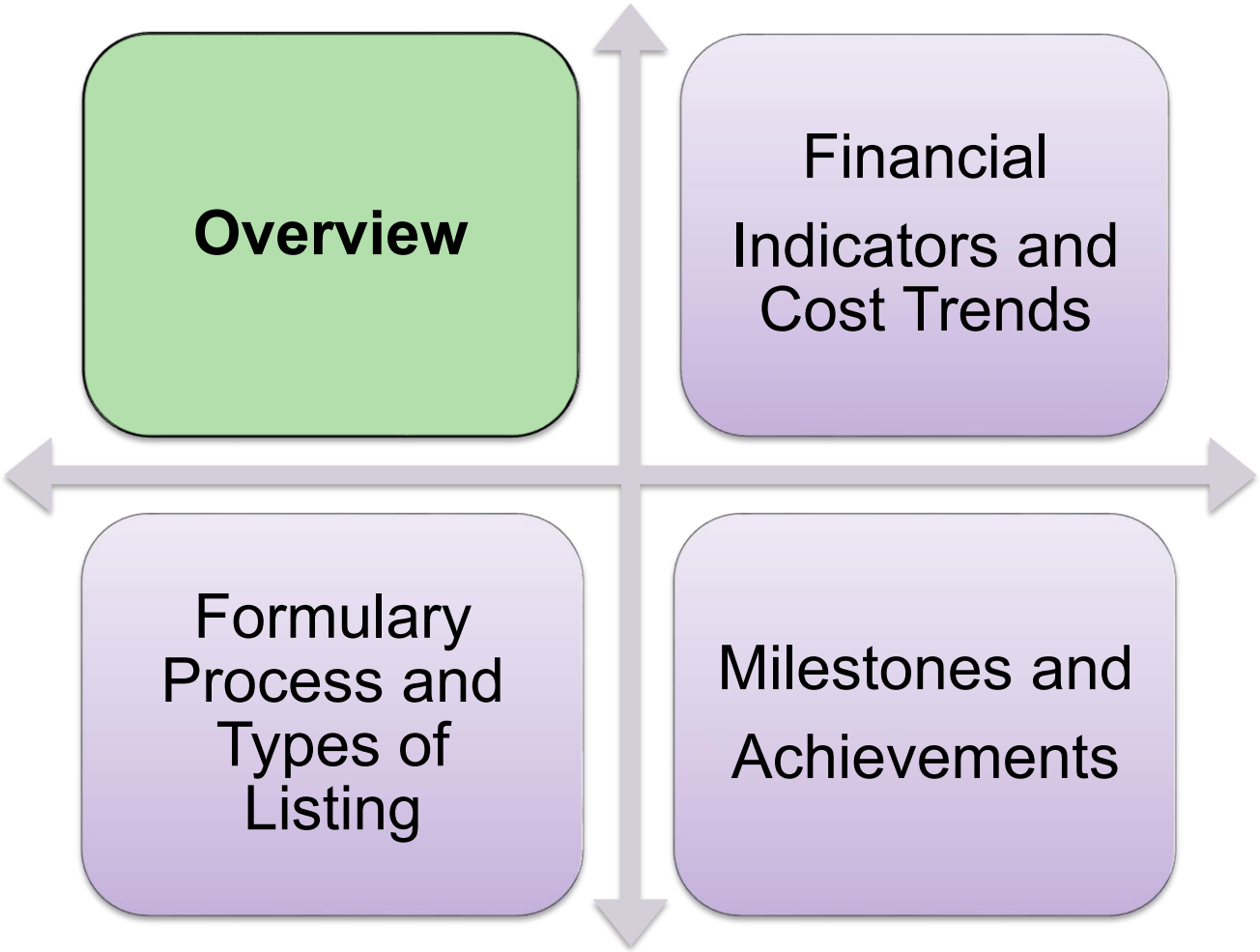
2015/16 Report Card for the Ontario Drug Benefit Program

Ontario

Report Card Framework



Definitions & Disclaimers

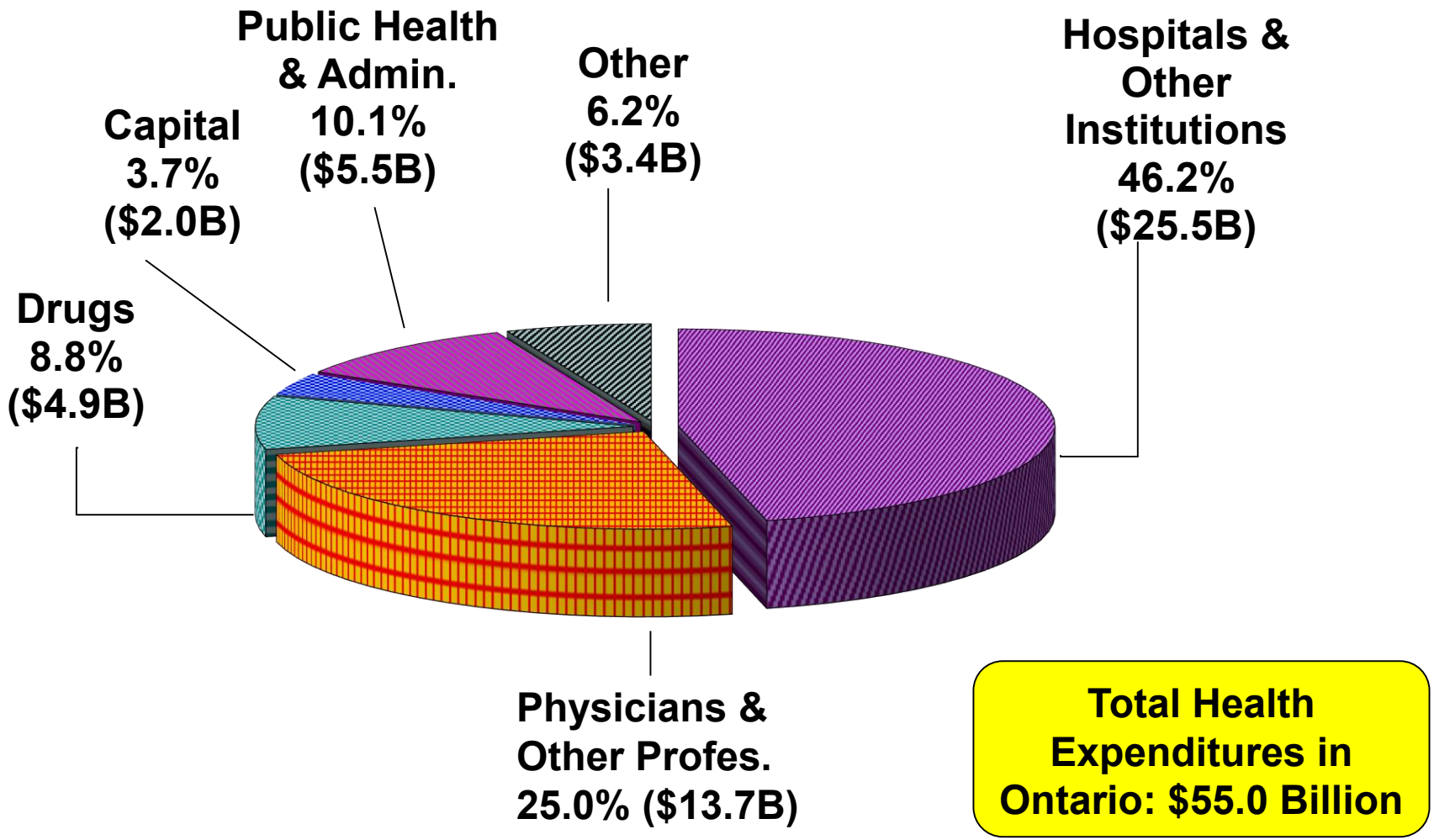
- **Beneficiary**: Person eligible for coverage under the public drug programs.
- **Claim**: Every time a pharmacist fills a prescription, initial or refill, for an ODB recipient.
- **Core Seniors:** Seniors for whom the regular ODB deductible and co-payment amounts apply. This is the majority of seniors 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. Effective October 1, 2015 (maximum 8% for drugs <$1000; 6% for drugs ≥ $1000)
- **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.

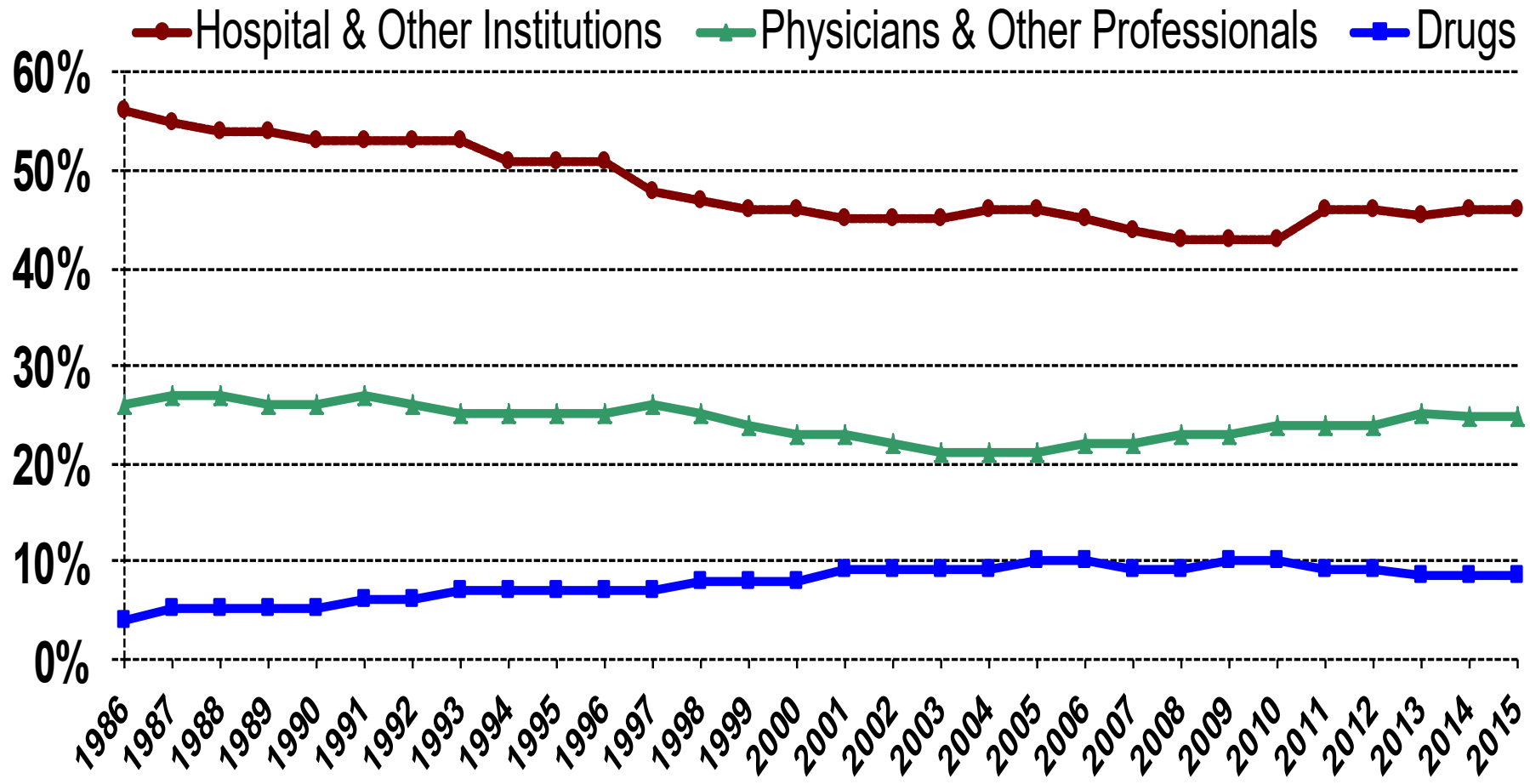
Provincial Health Expenditures Ontario: 2015



Total Health Expenditures in Ontario: $55.0 Billion

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

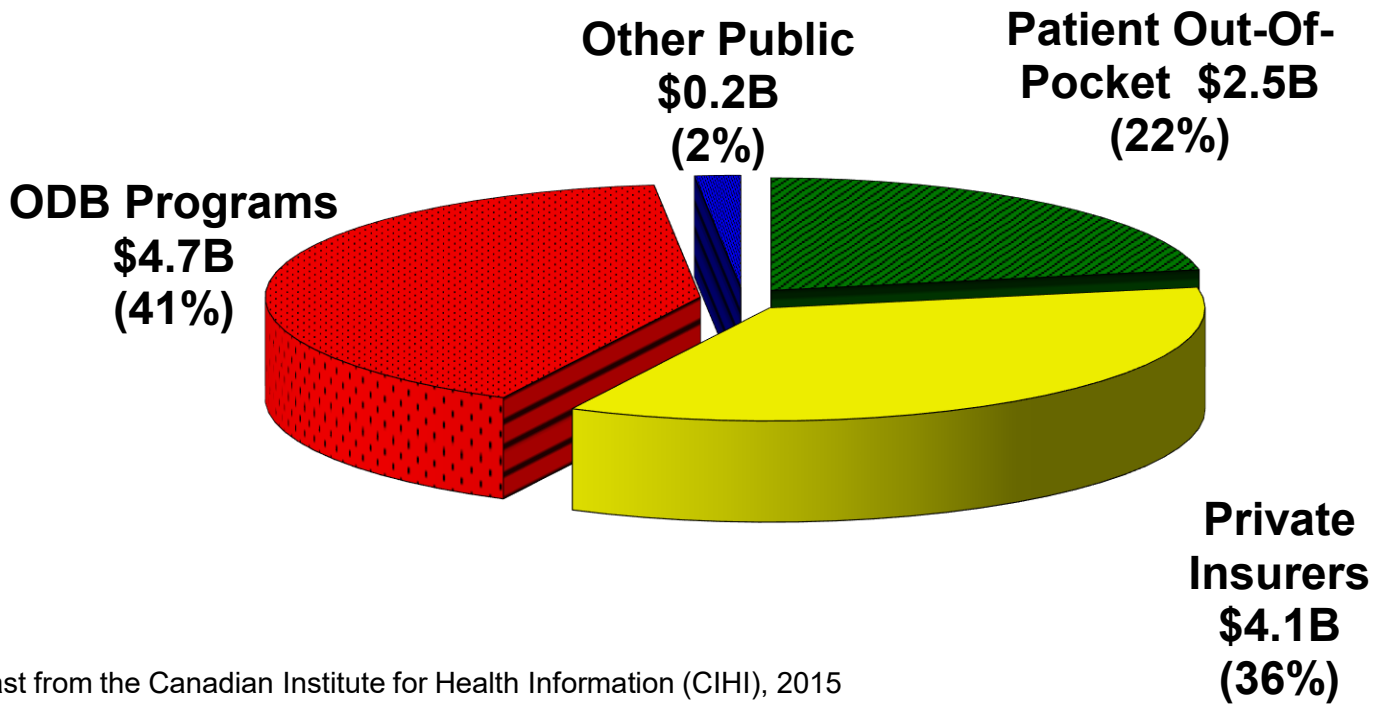
Provincial Health Expenditures Ontario: 1986 - 2015



Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2015

Drug Costs by Public, Private & Cash: 2015

Total Drug Costs in Ontario: $11.5 Billion

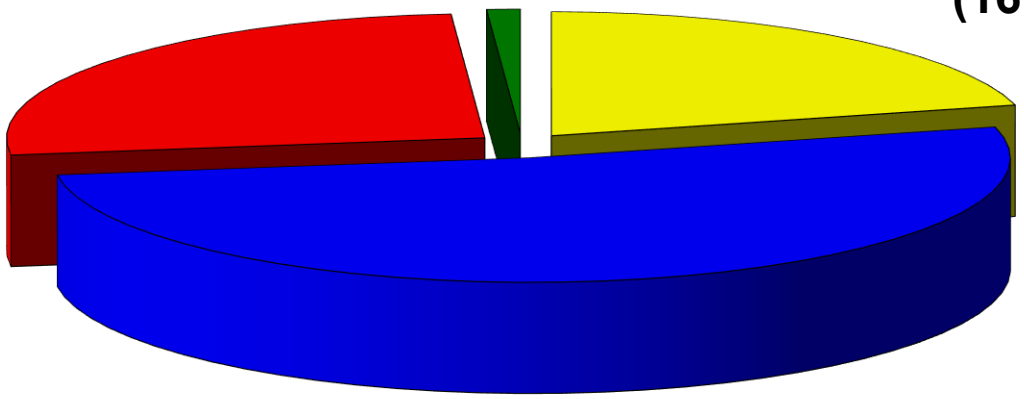


Source: Forecast from the Canadian Institute for Health Information (CIHI), 2015

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: 2015

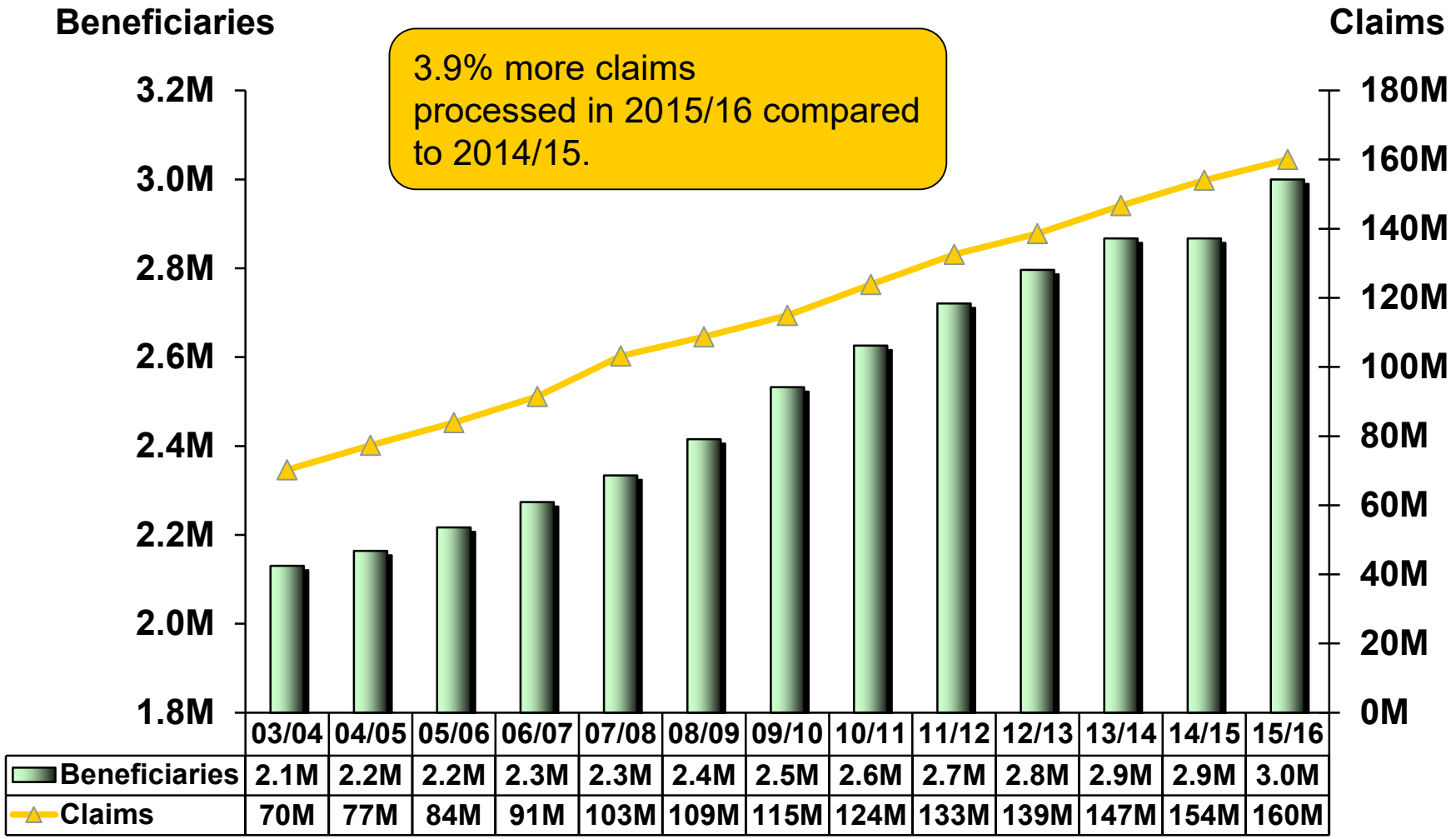


Note: Total population covered is 14,158,000 (includes overlaps between public and private programs)

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

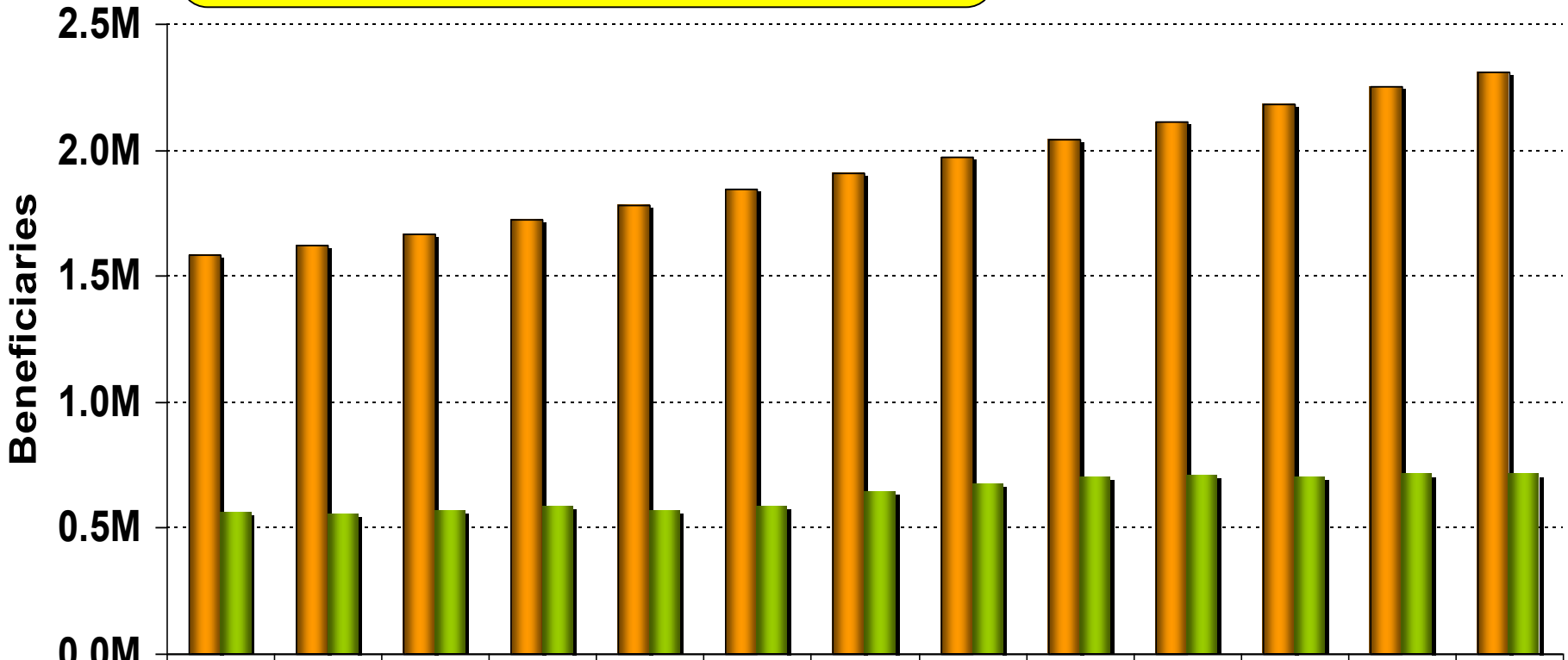
ODB Utilizing Beneficiaries & Claims: 2003/04 – 2015/16



	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Beneficiaries	2.1M	2.2M	2.2M	2.3M	2.3M	2.4M	2.5M	2.6M	2.7M	2.8M	2.9M	2.9M	3.0M
Claims	70M	77M	84M	91M	103M	109M	115M	124M	133M	139M	147M	154M	160M

ODB Utilizing Beneficiaries by Ministry: 2003/04 – 2015/16

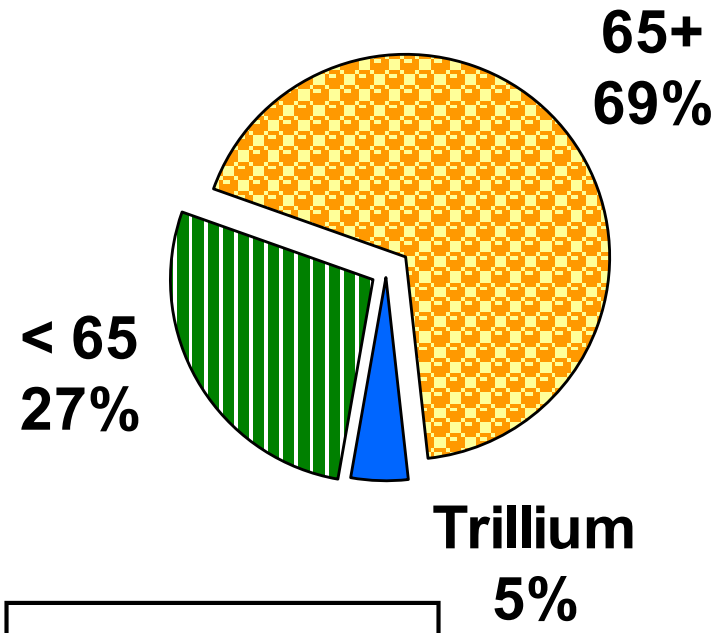
From 2003/04 to 2015/16, the total number of beneficiaries using the ODB program increased by 40.5% (MCSS beneficiaries increased by 26.8%; MOHLTC beneficiaries increased by 45.3%)



	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
MOHLTC	1.59M	1.62M	1.67M	1.72M	1.78M	1.84M	1.91M	1.97M	2.04M	2.11M	2.18M	2.25M	2.31M
MCSS	0.56M	0.55M	0.56M	0.59M	0.56M	0.59M	0.64M	0.67M	0.70M	0.70M	0.70M	0.71M	0.71M

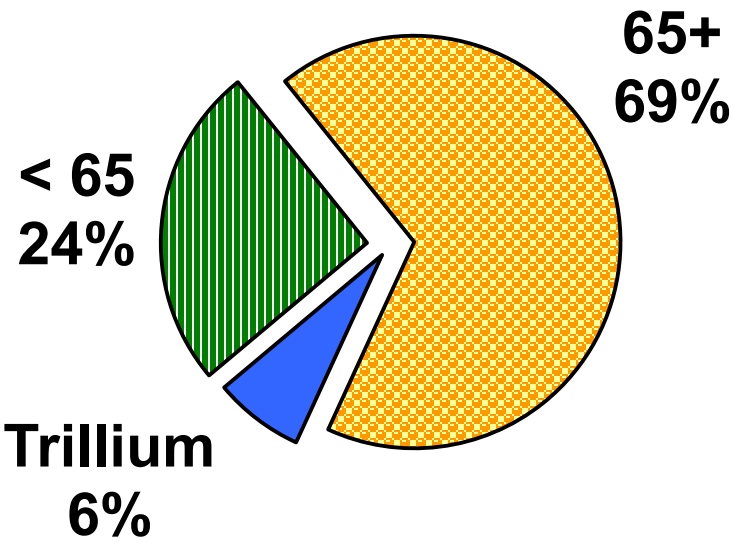
Age Breakdown of ODB Utilizing Beneficiaries: 2003/04 vs. 2015/16

2003/04



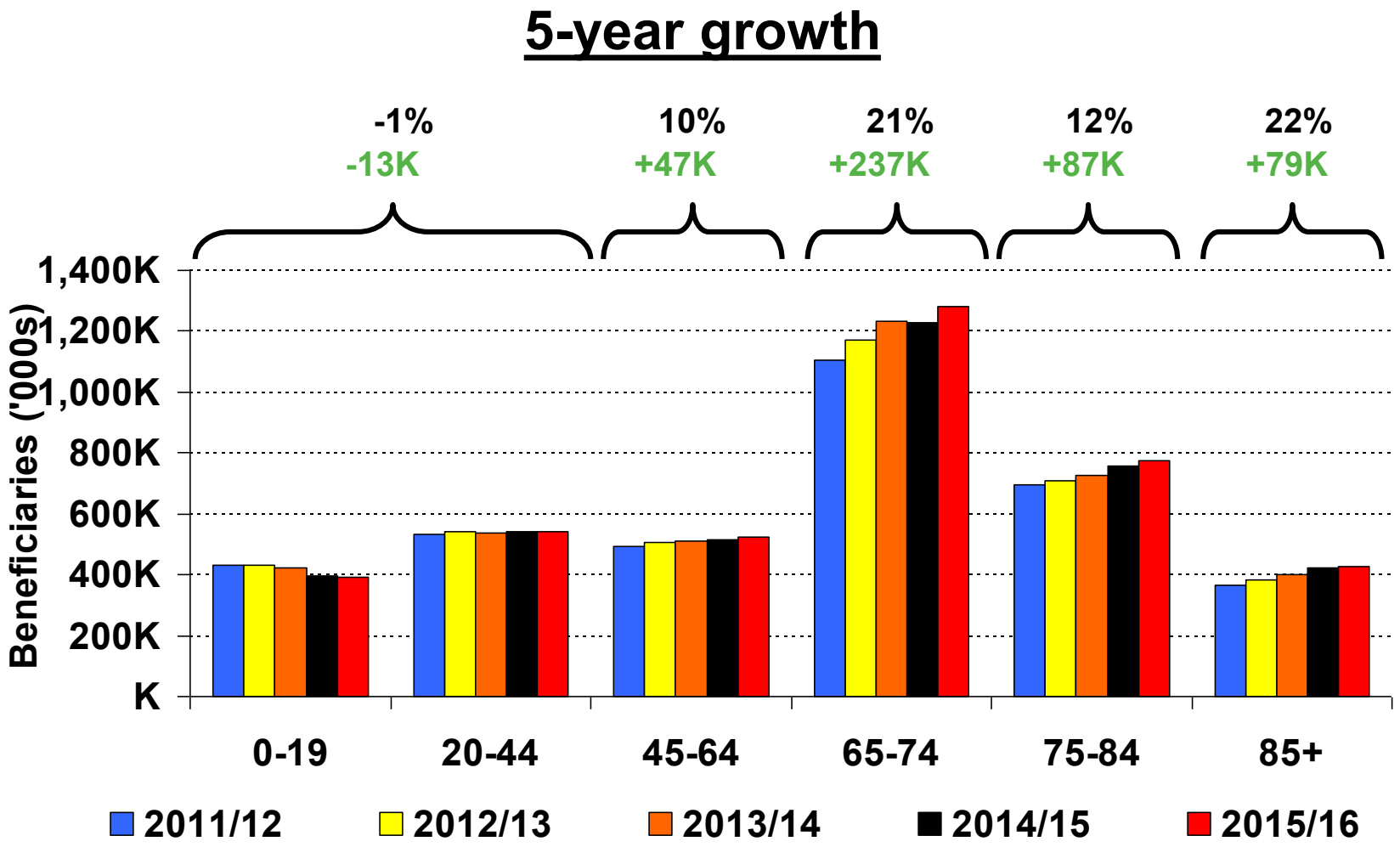
<65	565K
Trillium	101K
65+	1,463K
Total	2,130K

2015/16

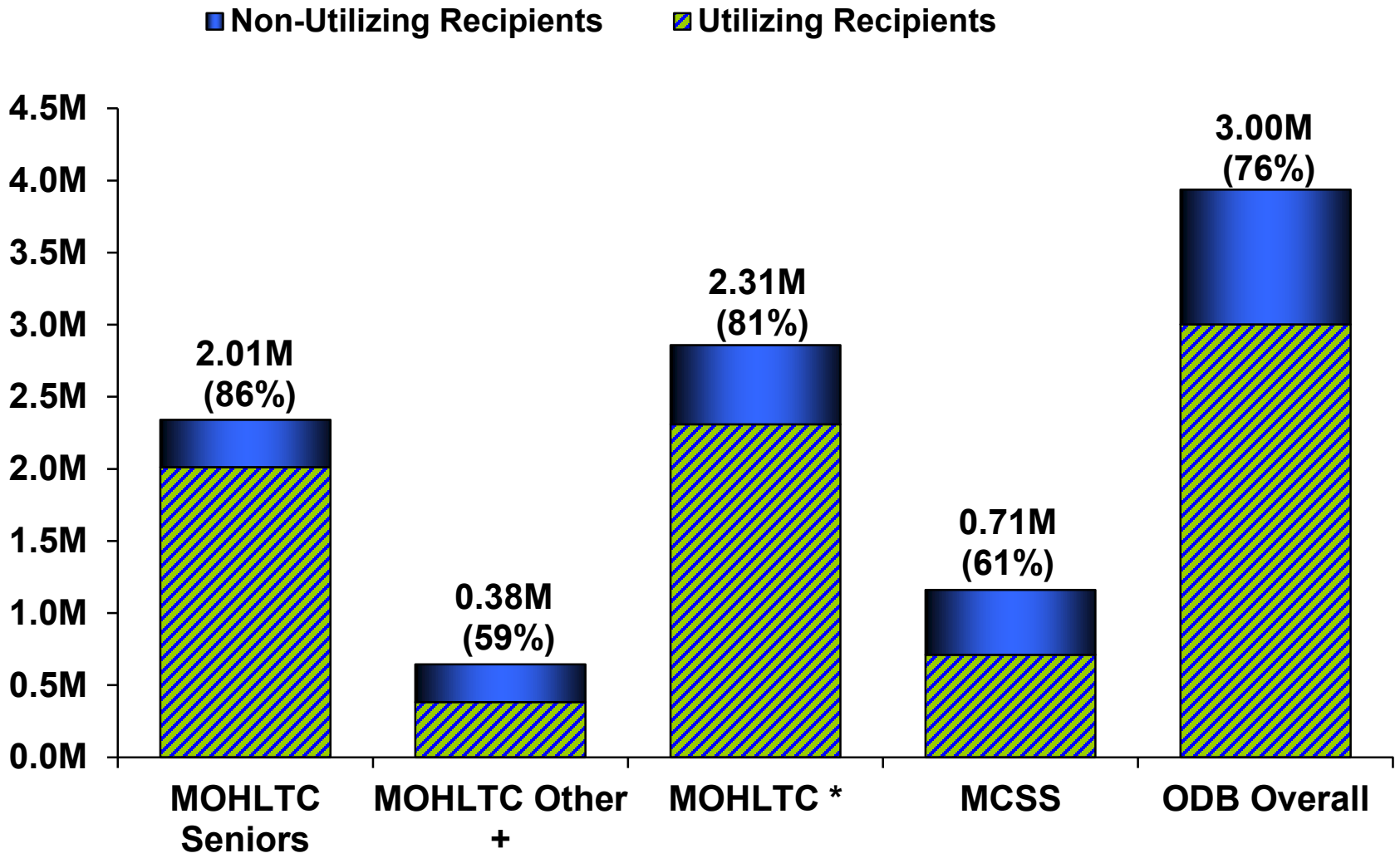


<65	743K
Trillium	190K
65+	2,125K
Total	3,058K

Age Distribution of Eligible Beneficiaries: 2011/12 – 2015/16



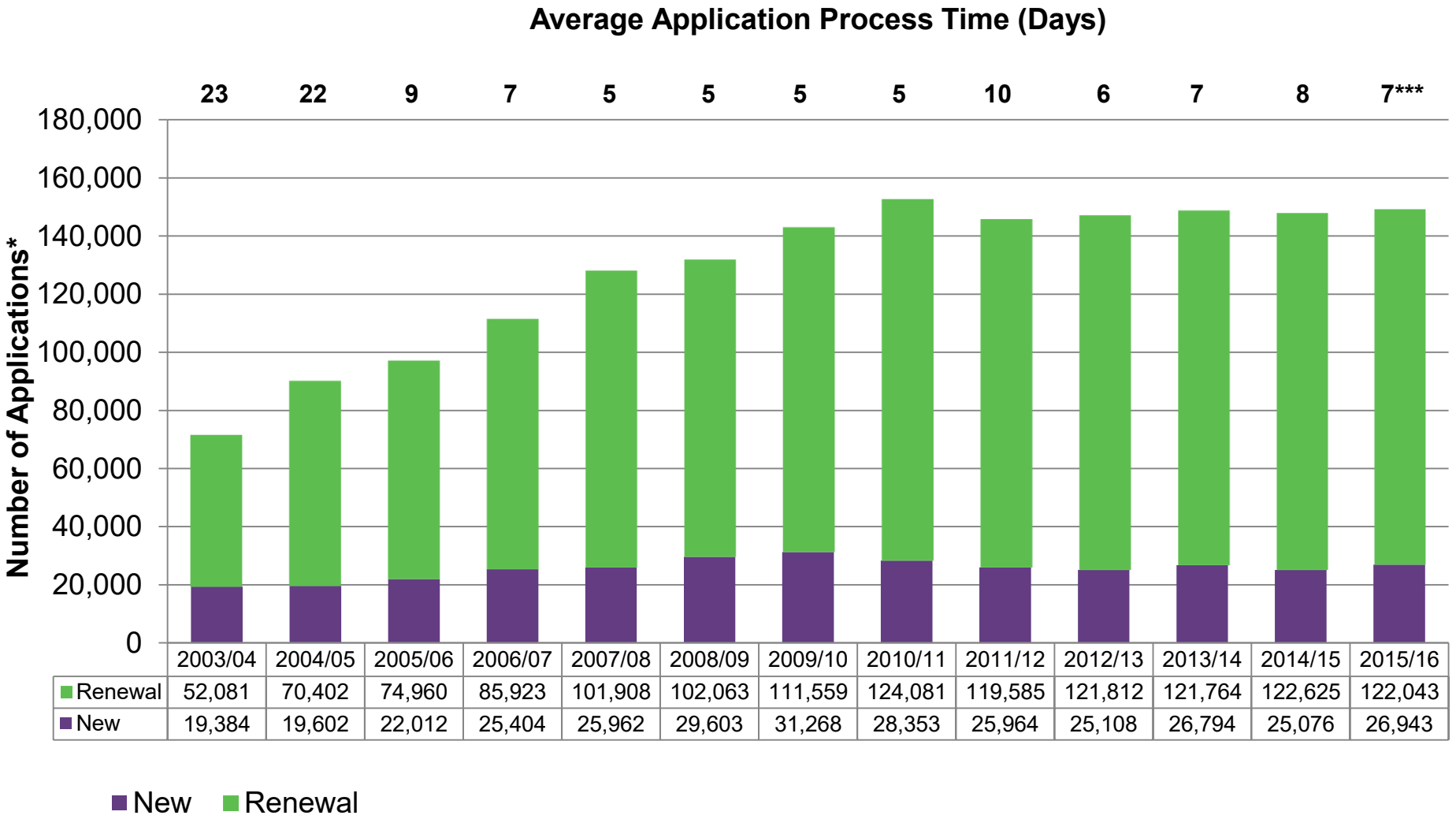
ODB Beneficiaries by Program: 2015/16



+ 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 – 2015/16 Benefit Years**



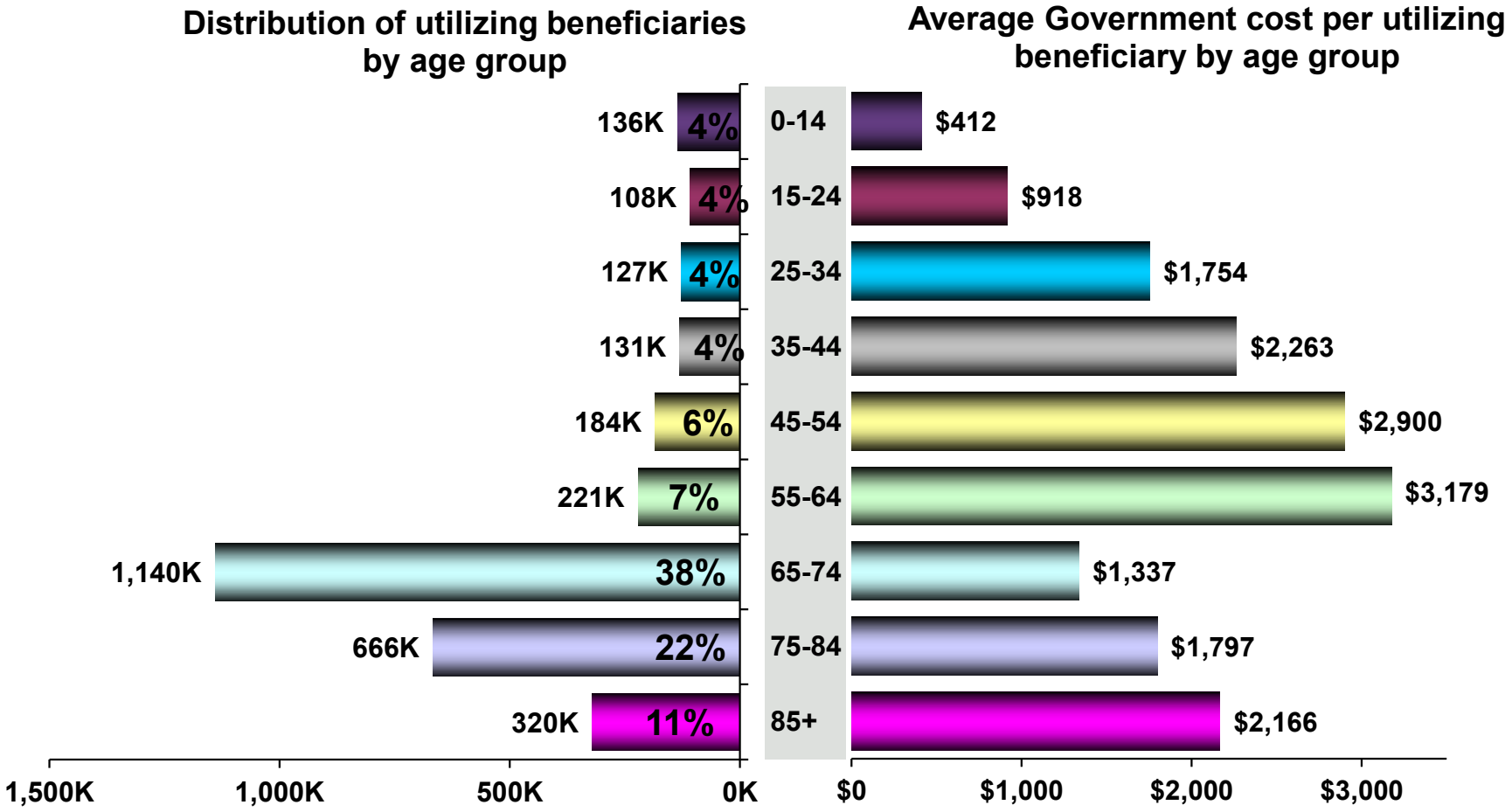
	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Renewal	52,081	70,402	74,960	85,923	101,908	102,063	111,559	124,081	119,585	121,812	121,764	122,625	122,043
New	19,384	19,602	22,012	25,404	25,962	29,603	31,268	28,353	25,964	25,108	26,794	25,076	26,943

* Number of applications represents households, not individuals

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

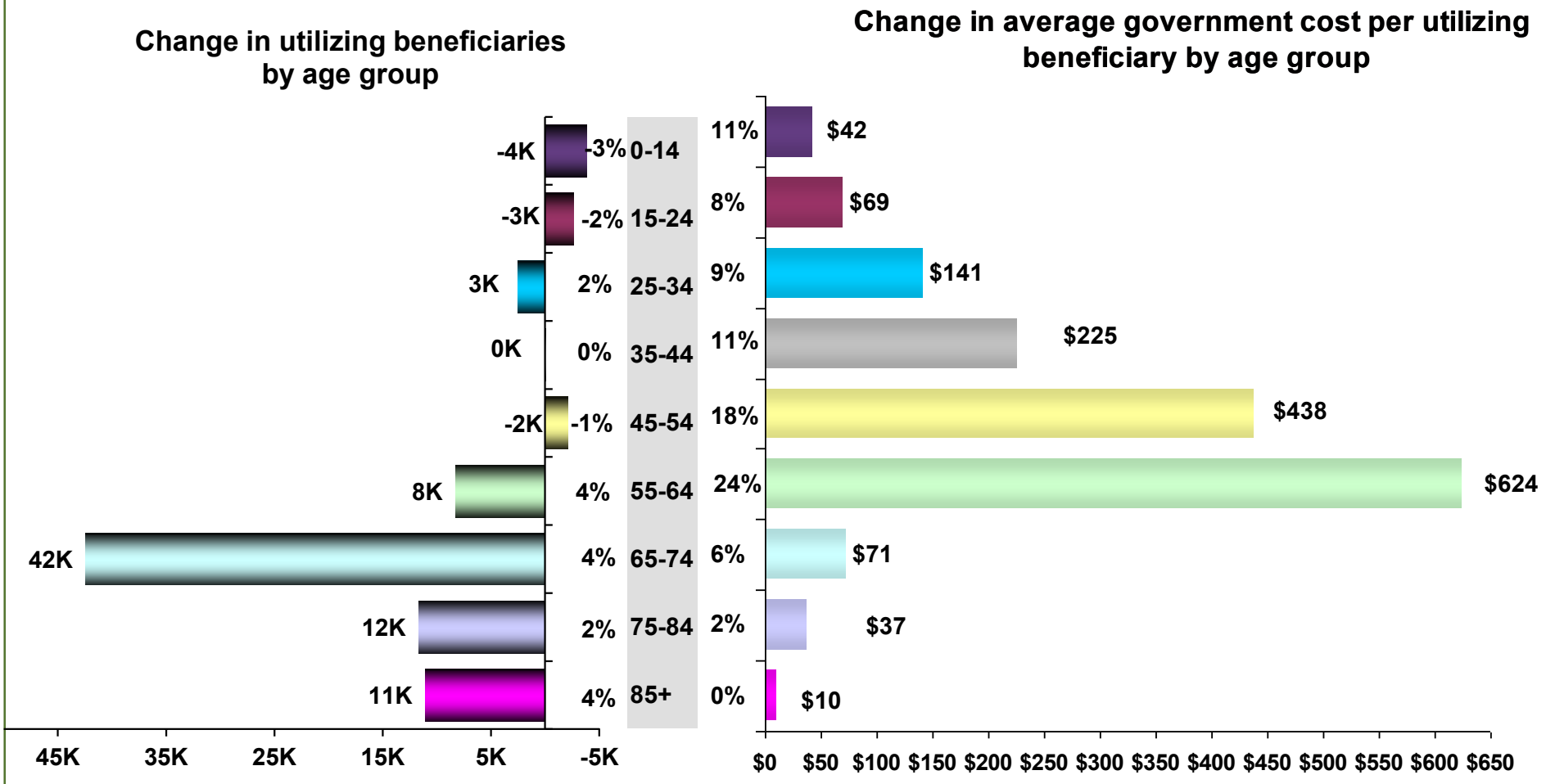
*** For the 2015/16 Benefit Year 97% of applications were completed within 7 days, and the remaining 3% were completed within 17 days, resulting in the above noted 7 day average.

Beneficiary Distribution & Government Cost by Age: 2015/16



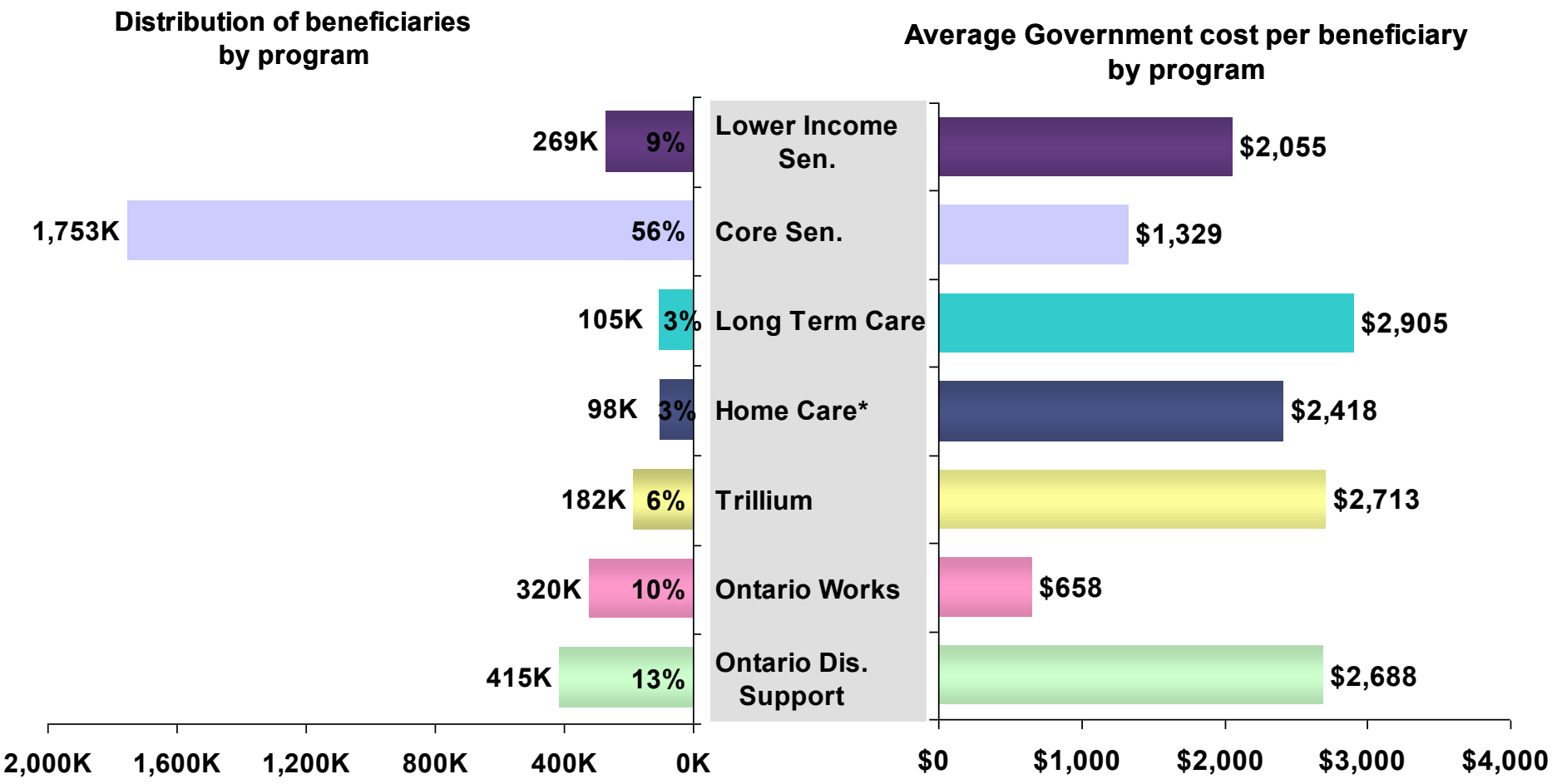
NB: Percentages represent number of utilizing beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Age: 2014/15 – 2015/16



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

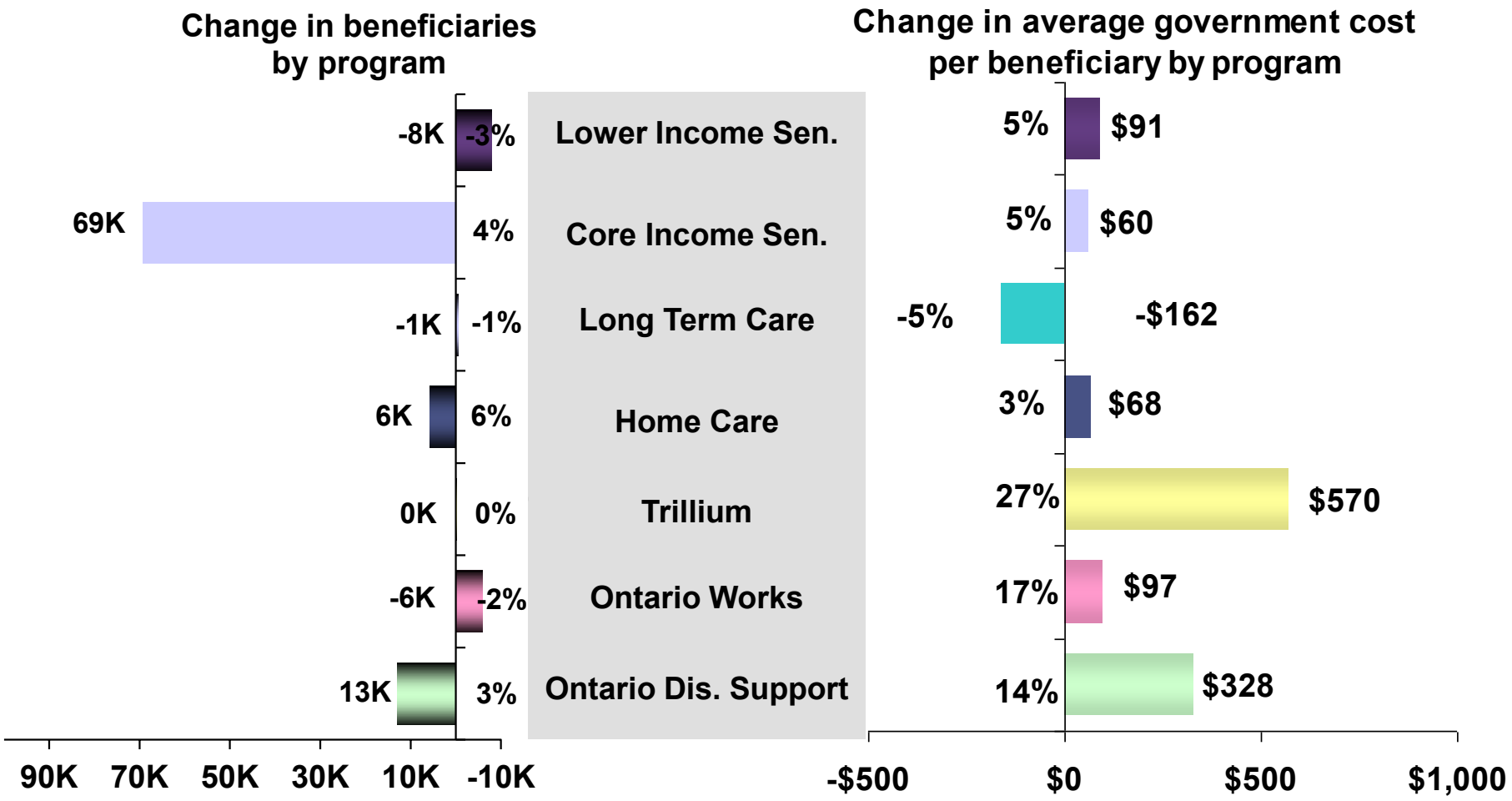
Beneficiary Distribution & Government Cost by Program: 2015/16



* Home Care & Homes for Special Care

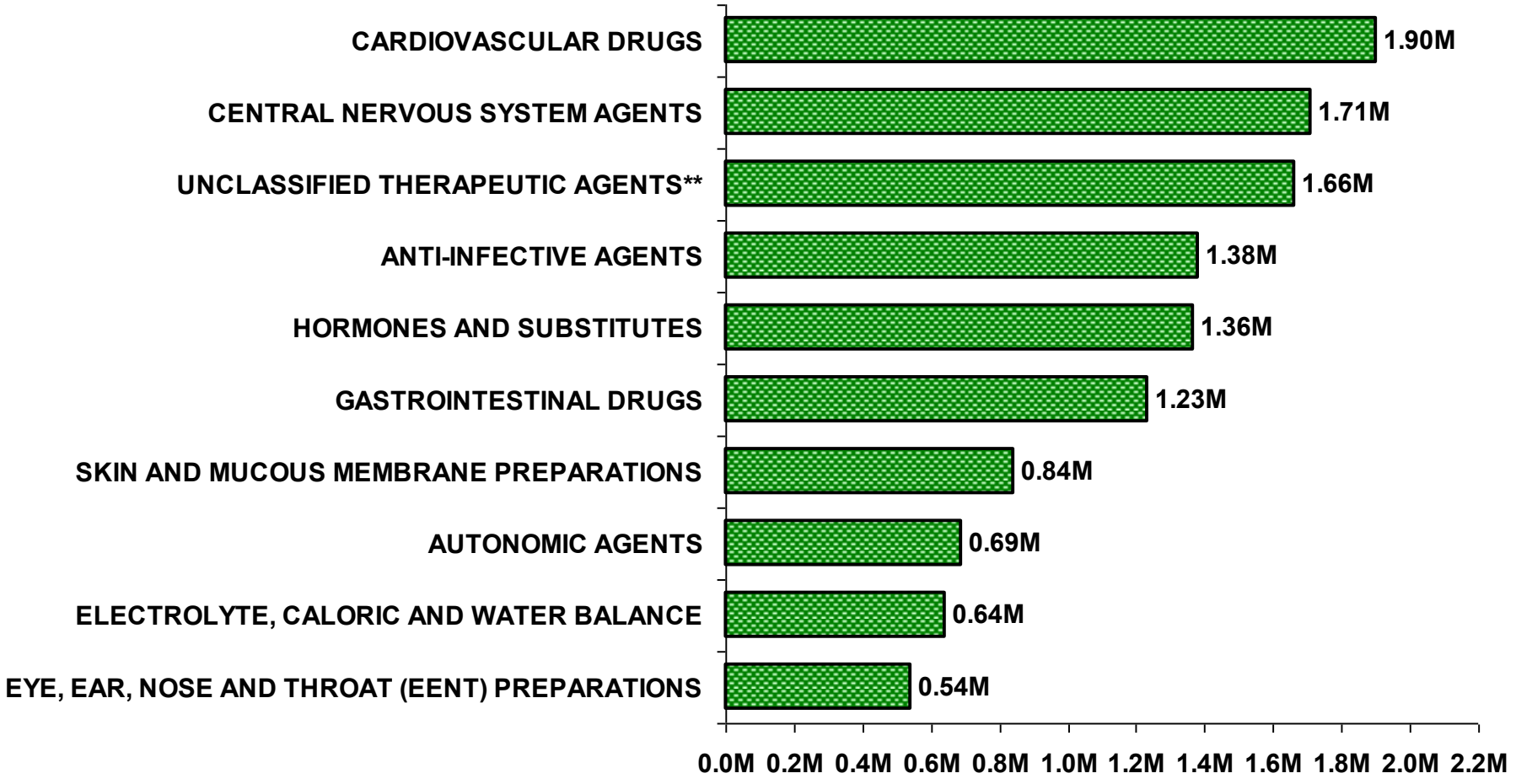
NB: Percentages represent number of utilizing beneficiaries per age group over total number of utilizing beneficiaries. Individuals may move between programs within a benefit year and may be counted in more than one category.

Change in Beneficiaries & Government Cost by Program 2014/15 – 2015/16



- 164 fewer Trillium Drug Program beneficiaries in 2015/16

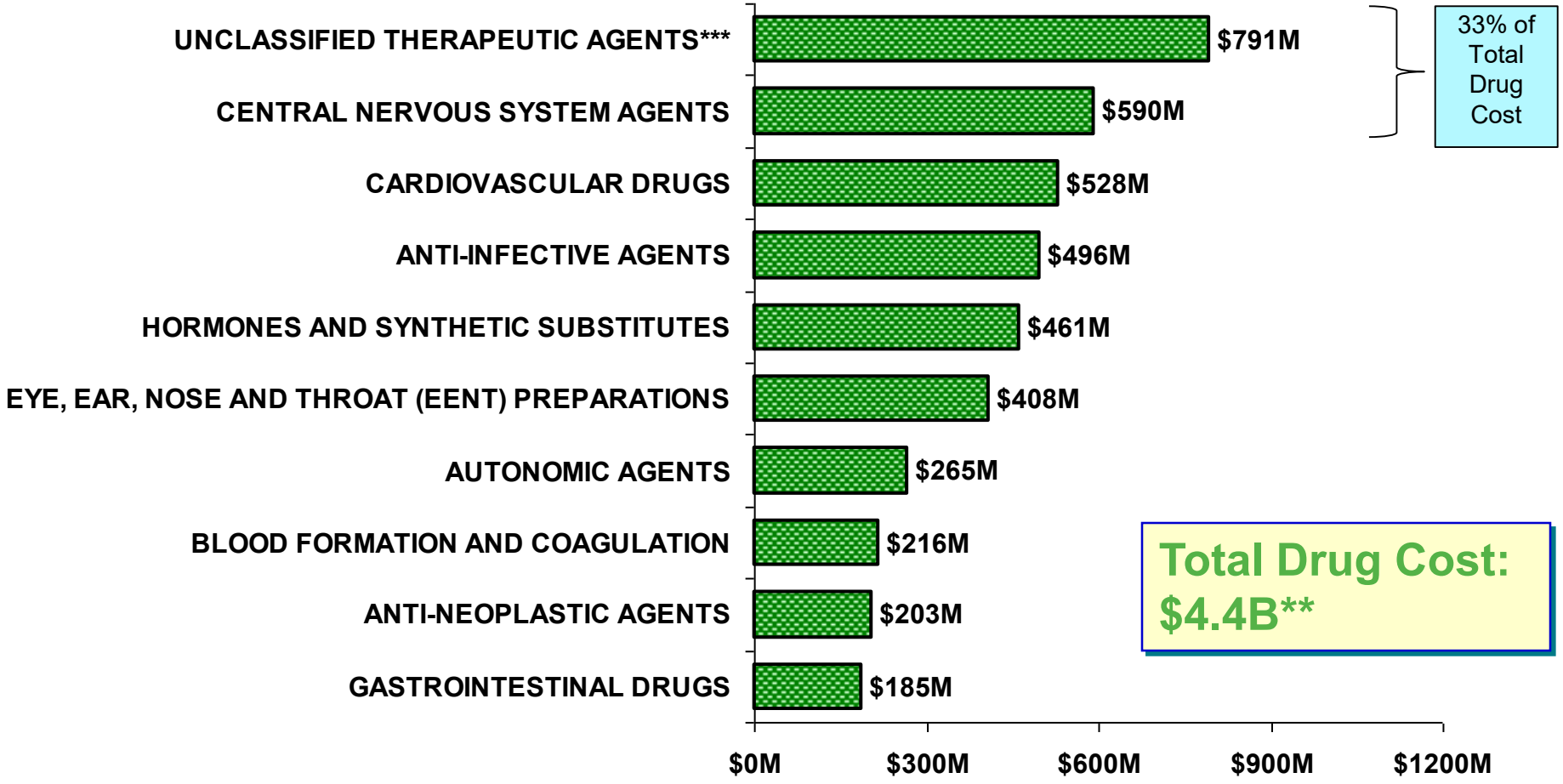
Top 10 Therapeutic Classes* by Number of Users: 2015/16



* 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 2015/16

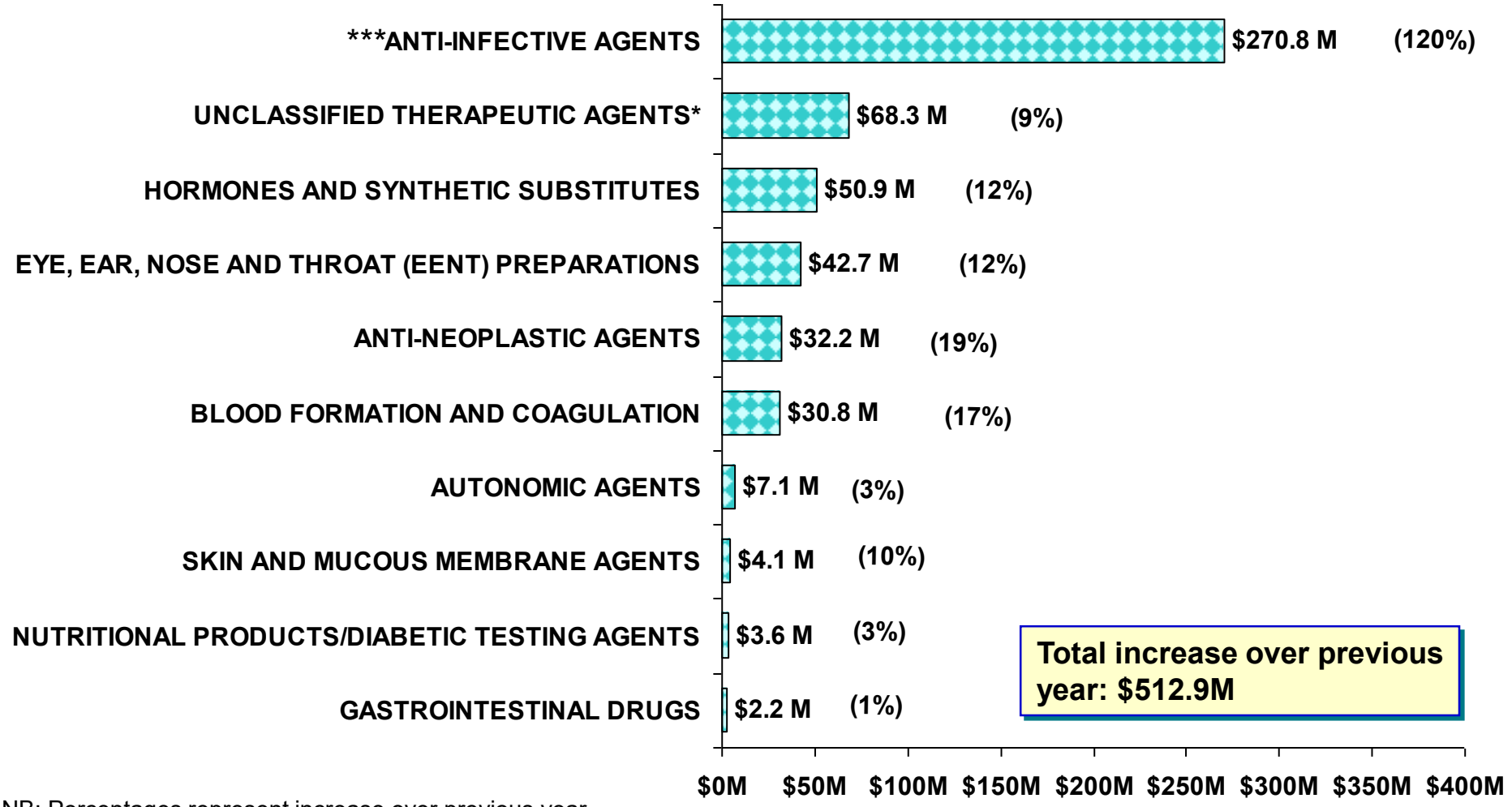


* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO). Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

** 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**: 2014/15 – 2015/16



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.

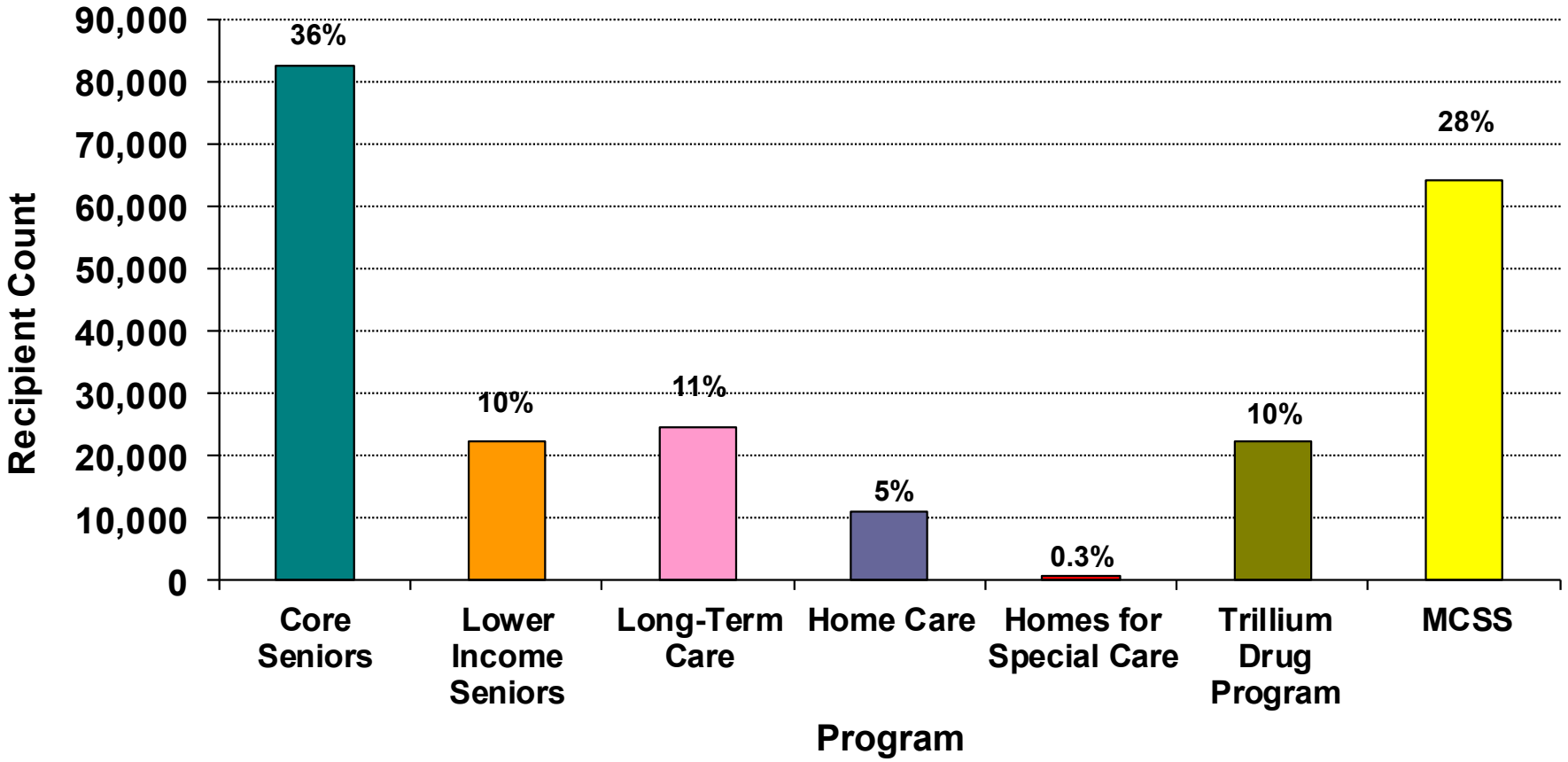
*** Significant growth due to the introduction of new oral therapy regimens for hepatitis C.

Breakdown of Top Claimants Category: 2015/16

- Top 7.8% of claimants amount for 49.6% of total RxCost
- Top drugs for these claimants according to both total drug cost and total government cost are:
    1. Lucentis (ranibizumab)
    2. Harvoni (ledipasvir & sofosbuvir)
    3. Remicade (infliximab)
    4. Revlimid (lenalidomide)
    5. Humira (adalimumab)
- 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

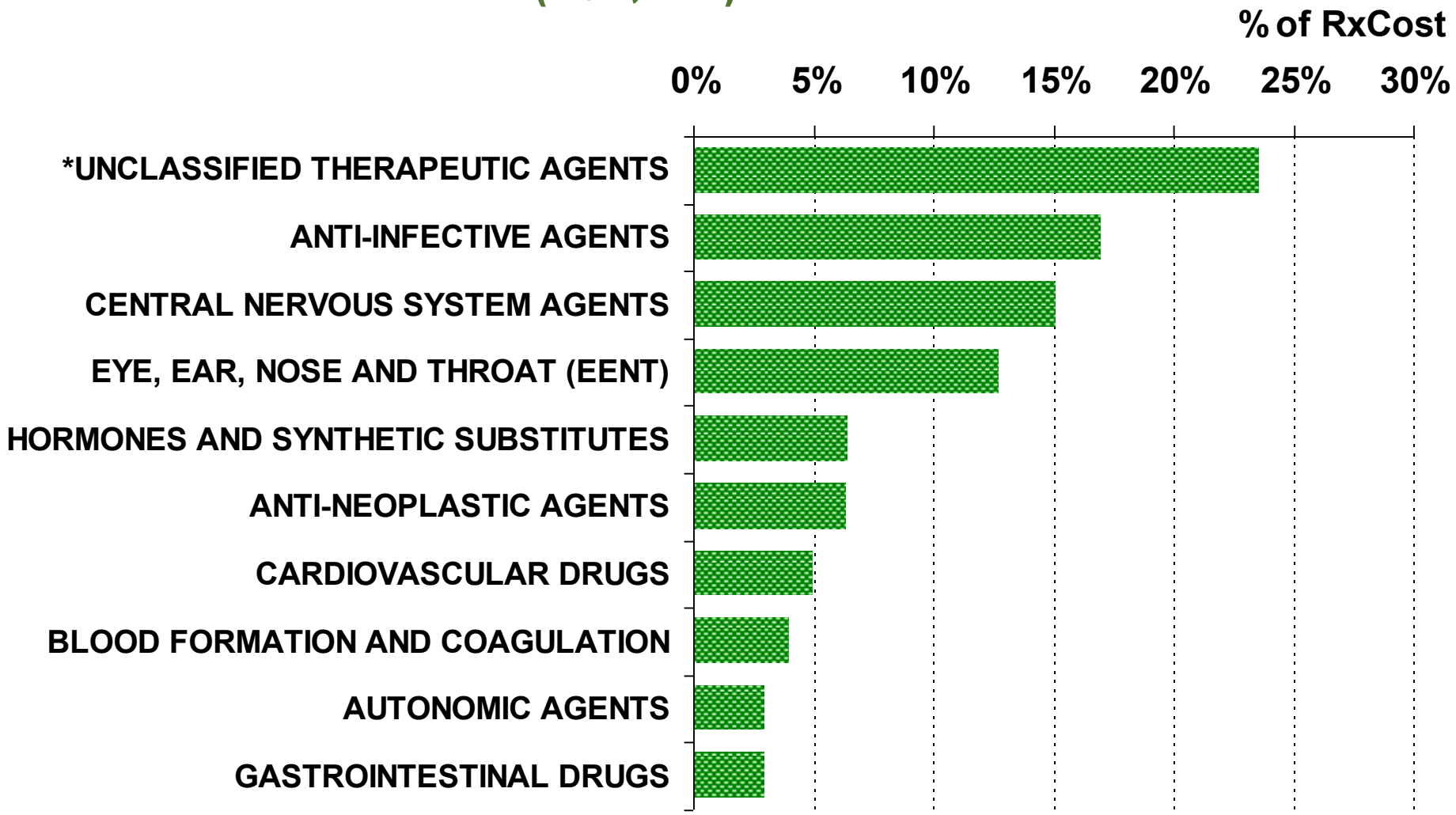
* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

Breakdown of Top Claimants by Program: 2015/16



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): 2015/16



* 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: 2015/16

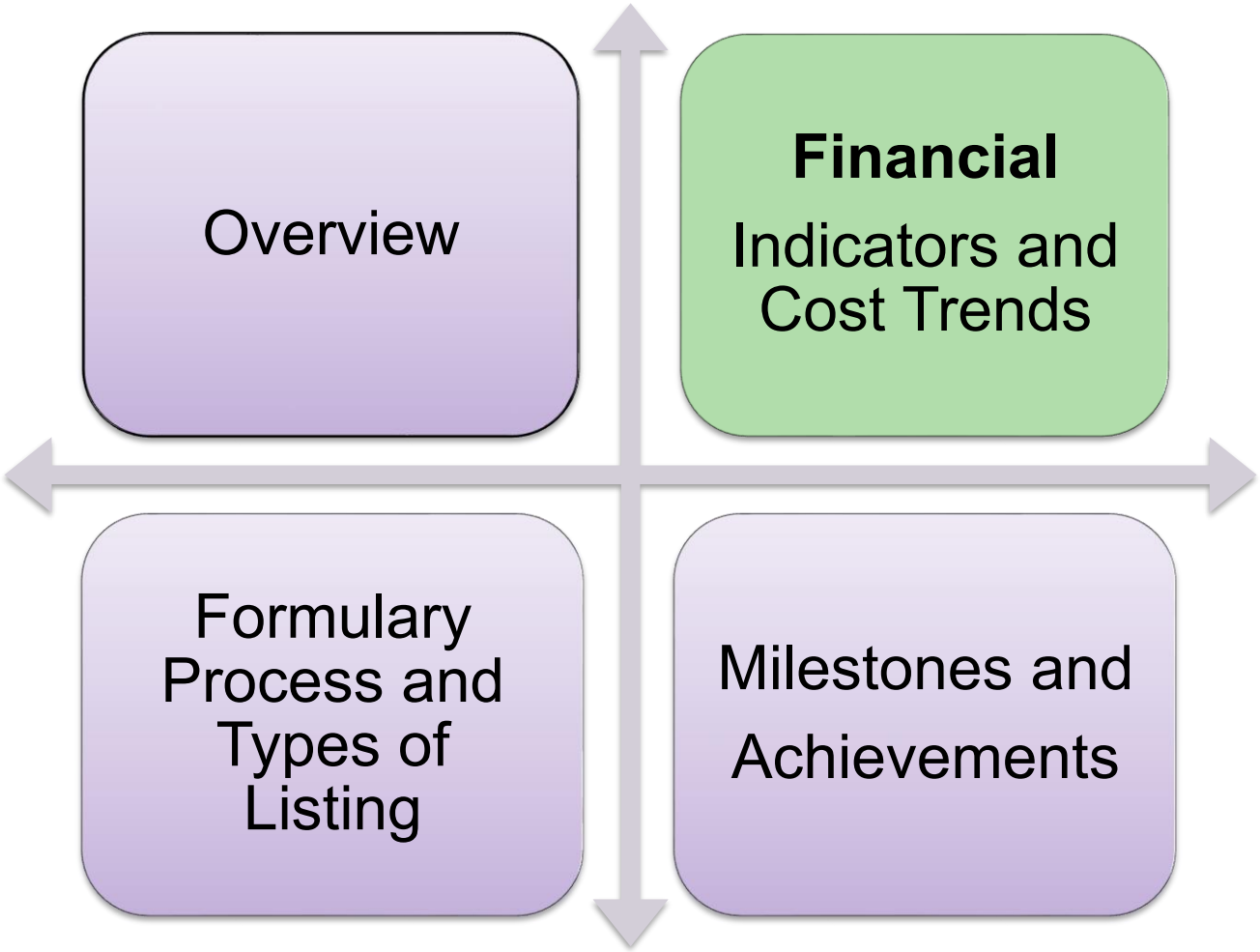
Rk	Drug Name	Class	RxCost*	% Total RxCost
1	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	$290M	4.9%
2	Ledipasvir & Sofosbuvir (Harvoni)	Anti-Infective	$277M	4.7%
3	Infliximab (Remicade)	Unclassified	$111M	1.9%
4	Lenalidomide (Revlimid)	Unclassified	$78M	1.3%
5	Adalimumab (Humira) - LU	Unclassified	$66M	1.1%
6	Aflibercept (Eylea) - LU	Eye, Ear, Nose & Throat	$64M	1.1%
7	Etanercept (Enbrel) - LU	Unclassified	$58M	1.0%
8	Extemporaneous Preparations	Unclassified	$44M	0.7%
9	Duloxetine (Cymbalta)	CNS – Anti-depressant	$42M	0.7%
10	Diagnostic Agents (Diabetes)	Hormones and Substitutes	$40M	0.7%
TOTAL Top 10			$1,070M	18.1%

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

Highlights of Overview

- Drugs represented 8.8% of provincial health expenditures in 2015/16, remaining steady over 2014/15.
- The number of ODB beneficiaries and claims continues to rise: approximately 3.9% more claims processed in 2015/16 over 2014/15.
- Cardiovascular drugs and Central Nervous System drugs are the top two classes of drugs in terms of number of users in 2015/16.
- There was a significant increase in drug cost in 2015/16 due primarily to the listing of Harvoni, a new treatment for Hepatitis C, in June 2015.
- The total number of ODB recipients continues to increase annually. From 2003/04 – 2015/16, the total number of beneficiaries has increased 40.5%.

Report Card Framework



ODB Financial Statistics: 2014/15 vs. 2015/16

	2014/15 **	2015/16 **	% Change*
Drug Cost***	$3,911M	$4,390M	12%
+ Markup	$301M	$322M	7%
+ Dispensing and Compounding Fees	$1,170M	$1,205M	3%
= RxCost	**$5,382M**	**$5,917M**	**10%**
Recipient Cost (Co-Payment and Deductible)	$641M	$673M	5%
Government Cost	**$4,742M**	**$5,244M**	**11%**
MOHLTC	*$3,610M*	*$3,918M*	*9%*
MCSS	*$1,131M*	*$1,326M*	*17%*

* 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.

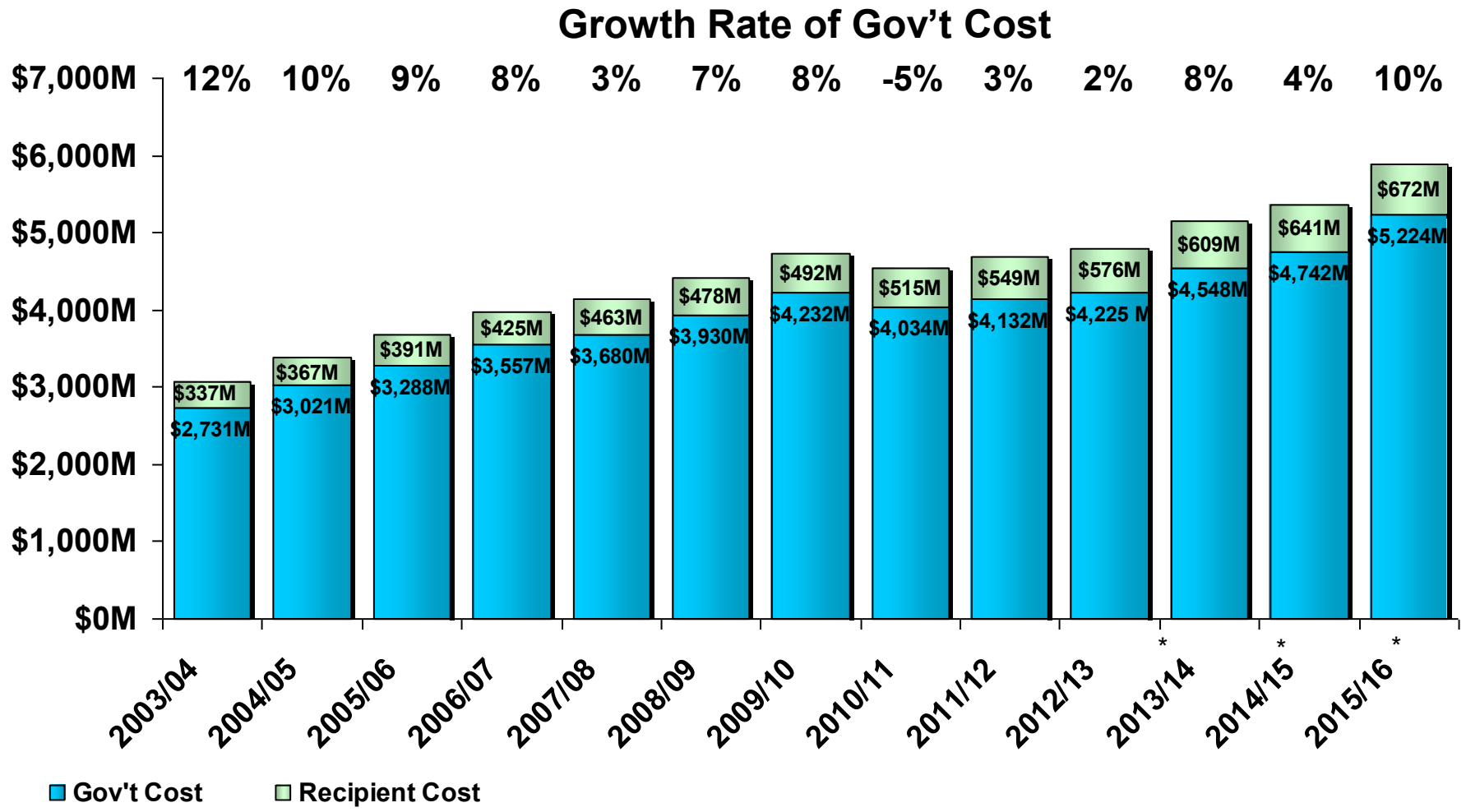
ODB Financial Statistics: 2014/15 vs. 2015/16

		2014/15 **	2015/16 **	% Change
RxCost*	*Brand*	$3,432M	$3,883M	*13%*
	Generic	$1,957M	$2,038M	*4%*
Beneficiaries		**2.94M**	**3.00M**	**2%**
Average	RxCost per Beneficiary	$1,833.82	$1,971.07	2%
	RxCost per Claim	$35.00	$37.09	2%
	Claims per Beneficiary	52.4	53.1	2%
Average *(Excluding LTC home recipients and Methadone Claims)*	RxCost per Beneficiary	$1,741.58	$1,889.39	8%
	RxCost per Claim	$39.79	$42.10	5.8%
	Claims per Beneficiary	44.0	45.0	2%

* 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.

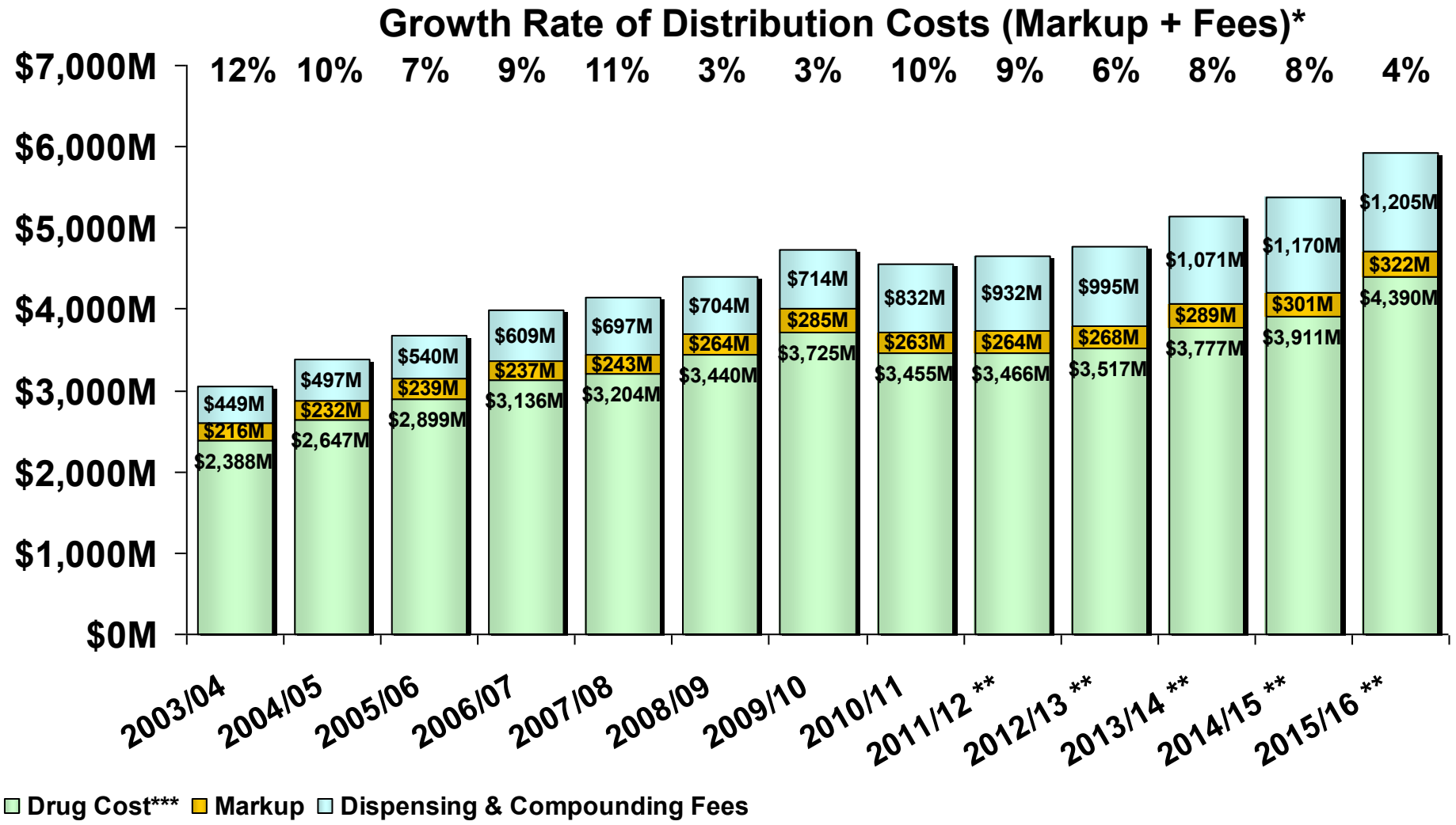
** Data excludes other professional service fees (e.g., MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (counselling) & Flu Vaccination Program).

Government & Beneficiary Cost: 2003/04 – 2015/16



* 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 – 2015/16

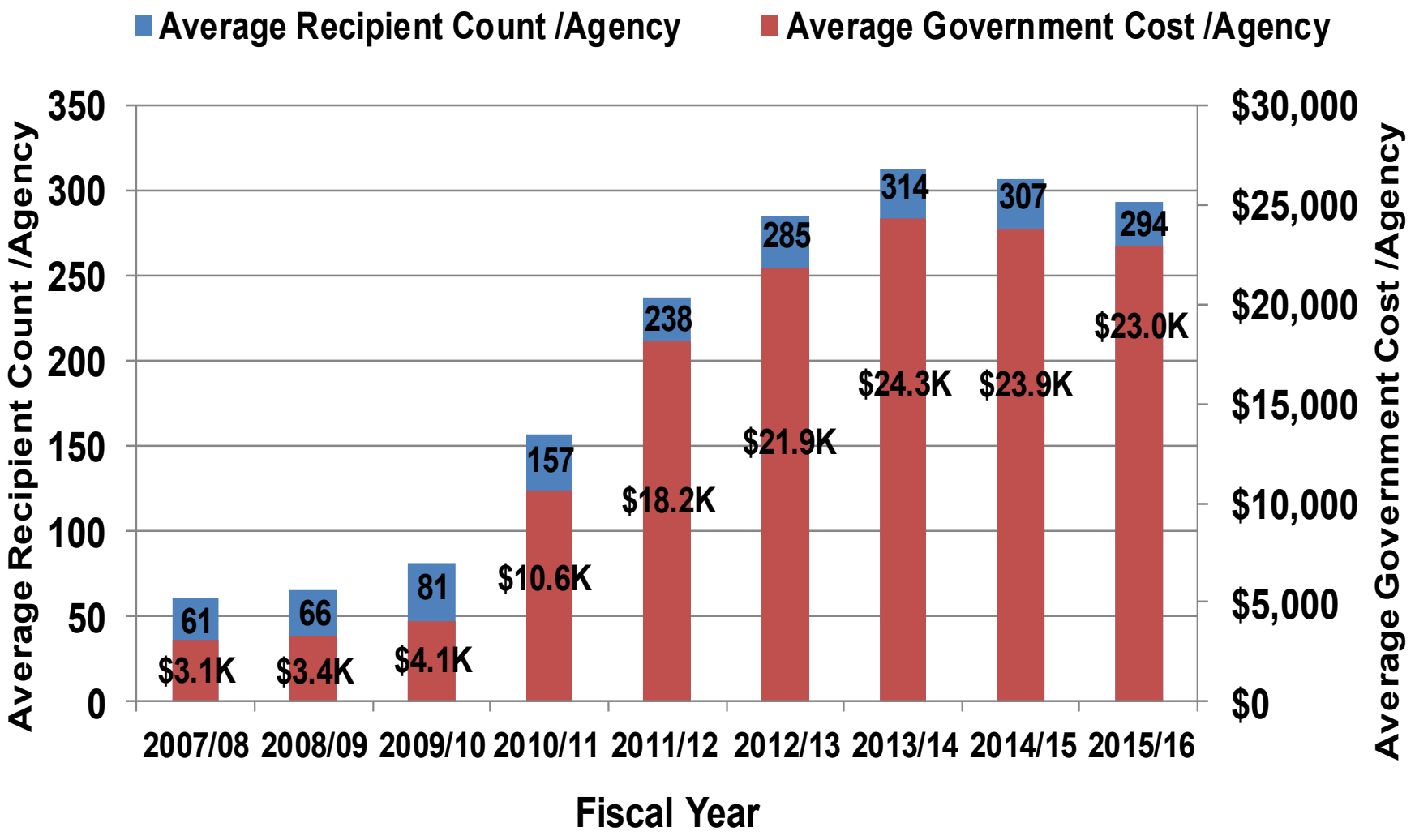


* Does not include drug cost in growth rate.

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

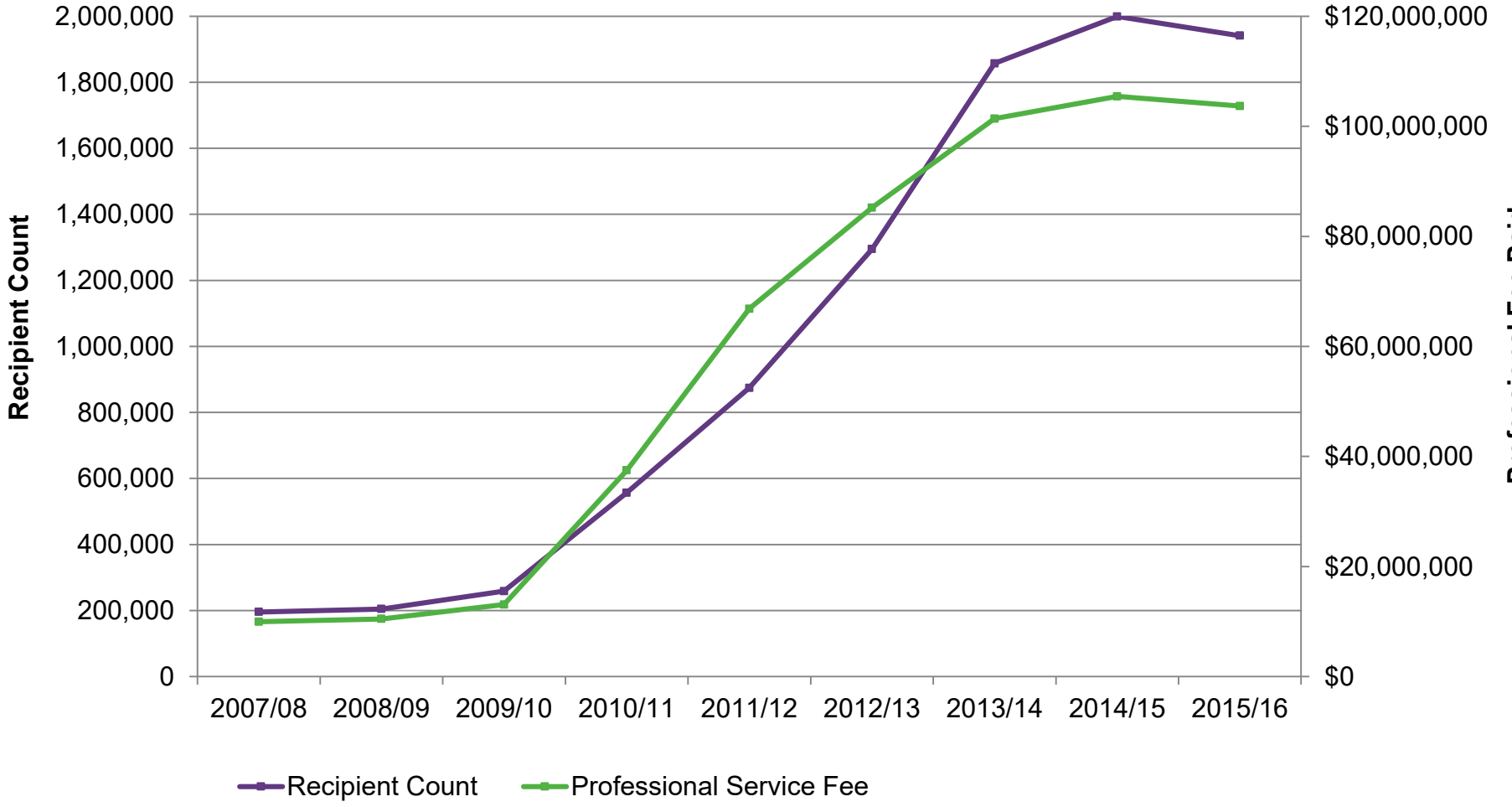
***Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

Professional Service Fee* Growth: April 2007 to March 31, 2016



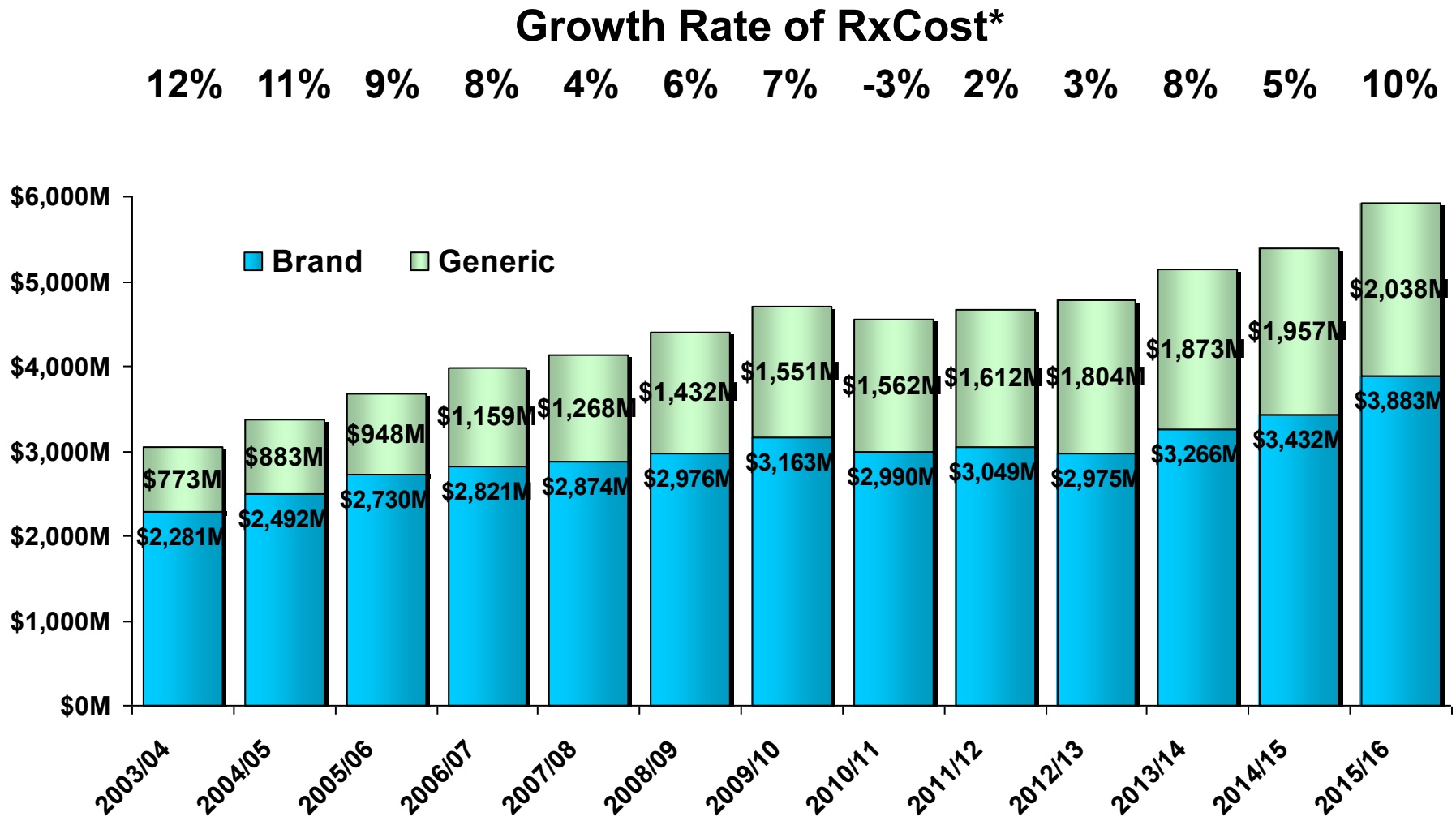
* Professional Service Fee includes all Medscheck and Pharmaceutical Opinions

Professional & Administrative Service Fees* Growth – MedsCheck, Smoking Cessation Program (Counselling) and Flu Vaccine Program: April 2007 to March 31, 2016



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

Brand vs. Generic RxCost: 2003/04 – 2015/16



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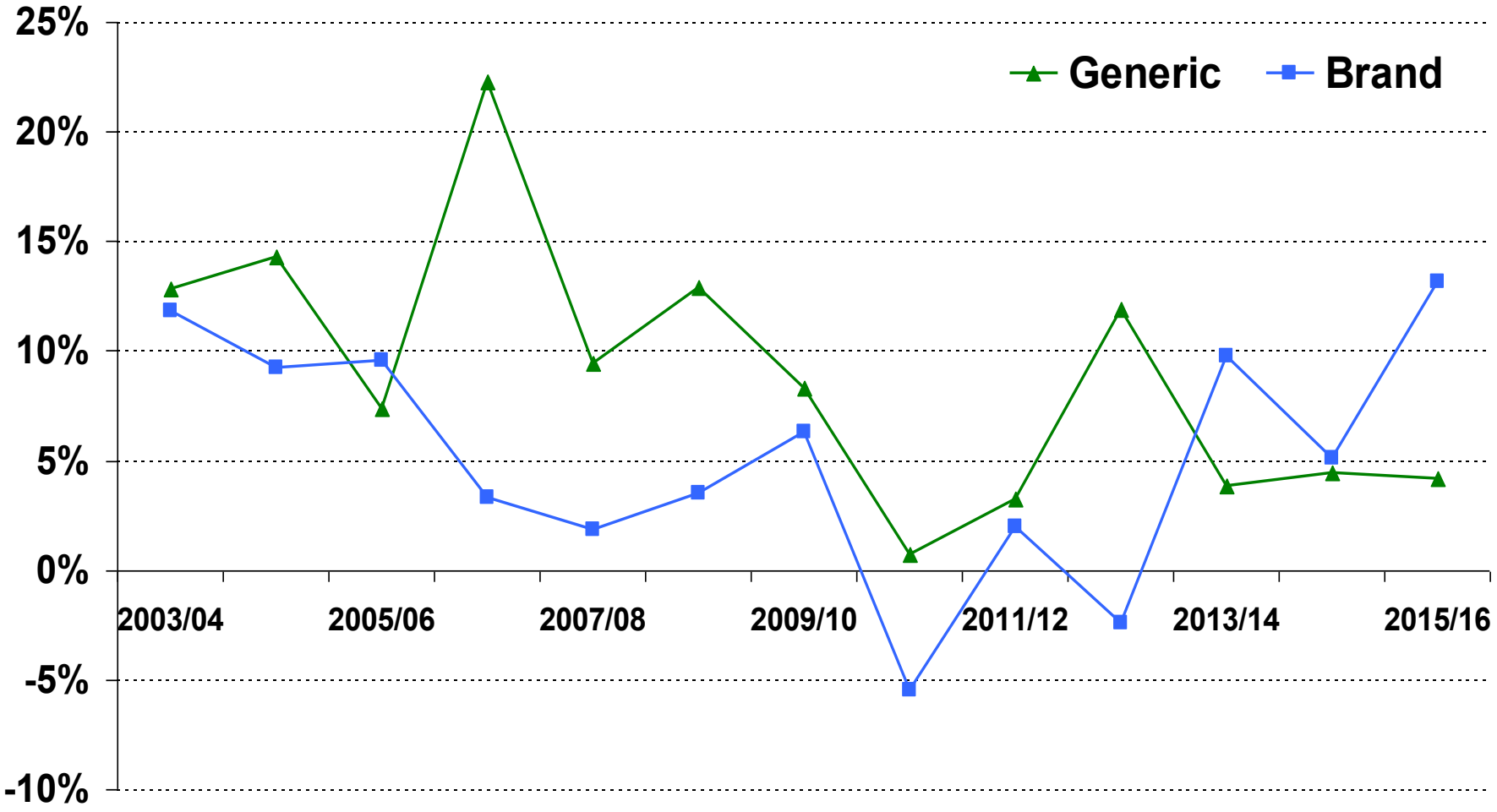
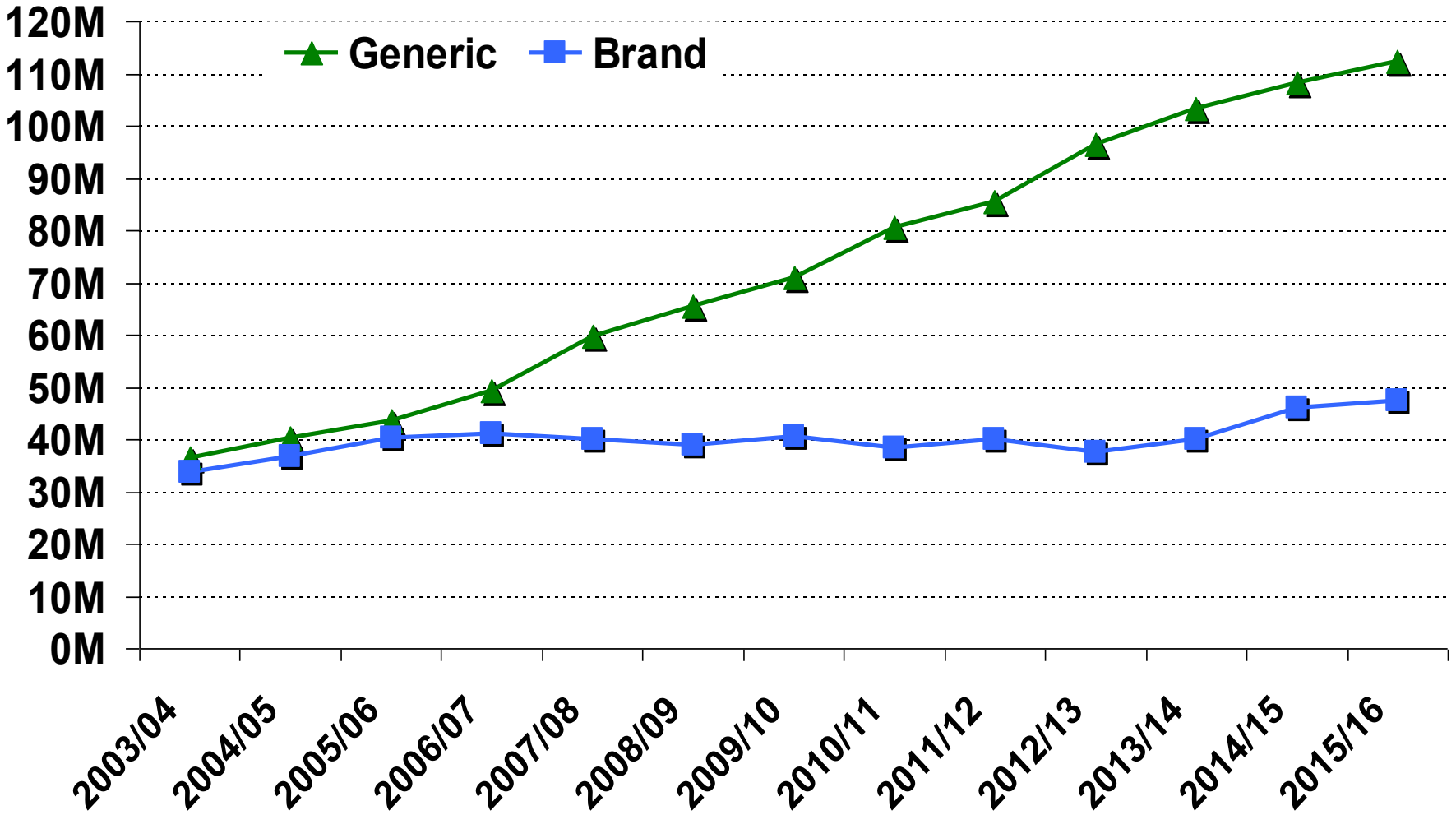
Brand vs. Generic RxCost* Annual Growth: 2003/04 – 2015/16

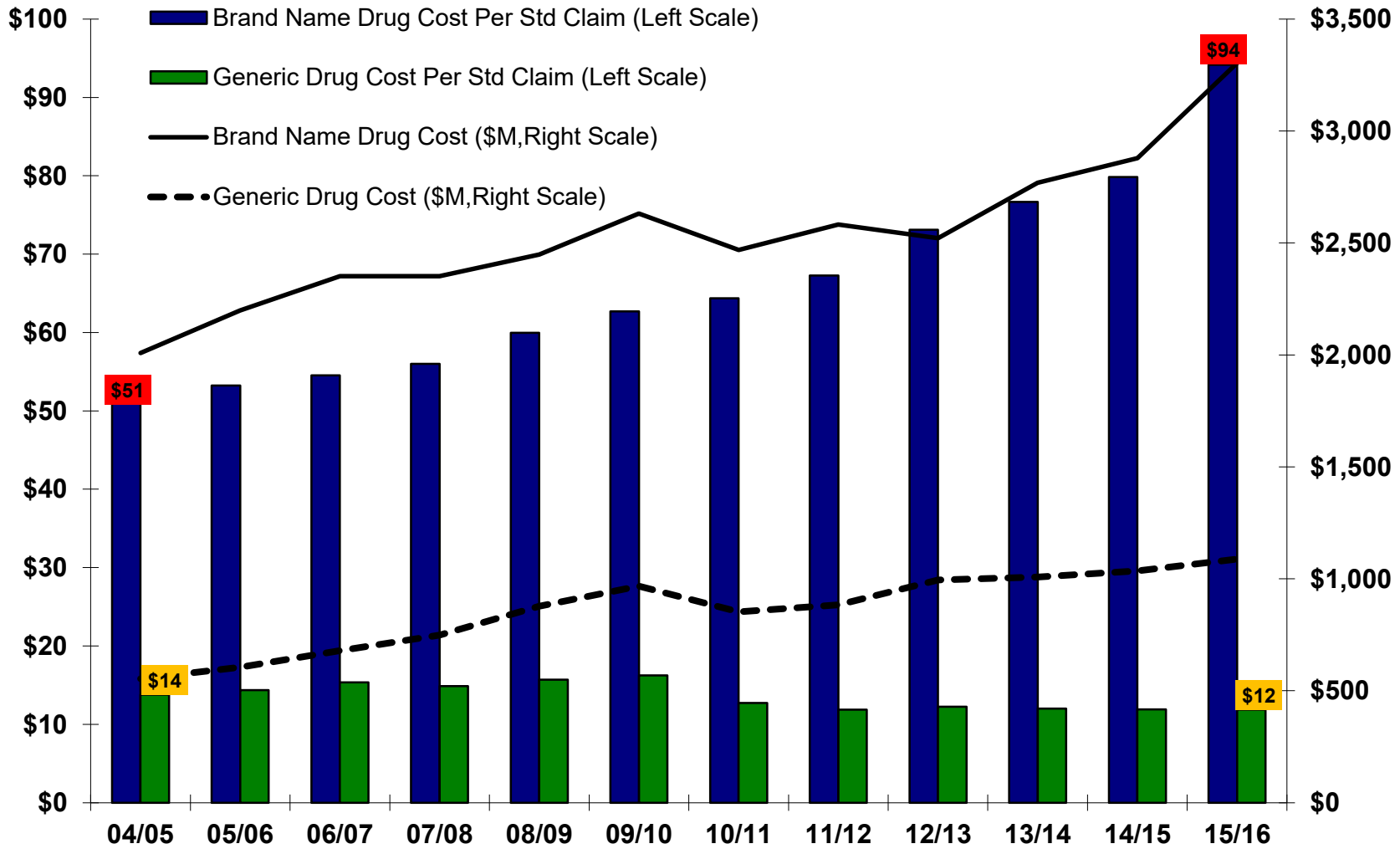


* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

Brand vs. Generic Claim Count: 2003/04 – 2015/16



Comparison of Brand and Generic Drug Costs*: 2004/05 to 2015/16



* 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): 2015/16

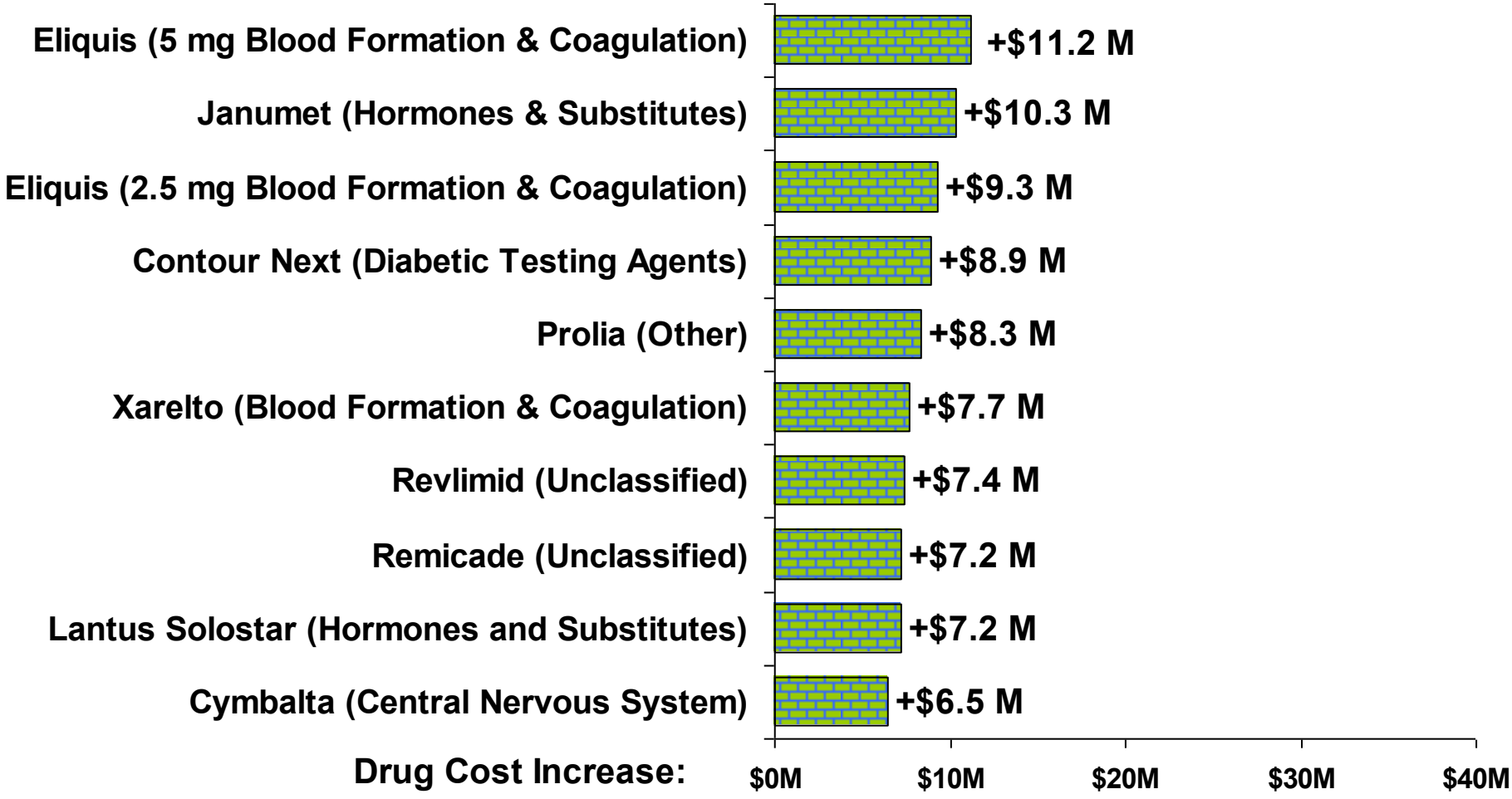
Rk	Drug Name	Class	Utilizing Benef.	% Utilizing Benef.
1	Rosuvastatin (Crestor)	Cardiovascular	604K	20.1%
2	Atorvastatin (Lipitor)	Cardiovascular	539K	18.0%
3	Amoxicillin (Amoxil)	Anti-infective	486K	16.2%
4	Amlodipine Besylate (Norvasc)	Cardiovascular	432K	14.4%
5	Salbutamol (Ventolin)	Autonomic Agents	429K	14.3%
6	Levothyroxine (Synthroid)	Hormones & Substitutes	410K	13.7%
7	Diagnostic Agent - Diabetes	Diagnostic Agents	409k	13.6%
8	Metformin HCl (Glucophage)	Hormones & Substitutes	391K	13.0%
9	Acetaminophen & Caffeine & Codeine (Tylenol #3)	Central Nervous System	362K	12.1%
10	Pantoprazole Magnesium (Tecta)	Gastrointestinal	310K	10.3%
	Total Top 10 products		2,143K	71.4%

Top 10 Chemicals by Drug Cost: 2015/16

Rk	Drug Name	Class	Drug Cost*	% Total Drug Cost
1	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	$278M	6.3%
2	Ledipasvir & Sofosbuvir (Harvoni)	Anti-Infective Agents	$260M	5.9%
3	Diagnostic Agent - Diabetes	Diagnostic Agents	$108M	2.5%
4	Infliximab (Remicade)	Unclassified	$104M	2.4%
5	Salmeterol Xinafoate & Fluticasone Propionate (Advair) LU	Autonomic Agents	$85M	1.9%
6	Duloxetine (Cymbalta)	Central Nervous System	$97M	1.7%
7	Lenalidomide (Revlimid)	Unclassified	$73M	1.7%
8	Sitagliptin Phosphate Monohydrate (Januvia)	Hormones and Substitutes	$72M	1.6%
9	Insulin Glargine (Lantus)	Hormones and Substitutes	$67M	1.5%
10	Metformin & Sitagliptin (Janumet)	Hormones and Substitutes	$66M	1.5%
TOTAL Top-10			$1,190K	27.1%

* 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*: 2014/15 vs 2015/16

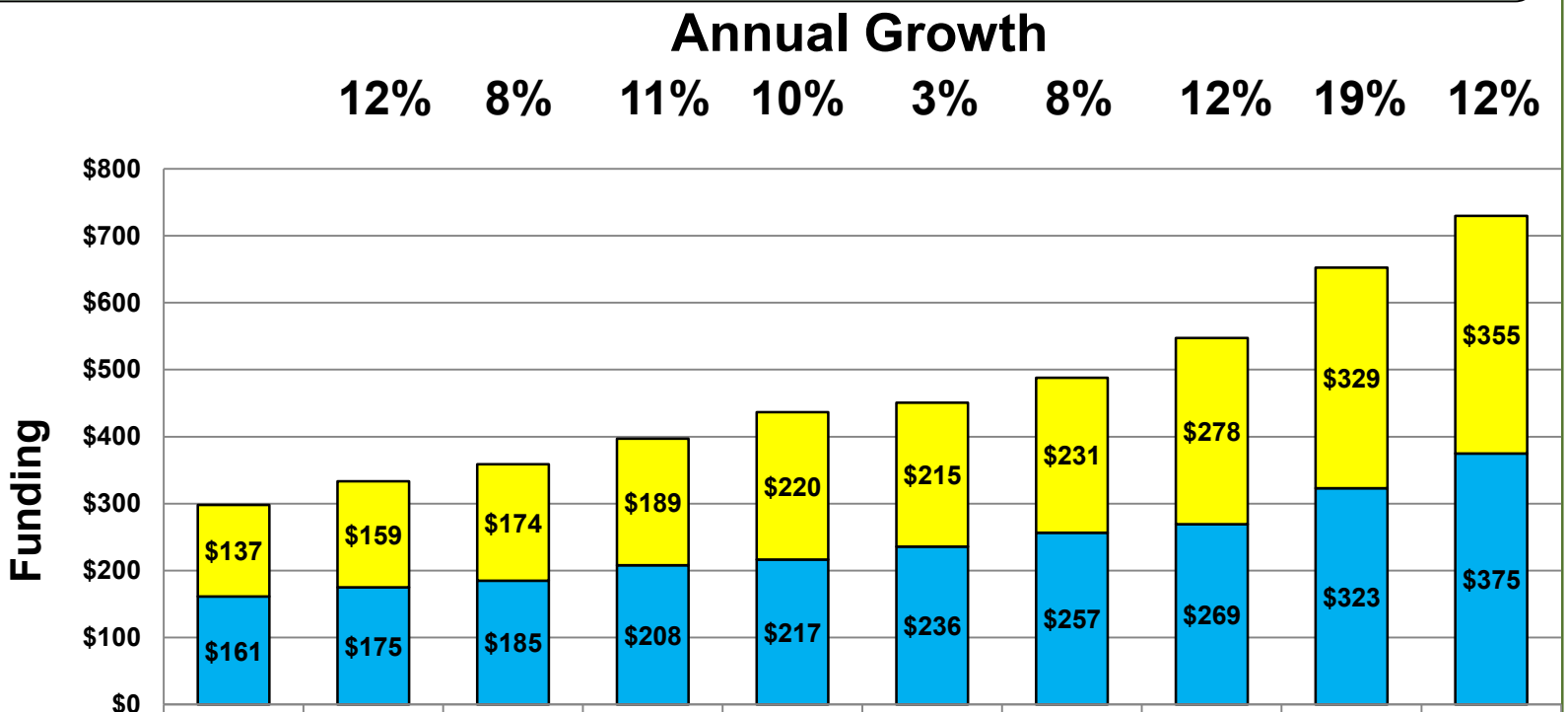


* Drug cost is based on the publicly available list prices and may not reflect actual prices paid by the ministry under confidential listing agreements with manufacturers.

Note: The graph includes only products that were listed for funding in the previous fiscal year (i.e., 2014-15).

Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 to 2015/16

Spending** under NDFP increased by 8% in 2015/16 over 2014/15 and spending under ODB increased 16% in 2015/16 over 2014/15.



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
NDFP(IV)	$137	$159	$174	$189	$220	$215	$231	$278	$329	$355
ODB (Oral and Supportive Care)	$161	$175	$185	$208	$217	$236	$257	$269	$323	$375

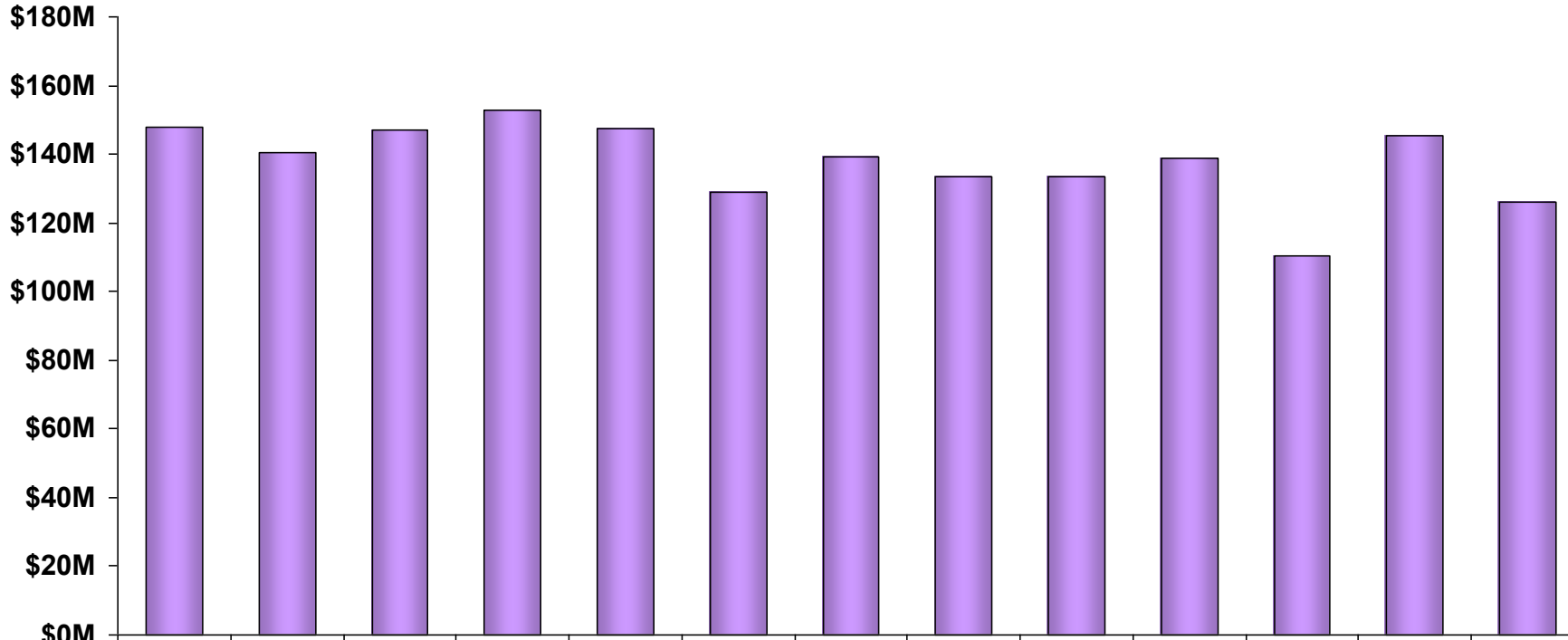
% change

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

* 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 – 2015/16



	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Cost ($M)	147.7M	140.4M	147.2M	152.9M	147.4M	129.1M	139.1M	133.3M	133.5M	139.0M	110.3M	145.6M	126.0M
Change	16.8%	-4.9%	4.8%	3.2%	-3.6%	-12.4%	7.7%	-4.2%	0.2%	4.1%	-20.7%	32.0%	-13.5%

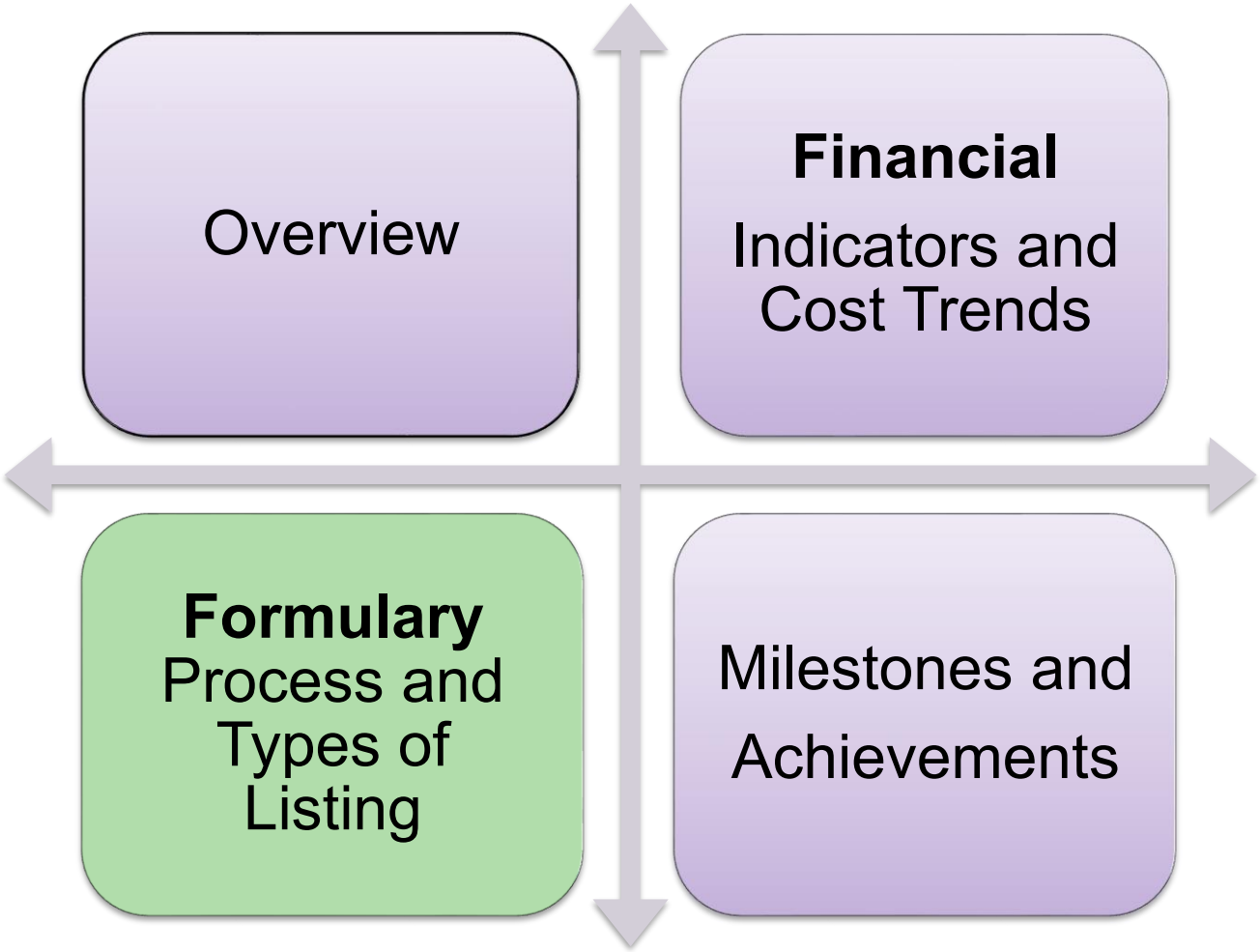
* The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain outpatient drugs used to treat specific diseases or conditions.

Source: Public Accounts 2015/16

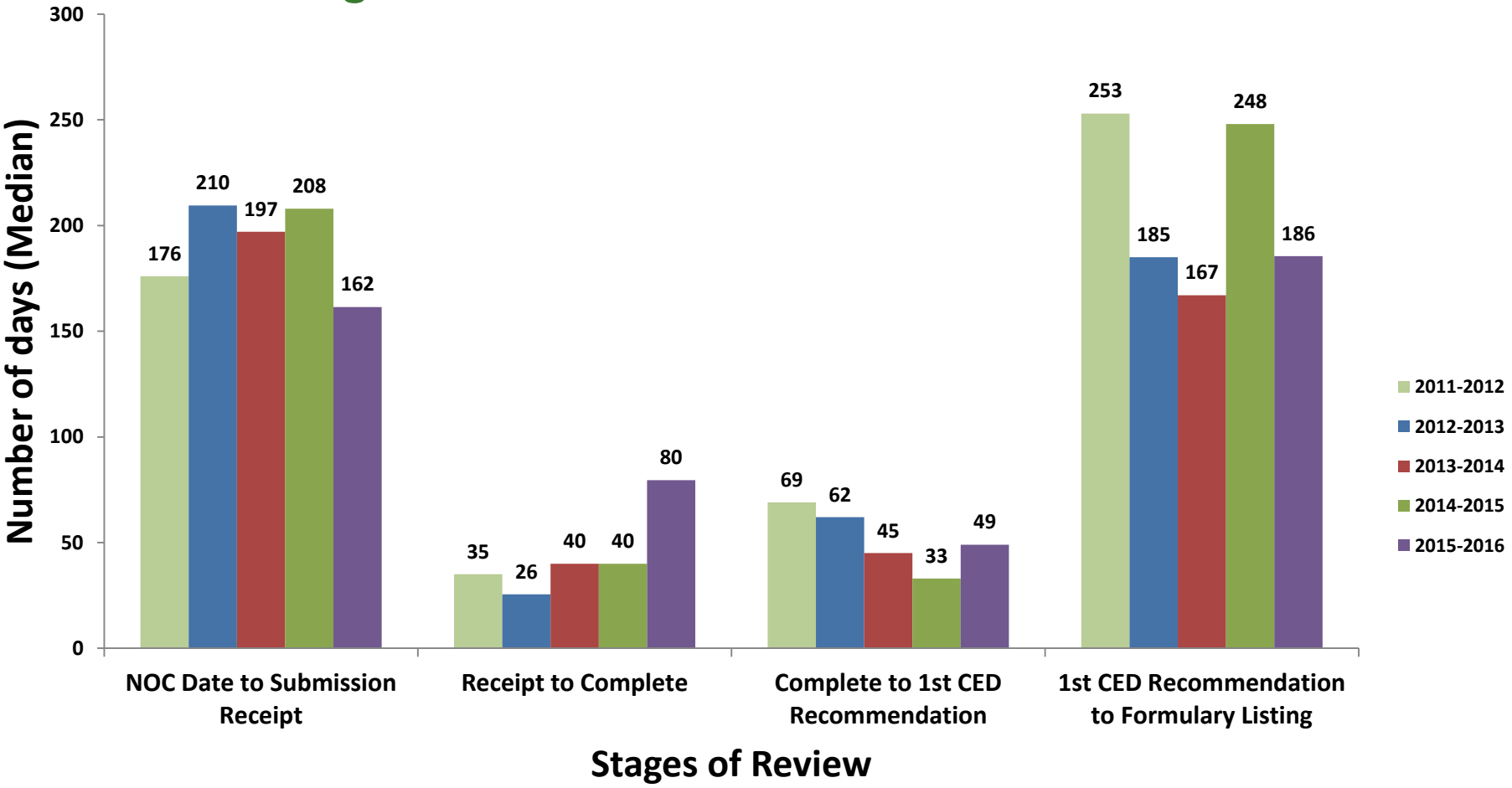
Highlights of Financials

- Drug program spending increased in 2015/16: Government cost totalled $5,244M, an 11% increase over 2014/15; the number of beneficiaries covered under the program rose by 2% during this time.
- The average RxCost per beneficiary increased by 2% in 2015/16 over the previous year.
- Total RxCost for brand products increased by 13% and 4% 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 2015/16 it had increased to $94; 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 2015/16 was Rosuvastatin (Crestor).
- The top chemical by drug cost for 2015/16 was Ranibizumab (Lucentis).
- In 2015/16, the drug program spending increased about 12 % to approximately $730M over $652 in the previous year.
- Hepatitis C drug affordability is a challenge within Canada and Ontario, as well as for other international jurisdictions. The funding of new drugs for the treatment of hepatitis C has resulted in increases in drug cost to the ODB Program.

Report Card Framework



Median Review Timelines for All Single Source Drug Products Listed: 2011/12 to 2015/16

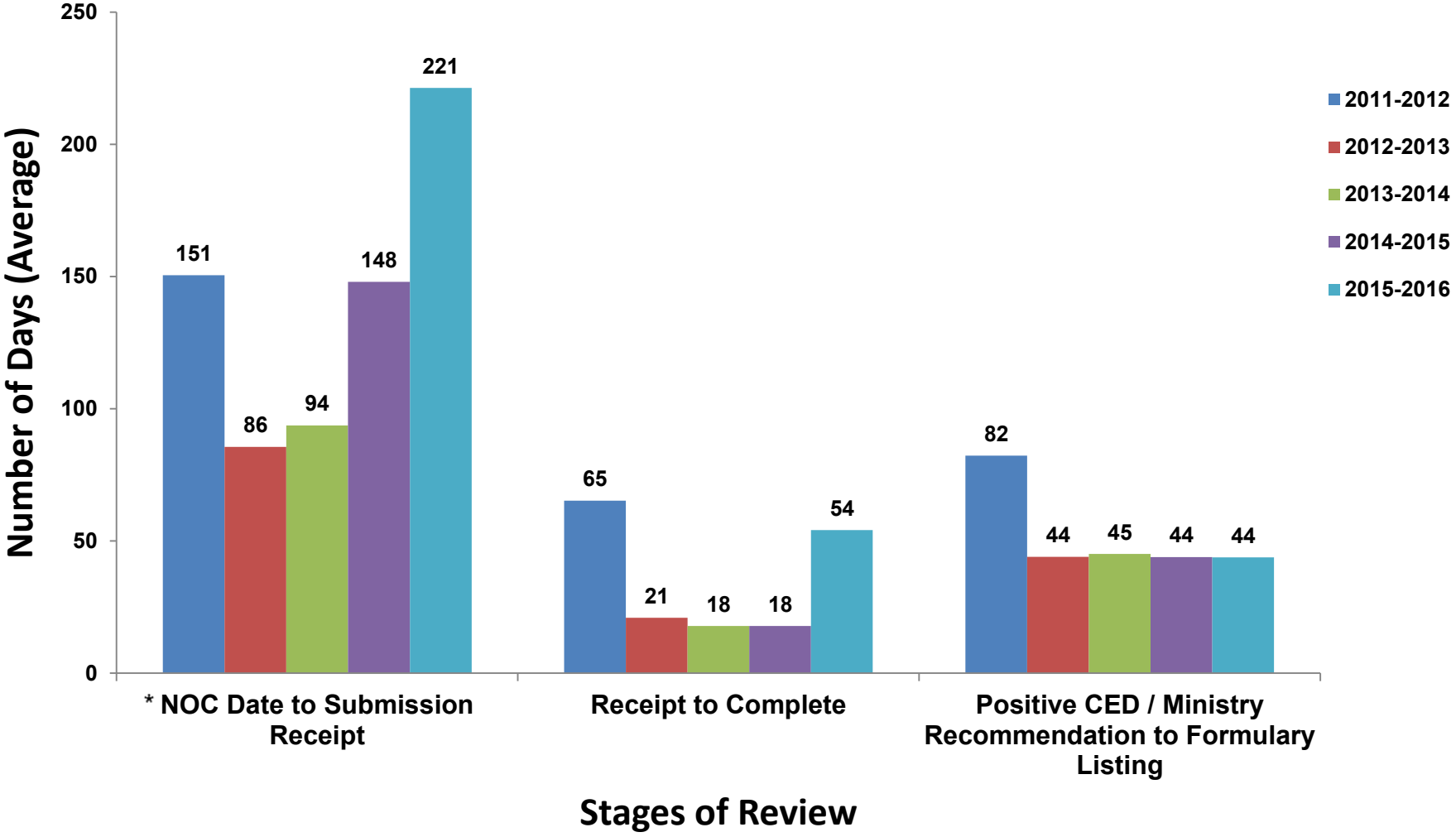


* Note: It is up to the drug manufacturer to make a submission to the ministry after receiving a Notice of Compliance (NOC) from Health Canada.

** 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.

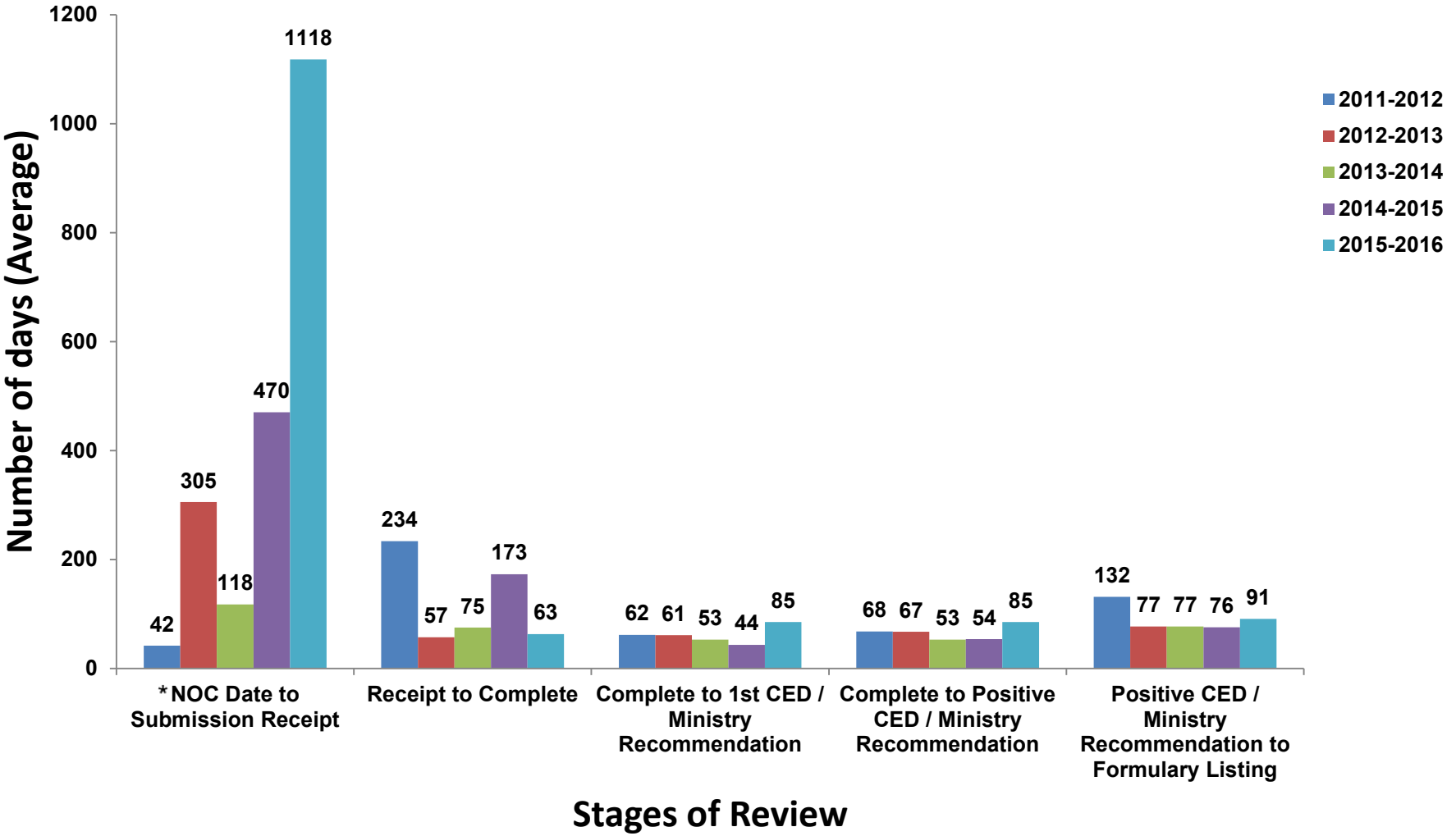
Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2011/12 to 2015/16



* 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.

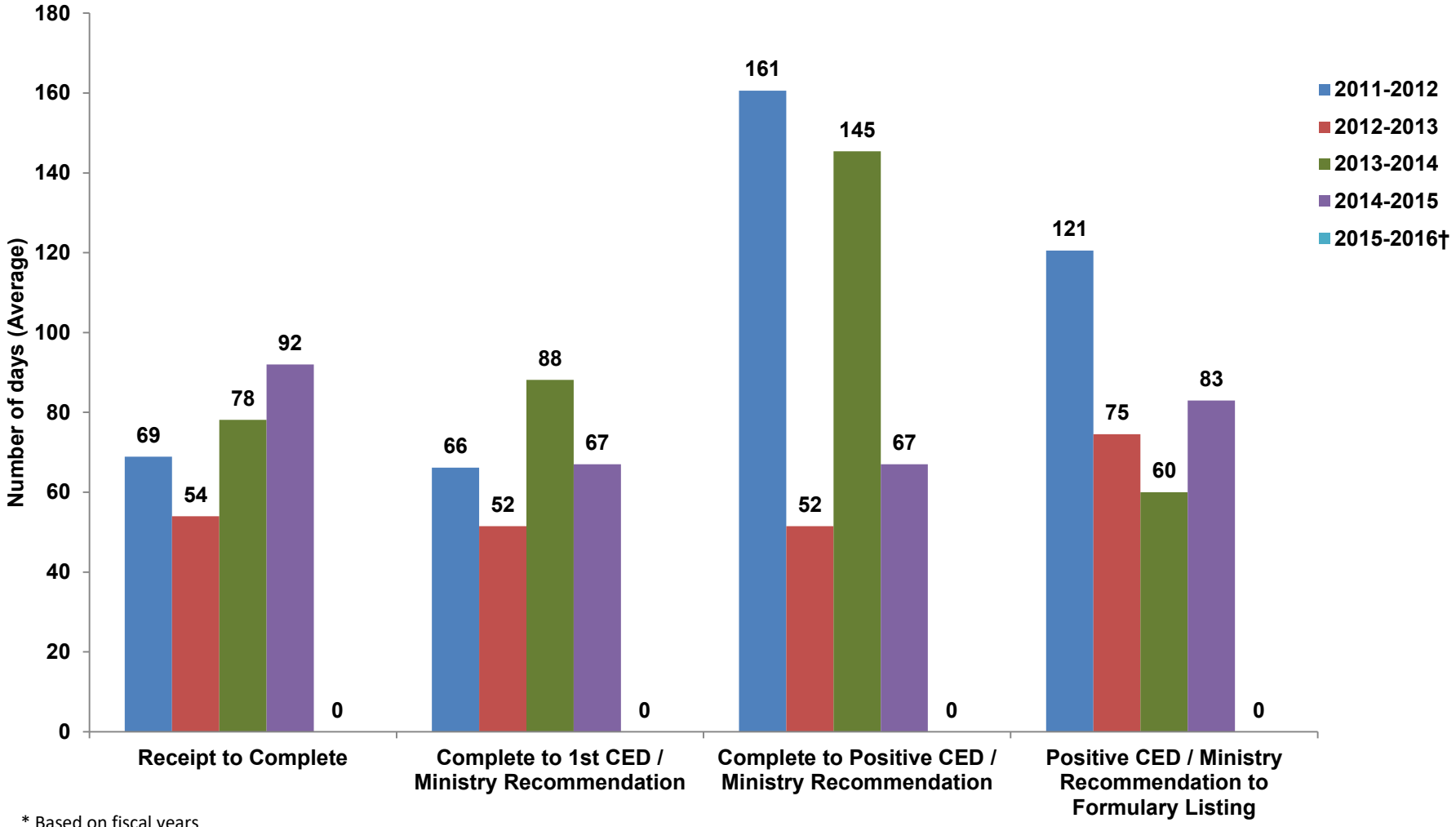
Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2011/12 to 2015/16



* 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.

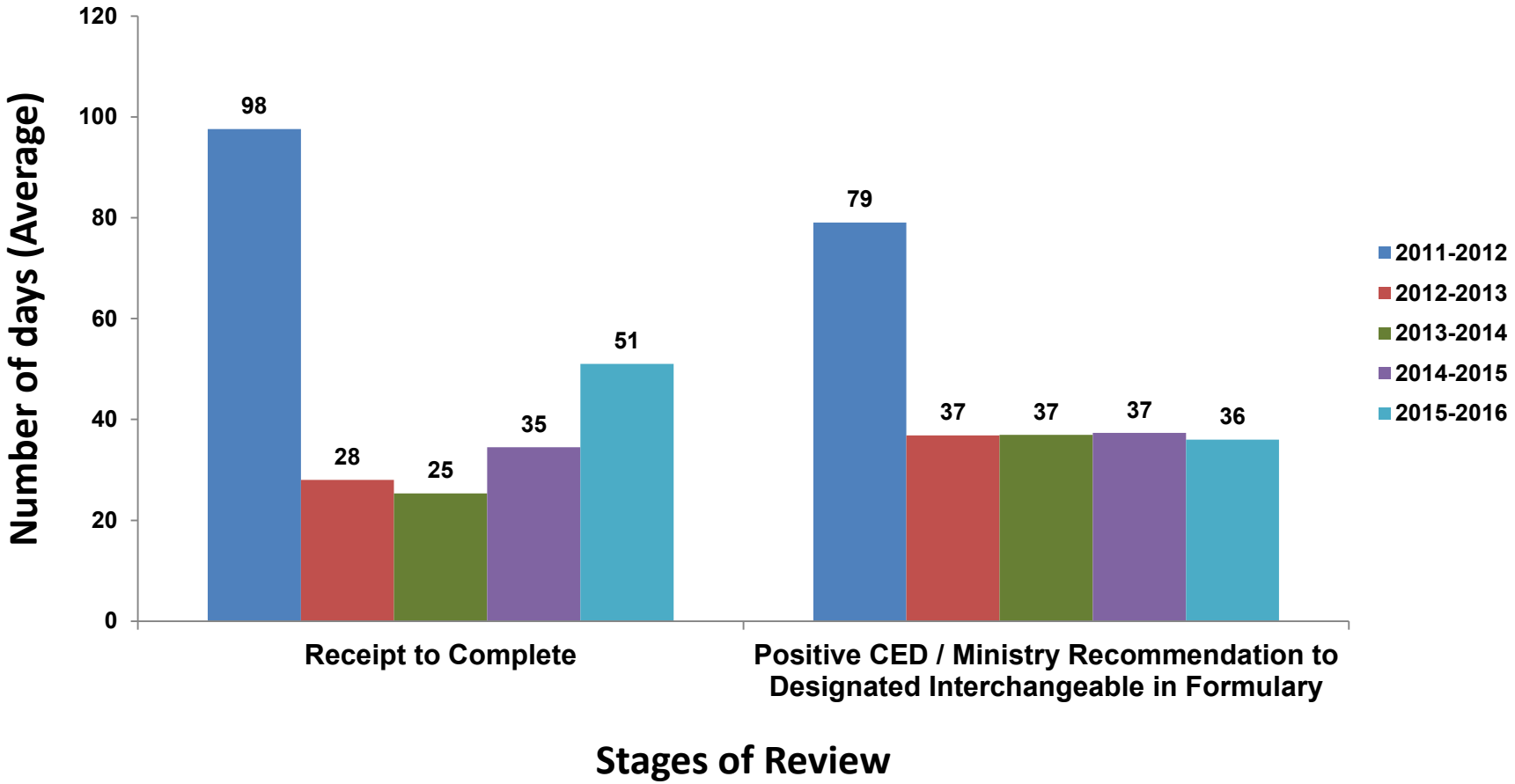
Average Review Timelines for Off-Formulary Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2011/12 to 2015/16



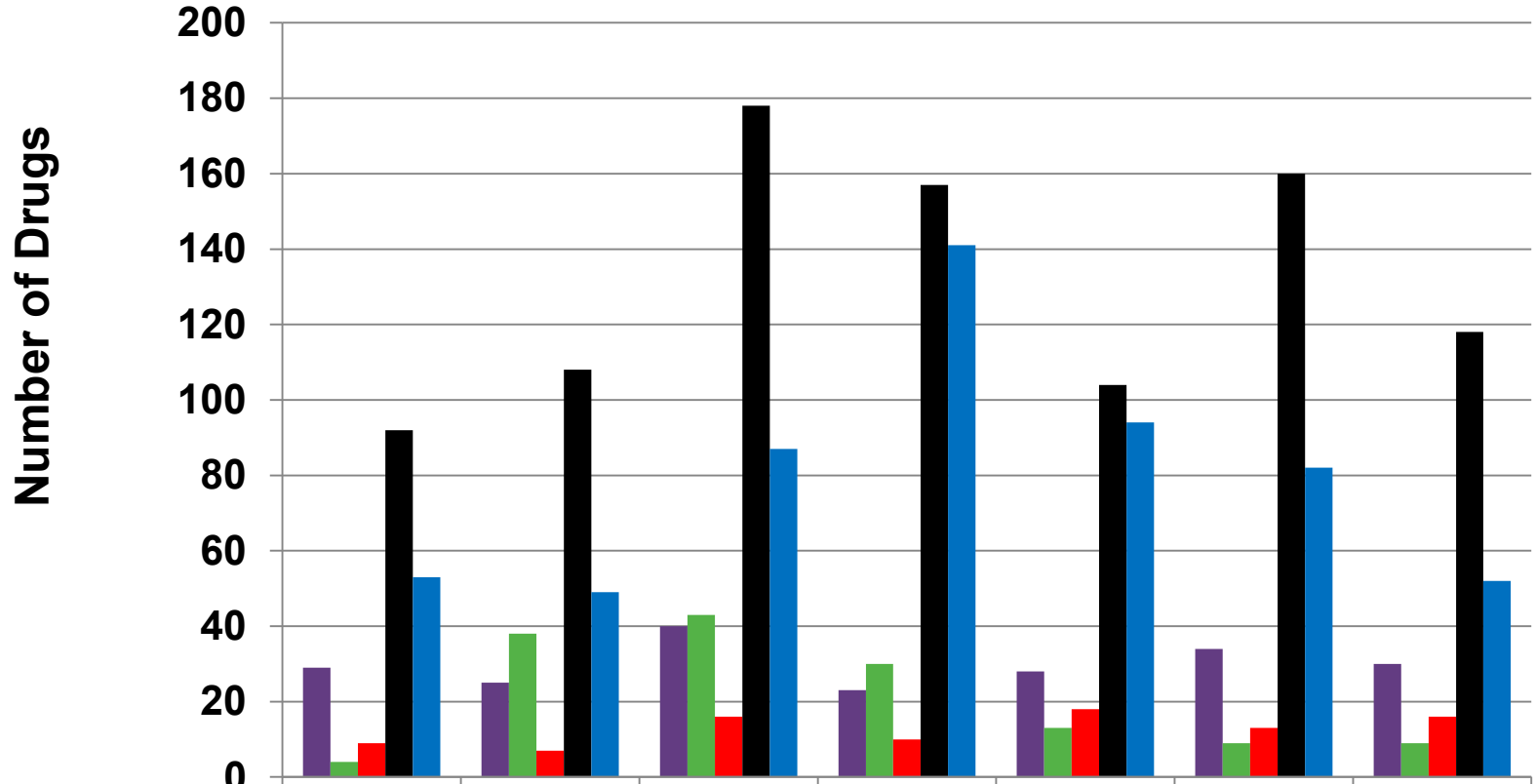
* Based on fiscal years

† No OFI Non-Streamlined submissions for 2015-2016

Average Review Timelines for Off-Formulary Interchangeability (OFI) Streamlined Multiple Source Products Listed: 2011/12 to 2015/16



Drug Funding Type by Fiscal Year: 2009/10 - 2015/16



	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
New Brand Drugs	29	25	40	23	28	34	30
Increased Access	4	38	43	30	13	9	9
Cancer Drugs	9	7	16	10	18	13	16
New Generics	92	108	178	157	104	160	118
Multi-Source OFI*	53	49	87	141	94	82	52

*OFI refers to Off-Formulary Interchangeable drugs

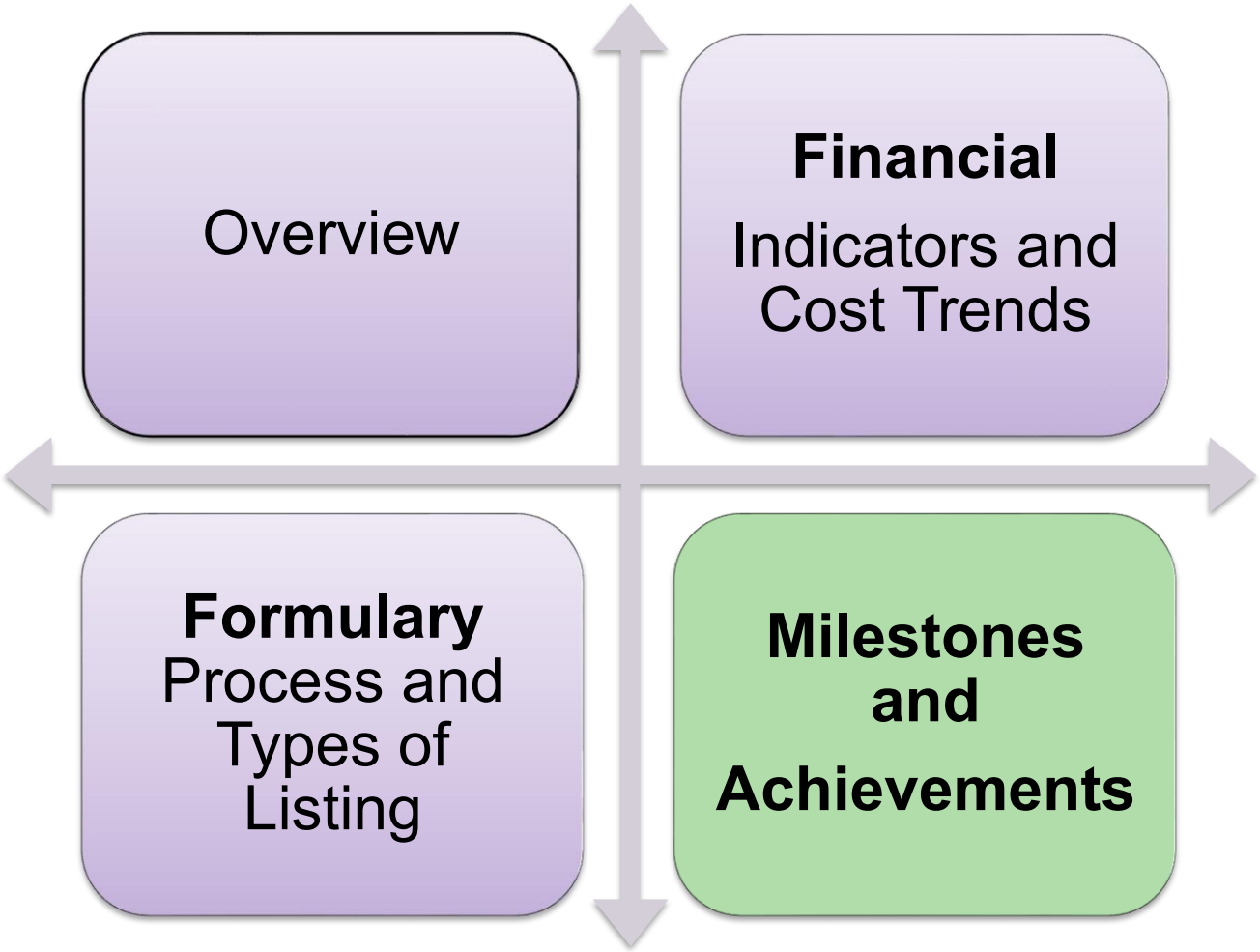
Percentage of EAP Requests Meeting Target Turnaround and Average Turnaround Days

Queue Priority	FY 2010-11 Percent meeting target (average business days)	FY 2011-12 Percent meeting target (average business days)	FY 2012-13 Percent meeting target (average business days)	FY 2013-14 Percent meeting target (average business days)	FY 2014-15 Percent meeting target (average business days)	FY 2015-16 Percent meeting target (average business days)
Total Responses	**67,761**	**71,916**	**88,158**	**76,656**	**75,662**	**89,452**
Stat-rush (<=3 days)	36% (12.5)	32% (10.1)	40% (6.1)	50% (5.7)	40% (6.4)	**35.8% (7.0)**
Biologics (<=10 days)	10% (41.9)	31% (26.4)	66% (11.9)	71% (10)	23% (22)	**30% (23.1)**
Rush (<=5 days)	13% (32.2)	25% (20.3)	31% (12.3)	56% (9.2)	33% (11.5)	**19% (21.6)**
Non-rush (<= 30 days)	29% (65.6)	61% (30.6)	84% (19.9)	91% (11.3)	79% (19.4)	**84.7% (17.3)**
Total	**25%**	**39%**	**58%**	**69%**	**43%**	**48%**

Highlights of Drug Funding (2015/16)

- 30 new brand drugs have been funded, including new drugs/new indications funded through the Exceptional Access Program. This represents 44 DINs.
- In addition, 9 drugs/indications have had access increased (i.e., new indications or expansion to general benefit).
- 16 cancer drugs/indications have been listed (new drugs and expanded indication – under Ontario Drug Benefit, Exceptional Access Program and New Drug Funding Program).
- 118 new generic drugs (18 are first time generic drugs), representing 201 DIN/PINs, have been listed on the Formulary as benefits.
- 52 new multiple source drug products (DINs) have been listed under the OFI classification.

Report Card Framework



Recent Accomplishments

- New changes to pharmacy payments, fees and program policies under the ODB program to make the program more efficient, effective and responsive to today's patients, including:

    - reducing the mark-up paid to pharmacies for high-cost drugs (drug cost ≥$1000) from 8% to 6%;
    - reducing the dispensing fee paid to pharmacies for supplying ODB-listed drugs to Long-Term Care home residents by $1.26;
    - requiring community pharmacies to provide most ODB recipients with a 100-day supply of certain chronic medications where therapy has been stabilized;
    - requiring ODB recipients to try at least two generic products, where available, before funding the brand name version as a "no substitution" claim; and
    - streamlining interchangeability requirements for a limited number of generic drug products.

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.

- Ontario co-leads the pCPA brand initiative with Nova Scotia.

- In September 2015, the pCPA Office was opened with a dedicated staff to support the work of the pCPA. The pCPA Office is hosted in Ontario.

- From April 1, 2015 to March 31, 2016, Ontario participated in 36 completed negotiations, and of this number, Ontario led 7 negotiations and co-led in 2 negotiations.

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.
- Effective April 1, 2015, an additional four products were priced at 18% of the equivalent brand name product. These drugs are: clopidogrel, gabapentin, metformin and olanzapine.
- The annual savings to PTs for theses 14 medications is estimated to be $280 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 2015/2016 flu season, 867,695 claims were submitted from 2,533 pharmacies that indicate Ontarians that received a flu shot from their community pharmacists; this represents a government cost of approximately $6.48 Million for pharmacy fees.