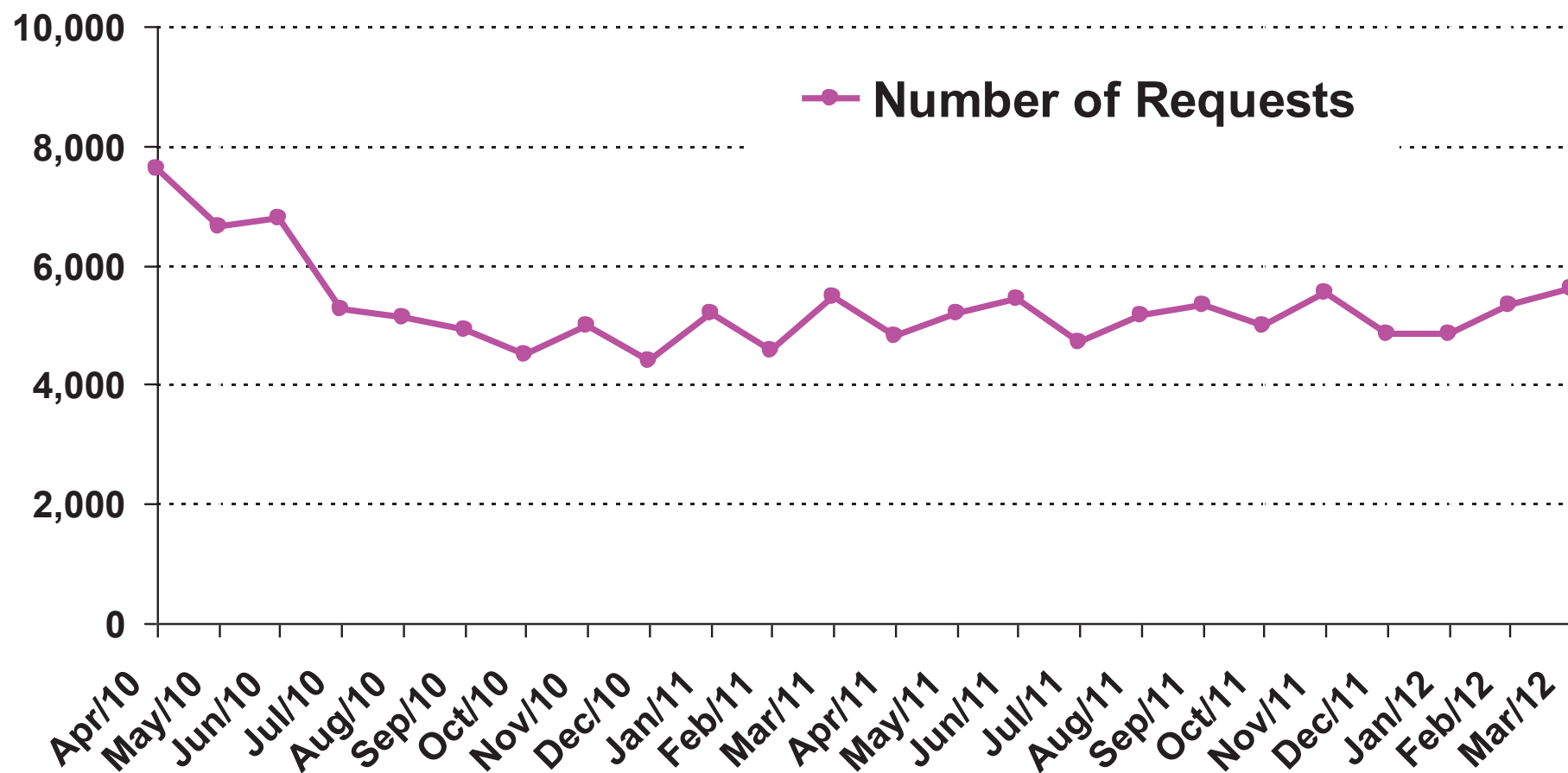


* NB: Starting in 2010/11, the number of Exceptional Access Program requests/approvals have been presented differently: Statistics for Fiscal Year 2010/11 are based on the number of requests received per product as opposed to the number of different strengths requested per product as recorded in previous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

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

Monthly Exceptional Access Program Requests*: Ontario

April 2010 to March 2012



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

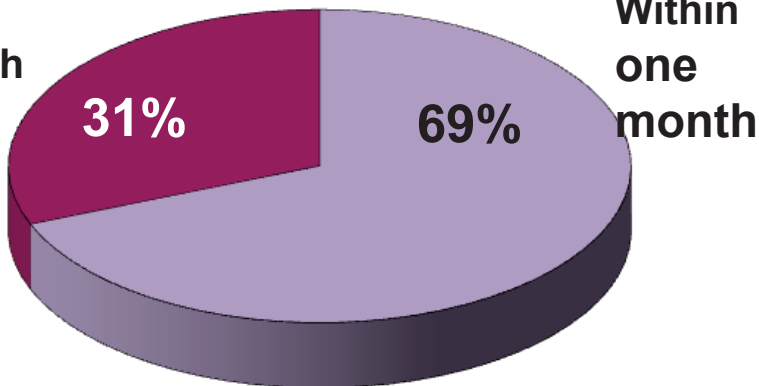
*Effective March 2010, requests are counted using generic name and dosage form.

Exceptional Access Program Response Time: Ontario

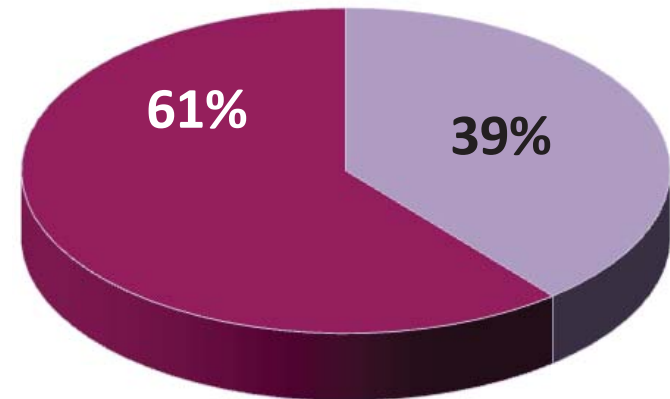
FY 2008/09 – 2011/12

2011-12

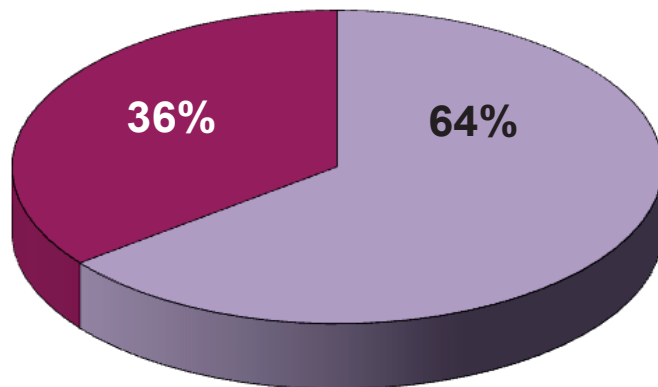
Over
one
month



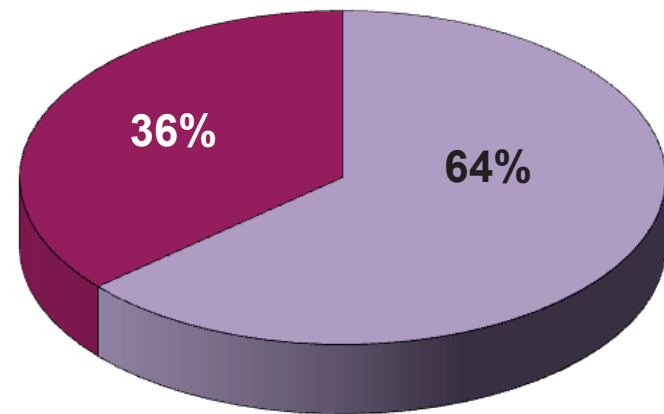
2010-11



2009-10



2008-9



 Response time over one month

 Response time within one month

Exceptional Access Program Top 10 Requested Drugs by Volume: FY 2011/12

Rk	Drug	Requests	Approved	% Approved*	Gov't Cost
1	Remicade	4,359	4,107	94.2	\$69.9M
2	Neupogen	3,702	3,021	81.6	\$15.6M
3	Enbrel	2,684	2,448	91.2	\$14.4M
4	Humira	2,577	2,339	90.8	\$11.6M
5	Fragmin	2,531	2,490	98.4	\$0.3M
6	Lyrica	2,001	980	49.0	\$3.9M
7	Calcium Carbonate	1,906	1,822	95.6	\$0.2M
8	Eprex	1,893	1,702	90.0	\$2.3M
9	Replavite	1,629	1,564	96.0	\$0.2M
10	Avonex/Rebif	1,329	1,261	94.9	\$15.8M
Top 10 Total		24,611	21,734	88.3	\$134.2M

Exceptional Access Program Top 10 Drugs by Government Cost: FY 2011/12

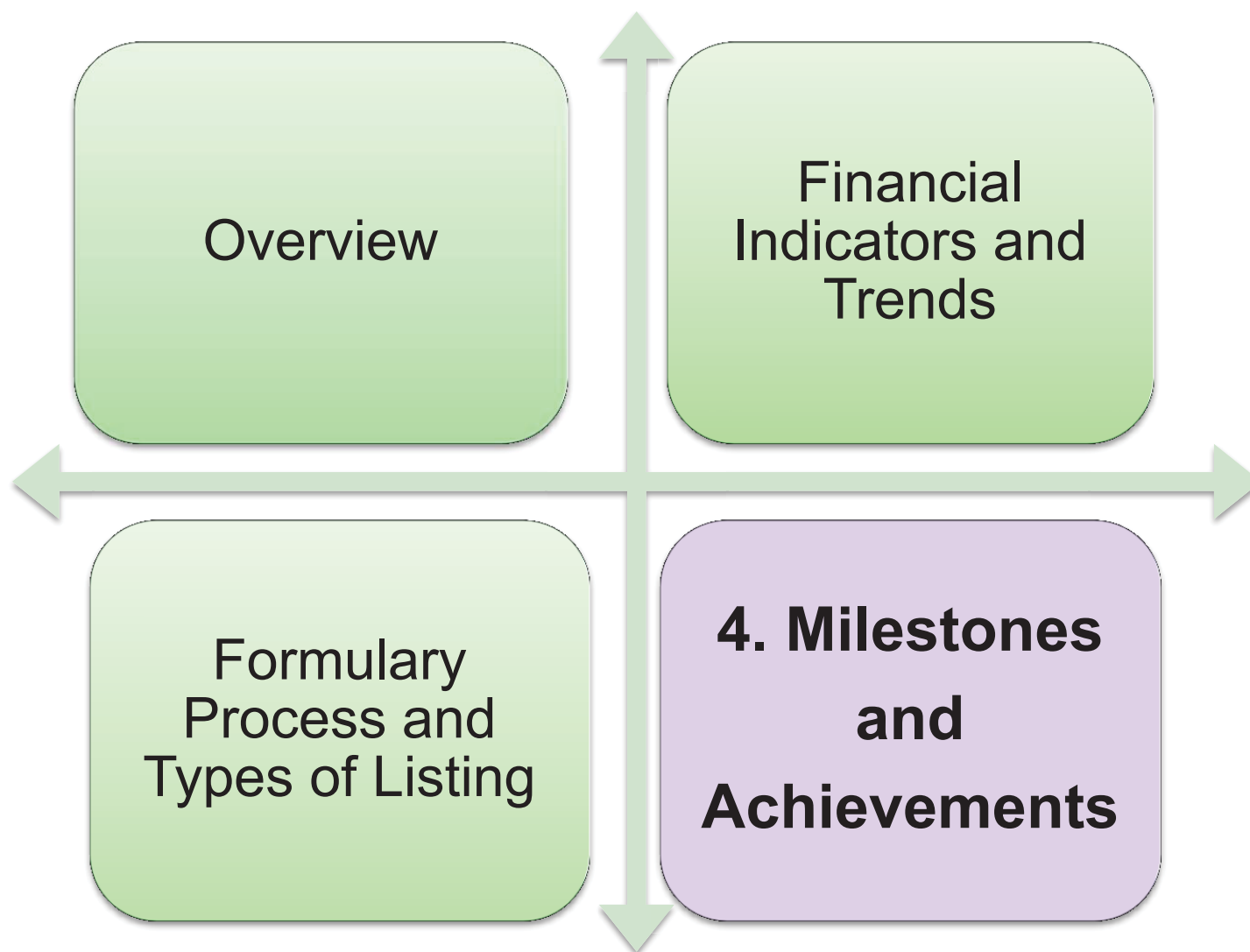


Rk	Drug	Beneficiaries	Claims	Gov't Cost
1	Remicade	2,929	17,234	\$69.9M
2	Revlimid	701	4,828	\$41.8M
3	Neupogen	2,321	8,161	\$15.6M
4	Enbrel	1,730	7,586	\$14.4M
5	Plavix	18,194	203,128	\$12.0M
6	Humira	1,353	5,721	\$11.6M
7	Actos	17,815	127,762	\$9.9M
8	Sutent	375	1,967	\$9.5M
9	Tracleer	238	2,256	\$8.8M
10	Pegasys RBV	934	6,258	\$8.4M
Total Top 10 EAP		45,495	384,901	\$202.0M
% Top 10 EAP / Total EAP		45.7%	50.6%	59.7%

Highlights of Formulary

- In 2011/12, 33 Formulary Product Listing Agreements were established; 22 'other' agreements were established (includes EAP, Facilitated Access and NDFP).
- Since 2006/07, a total of 108 Formulary Listing Agreements were established and 72 'other' agreements were established.
- Government drug cost of the EAP increased from \$312M in 2010/11 to \$338.1M in 2011/12.
- The top requested drug (by volume) through EAP for 2011/12 was Remicade.

Report Card Framework



- 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.
- 2011/12 marks the fifth year of the MedsCheck program.
- On April 1, 2011, the Pharmaceutical Opinion Program was announced. This program allows for the clinical intervention by a pharmacist who identifies a potential concern at the time of dispensing. The prescription may not be dispensed, may be dispensed as prescribed or the prescription therapy may be adjusted (includes adding or discontinuing a prescription) resulting from a potential concern at the time of dispensing to a ODB recipient.
- On September 1, 2011, the Pharmacy Smoking Cessation was implemented to provide support and advice to ODB recipients who want to quit smoking.
- Between April 1, 2007 – March 31, 2012, over 1.3M Ontarians received a MedsCheck service* by a pharmacist.

**Note: Includes Annual reviews, Follow ups and Expanded MedsCheck programs*

Evidence Building Program for Cancer Drugs Ontario

- In 2011/12, the Evidence Building Program (EBP) for Cancer Drugs (CBCRP) was implemented.
- The EBP strengthens the New Drug Funding Program (NDFP) and the process for drug funding decisions in Ontario, by attempting to address uncertainty around clinical and cost-effectiveness data related to the expansion of cancer drug coverage within the province.
- To receive drug coverage under the EBP, patients must be residents of Ontario and have a valid Ontario Health Card. Reimbursement is for the drug costs of those patients who meet the EBP eligibility criteria for the specific approved cancer drug.
- For a cancer drug to be included in Ontario's EBP there must be evolving, but incomplete evidence of benefits. These cancer drugs are funded on a time-limited basis to collect real-world data on the clinical and cost effectiveness of the drug. This data will be used by the Ministry to help inform a final change to existing public funding criteria.
- In May 2011, the use of Herceptin, in conjunction with chemotherapy, to treat breast cancer, according to specific criteria, was approved as the first drug funded through the EBP.
- In developing the EBP, the ministry, in partnership with Cancer Care Ontario (CCO), consulted with clinicians, researchers, pharmacists, the pharmaceutical industry, cancer disease site groups, patient advocacy groups, members of the public and academics. Over 140 organizations and individuals contributed feedback during the consultation period. The final EBP policy was introduced on November 15, 2011.

Pan-Canadian Brand Drug Pricing Alliance



- In August 2010, Premiers announced the Pan-Canadian Brand Drug Pricing Alliance to examine opportunities to conduct joint provincial/territorial (P/T) negotiations for brand name drugs.
- Goals of the initiative include: Increased access to drug treatment options; improved consistency of drug listing decision across the country; ability to capitalize on the combined purchasing power of jurisdictions; consistent pricing and lower drug costs; and reduced duplication of negotiations and improved utilization of resources.
- P/Ts agreed to conduct joint negotiations for select drug products to determine if the approach was feasible on a broader scale.
- As of March 31, 2012, the Alliance successfully negotiated agreements* for two brand drug products: Soliris and Pradax.
- Soliris is one of the most expensive drug products on the world-wide market. Negotiations with the manufacturer included nine provinces and ultimately increased access to this expensive treatment in jurisdictions that may not have been able to fund the drug independently.
- Negotiations for several other products are underway.
- The Ontario Public Drug Programs will continue to work with other provinces and territories to examine opportunities to conduct joint negotiations for brand products. Additional next steps include examining opportunities to achieve better value for generic drugs as well.

*'Agreement' refers to a Letter of Intent signed between the lead jurisdiction and the drug manufacturer.

Narcotics Strategy

- In 2011/12, the OPDP took steps in support of the ministry's Narcotics Strategy to reduce the misuse, addiction, unlawful activities and deaths related to narcotic drugs and controlled substances ("monitored drugs").
- New identification requirements were implemented to help increase patient safety: As of November 1, 2011, all Ontarians must provide identification to prescribers and dispensers in order to receive a prescription for a monitored drug.
- New requirements were also put in place for prescribers and dispensers to promote the safe prescribing and dispensing of monitored drugs.