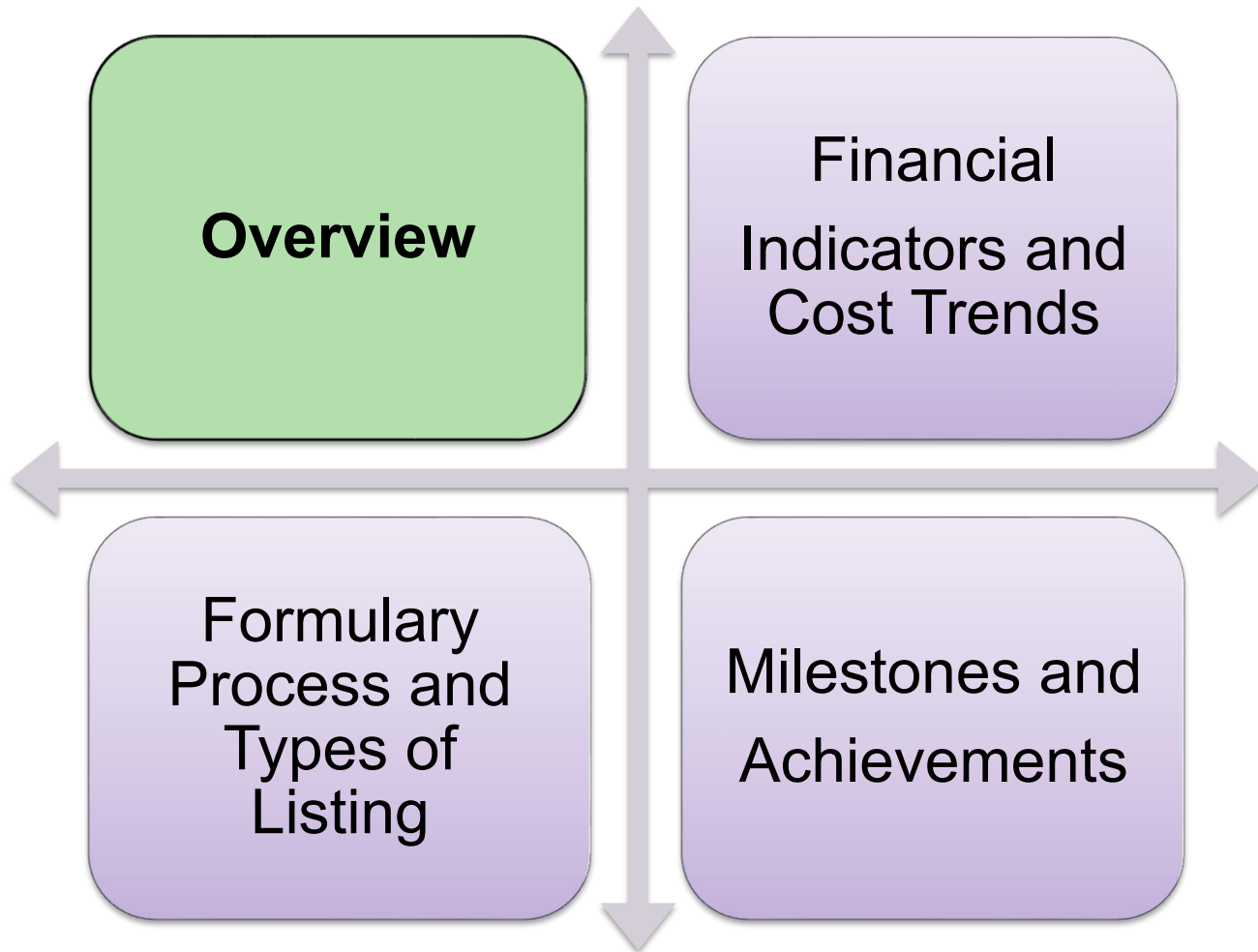


# 2014/15 Report Card for the Ontario Drug Benefit Program

# Report Card Framework



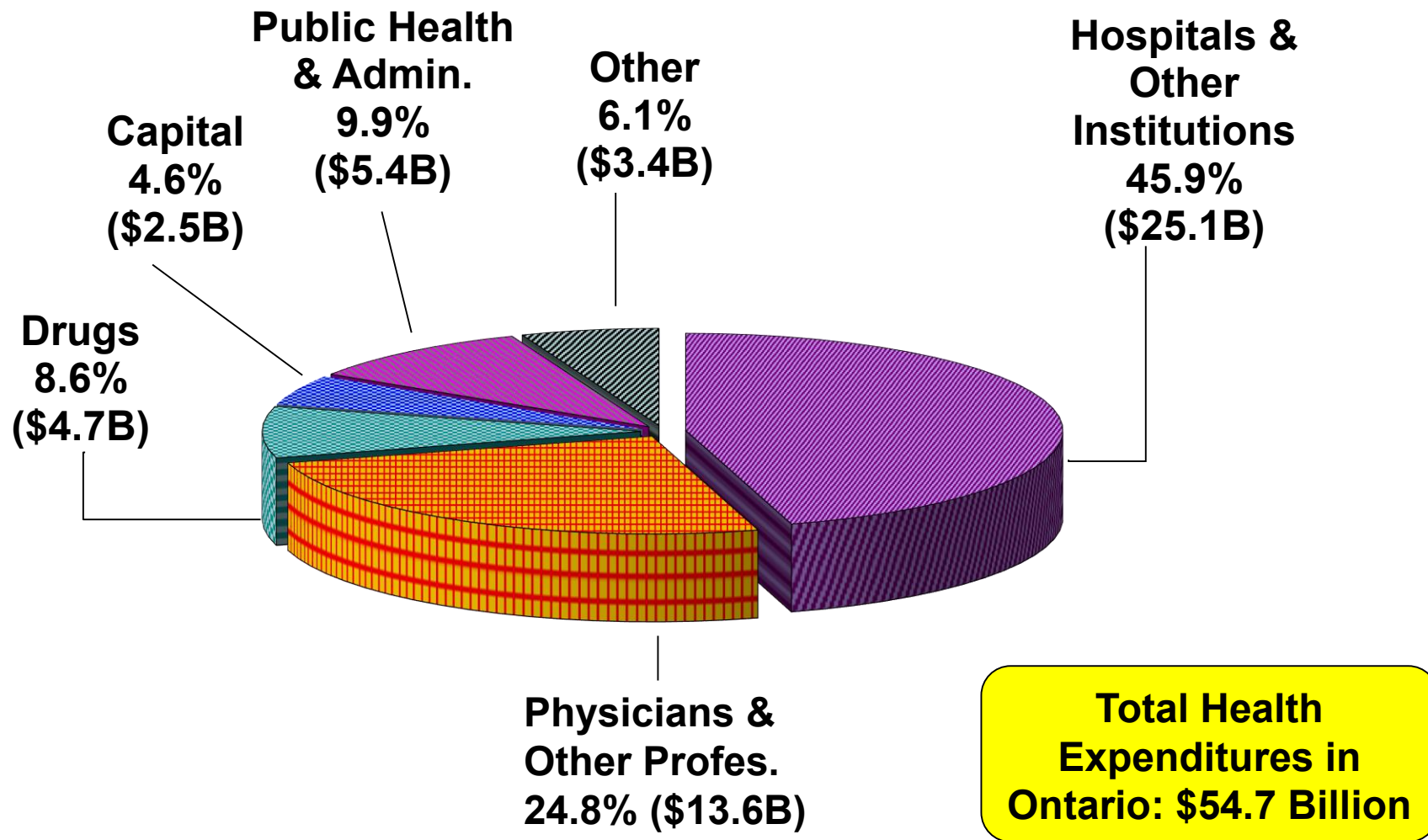
# Definitions & Disclaimers

- **Beneficiary:** Person eligible for coverage under the public drug programs.
- **Claim:** Every time a pharmacist fills a prescription, initial or refill, for an ODB recipient.
- **Core Seniors:** Seniors for whom the regular ODB deductible and co-payment amounts apply. This is the majority of seniors in the ODB program.
- **Drug Cost:** Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.
- **Exceptional Access Program (EAP):** Component of the ODB program that reviews, on a case-by-case basis, individual requests for coverage of drug products not listed in the Formulary.
- **General Benefit:** Reimbursement for the drug product is without restrictions or according to therapeutic notes.
- **Government Cost:** RxCost minus Recipient Cost.
- **Limited Use Products:** Reimbursement for certain drugs is dependent on specific clinical criteria.
- **Low Income Senior:** Senior who meets the Seniors Co-Payment (SCP) income thresholds.
- **Markup:** Total mark-up paid per eligible claim (maximum 8%).
- **Recipient Cost:** Is the portion of RxCost paid by an Ontario Drug Benefit recipient (i.e., co-payments and deductibles).
- **RxCost:** Refers to Drug Cost + Markup + Dispensing Fee (Dispensing Fee includes Professional Fee + Compounding Fee).
- **Utilizing Beneficiary:** Eligible person who had at least one claim during the fiscal year.

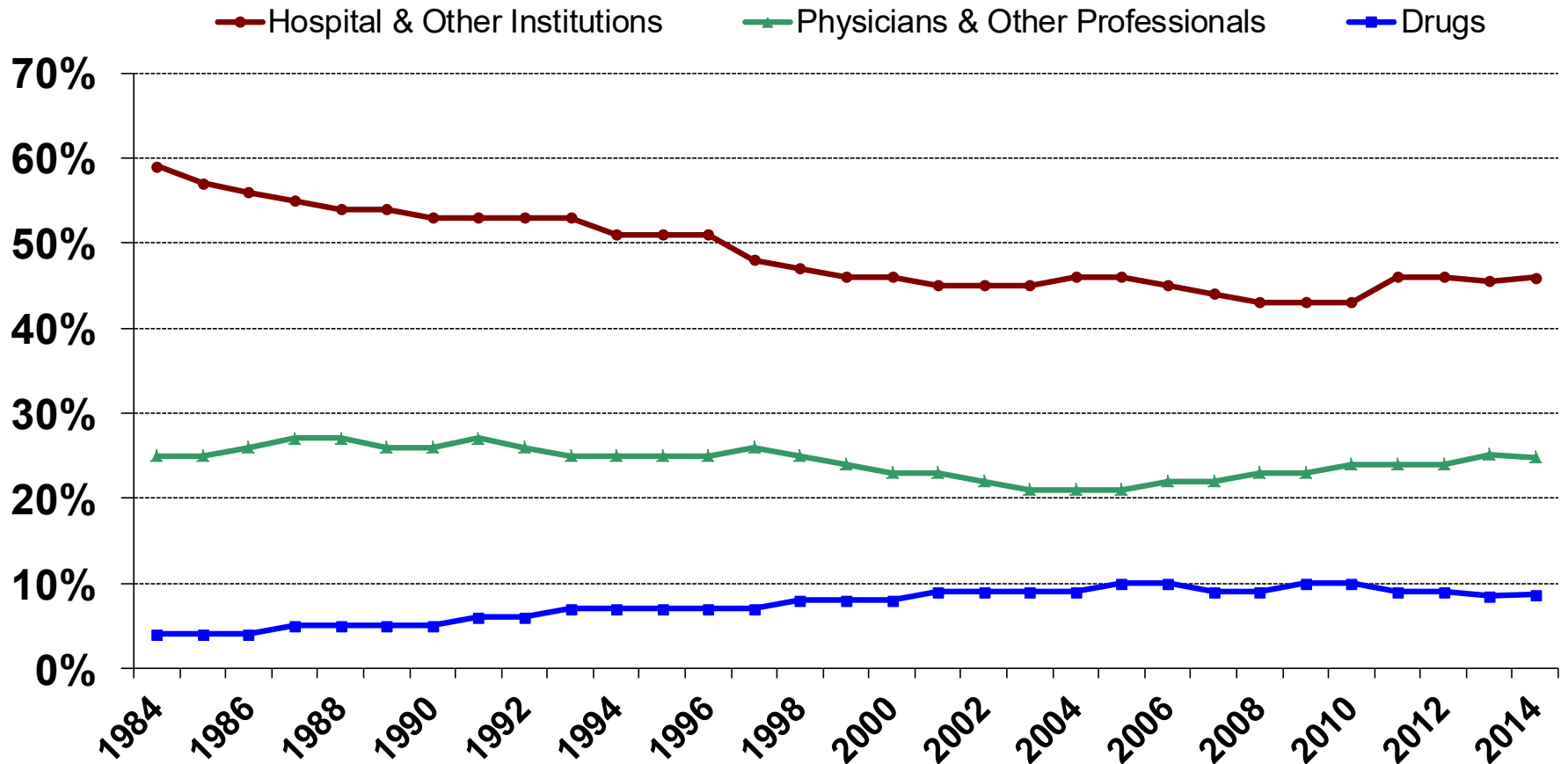
## Notes:

- Figures include Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Community and Social Services (MCSS) programs unless otherwise specified
- 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 Ontario: 2014

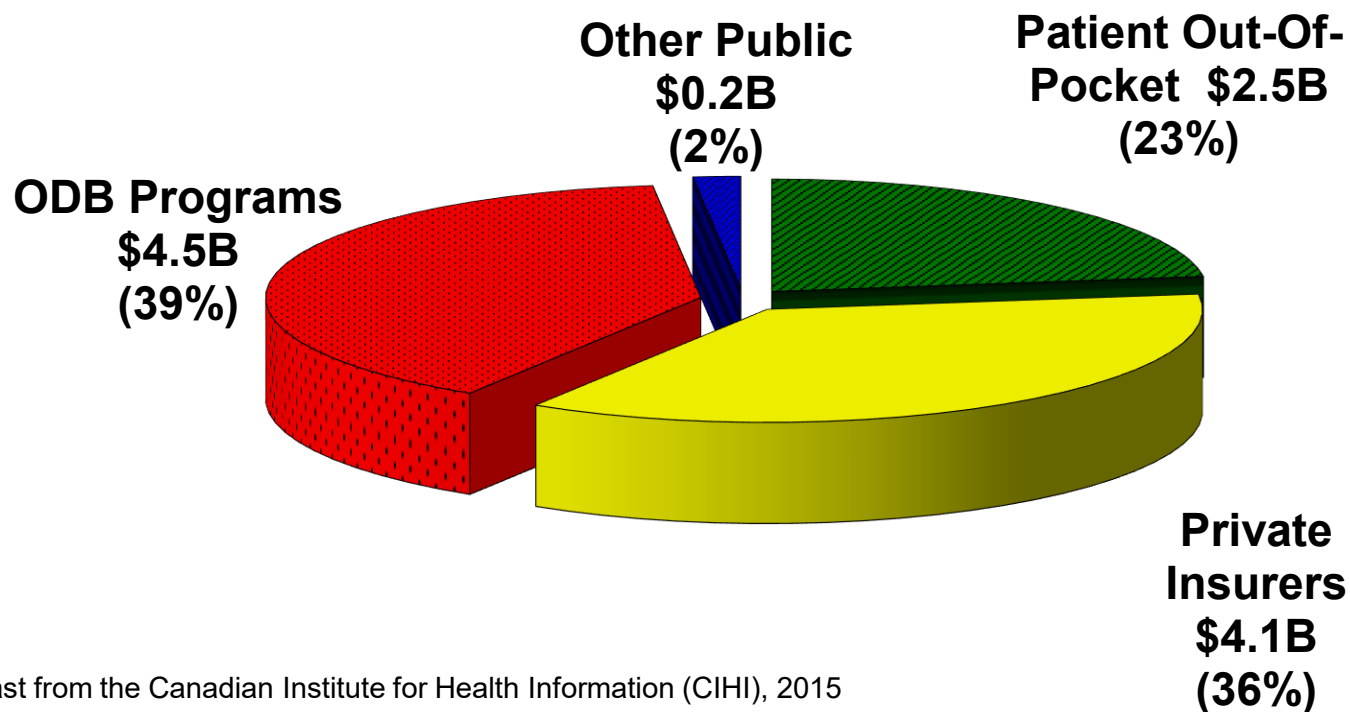


# Provincial Health Expenditures Ontario: 1983 - 2014



# Drug Costs by Public, Private & Cash: 2014

Total Drug Costs in  
Ontario: \$11.3 Billion

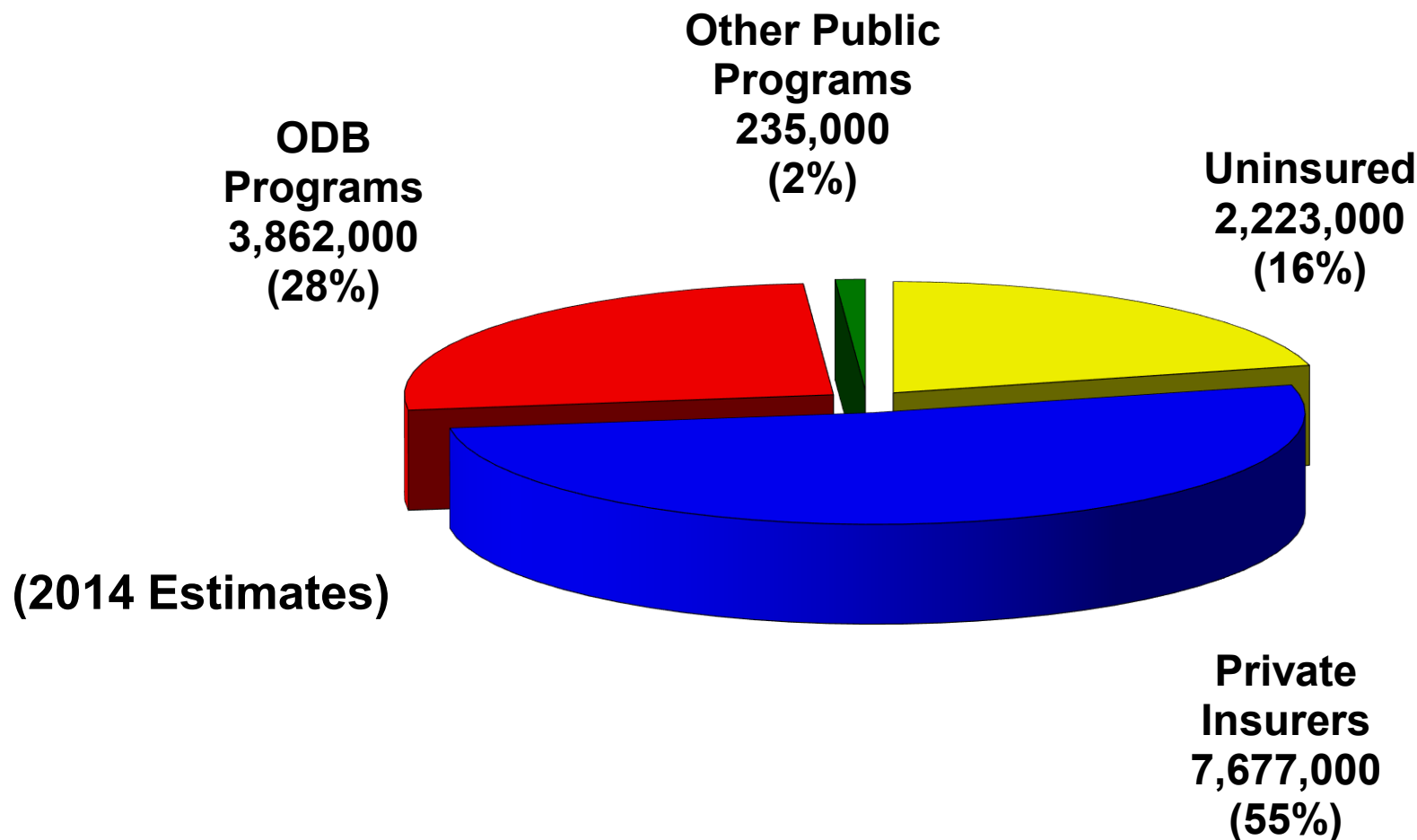


Source: Forecast from the Canadian Institute for Health Information (CIHI), 2015

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

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.

# Ontario Population Covered by Public and Private Insurance: 2014

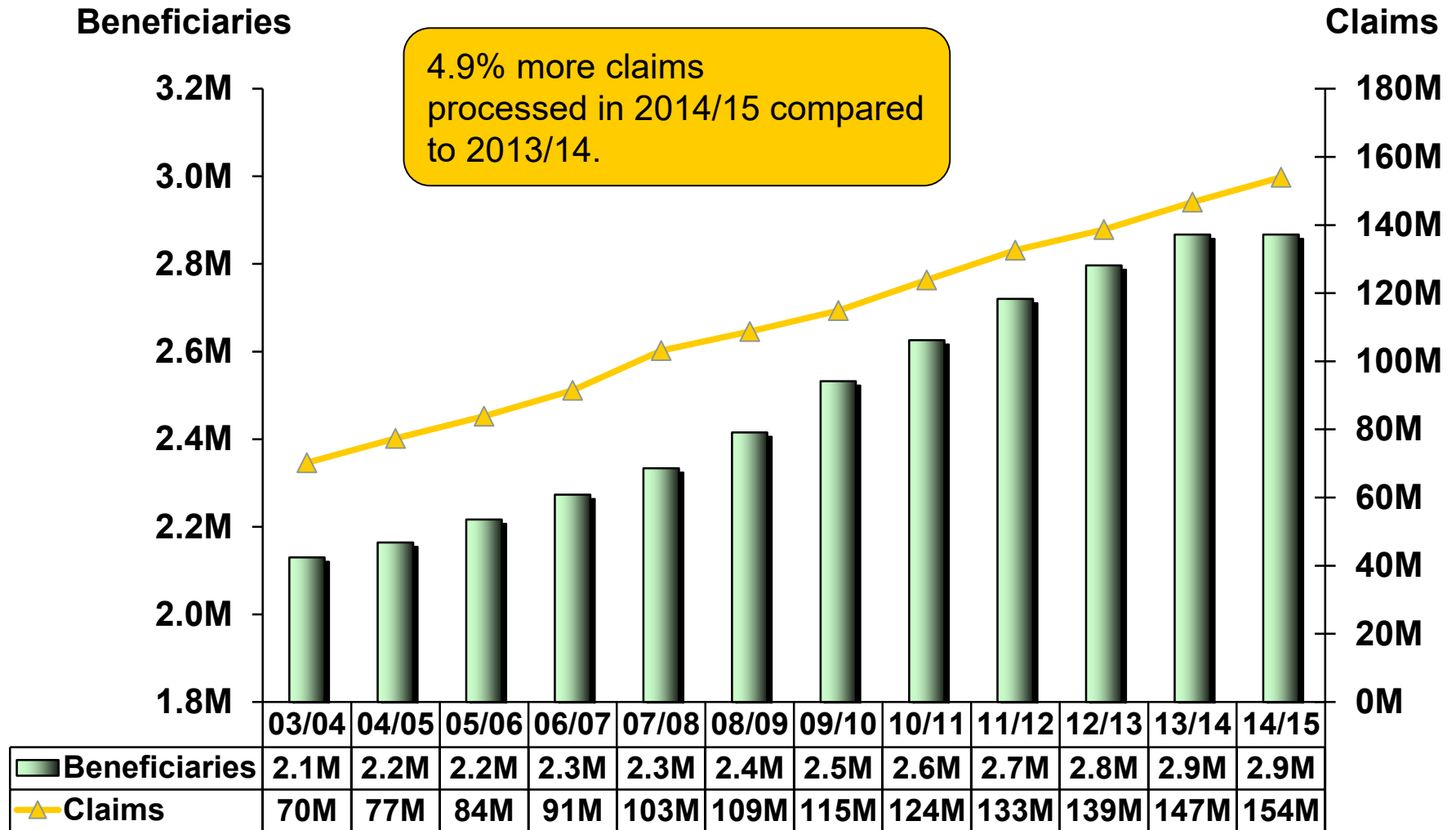


Note: Total population covered is 13,997,000 (includes overlaps between public and private programs)

Note: "Other Public Programs" include NIHB, Veteran's programs, and misc. Federal Programs (e.g., RCMP, etc.)

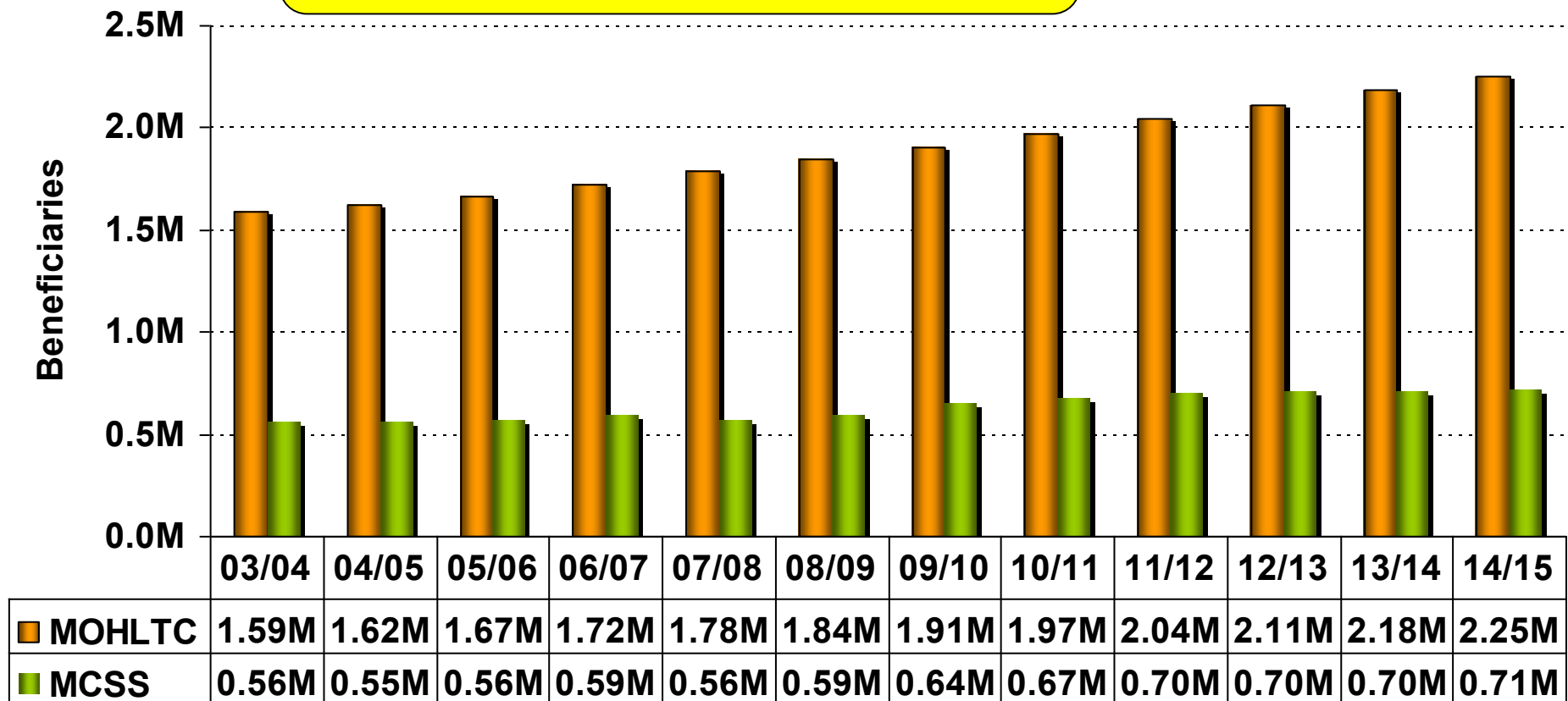
Source: Ontario Public Drug Programs calculation based on data from TELUS Health Analytics, NIHB, Veteran's Affairs Programs and internal OPDP statistics

# ODB Utilizing Beneficiaries & Claims: 2003/04 – 2014/15



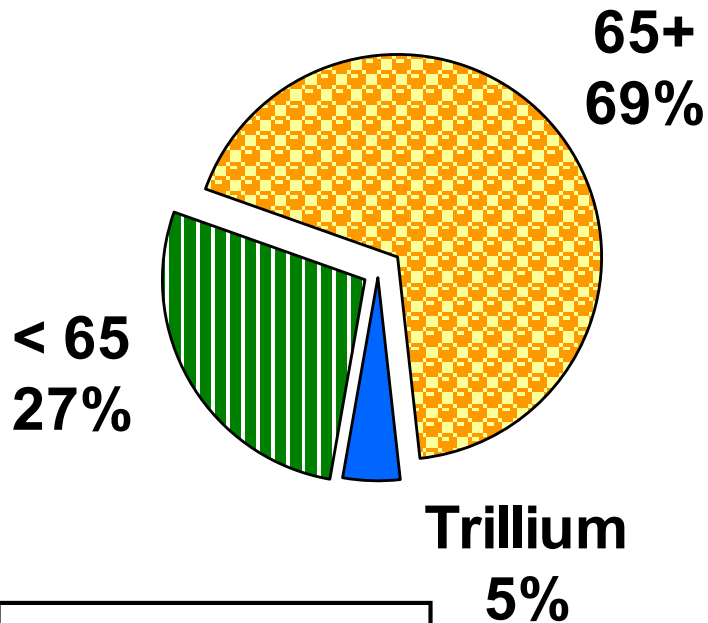
# ODB Utilizing Beneficiaries by Ministry: 2003/04 – 2014/15

From 2003/04 to 2014/15, the total number of beneficiaries using the ODB program increased by 37.7% (MCSS beneficiaries increased by 26.8%; MOHLTC beneficiaries increased by 41.5%)



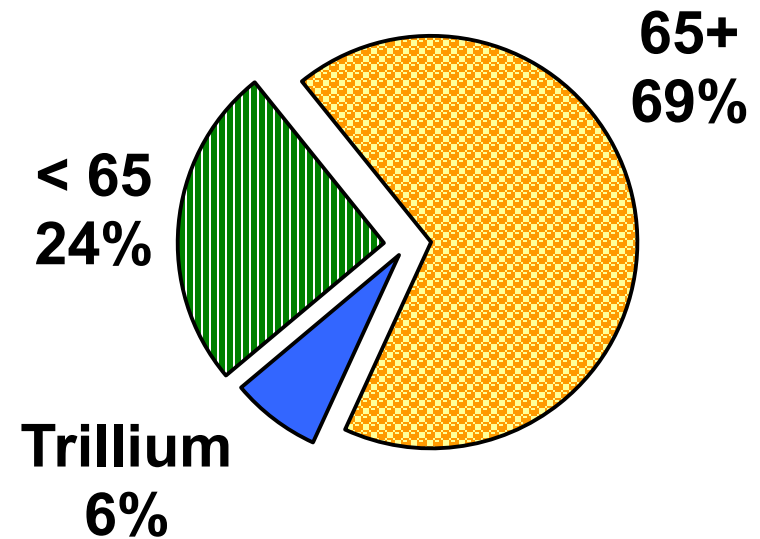
# Age Breakdown of ODB Utilizing Beneficiaries: 2003/04 vs. 2014/15

**2003/04**



|          |        |
|----------|--------|
| <65      | 565K   |
| Trillium | 101K   |
| 65+      | 1,463K |
| Total    | 2,130K |

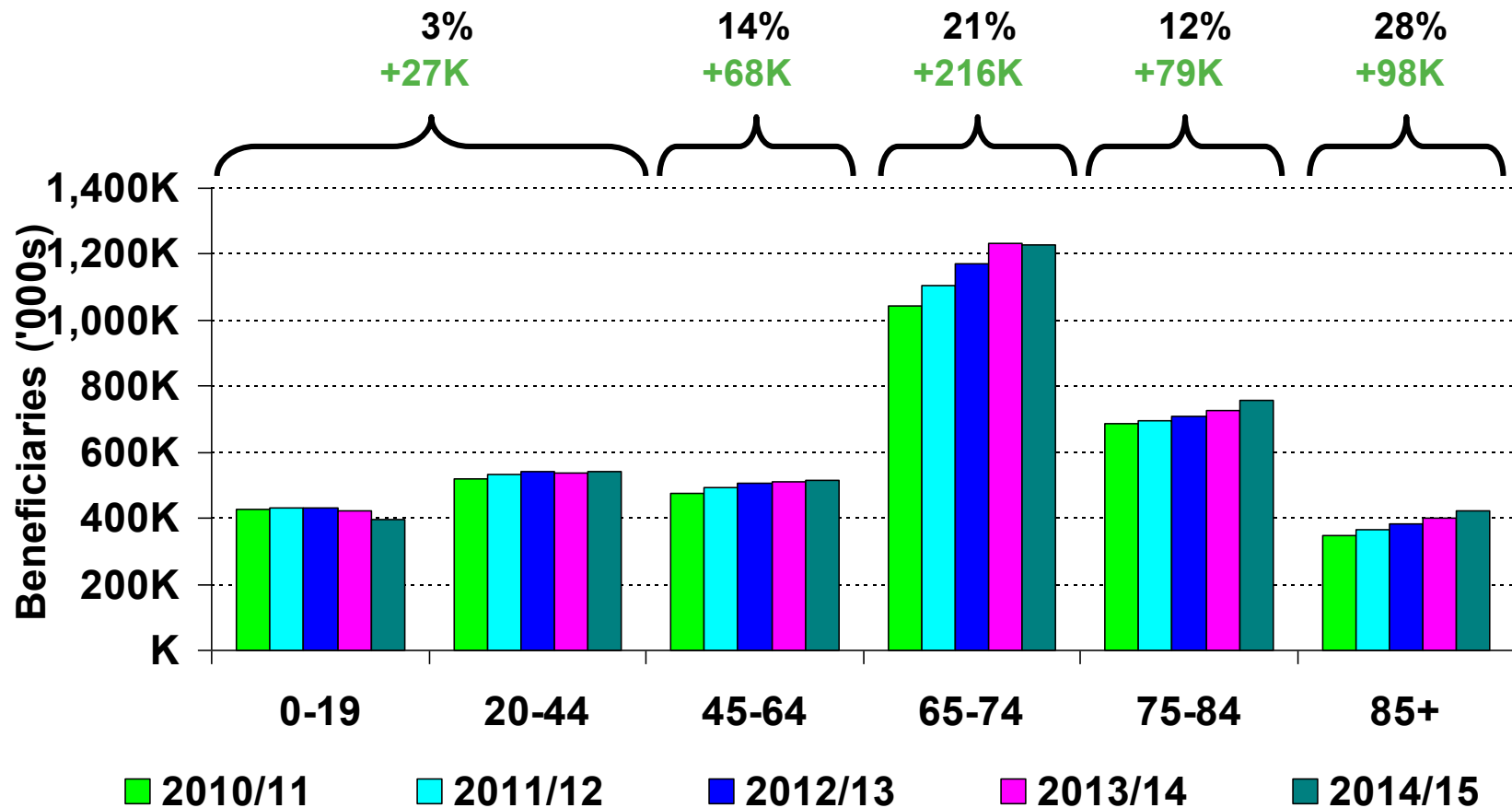
**2014/15**



|          |        |
|----------|--------|
| <65      | 742K   |
| Trillium | 190K   |
| 65+      | 2,060K |
| Total    | 2,992K |

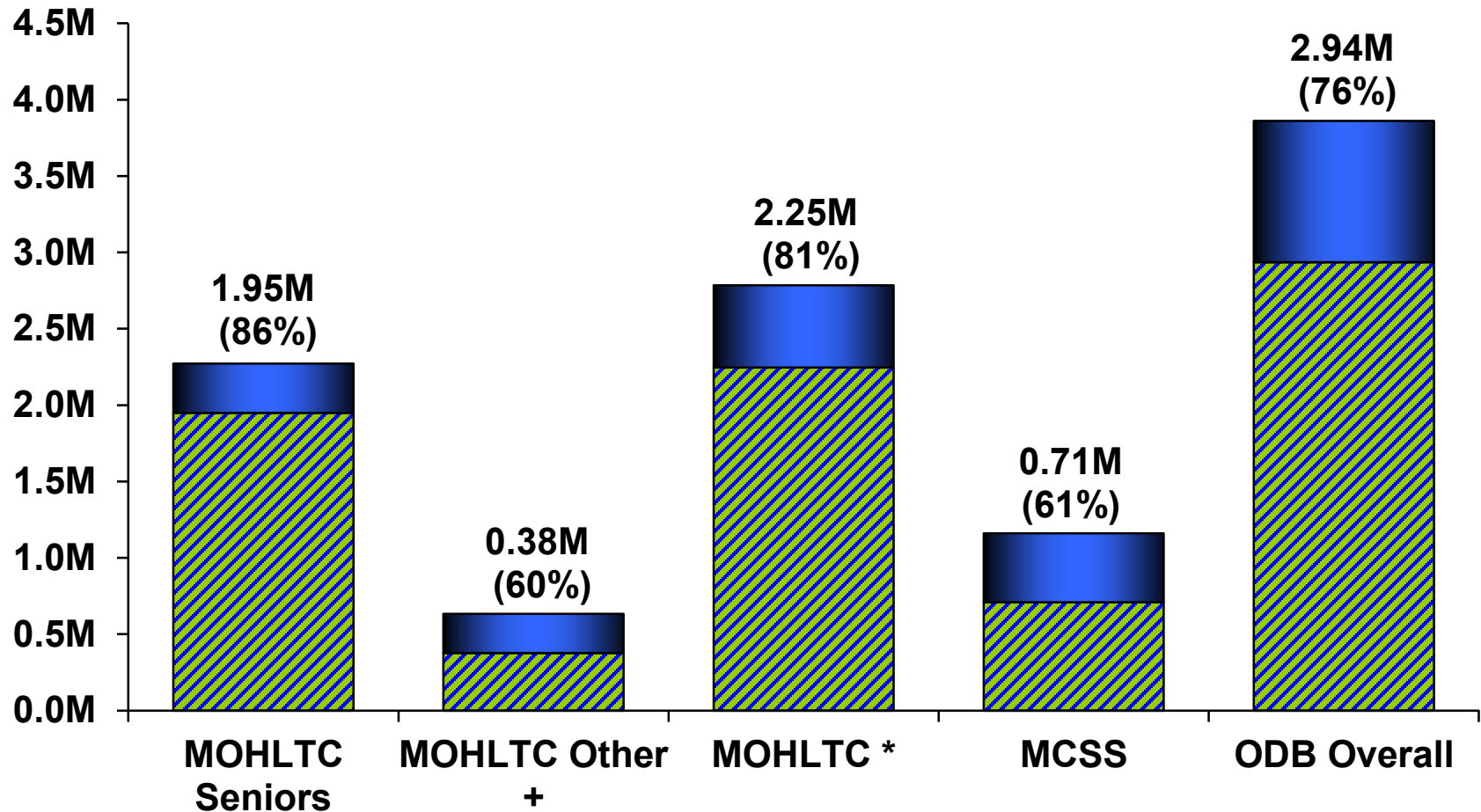
# Age Distribution of Eligible Beneficiaries: 2010/11 – 2014/15

## 5-year growth



# ODB Beneficiaries by Program: 2014/15

■ Non-Utilizing Recipients    ▨ Utilizing Recipients



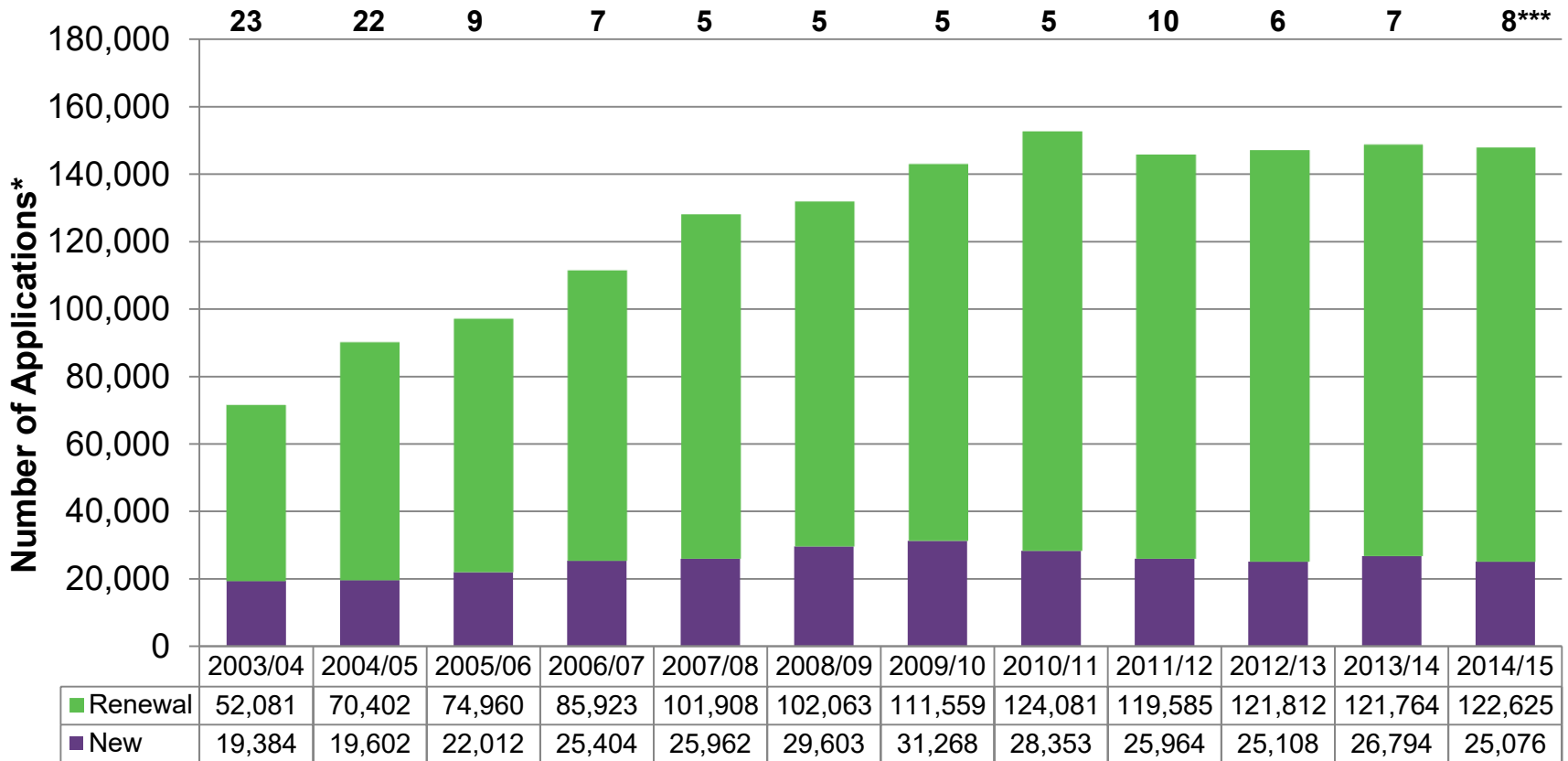
+ Long-Term Care, Homes for Special Care, Home Care & Trillium

\* Seniors + MOHLTC Other + Trillium

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

# Trillium Applications\* & Processing Time: 2003/04 – 2014/15 Benefit Years\*\*

## Average Application Process Time (Days)



■ New ■ Renewal

\* Number of applications represents households, not individuals

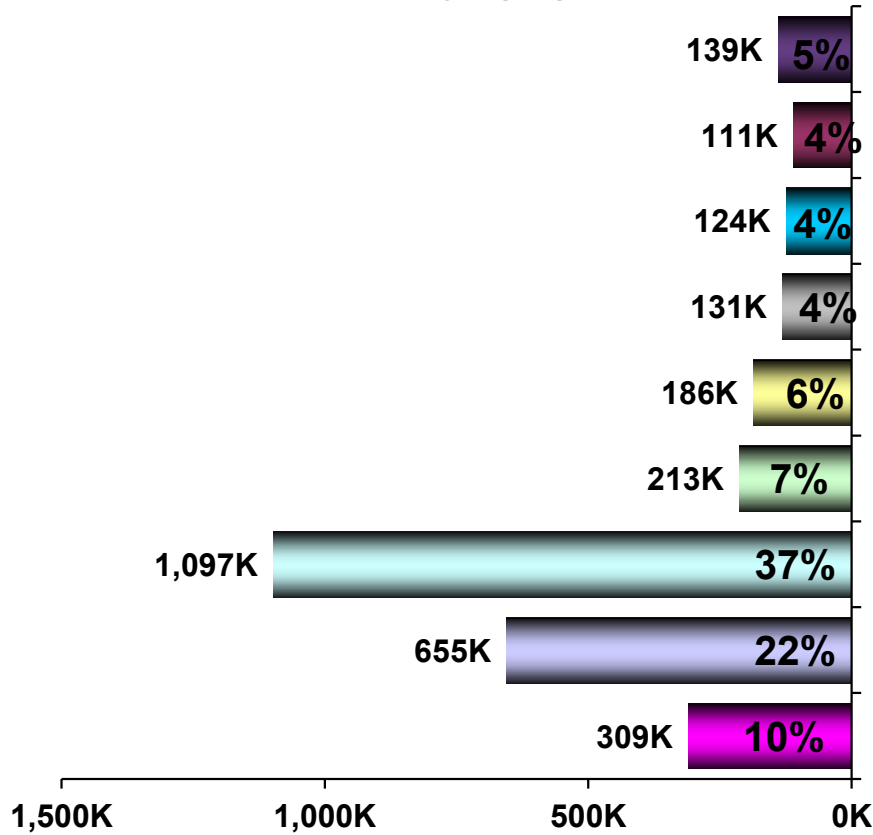
\*\* Trillium benefit year starts August 1 and ends July 31 the following year

\*\*\* For the 2014/15 Benefit Year 89% of applications were completed within 7 days, and the remaining 11% were completed within 17 days, resulting in the above noted 8 day average.

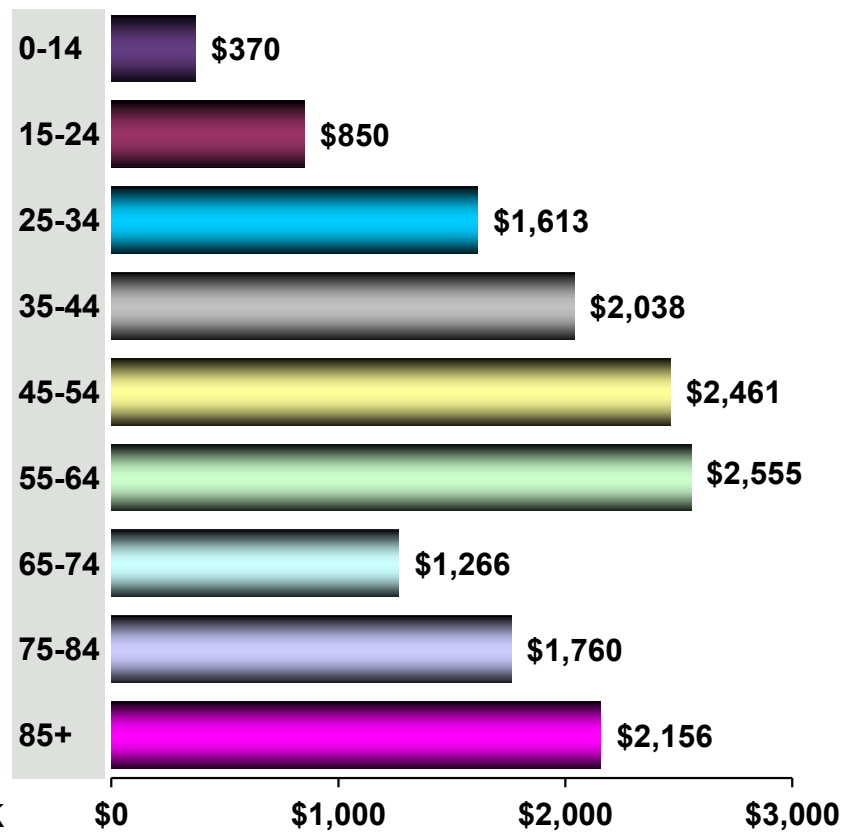
# Beneficiary Distribution & Government Cost by Age:

## 2014/15

Distribution of utilizing beneficiaries by age group

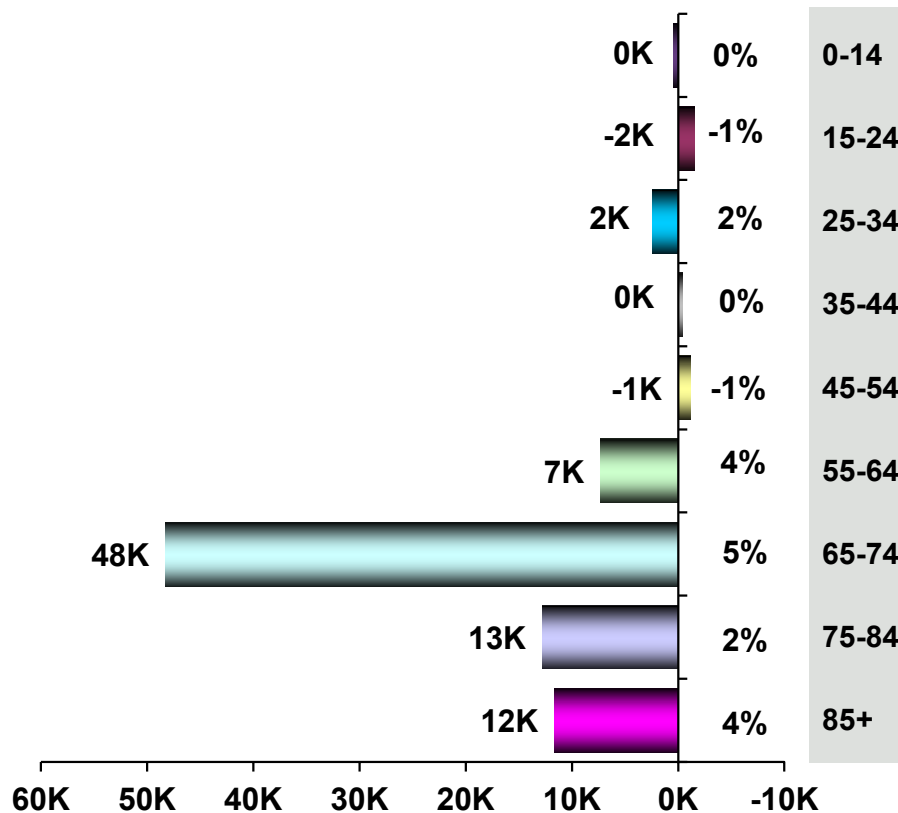


Average Government cost per utilizing beneficiary by age group

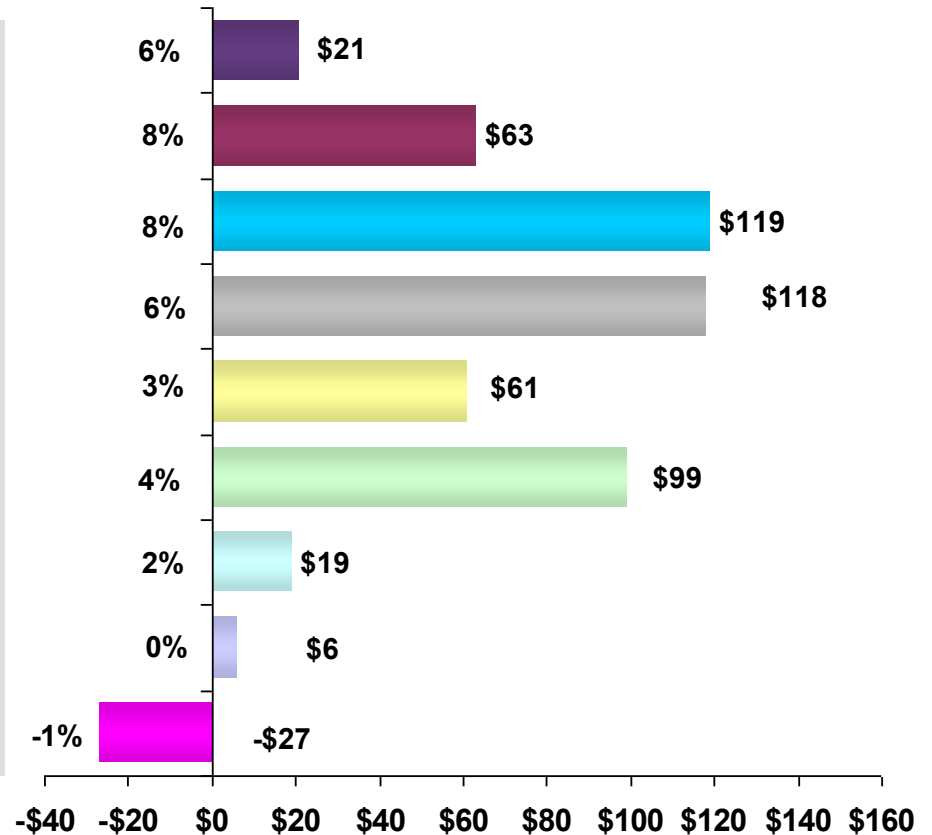


# Change in Beneficiaries & Government Cost by Age: 2013/14 – 2014/15

Change in utilizing beneficiaries  
by age group



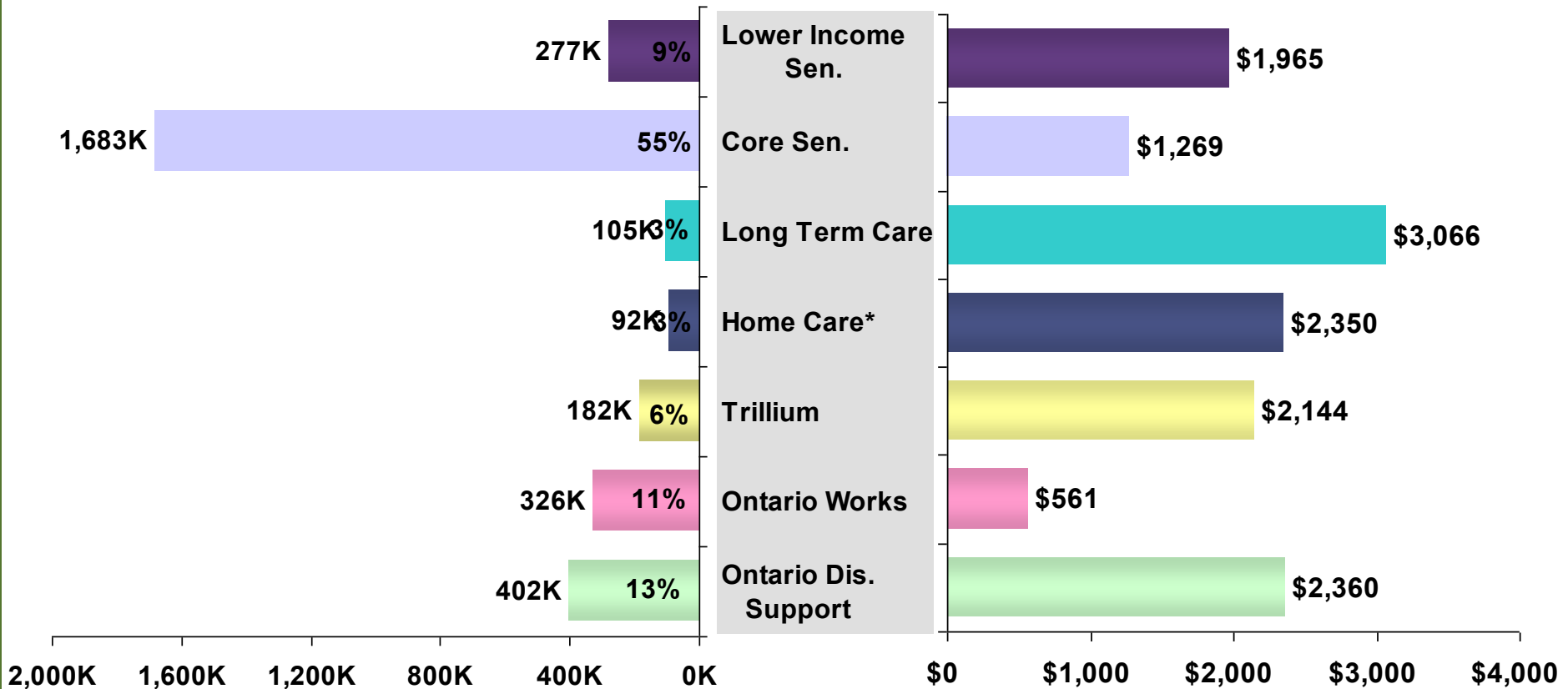
Change in average government cost per utilizing  
beneficiary by age group



# Beneficiary Distribution & Government Cost by Program: 2014/15

Distribution of beneficiaries  
by program

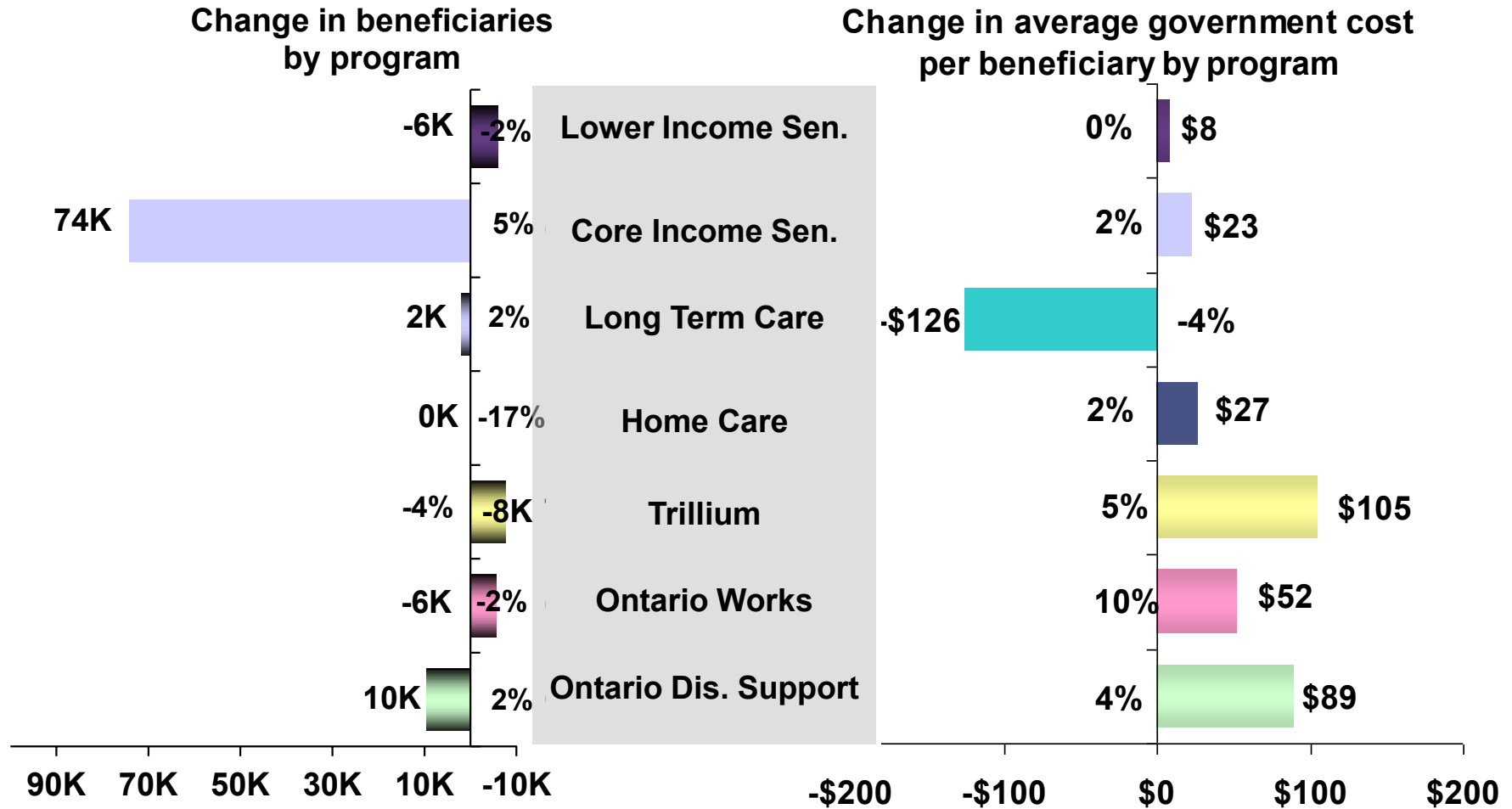
Average Government cost per beneficiary  
by program



\* Home Care & Homes for Special Care

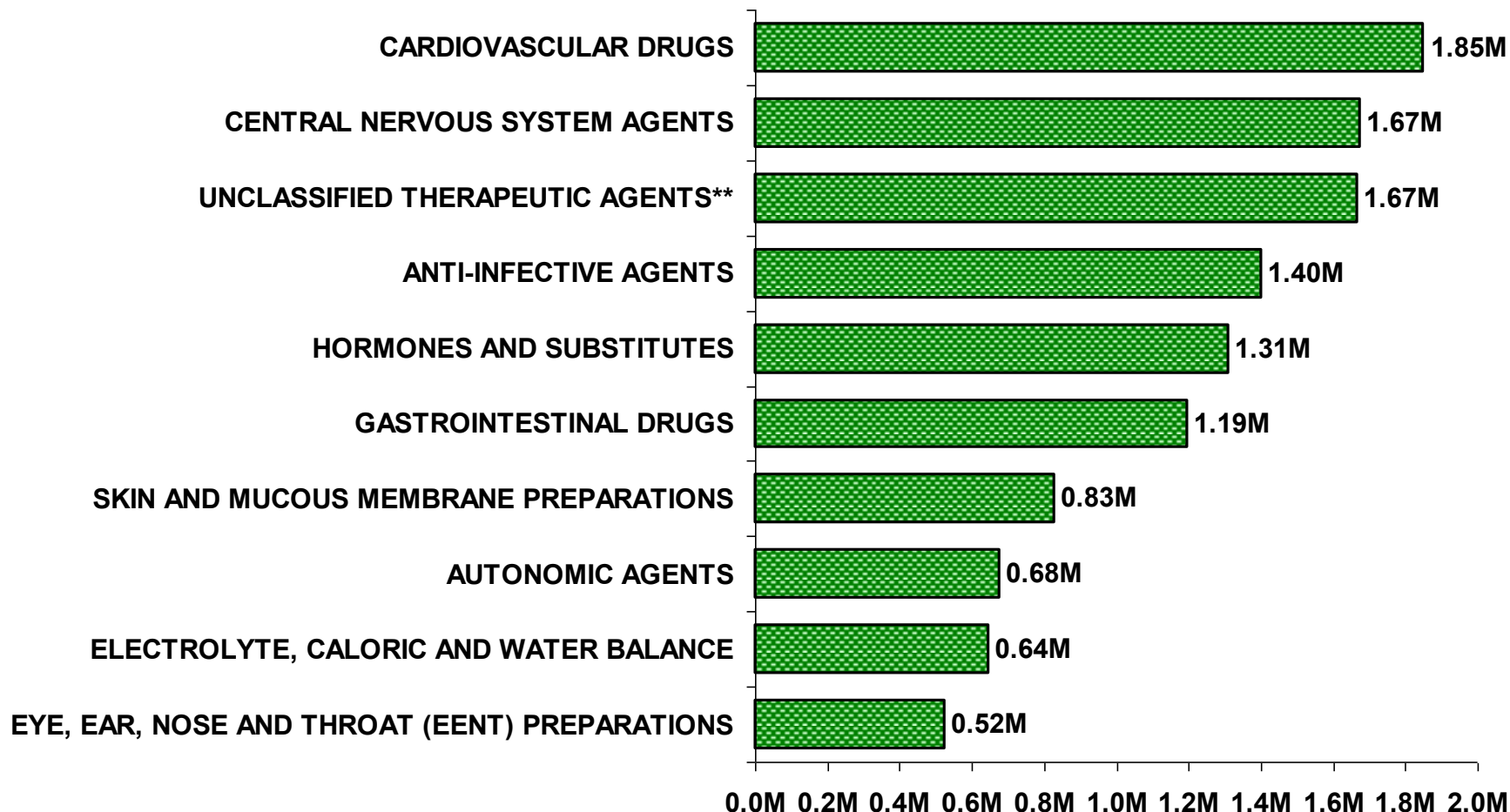
NB: Percentages represent number of utilizing beneficiaries per age group over total number of utilizing beneficiaries. Individuals may move between programs within a benefit year and may be counted in more than one category.

# Change in Beneficiaries & Government Cost by Program: 2013/14 – 2014/15



- 34 fewer recipients in 2014/15 in Home Care & Homes for Special Care

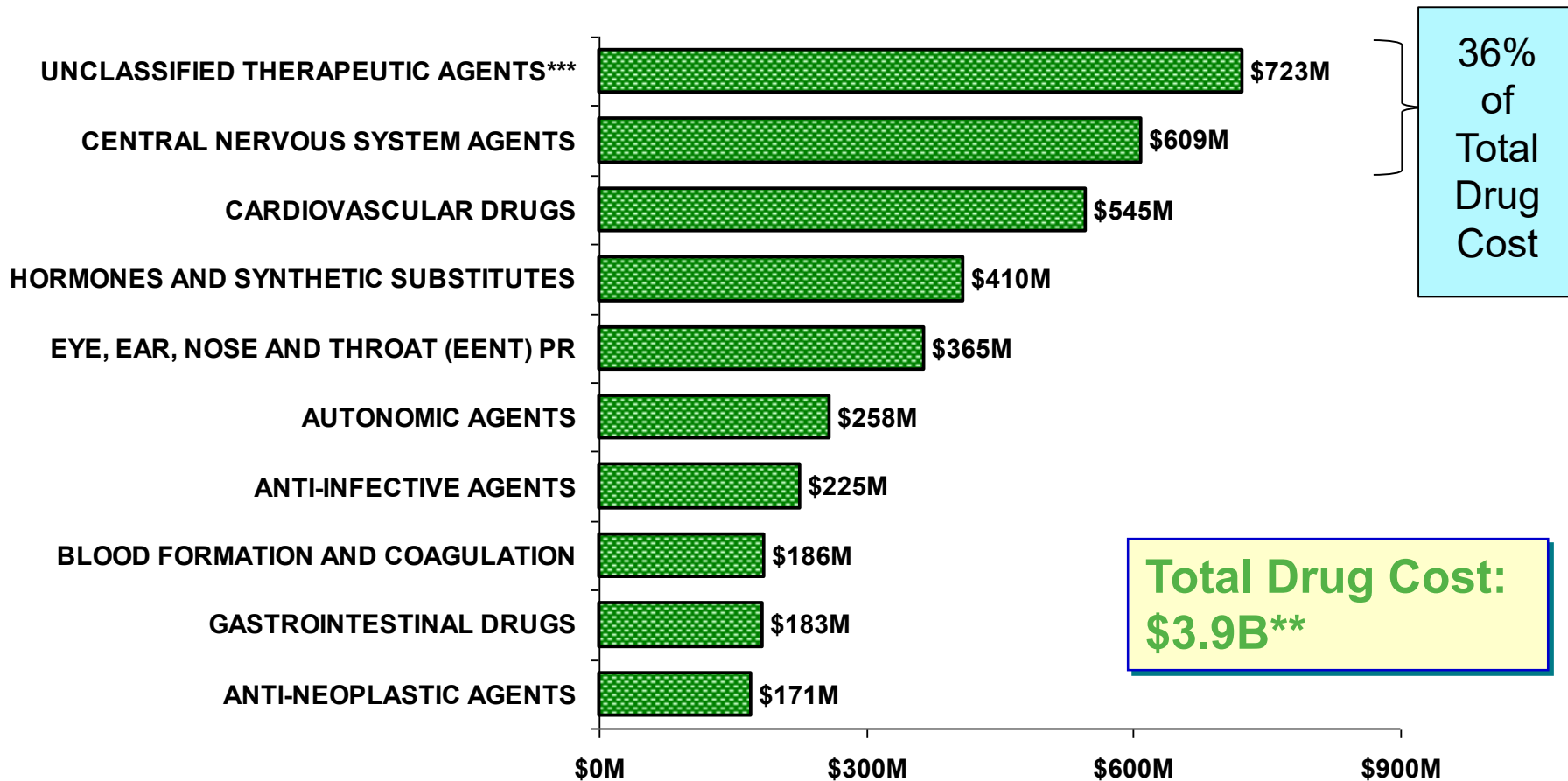
# Top 10 Therapeutic Classes\* by Number of Users: 2014/15



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

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

# Top 10 Therapeutic Classes by Drug Cost\*: Fiscal Year 2014/15

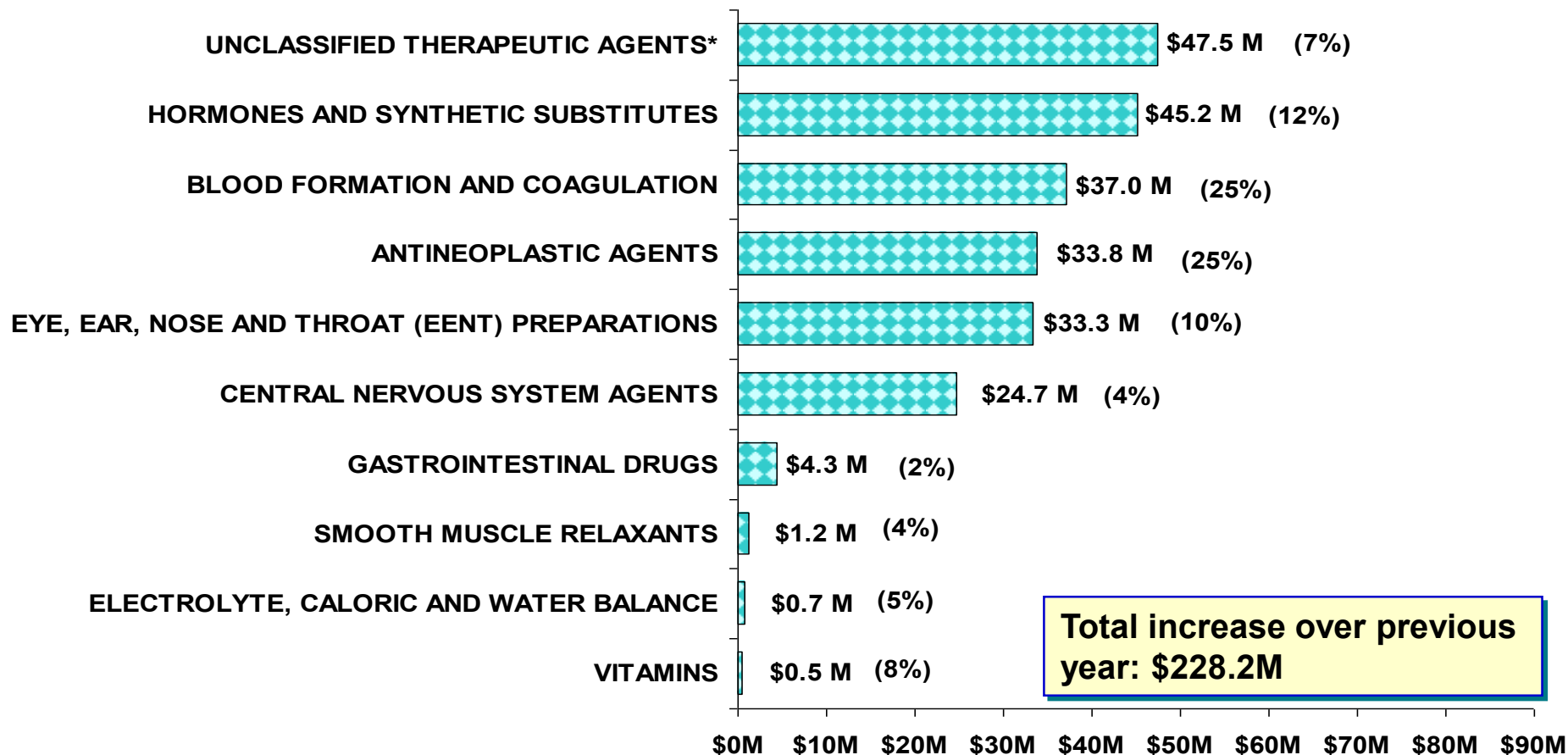


\* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO). Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

\*\* Includes all classes, not just top 10

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

# Fastest Growing Classes by Drug Cost\*\*: 2013/14 – 2014/15



NB: Percentages represent increase over previous year.

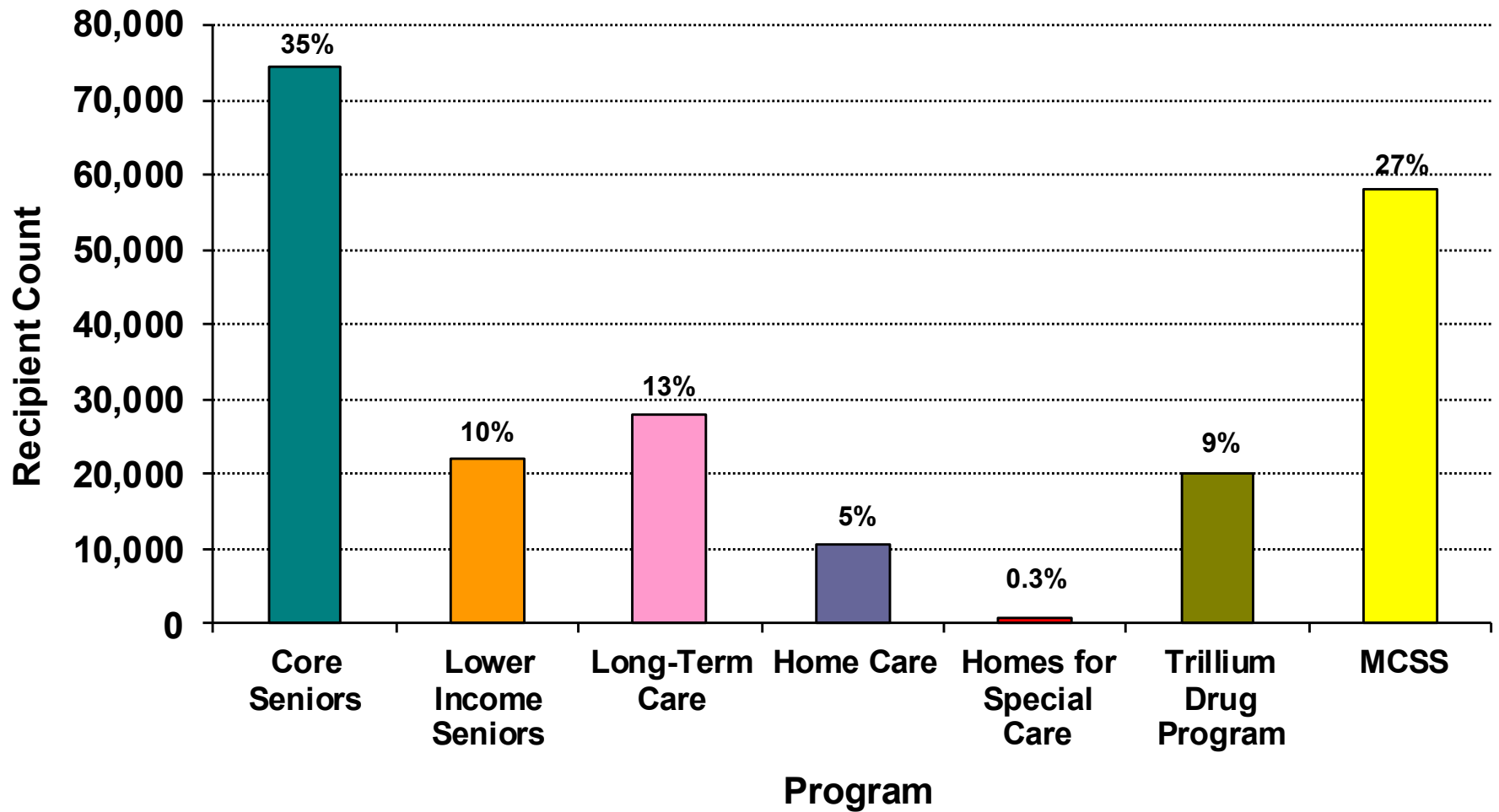
\* Some top drugs in this category include drugs used to treat osteoporosis, Parkinson's Disease, Plaque Psoriasis, Rheumatoid Arthritis, Pompe Disease, Multiple Sclerosis, Crohn's Disease and Multiple Myeloma.

\*\*Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

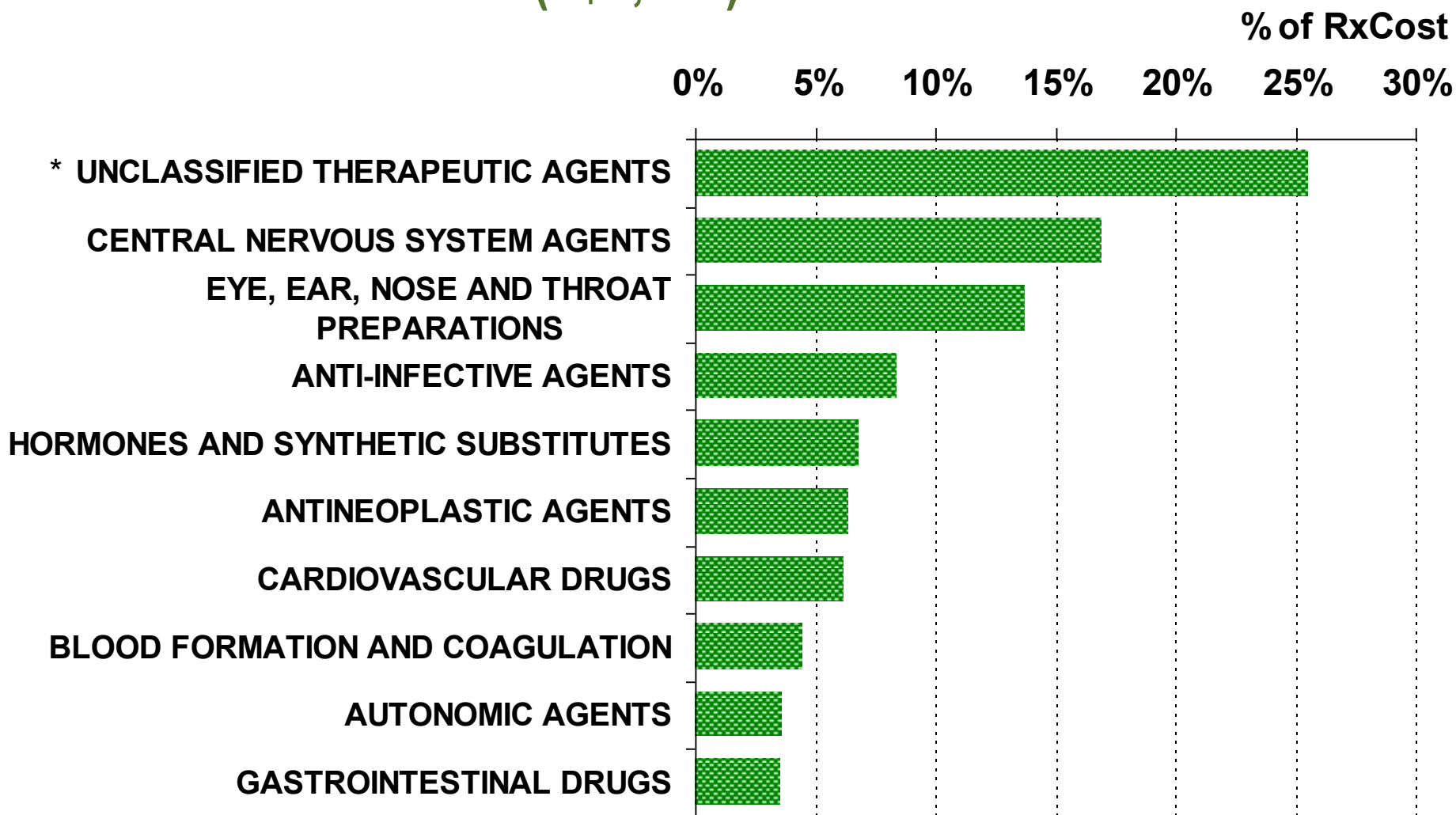
## Breakdown of Top Claimants Category: 2014/15

- Top 7.5% of claimants amount for 45.3% of total RxCost
- Top drugs and/or preparations (i.e., combinations of drugs prepared or compounded in a pharmacy) for these claimants according to both total drug cost and total government cost are:
  1. Lucentis (ranibizumab)
  2. Remicade (infliximab)
  3. Extemporaneous Preparations
  4. Humira (adalimumab)
  5. Enbrel (etanercept)
- Approximately three quarters are MOHLTC claimants (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) claimants

# Breakdown of Top Claimants by Program: 2014/15



# Top Therapeutic Classes for High Cost Claimants (>\$5,000): 2014/15



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

Note: Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

## Top 10 Chemicals for High Cost Claimants by Total RxCost: 2014/15

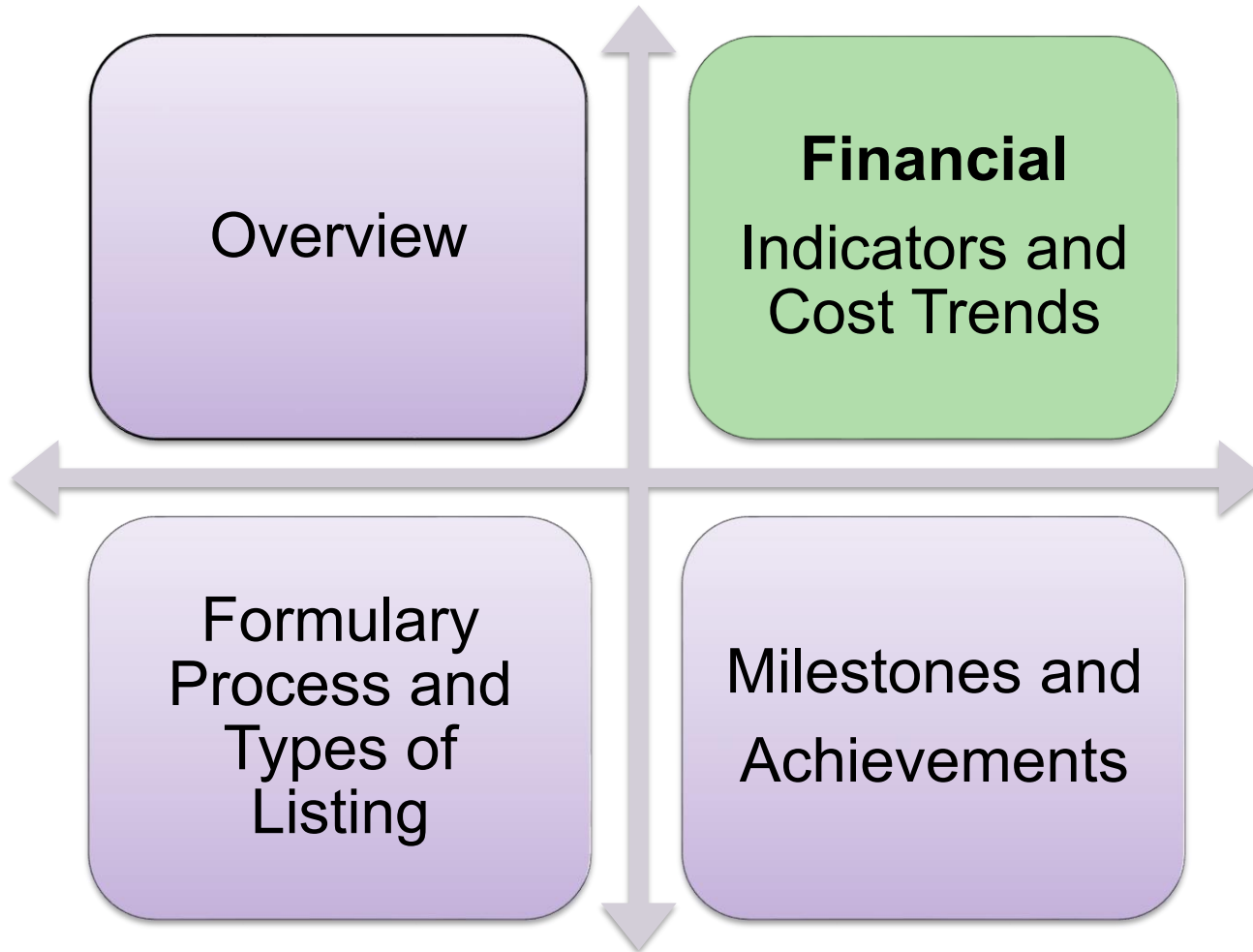
| Rk           | Drug Name                                     | Class                              | RxCost* | % Total RxCost |
|--------------|-----------------------------------------------|------------------------------------|---------|----------------|
| 1            | Ranibizumab (Lucentis) - LU                   | Eye, Ear, Nose & Throat            | \$316M  | 5.9%           |
| 2            | Infliximab (Remicade)                         | Unclassified                       | \$103M  | 1.9%           |
| 3            | Lenalidomide (Revlimid)                       | Unclassified                       | \$64M   | 1.2%           |
| 4            | Adalimumab (Humira) - LU                      | Unclassified                       | \$58M   | 1.1%           |
| 5            | Etanercept (Enbrel) - LU                      | Unclassified                       | \$56M   | 1.0%           |
| 6            | Extemporaneous Preparations                   | Unclassified                       | \$42M   | 0.8%           |
| 7            | Diagnostic Agent - Diabetes                   | Diagnostic Agents                  | \$37M   | 0.7%           |
| 8            | Duloxetine (Cymbalta)                         | CNS - Antidepressants              | \$36M   | 0.7%           |
| 9            | Hydromorphone (Hydromorph Contin or Dilaudid) | CNS - Analgesics Opiate            | \$36M   | 0.7%           |
| 10           | Insulin Glargine (Lantus)                     | Hormones and Synthetic Substitutes | \$33M   | 0.6%           |
| TOTAL Top 10 |                                               |                                    | \$782M  | 14.5%          |

\* RxCost refers to Drug Cost + Markup + Dispensing Fee (Dispensing Fee includes Professional Fee + Compounding Fee).

## Highlights of Overview

- Drugs represented 8.6% of provincial health expenditures in 2014/15, remaining steady over 2013/14.
- The number of ODB beneficiaries and claims continues to rise: approximately 2.4% more claims processed in 2014/15 over 2013/14.
- Cardiovascular drugs and Central Nervous system drugs are the top two classes of drugs in terms of number of users in 2014/15.
- The total number of ODB recipients continues to increase annually. From 2003/04 – 2014/15, the total number of beneficiaries has increased 37.7%.

# Report Card Framework



## ODB Financial Statistics: 2013/14 vs. 2014/15

|                                               | 2013/14 **      | 2014/15 **      | % Change* |
|-----------------------------------------------|-----------------|-----------------|-----------|
| Drug Cost***                                  | \$3,777M        | \$3,911M        | 4%        |
| + Markup                                      | \$289M          | \$301M          | 4%        |
| + Dispensing and<br>Compounding Fees          | \$1,071M        | \$1,170M        | 9%        |
| <b>= RxCost</b>                               | <b>\$5,137M</b> | <b>\$5,382M</b> | <b>5%</b> |
| Recipient Cost (Co-Payment and<br>Deductible) | \$609M          | \$641M          | 5%        |
| <b>Government Cost</b>                        | <b>\$4,548M</b> | <b>\$4,742M</b> | <b>4%</b> |
| <i>MOHLTC</i>                                 | <i>\$3,489M</i> | <i>\$3,610M</i> | <i>3%</i> |
| <i>MCSS</i>                                   | <i>\$1,059M</i> | <i>\$1,131M</i> | <i>7%</i> |

\* Rounded to the nearest whole number.

\*\* Data excludes other professional service fees (e.g., MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (Counselling) & Flu Vaccinations Program).

\*\*\*Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

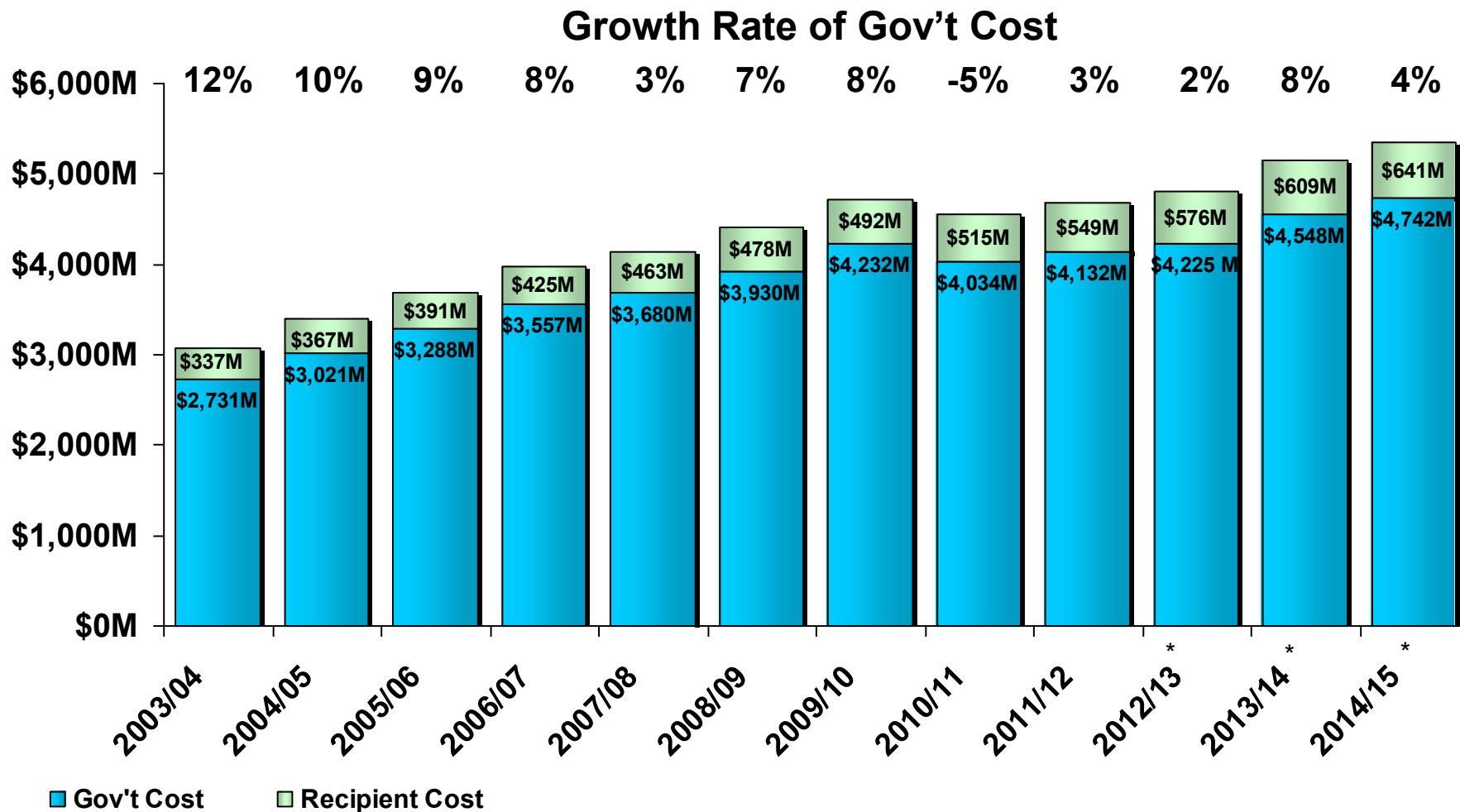
# ODB Financial Statistics: 2013/14 vs. 2014/15

|                                                                                     |                        | 2013/14 **   | 2014/15 **   | % Change  |
|-------------------------------------------------------------------------------------|------------------------|--------------|--------------|-----------|
| <b>RxCost*</b>                                                                      | <i>Brand</i>           | \$3,254M     | \$3,432M     | 5%        |
|                                                                                     | <i>Generic</i>         | \$1,927M     | \$1,957M     | 2%        |
| <b>Beneficiaries</b>                                                                |                        | <b>2.87M</b> | <b>2.94M</b> | <b>2%</b> |
| <b>Average</b>                                                                      | RxCost per Beneficiary | \$1,798.79   | \$1,833.82   | 2%        |
|                                                                                     | RxCost per Claim       | \$35.15      | \$35.00      | -0.4%     |
|                                                                                     | Claims per Beneficiary | 51.2         | 52.4         | 2%        |
|                                                                                     |                        |              |              |           |
| <b>Average<br/>(Excluding LTC<br/>home recipients<br/>and Methadone<br/>Claims)</b> | RxCost per Beneficiary | \$1,706.07   | \$1,741.58   | 2%        |
|                                                                                     | RxCost per Claim       | \$42.66      | \$39.79      | -6.7%     |
|                                                                                     | Claims per Beneficiary | 40.0         | 44.0         | 10%       |

\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

\*\* Data excludes other professional service fees (e.g., MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (counselling) & Flu Vaccination Program).

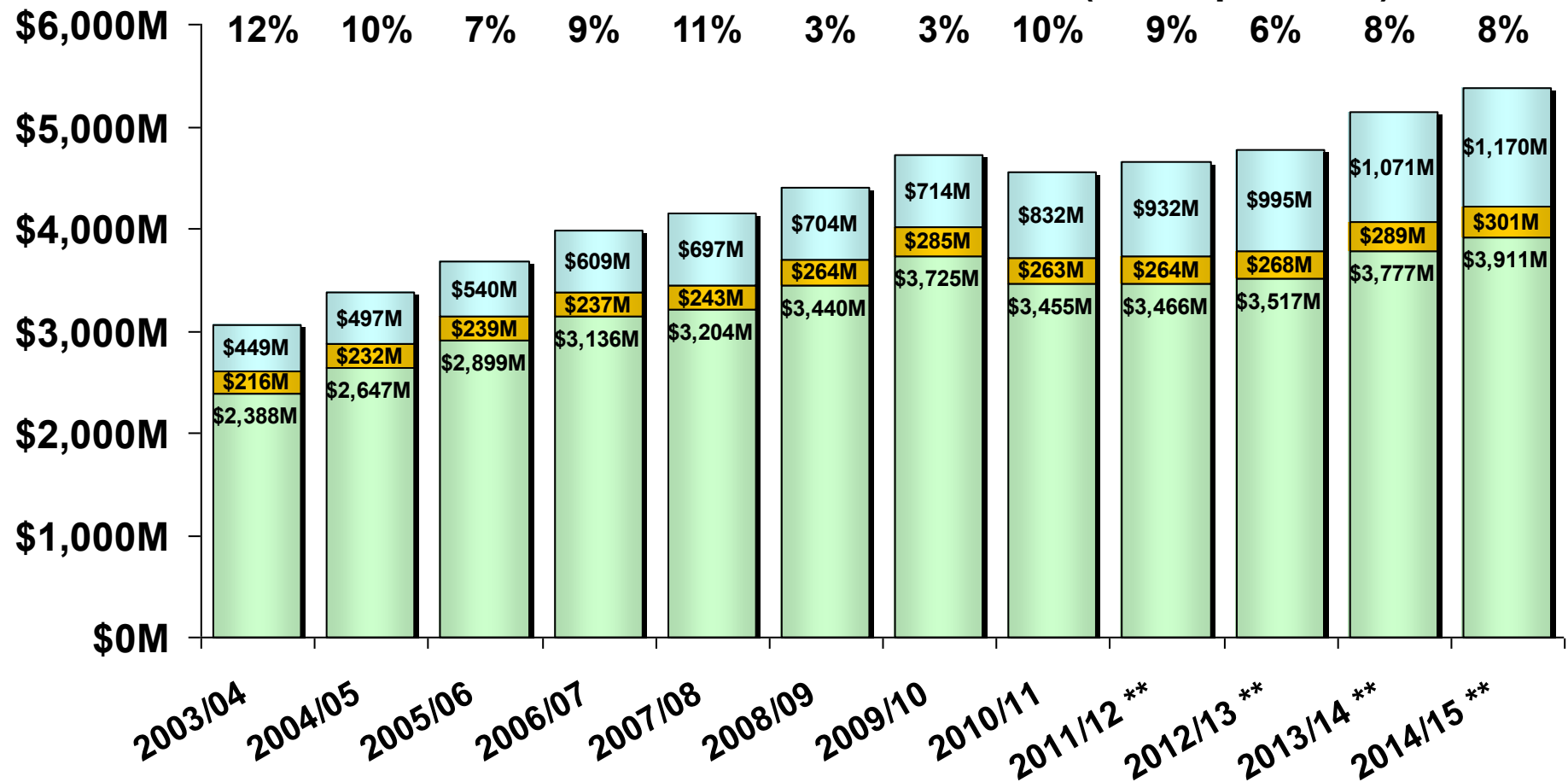
# Government & Beneficiary Cost: 2003/04 – 2014/15



\* Data for FY 2011/12 onwards, excludes other professional service fees (e.g., MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (Counselling) & Flu Vaccination Program).

# RxCost by Type of Spending: 2003/04 – 2014/15

## Growth Rate of Distribution Costs (Markup + Fees)\*



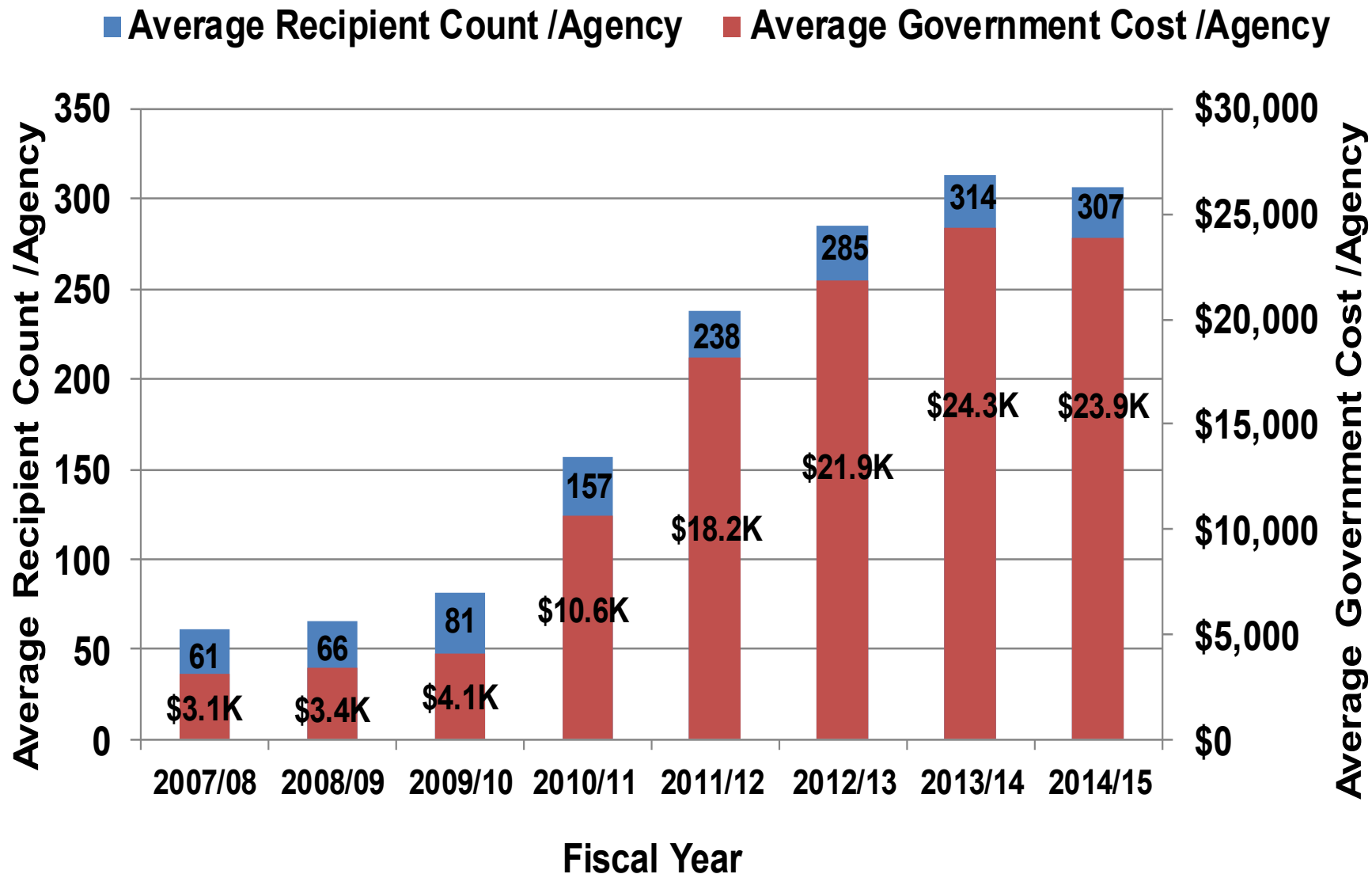
■ Drug Cost\*\*\* ■ Markup ■ Dispensing & Compounding Fees

\* Does not include drug cost in growth rate.

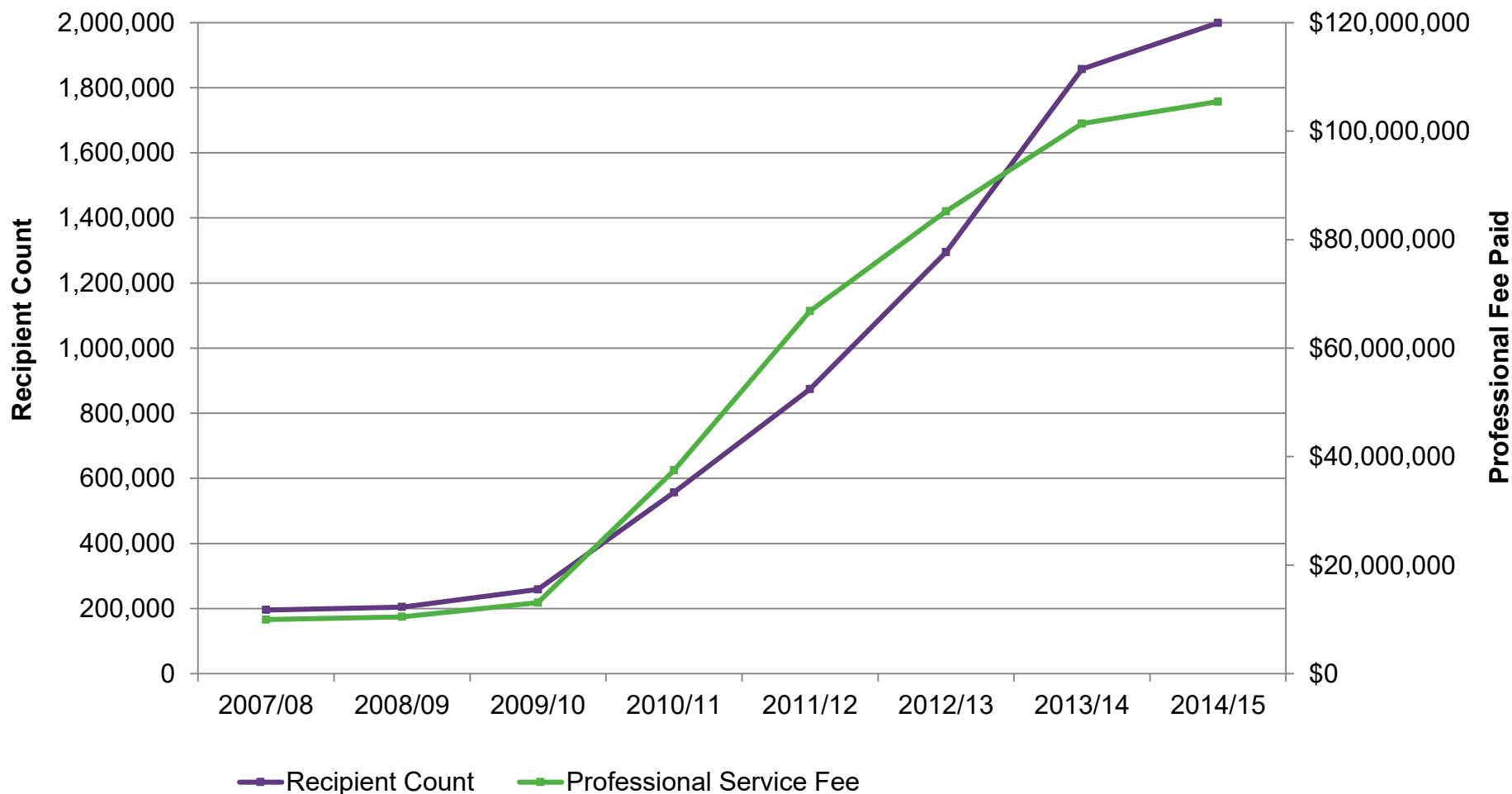
\*\* Excludes other professional fees (e.g., MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (Counselling) & Flu Vaccination Program).

\*\*\*Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

# Professional Service Fee\* Growth: April 2007 to March 31, 2015



# Professional & Administrative Service Fees\* Growth – MedsCheck, Smoking Cessation Program (Counselling) and Flu Vaccine Program: April 2007 to March 31, 2015

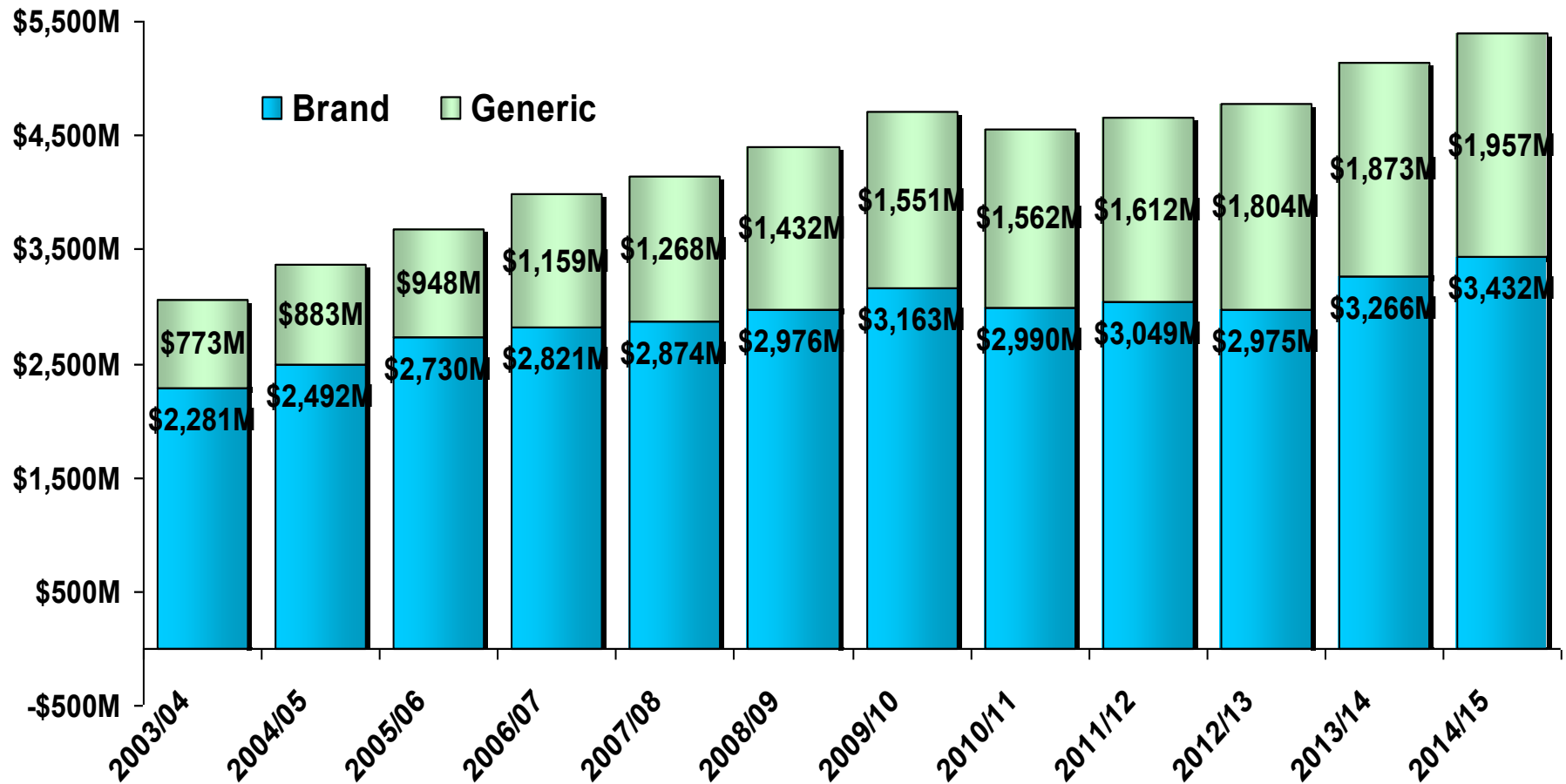


\* Professional Service Fee includes All MedsCheck and Pharmaceutical Opinions, Smoking Cessation Program (Counselling) and Flu Vaccine Program).

# Brand vs. Generic RxCost: 2003/04 – 2014/15

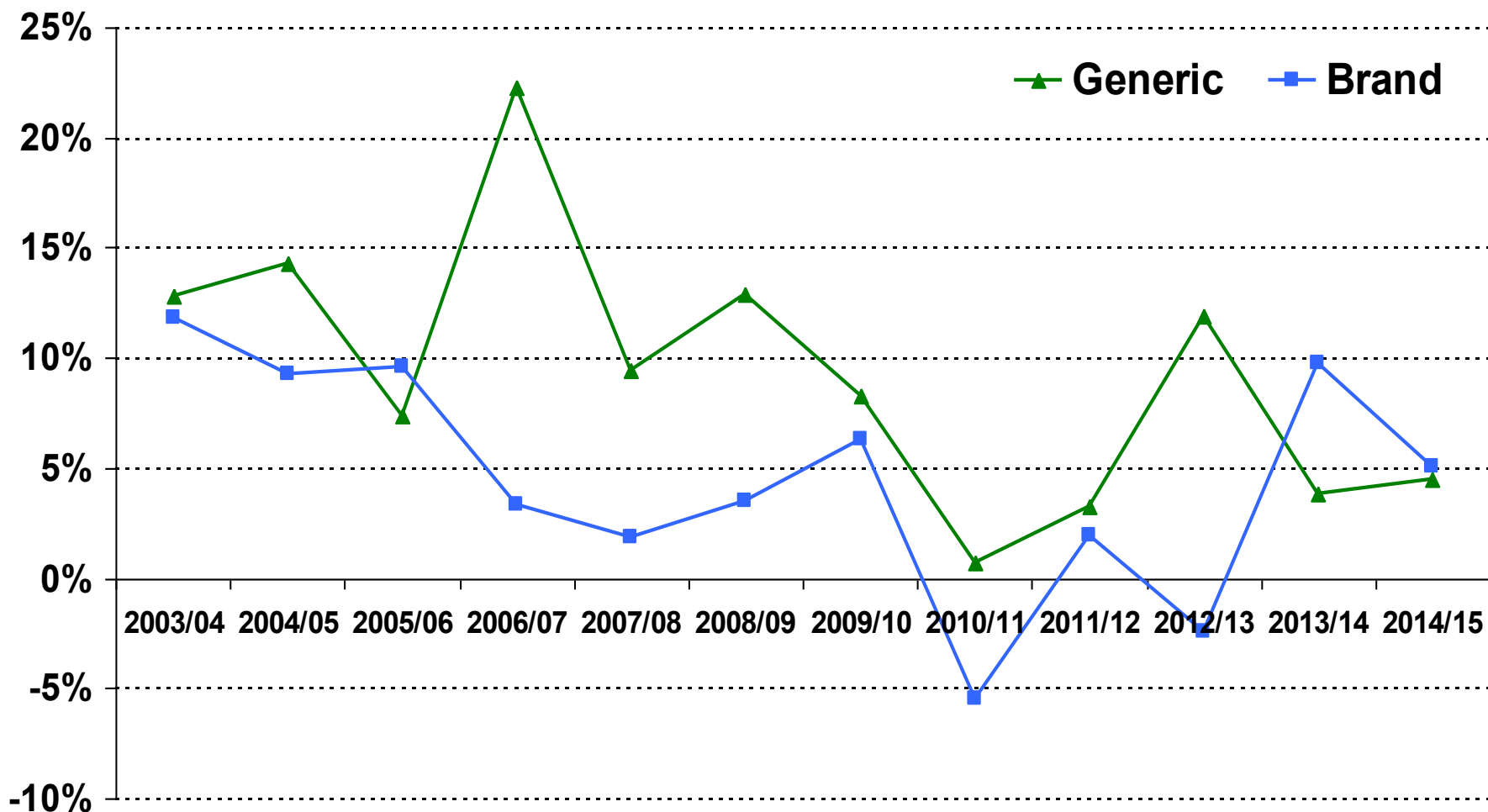
## Growth Rate of RxCost

12% 11% 9% 8% 4% 6% 7% -3% 2% 3% 8% 5%



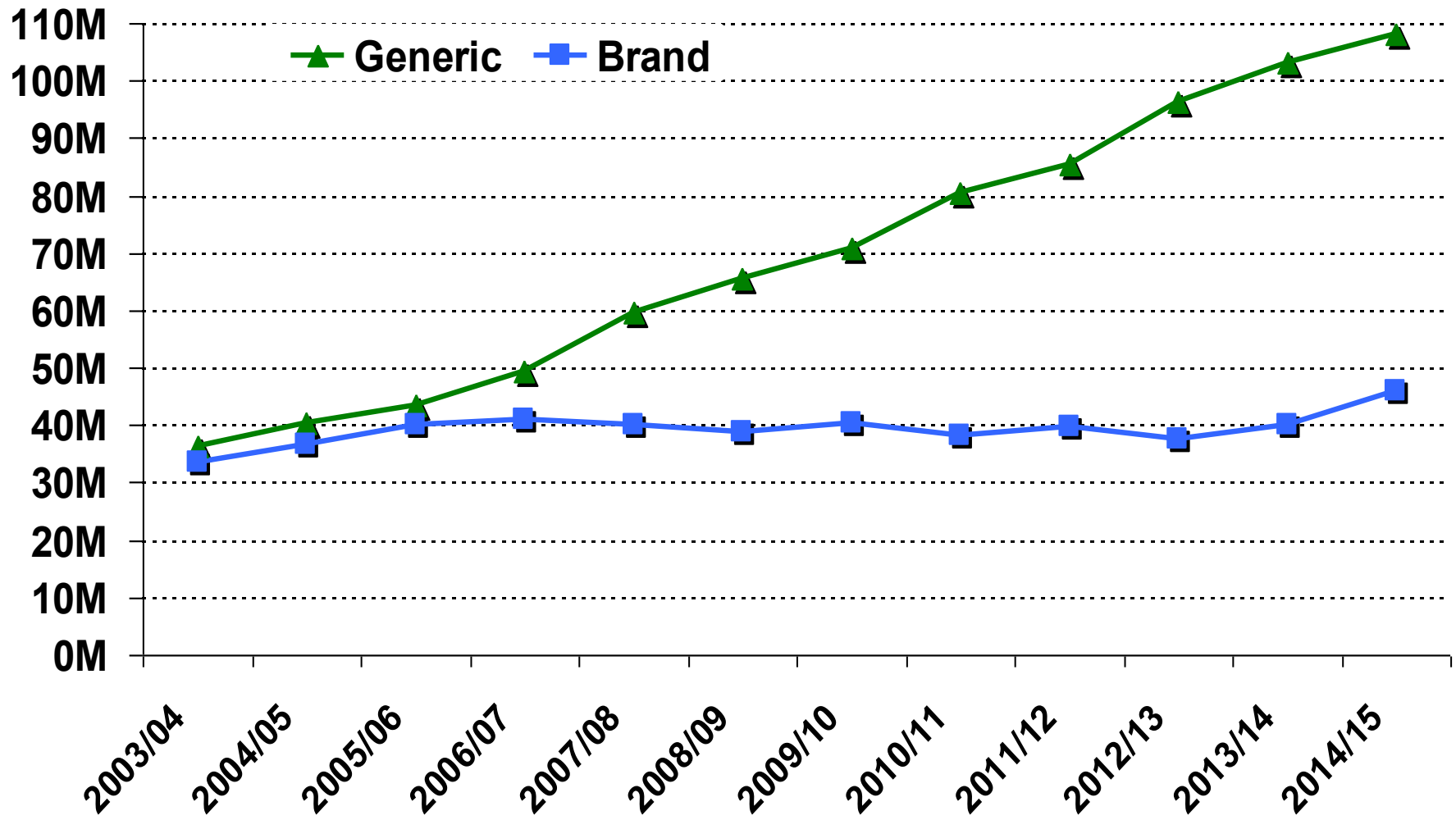
\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

# Brand vs. Generic RxCost Annual Growth: 2003/04 – 2014/15

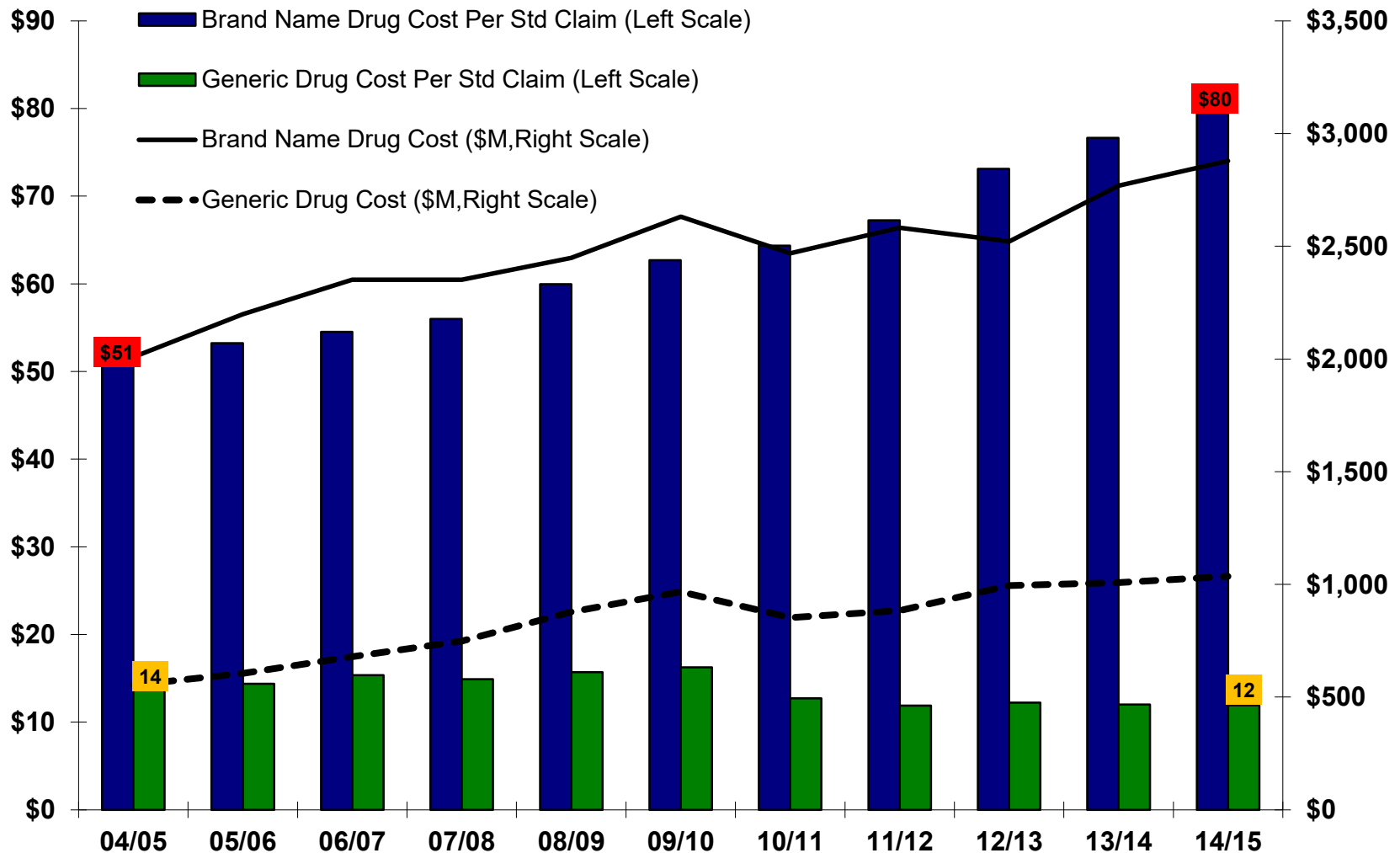


\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

# Brand vs. Generic Claim Count: 2003/04 – 2014/15



# Comparison of Brand and Generic Drug Costs\*: 2004/05 to 2014/15



\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

Note: Std Claims = claims standardized to 30 days supply

## Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): 2014/15

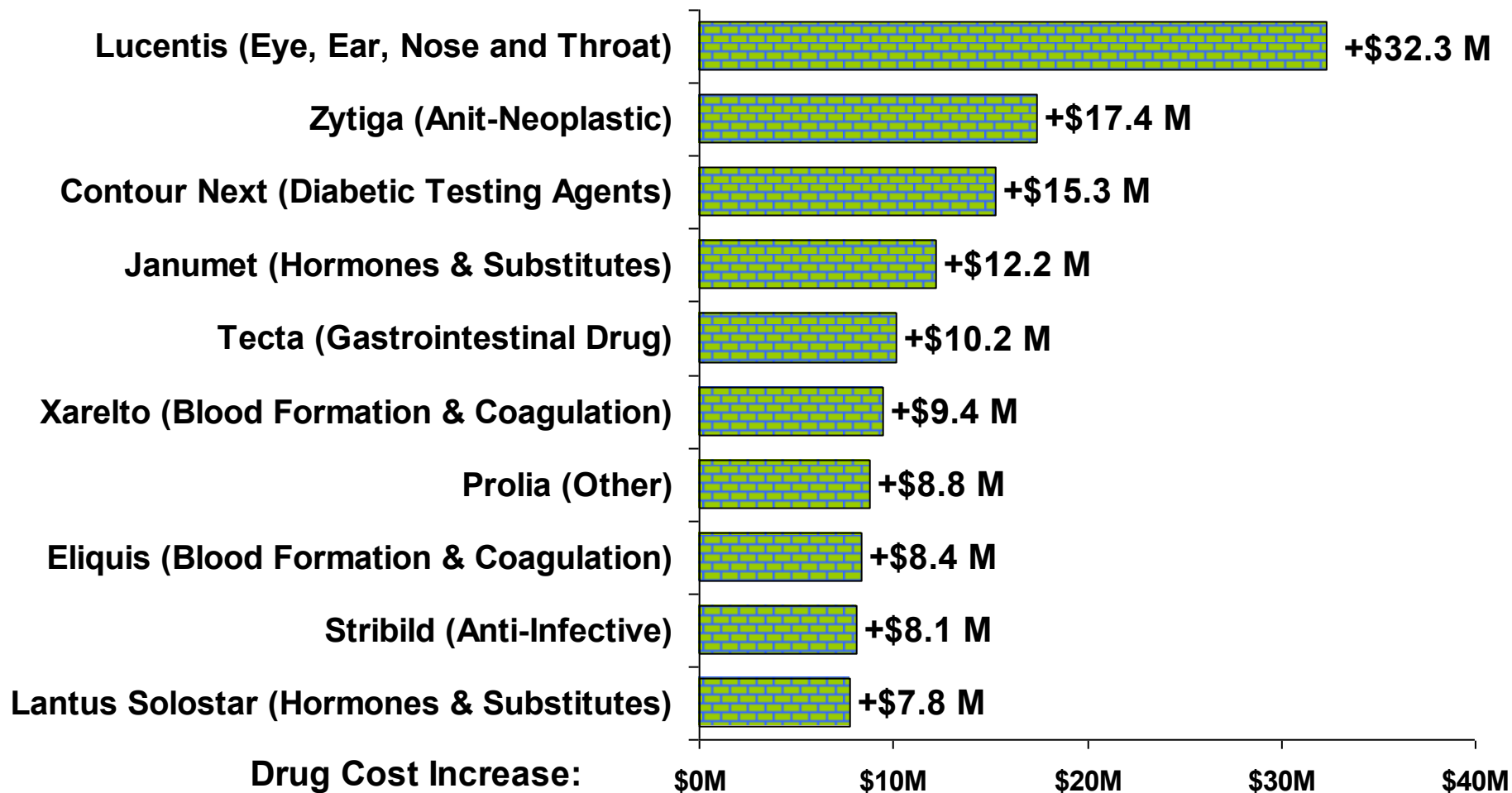
| Rk | Drug Name                                       | Class                  | Utilizing Benef. | % Utilizing Benef. |
|----|-------------------------------------------------|------------------------|------------------|--------------------|
| 1  | Rosuvastatin (Crestor)                          | Cardiovascular         | 564K             | 19.2%              |
| 2  | Atorvastatin (Lipitor)                          | Cardiovascular         | 538K             | 18.3%              |
| 3  | Amoxicillin (Amoxil)                            | Anti-infective         | 484K             | 16.5%              |
| 4  | Salbutamol (Ventolin)                           | Autonomic Agents       | 421K             | 14.3%              |
| 5  | Amlodipine Besylate (Norvasc)                   | Cardiovascular         | 415K             | 14.1%              |
| 6  | Diagnostic Agent - Diabetes                     | Diagnostic Agents      | 402k             | 13.7%              |
| 7  | Levothyroxine (Synthroid)                       | Hormones & Substitutes | 397K             | 13.5%              |
| 8  | Metformin HCl (Glucophage)                      | Hormones & Substitutes | 391K             | 13.3%              |
| 9  | Acetaminophen & Caffeine & Codeine (Tylenol #3) | Central Nervous System | 371K             | 12.7%              |
| 10 | Ramipril (Altace)                               | Cardiovascular         | 313K             | 10.6%              |
|    | Total Top 10 products                           |                        | 1,936K           | 66.0%              |

# Top 10 Chemicals by Drug Cost: 2014/15

| Rk                  | Drug Name                                              | Class                    | Drug Cost*    | % Total Drug Cost |
|---------------------|--------------------------------------------------------|--------------------------|---------------|-------------------|
| 1                   | Ranibizumab (Lucentis) - LU                            | Eye, Ear, Nose & Throat  | \$301M        | 7.7%              |
| 2                   | Diagnostic Agent - Diabetes                            | Diagnostic Agents        | \$106M        | 2.7%              |
| 3                   | Atorvastatin (Lipitor)                                 | Cardiovascular           | \$96M         | 2.4%              |
| 4                   | Infliximab (Remicade)                                  | Unclassified             | \$89M         | 2.3%              |
| 5                   | Salmeterol Xinafoate & Fluticasone Propionate (Advair) | Autonomic Agents         | \$68M         | 1.7%              |
| 6                   | Duloxetine (Cymbalta)                                  | Central Nervous System   | \$67M         | 1.7%              |
| 7                   | Tiotropium Bromide (Spiriva)                           | Autonomic Agents         | \$67M         | 1.7%              |
| 8                   | Sitagliptin Phosphate Monohydrate (Januvia)            | Hormones and Substitutes | \$64M         | 1.6%              |
| 9                   | Lenalidomide (Revlimid)                                | Unclassified             | \$60M         | 1.5%              |
| 10                  | Insulin Glargine (Lantus)                              | Hormones and Substitutes | \$59M         | 1.5%              |
| <b>TOTAL Top-10</b> |                                                        |                          | <b>\$977M</b> | <b>25.0%</b>      |

\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

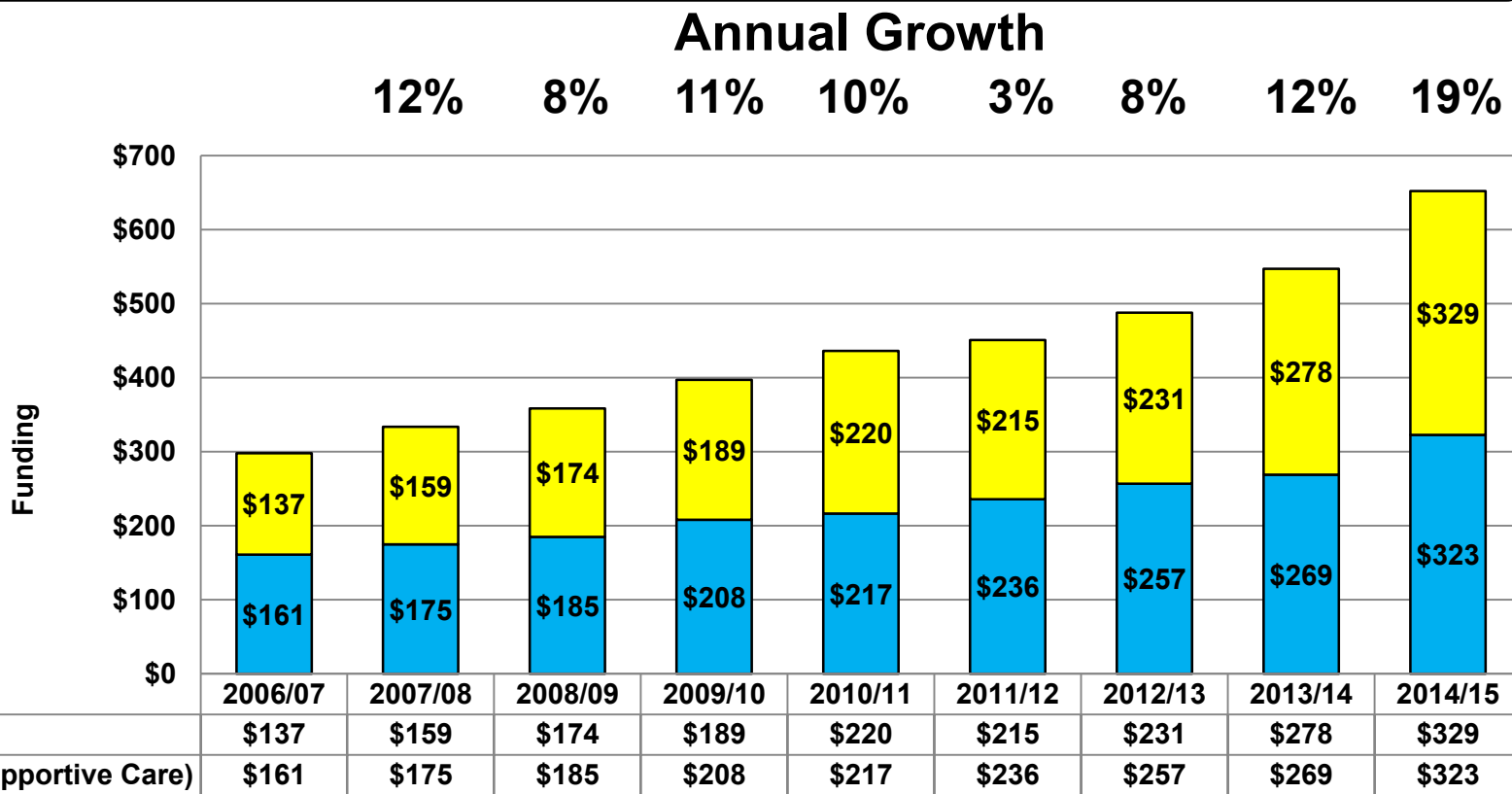
# Fastest Growing Brand Products by Drug Cost\*: 2013/14 vs 2014/15



\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

# Government Cost for Cancer Drugs Under NDFP\* and ODB: 2006/07 to 2014/15

Spending under NDFP increased by 18% in 2014/15 over 2013/14 and spending under ODB increased 20% in 2014/15 over 2013/14.



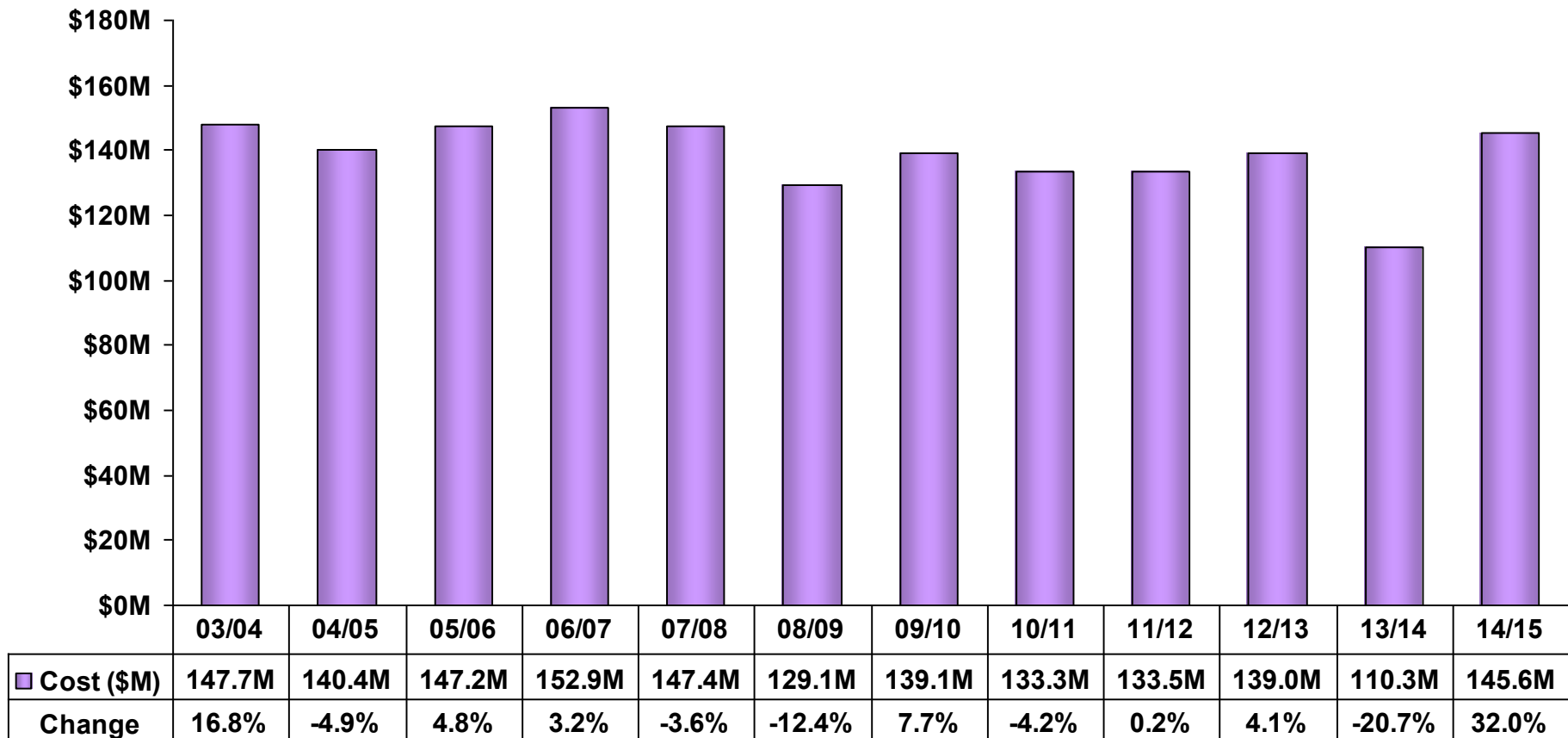
% change

|                            |  |     |    |     |     |     |    |     |     |
|----------------------------|--|-----|----|-----|-----|-----|----|-----|-----|
| NDFP (IV)                  |  | 16% | 9% | 9%  | 16% | -2% | 8% | 20% | 18% |
| ODB (Oral Supportive Care) |  | 8%  | 6% | 12% | 4%  | 9%  | 9% | 5%  | 20% |

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

\*\* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

# Special Drugs Program\* Cost: 2003/04 – 2014/15

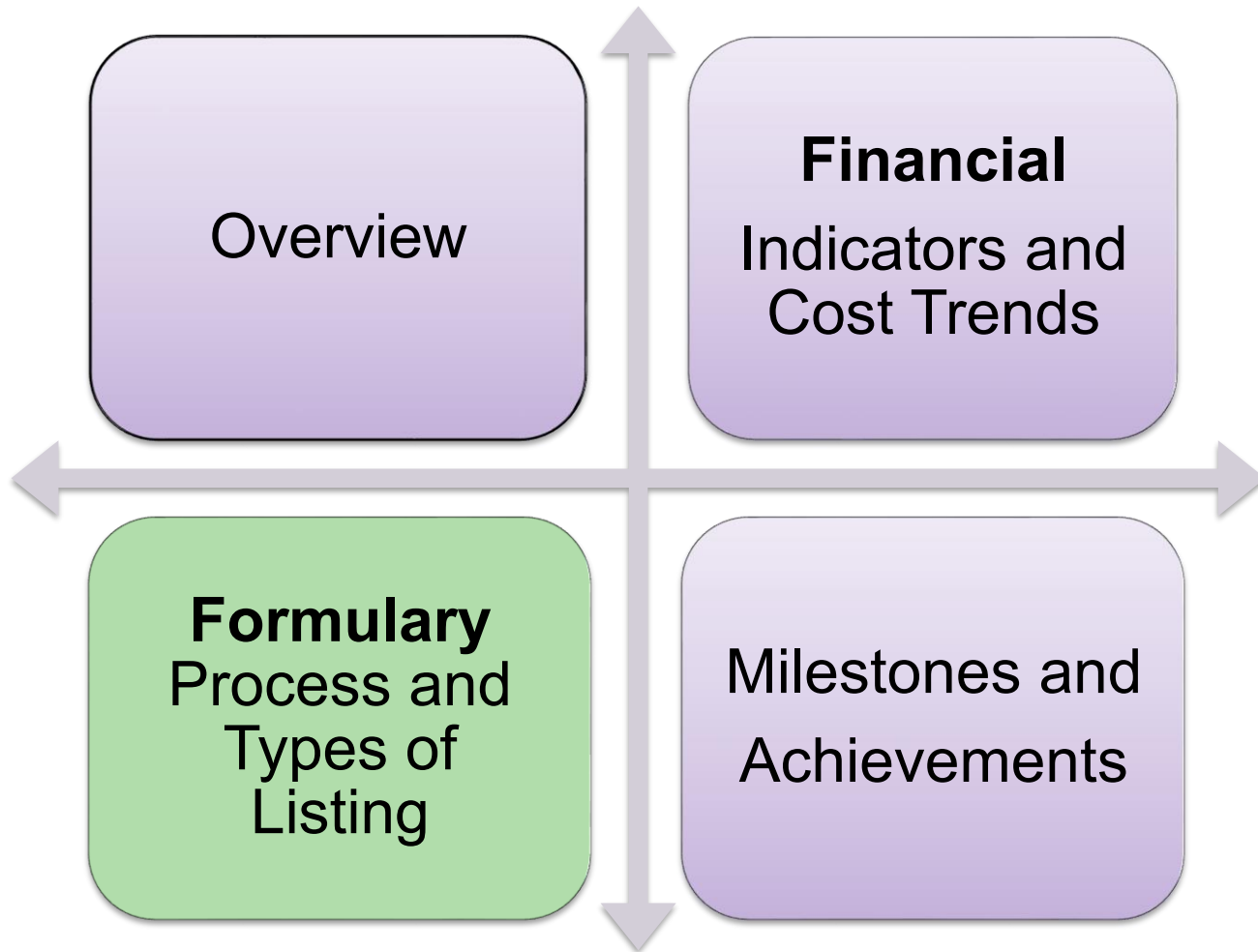


\* The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain outpatient drugs used to treat specific diseases or conditions.

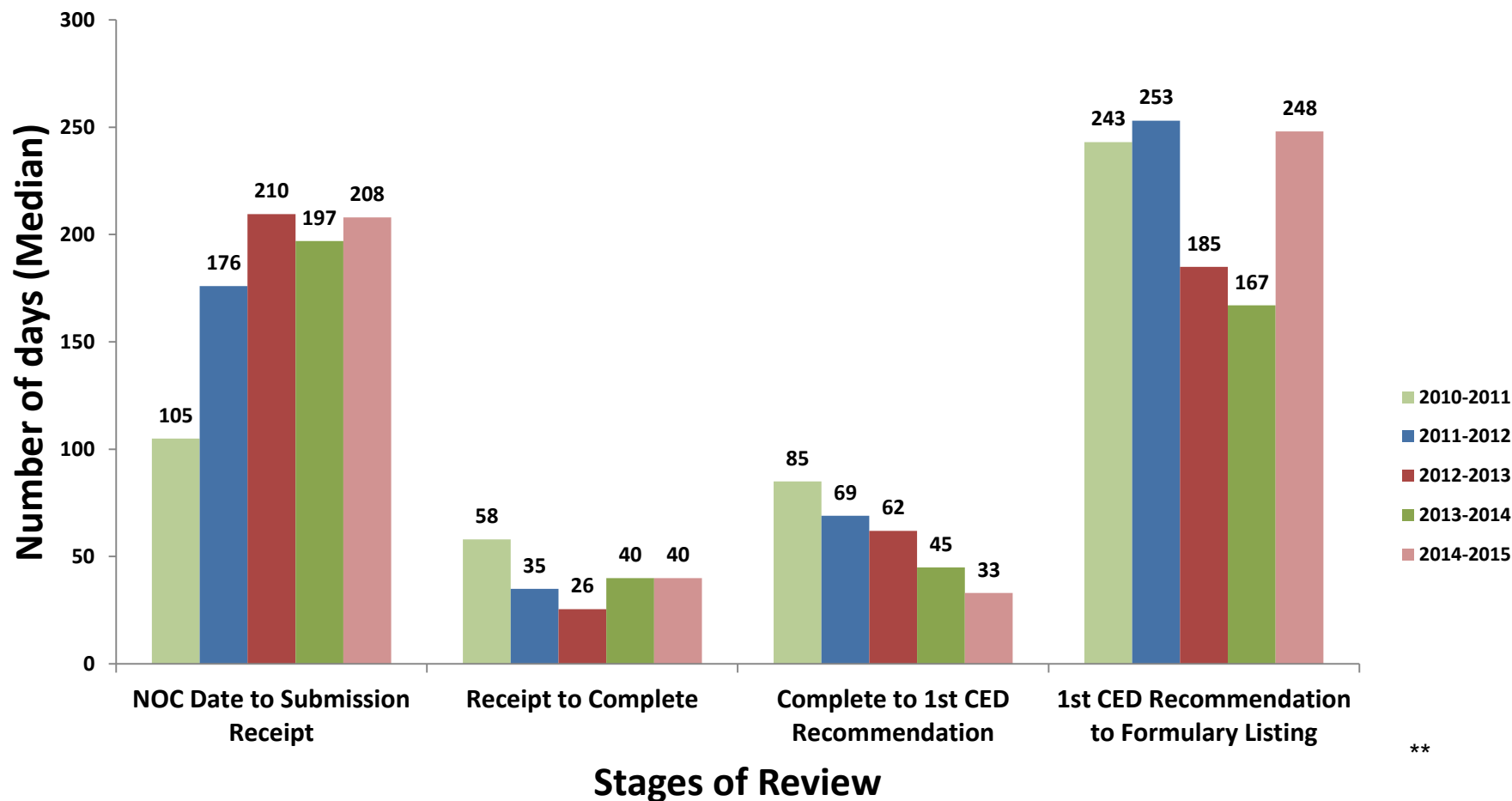
# Highlights of Financials

- Drug program spending increased in 2014/15: Government cost totalled \$4,742M, a 4% increase over 2013/14; the number of beneficiaries covered under the program rose by 2% during this time.
- The average RxCost per beneficiary increased by 2% in 2014/15 over the previous year.
- Total RxCost for brand products increased by 5% and 2% for generic products.
- The standard cost per claim for brand drugs has increased over time: in 2004/05 the brand drug cost per standard claim was \$51 and in 2014/15 it had increased to \$80; 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 chemical by number of utilizing beneficiaries in 2014/15 was Rosuvastatin (Crestor). Between 2010/11 and 2013/14 the top chemical by number of beneficiaries was Atorvastatin (Lipitor).
- The top chemical by drug cost for 2014/15 was Ranibizumab (Lucentis).

# Report Card Framework



# Median Review Timelines for All Single Source Drug Products Listed: 2010/11 to 2014/15



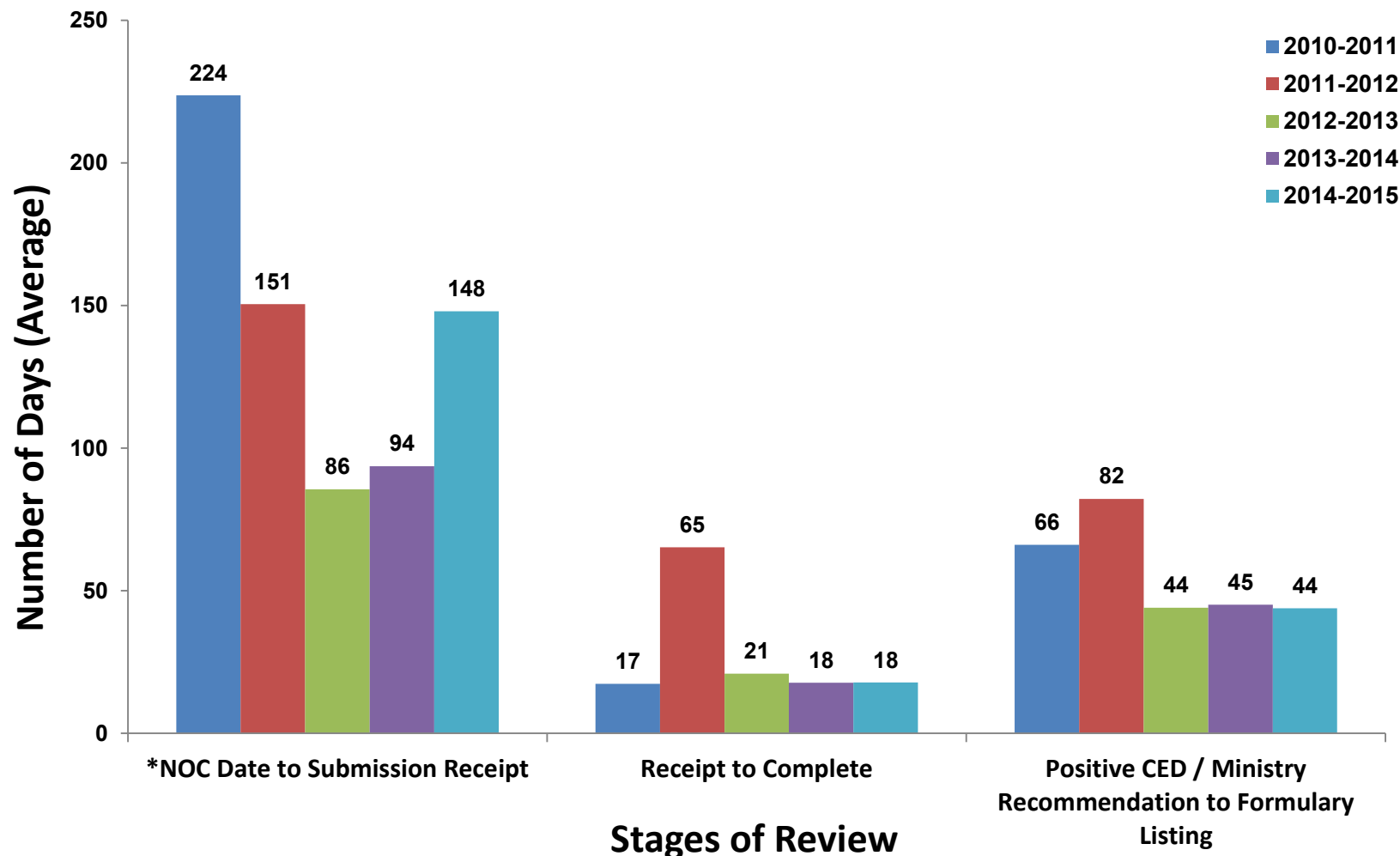
\*\*

\* Note: It is up to the drug manufacturer to make a submission to the ministry after receiving a Notice of Compliance (NOC) from Health Canada.

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

Note: Several factors impact the timelines at each stage of the review process including manufacturer's discretion on making a submission, completeness of submission, number of submissions, negotiations, internal review process, etc.

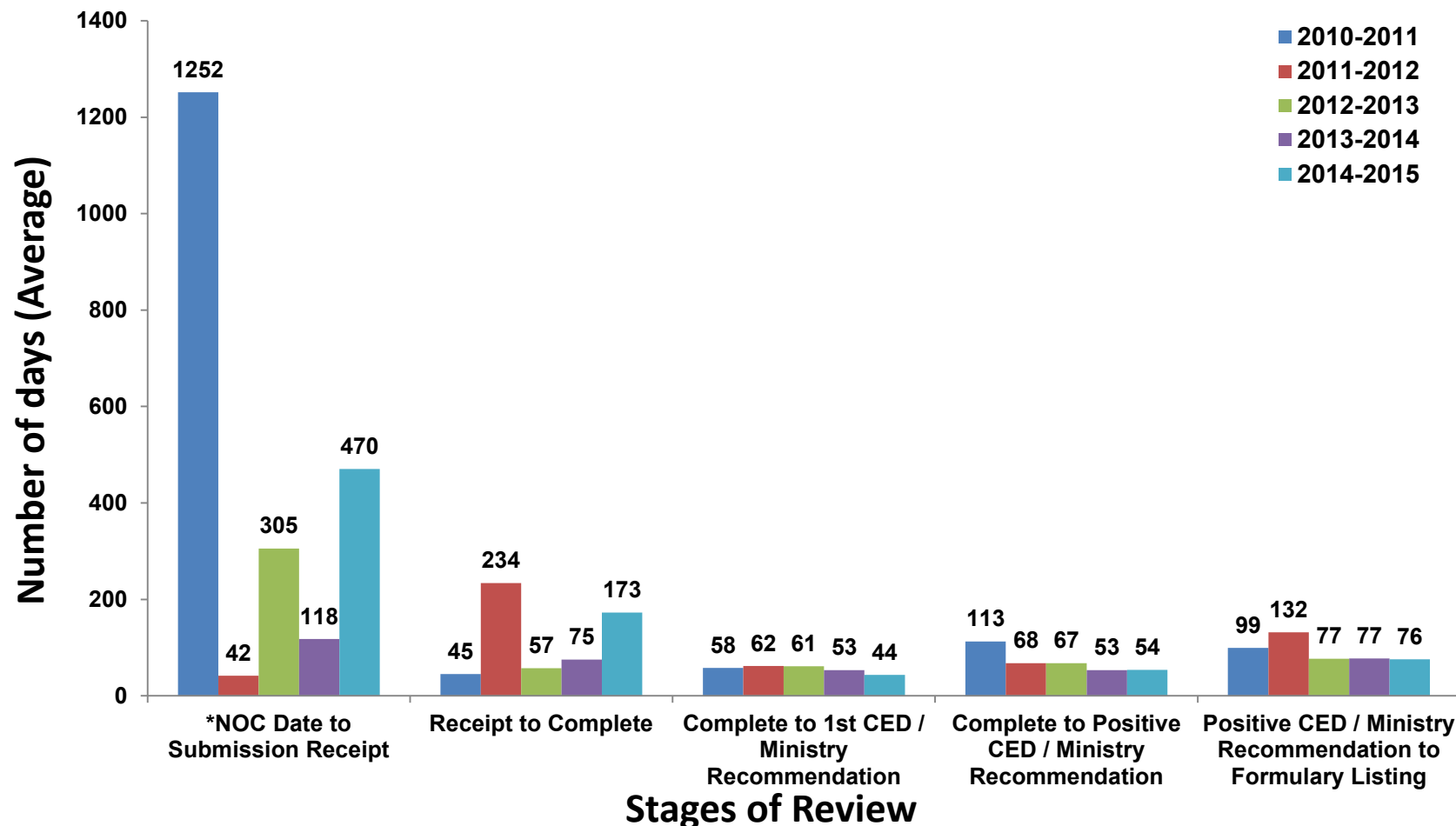
# Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2010/11 to 2014/15



\* Note: It is up to the drug manufacturer to make a submission to the ministry after receiving a Notice of Compliance (NOC) from Health Canada.

Note: Several factors impact the timelines at each stage of the review process including manufacturer's discretion on making a submission, completeness of submission, number of submissions, negotiations, internal review process, etc.

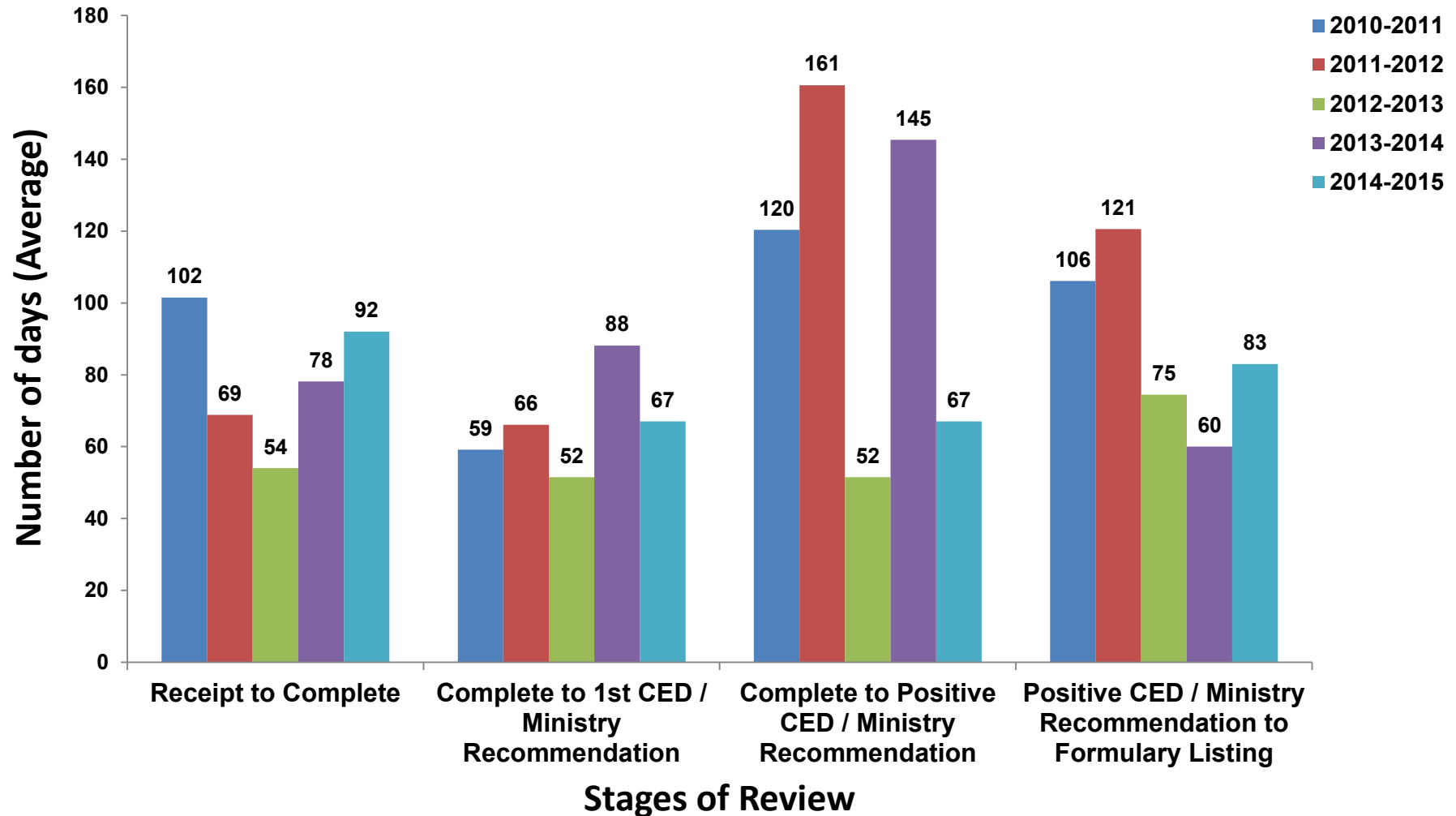
# Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2010/11 to 2014/15



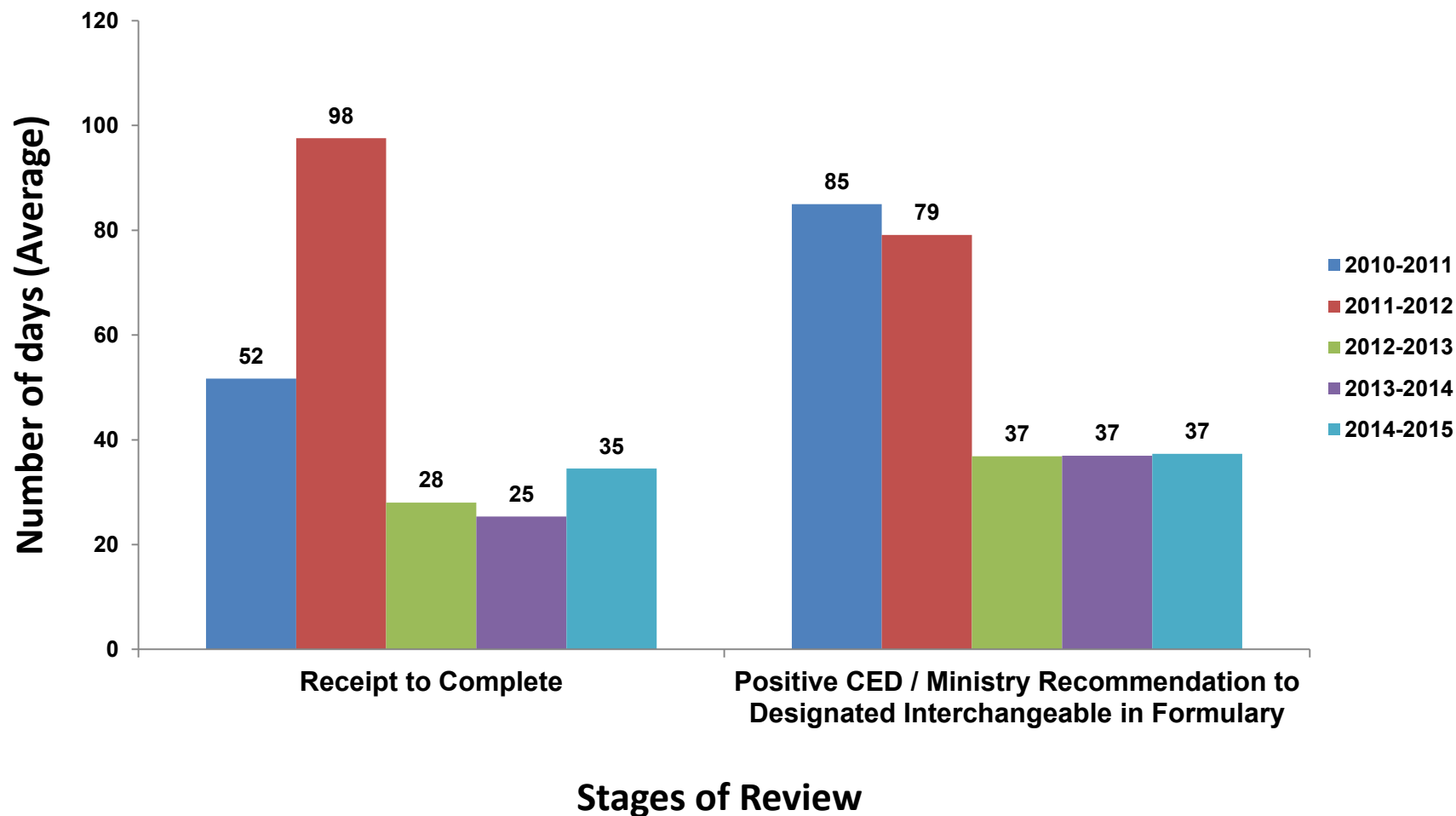
\* Note: It is up to the drug manufacturer to make a submission to the ministry after receiving a Notice of Compliance (NOC) from Health Canada.

Note: Several factors impact the timelines at each stage of the review process including manufacturer's discretion on making a submission, completeness of submission, number of submissions, negotiations, internal review process, etc.

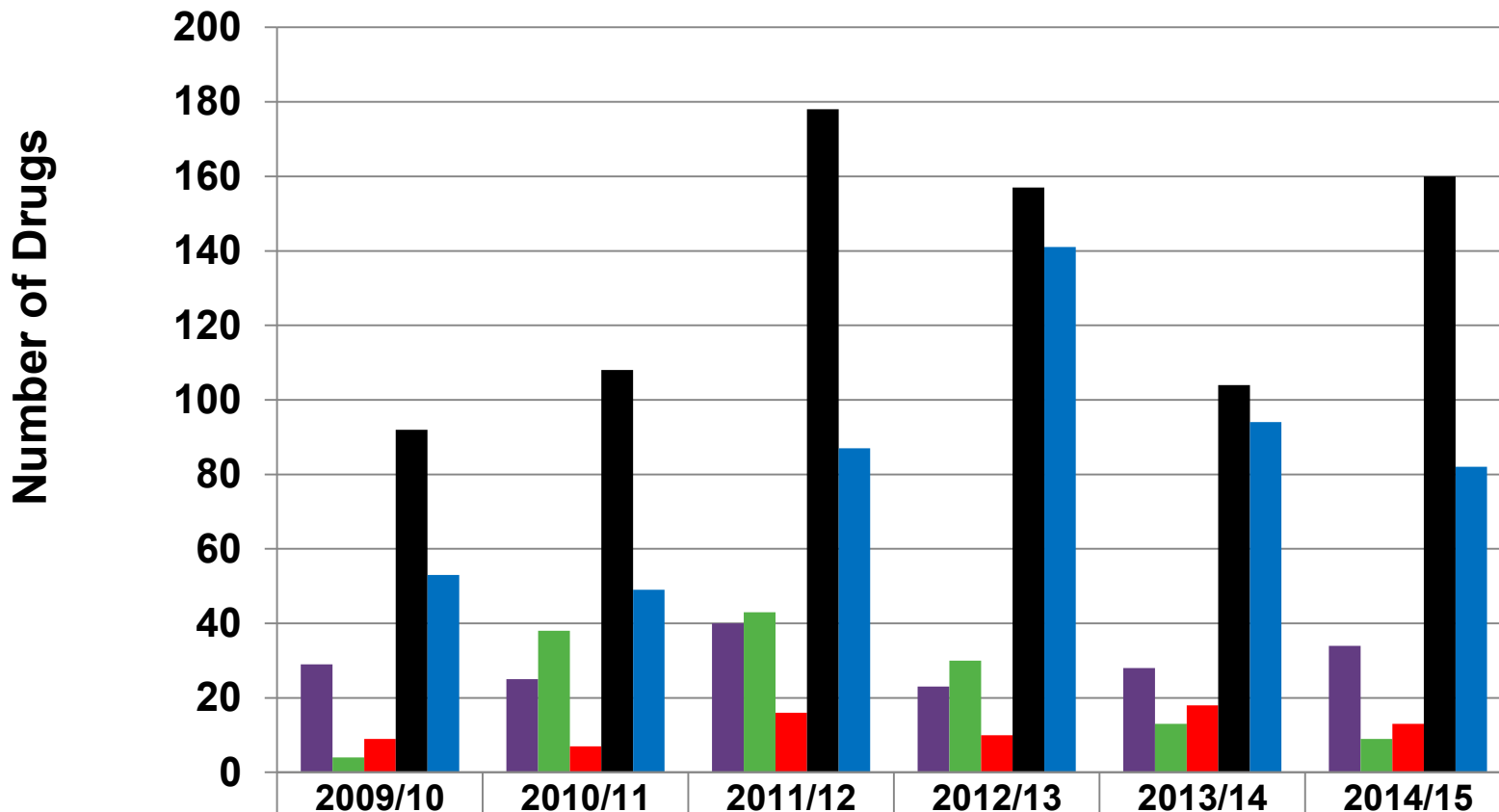
# Average Review Timelines for Off-Formulary Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2010/11 to 2014/15



# Average Review Timelines for Off-Formulary Interchangeability (OFI) Streamlined Multiple Source Products Listed: 2010/11 to 2014/15



# Drug Funding Type by Fiscal Year: 2009/10 - 2014/15



|                                                       |    |     |     |     |     |     |
|-------------------------------------------------------|----|-----|-----|-----|-----|-----|
| <span style="color: purple;">■</span> New Brand Drugs | 29 | 25  | 40  | 23  | 28  | 34  |
| <span style="color: green;">■</span> Increased Access | 4  | 38  | 43  | 30  | 13  | 9   |
| <span style="color: red;">■</span> Cancer Drugs       | 9  | 7   | 16  | 10  | 18  | 13  |
| <span style="color: black;">■</span> New Generics     | 92 | 108 | 178 | 157 | 104 | 160 |
| <span style="color: blue;">■</span> Multi-Source OFI* | 53 | 49  | 87  | 141 | 94  | 82  |

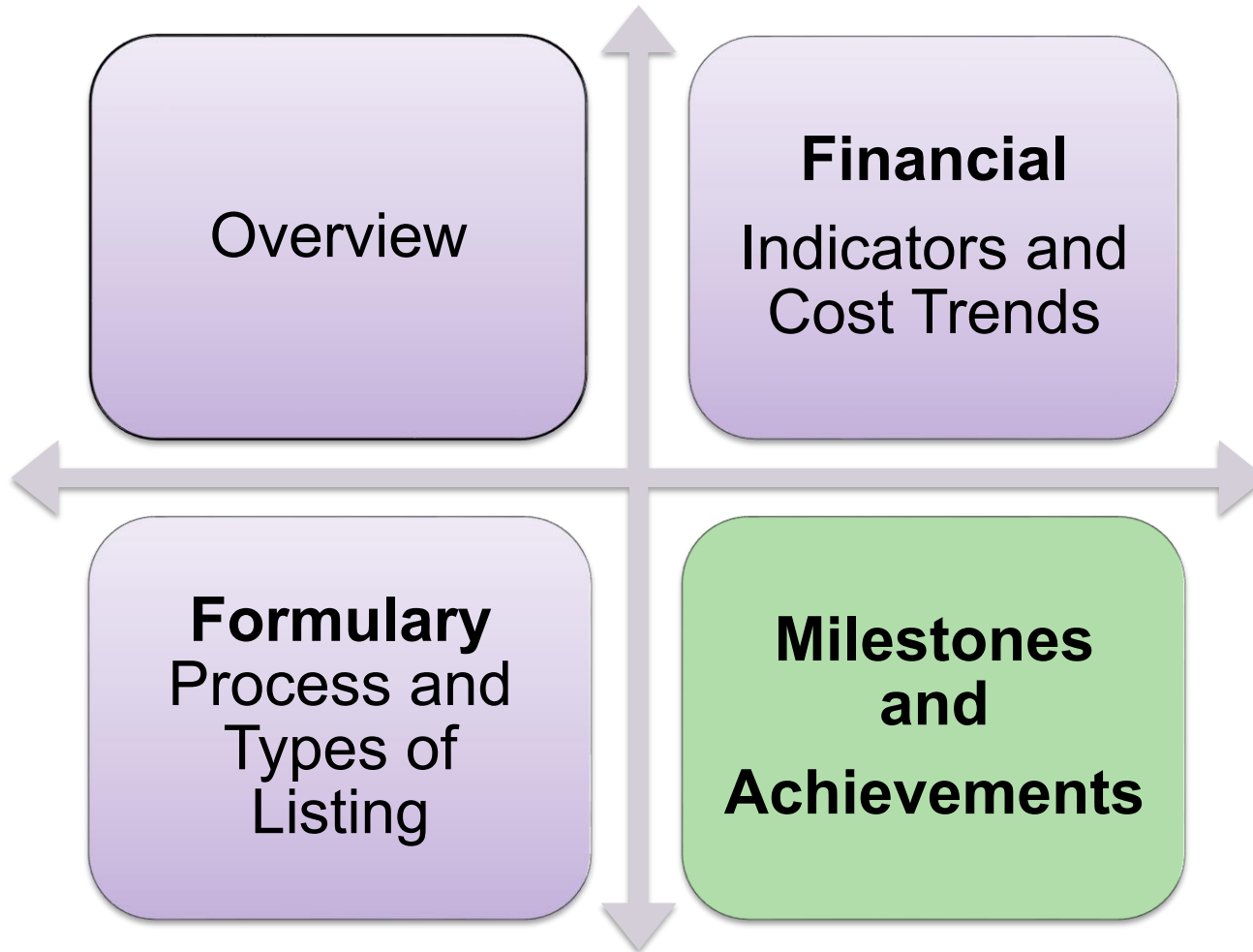
# Percentage of EAP Requests Meeting Target Turnaround and Average Turnaround Days

| Queue Priority             | FY 2010-11<br>Percent meeting<br>target<br>(average business<br>days) | FY 2011-12<br>Percent meeting<br>target<br>(average business<br>days) | FY 2012-13<br>Percent meeting<br>target<br>(average business<br>days) | FY 2013-14<br>Percent meeting<br>target<br>(average business<br>days) | FY 2014-15<br>Percent meeting<br>target<br>(average business<br>days) |
|----------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Total<br/>Responses</b> | <b>67,761</b>                                                         | <b>71,916</b>                                                         | <b>88,158</b>                                                         | <b>76,656</b>                                                         | <b>75,662</b>                                                         |
| Stat-rush<br>(≤3 days)     | 36%<br>(12.5)                                                         | 32%<br>(10.1)                                                         | 40%<br>(6.1)                                                          | 50%<br>(5.7)                                                          | 40%<br>(6.4)                                                          |
| Biologics<br>(≤10 days)    | 10%<br>(41.9)                                                         | 31%<br>(26.4)                                                         | 66%<br>(11.9)                                                         | 71%<br>(10)                                                           | 23%<br>(22)                                                           |
| Rush<br>(≤5 days)          | 13%<br>(32.2)                                                         | 25%<br>(20.3)                                                         | 31%<br>(12.3)                                                         | 56%<br>(9.2)                                                          | 33%<br>(11.5)                                                         |
| Non-rush<br>(≤ 30 days)    | 29%<br>(65.6)                                                         | 61%<br>(30.6)                                                         | 84%<br>(19.9)                                                         | 91%<br>(11.3)                                                         | 79%<br>(19.4)                                                         |
| <b>Total</b>               | <b>25%</b>                                                            | <b>39%</b>                                                            | <b>58%</b>                                                            | <b>69%</b>                                                            | <b>43%</b>                                                            |

## Highlights of Drug Funding (2014/15)

- 34 new brand drugs have been funded, including new drugs/new indications funded through the Exceptional Access Program. This represents 69 DINs.
- In addition, 9 drugs/indications have had access increased (i.e., new indications or expansion to general benefit).
- 13 cancer drugs/indications have been listed (new drugs and expanded indication – under Ontario Drug Benefit, Exceptional Access Program and New Drug Funding Program).
- 160 new generic drugs (19 are first time generic drugs), representing 271 DIN/PINs, have been listed on the Formulary as benefits.
- 82 new multiple source drug products (DINs) have been listed under the OFI classification.

# Report Card Framework



# Pan-Canadian Collaboration – Brand Name Drugs

- In August 2010, Premiers announced the pan-Canadian Pricing Alliance (pCPA) (now the pan-Canadian Pharmaceutical Alliance) to examine opportunities to conduct joint provincial/territorial (P/T) negotiations for brand name drugs to determine if the approach was feasible on a broader scale.
- By capitalizing on the combined “buying power” of drug plans across multiple provinces and territories, the pCPA aims to:
  - increase access to drug treatment options;
  - achieve lower drug costs and consistent pricing; and
  - improve consistency of coverage criteria across Canada.
- Building on the initial success, all brand name drugs coming forward for funding through the national review processes, the Common Drug Review (CDR) or the pan-Canadian Oncology Drug Review (pCODR), are now considered for negotiation through the pCPA.
- As of March 31, 2015, these collaborative efforts have resulted in 63 completed negotiations. As of the same date, funding was implemented in Ontario for 56 of these 63 negotiations.
- Ontario co-leads the pCPA brand initiative with Nova Scotia.

# Pan-Canadian Collaboration – Generic Drugs

- As part of ongoing efforts to reduce the cost of drugs, on January 18, 2013, the Health Care Innovation Working Group (HCIWG) announced the first step in achieving better value for generic drugs through the Value Price Initiative.
- This joint approach leverages combined purchasing power to obtain the lowest generic prices achieved to date in Canada, and be consistent with the price for these drugs on the international market.
- Effective April 1, 2013, the first phase of work established a price point for six of the most common drugs at 18 per cent of the equivalent brand name product. These drugs are: atorvastatin, ramipril, venlafaxine, amlodipine, omeprazole and rabeprazole.
- Effective April 1, 2014, an additional four products were priced at 18% of the equivalent brand name product. These drugs are: rosuvastatin, pantoprazole, citalopram and simvastatin.
- The annual savings to PTs for these 10 medications is estimated to be \$150 million per year across all participating public drug plans.

# Pharmacist-Administered Influenza Vaccine

- As part of the government's commitment to expanding professional pharmacy services, an administrative payment was implemented via the Health Network System to trained Ontario pharmacists that administer the influenza vaccine.
- The initiative was launched on October 15, 2012.
- Pharmacists who have successfully completed the required injection training and are registered as such with the Ontario College of Pharmacists (OCP) may administer the publicly funded influenza vaccine injection to eligible Ontarians (5 years of age and older) at participating pharmacies.
- Pharmacies are reimbursed \$7.50 per eligible claim for the administrative costs associated with delivering of one of the seven publicly funded vaccines.
- For the 2014/2015 flu season, 900,308 claims were submitted from 2,412 pharmacies that indicate Ontarians that received a flu shot from their community pharmacists; this represents a government cost of approximately \$6.76 Million for pharmacy fees.