Improving Ontario's Publicly Funded Drug System: Results for Ontarians

2007 Annual Report of the Executive Officer, Ontario Public Drug Programs

Ontario

"Our government is about to embark on a major effort to bring about much needed changes to Ontario's drug system. These changes will result in a stronger, more effective, and more transparent drug system for the people of Ontario. A system that puts people first and enhances their access to truly innovative drugs. A system that gives our province and her people good value for the money they spend."

The Honourable George Smitherman, Minister of Health and Long-Term Care. April 10, 2006.

What's Inside

Ontario's Plan to Reform the Provincial Drug System

In June 2005, the Government established the Drug System Secretariat to lead a system-wide review of Ontario's public drug programs.

Building on previous reviews—including the Lowy Commission (1990) and the Drug Strategy Review (2004)—the Secretariat conducted research with more than 250 experts around the world; held more than 100 meetings with 350 stakeholders, consumers and patient groups; received 90 written submissions; and, did public opinion research.

The Secretariat presented its final recommendations to the Minister in January 2006. The recommendations formed the basis of the Government's Plan to Reform the Provincial Drug System, announced on April 13, 2006.

The Findings

The Secretariat found a number of overriding themes, including the potential to improve health outcomes; rising drug costs for public and private payers; the need to achieve better access at better prices; public and patient voices not always heard, and, the potential to create a more sustainable system in the long-term.

The Reforms

Acting on the recommendations of the Drug System Secretariat, the Ontario Government introduced a comprehensive package of reforms in the *Transparent Drug System for Patients Act*, which received Royal Assent on June 20, 2006. The reforms—including legislative, regulatory and policy changes—will improve Ontario's drug system by:

- Strengthening accountability and transparency
- Promoting appropriate use of medications
- Improving patient access to drugs
- Ensuring better value for money
- Investing in Innovative Health System Research

The Importance

The reforms are essential. They are about generating savings by getting better value for money, and reinvesting those savings into funding new drugs. They are about creating a system that is efficient, transparent, accountable and fair. They are about helping create a public health system that is sustainable for generations to come.

I am pleased to report that we have made significant progress to-date: since October 2006, we have funded 142 individual brand name drug products; we will have saved an estimated $260M in the fiscal year April 1, 2007 to March 31, 2008; and, the growth rate of the drug programs is estimated at less than 5%, down 10% in 2004-05.

I was appointed as Executive Officer of the Ontario Public Drug Programs in June 2007. Here is my first annual report outlining the progress we have made on the Government's plan to reform Ontario's drug system—and to highlight the direct benefits to the people of Ontario.

Helen Stevenson
Assistant Deputy Minister, and Executive Officer,
Ontario Public Drug Programs
Ontario Ministry of Health and Long-Term Care

Strengthening Accountability and Transparency

One of the key recommendations of the *Transparent Drug System for Patients Act* is to strengthen the governance of the public drug system, through defining principles such as accountability and transparency.

2007 Highlights

- **Accountability: The creation of the new position of Executive Officer for the Ontario Public Drug Programs was the first step in improving the governance and accountability of the public drug system.**
- **Transparency: The involvement of patients and the public in the drug decision-making process is at the heart of the reforms aimed to engage citizens and improve transparency in the provincial drug system.**

Accountability

Important Firsts

To make the public drug system more accountable, legislation was amended in October 2006, to create a new position of Executive Officer (EO) for the Ontario Public Drug Programs.

The Role of the Executive Officer

The Executive Officer is appointed by the Lieutenant Governor in Council with authority identified in the statutes. The amendments gave the EO powers that previously resided with the Minister of Health and Long-Term Care and with Cabinet. The EO performs the function of Chief Executive Officer and has the power to:

- Administer Ontario's publicly funded drug programs.
- Make funding decisions.
- Add and remove products from the Formulary.
- Establish criteria and process that a manufacturer must follow in submitting requests for changes to drug benefit prices.
- Enforce drug benefit prices.
- Negotiate agreements with manufacturers.
- Pay pharmacies for dispensing and professional services.

Results for Ontarians

The EO is making the public drug system more efficient by:

- Providing dedicated leadership for the province's drug programs.
- Making decisions faster and being more responsive to patients, prescribers and manufacturers.
- Negotiating agreements with manufacturers.
- Communicating decisions and their rationale publicly.

Important Firsts

To make it easier for the public and stakeholders to access information, we have undertaken a major overhaul of the Ontario Public Drug Programs' section of the ministry web site at www.health.gov.on.ca.

Here you will find information about our process, the criteria for making decisions, actual decisions—and the reasons behind the decisions. In the future, we intend to post the status of submissions.

Transparency

The core of drug policy priority setting is making difficult choices among a broad range of competing, relevant values.

We are committed to building legitimacy and fairness into the drug priority setting process, and ultimately, into the decisions to fund or not to fund drugs with taxpayer money.

2007 Highlights

For the first time, the Government is seeking patient and citizen input into drug policy decisions that impact Ontarians directly.

The EO reviews the recommendations from the Committee to Evaluate Drugs (CED), considers the public interest, considers the conditions for listing—and then makes a final decision.

The CED recommendations and EO decisions are posted on the Ministry's website.

How Drugs Are Approved

Committee to Evaluate Drugs (CED)

The CED is an expert advisory group that makes recommendations to the Executive Officer about which drugs to fund through the Ontario Public Drug Programs. When considering drugs for public funding, the CED fundamentally considers whether the drug provides good clinical value and good use of scarce health care resources if it is funded, and provides that advice to the EO.

In addition, the Ministry and Cancer Care Ontario (CCO) created a standing sub-committee to the CED to review all cancer drugs (both oral and intravenous) submitted for consideration for public drug funding in Ontario.

Important Firsts

Patients' Perspectives: Involving Patients

Ontario Public Drug Programs, in collaboration with a Patient Working Group, developed the qualifications, selection criteria and training requirements for two new patient members of the CED. The CED's terms of reference were formally revised to require the Committee to consider the "impact on patients" of each drug being reviewed.

Building on the experience of the CED members, we plan to have patient representatives join the CED/CCO subcommittee in 2008.

"When I accepted the appointment to the committee, I was really not sure what to expect. But the experience has been fantastic. From day one, the physicians introduced themselves by their first names, signaling a level playing field right from the start. I find that the committee members are extremely receptive to my comments and seem to genuinely want to hear my perspective."

Bonnie Maas, CED (patient) member

"The CED is a 'class act'. I feel that the other members are my peers and that we all have an equal say. There is often debate and discussion, but the focus is on 'What is best?' I believe that the patient voice and experience brings a different perspective that is just as powerful as medical and academic training."

Harlon Davey, CED (patient) member

Important Firsts

Citizens' Council: Encouraging Citizens to Get Involved

Decisions made by the Ontario Public Drug Programs touch people's lives. That is why it is important those decisions are made with public input in mind. Twenty-five citizens of Ontario—not connected with health care or lobby groups—will be recruited in Spring 2008 to participate in a Citizens' Council. This Citizens' Council is the first of its kind in Canada and one of a few world-wide.

Council members will be asked to discuss topics related to the province's public drug programs—and then summarize their opinions for the EO and the Minister.

"Indeed, when the real world inevitably intrudes, we must make complicated decisions, take sometimes difficult actions, and, indeed, establish priorities. But to do that involves complex ethical choices and value judgements that affect real people and the quality of their lives."

Helen Stevenson, International Priority Setting Conference

Promoting Appropriate Use of Medications

The Ontario Government fundamentally believes in the role of pharmacists as part of an integrated team that provides an enhanced level of care for patients.

2007 Highlights

- **Pharmacy Council: The government announced Ontario's first Pharmacy Council to provide the ministry with expert advice on pharmaceutical policy as it relates to the practice of pharmacy in Ontario.**
- ***MedsCheck* Program: In April 2007, *MedsCheck* was launched—a program that provides Ontarians with the opportunity to consult with their pharmacist to review the medications they are taking and to ensure that they are taking the right medications at the right dose and at the right time.**

Pharmacy Council

Important Firsts

Pharmacy Council: Giving Pharmacists a Voice

Pharmacists deal directly with patients and understand their medication needs; so it is logical that they have a strong voice in the development of pharmacist-specific policy and programs.

Members

The Pharmacy Council, jointly chaired by a ministry representative and a pharmacy representative, gives pharmacy a greater voice in guiding policy.

Twelve members have been appointed to the council (including two chairs), with representation from various stakeholder groups and regulatory bodies as follows:

- Ontario Pharmacists' Association
- Community Pharmacy
- Hospital Pharmacy
- Ontario College of Pharmacists
- Faculty of Pharmacy
- Ontario Medical Association
- Family Health Teams
- Patient Representative

Role

The Council will make recommendations to the Ministry to:

- Build and sustain a strong positive working relationship between the Government of Ontario and the pharmacy profession.
- Identify opportunities for pharmacists to provide professional services.
- Actively promote the adoption of the Code of Conduct.
- Advise on the appropriate role of pharmacists within the health care system.

Results for Ontarians

The Pharmacy Council was a major partner in the development of *MedsCheck*, a province-wide program to promote the appropriate use of medications.

MedsCheck Program

Important Firsts

Through the *MedsCheck* program, community pharmacists provide their patients with a medication review service to help them better understand their medication therapy and ensure that medications are being taken as prescribed.

The Ministry of Health and Long-Term Care, collaboratively with the Ontario Pharmacy Council, launched the *MedsCheck* professional services as eligible benefits under the Ontario Drug Benefit Program. The Ministry committed up to $50 million of funding for *MedsCheck* programs.

Patient's Perspective

Patients benefit best from medications when they take the right medicines at the right dose and at the right time. Through the *MedsCheck* program, residents of Ontario can spend quality time with their pharmacists—finding out more about the medications they take, asking questions and discussing concerns.

- At the end of 2007, over 153,000 Ontarians have received *MedsCheck* medication reviews.

Results for Ontarians

As part of this review, patients will:

- Understand drug names, strengths, adverse effects and usage instructions.
- Ensure they are taking their medications as their doctor has directed.
- Have an accurate and complete medication list that they can take with them when they visit their doctor, other health care providers, or if they go to the hospital.

Pharmacist's Perspective

The *Transparent Drug System for Patients Act* includes a landmark decision to recognize the valuable role of pharmacists by compensating them for providing professional services to Ontarians.

- The Ministry of Health and Long-Term Care pays pharmacies $50.00 to provide a *MedsCheck* annual medication review service to patients that are taking three or more chronic prescription medications.
- Approximately 98% of all pharmacies have participated in the *MedsCheck* program.
- The *MedsCheck* program was expanded in Fall 2007 to include a follow-up service, and will be further expanded to pay pharmacies to provide medication review services to residents of long-term care homes.

"We are delighted the government is supporting the MedsCheck *program as it will better utilize the skills and abilities of pharmacists as front-line health care providers, to deliver medication-related patient care.* MedsCheck *medication reviews involve the pharmacists' assessment of a comprehensive medication list. This helps patients, pharmacists, physicians and other health care providers work together to improve patient outcomes."*

Ken Burns,
Ontario Pharmacists' Association

Improving Patient Access to Drugs

Recent reforms to Ontario's Public Drug Programs have resulted in several new processes that dramatically speed up decision-making and increase access to drugs in this province.

2007 Highlights

Three new initiatives related to drug funding have been implemented:

- **Rapid Review Process: Permits faster funding decisions for breakthrough drugs for life-threatening conditions.**
- **Conditional Listing: Allows new drugs to be funded with conditions, such as for specific patient populations.**
- **Exceptional Access Program (EAP): Considers individual requests, reviewed on a case-by-case basis, for exceptional access to certain drugs.**

Background: Ontario's Public Drug Programs

Each year, 2.8 million Ontarians receive $3.8 billion in drug benefits from Ontario Public Drug Programs. We have one of the most generous public drug programs in Canada, funding 3,200 Formulary-listed drugs and 850 drugs provided on an exceptional access basis.

The Drug Submission Group and Pharmaceutical Services Group—both formerly part of the Drug Programs Branch—have been transitioned into Ontario Public Drug Programs. In addition, the former Drug System Secretariat has been rolled into Ontario Public Drug Programs.

Coverage is provided through four provincial drug plans:

Ontario Drug Benefit (ODB) Program

The Executive Officer makes decisions about funding of drugs through the ODB Program. The ODB program provides drug benefits for Ontarians who are:

- 65 years of age and older;
- residents of long-term care homes and homes for special care;
- recipients of professional home care services;
- recipients of social assistance, including *Ontario Works* and *Ontario Disability Support Program*;
- recipients of the Trillium Drug Program.

Trillium Drug Program

The Trillium Drug Program provides drug benefits to Ontario residents that have high drug costs in relation to their household income. Any Ontario resident that does not qualify under the ODB Program can apply for the Trillium Drug Program.

New Drug Funding Program (NDFP) for Cancer Care

This program provides drug benefits for newer, intravenous drugs, typically administered in hospitals and cancer care facilities. The Ministry provides about 75% of the overall funding for intravenous drugs in Ontario; hospitals fund the remaining 24% through their operating budgets. Cancer Care Ontario administers the NDFP on behalf of the Ministry.

Special Drugs Program

The Special Drugs Program provides drug benefits for Ontarians for certain expensive outpatient drugs used to treat specific diseases or conditions.

Additionally, other specialized drug programs such as the Inherited Metabolic Disorders Program and Visudyne Program have been transferred to Ontario Public Drug Programs.

New Drug Funding Initiatives

Important Firsts

The role of the EO has enabled dramatically quicker decisions concerning funding for new drugs through these new drug funding initiatives…

Rapid Review Process

Regulations to the *Ontario Drug Benefit Act* have included provisions that have allowed us to implement a rapid review to speed up the review of truly innovative drugs. To-date, six drugs have been accepted for review through the rapid review process.

The Rapid Review Process involves the following steps:

1. If the drug meets the rapid review criteria, the funding review may now begin ***before*** the drug receives federal approval for sale in Canada.
2. Once the drug obtains federal approval and receives its Notice of Compliance (NOC), and once the Committee to Evaluate Drugs has provided its recommendation, the EO makes the funding decision.
3. The Ontario Public Drug Programs has set and met a benchmark stating all funding decisions will be made within 30 days after a drug receives federal approval.

Exceptional Access Program (EAP)

The EAP has been created to handle requests for funding drugs that are NOT listed in the ODB Formulary. Under this program, individuals with clinical circumstances may be provided exceptional access to certain drugs.

Each case is reviewed individually, according to specific criteria by either internal or external experts.

Conditional Listing

Based on recommendations from the Committee to Evaluate Drugs (CED), the EO may fund a drug conditionally—that is, based on conditions such as specific patients and populations, financial terms, research studies, among others.

Conditional Listings are established through negotiated agreements between manufacturers and the EO.

Results for Ontarians

New Drugs, Faster

- 357 new individual drug products are being funded through Ontario Public Drug Program—including 142 individual (doses/strengths) brand name products.
- Access to innovative therapies for cancer has increased:
  - 8 new cancer drugs have been approved for the listing.
  - 3 new cancer drugs/indications are being reimbursed on an exceptional access basis.
  - In the past three years, more than $341 million has been invested for intravenous cancer drugs under the New Drug Funding Program. Spending for NDFP cancer drugs has increased on average by 30%.
- Publishing monthly Formulary updates, rather than quarterly updates.

Faster Funding Decisions

- The Rapid Review Process speeds up decision-making about funding breakthrough drugs for life-threatening conditions.

Less Administration

All programs have been streamlined to be more transparent to prescribers and patients and more responsive.

- Since October 2006, 4 of the top 10 products previously requested by physicians through the Individual Clinical Review process have moved to Conditional Listing—eliminating 40,000 (or 25%) physician requests per year.
- New drug submission guidelines provide a detailed description of what we require.
- The pending streamlining of the EAP will minimize paperwork for physicians; we are working rapidly on a web-based EAP system to further speed up the application and decision-making process within EAP.

Faster, More Transparent Approval Process

Drug manufacturers are benefiting from new, faster and more transparent approval process that allows them to bring products to market more quickly and more efficiently.

Ensuring Better Value for Money

Given finite resources and spiraling drug costs within the health care system, we are actively managing Ontario Public Drug Programs to ensure that taxpayers receive better value for money spent on drugs and pharmacy reimbursement.

2007 Highlights

Ontario Public Drug Programs have implemented several new initiatives that have led to:

- **Better Pricing**
- **Increased Access to Generic Drugs**
- **Enhanced Formulary Management**
- **Changes in how Pharmacists are Reimbursed**

Better Pricing

Important Firsts

Brand Name Drugs

Before, the Ministry had fewer than five agreements with brand name drug manufacturers.

Ontario Public Drug Programs now routinely enters into listing and pricing agreements with manufacturers, and are exploring options for more competitive prices for drugs.

- Listing and pricing agreements have been negotiated for more than 76% of brand products on the Formulary.
- 98% of all brand name products are covered in pricing agreements with the Ontario Public Drug Programs.
- Conditional listing of certain drug products in the Formulary have been negotiated with manufacturers for specific disease management initiatives.

Generic Drugs

The Government is now paying less for generic drugs, and the Ministry is exploring options for more competitive prices in the Ontario marketplace.

- As of October 2006, the government set the reimbursement price of generic drugs at a fixed percentage—50% of the published Ontario Drug Benefit price for the equivalent brand product. Today, 90% of generic products are priced using the fixed 50% rule—saving the taxpayer an estimated $160 million.
- In June 2007, further regulation changes authorized the EO to consider exceptions to the 50% generic price rule. 10% of generic products have been negotiated as exceptions.

Increased Access to Generic Drugs

Generic Substitution Definition Expanded

Under the ODB Program, pharmacists have always been required to substitute generic products for brand name products listed in the ODB Formulary. This is called "interchangeability".

Important Firsts

The definition of interchangeability has been expanded to make it possible for pharmacists to substitute drugs with a **similar** dosage form (e.g., capsule or tablet) or **similar** active ingredients.

- As a result of the definition change, new generic drugs have been listed in the Formulary, with a cost savings of approximately $25 million for Ontarians.
- With more generic drugs being listed in the Formulary, there is an increased opportunity for pharmacists to interchange brand names with less expensive, but equally effective, generic drugs.

Off-Formulary Interchangeability (OFI)

Previously, the definition of interchangeability applied only to Formulary drugs.

Important Firsts

Effective April 1, 2007, the government expanded the definition of interchangeability so that it applies to drugs that are "off-Formulary"—that is, not listed in the ODB Formulary but covered by private plans (often paid for by employers) or cash-paying customers.

- Off -Formulary interchangeability means that less expensive, but equally effective, generic drugs can be used in place of brand names.
- 118 new generic drugs have been listed under the OFI classifications.
- An estimated cost savings of $30 million will be realized by employers and Ontarians.

Access to Government Stock

Before, the Ontario Government Pharmaceutical and Medical Supply Services (or the "Government Pharmacy") would centrally purchase and distribute Approved Non-Prescription Drug (ANPD) stock medications to Long-Term Care (LTC) homes.

Important Firsts

In February 2007, an alternate model was introduced that enables long-term care pharmacies to access certain government-purchased drugs.

- Pharmacists are permitted to order and receive certain non-prescription drugs directly from the government to dispense to residents of LTC homes.

BY THE Numbers

260

Millions of dollars saved by Ontario taxpayers and reinvested into Ontario's drug system to improve patient access to drugs, in fiscal year 2007-08.

<5%

Growth rate, down from 10% in 2004-05.

142

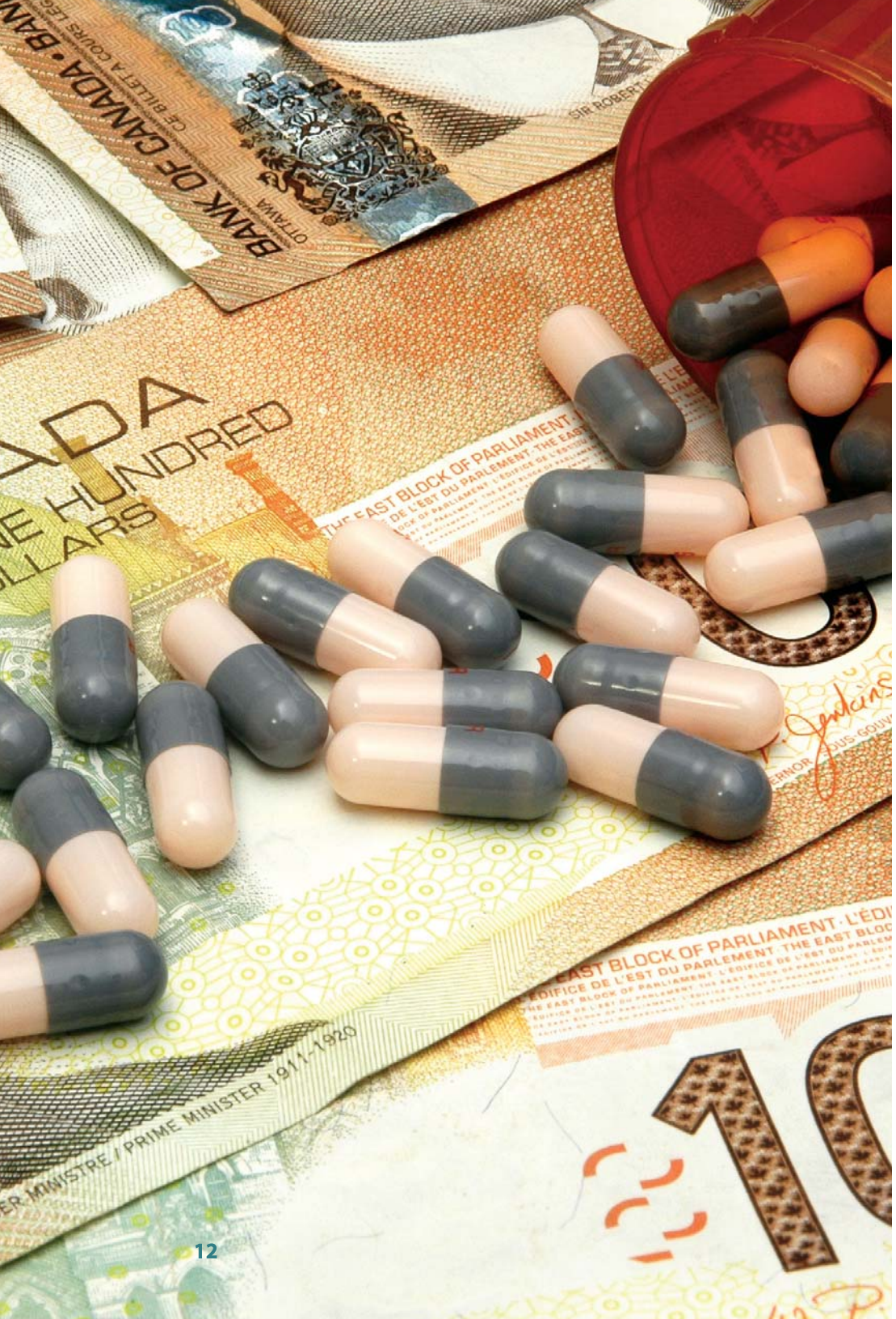
The number of new individual brand name drug products that have been funded since October 2006.

153,000

Ontarians have received a *MedsCheck* medication review, to make sure they are taking their medication properly.

50

Millions of dollars allocated to fund the *MedsCheck* program.



Enhanced Formulary Management

A formal review of the prices and products listed in the Formulary had not been undertaken for several years. In addition, drug benefit prices were not enforced; many manufacturers would increase the price of their drugs without Ministry approval.

Important Firsts

- A massive review and update of the Formulary removed 330 discontinued products. This resulted in savings of $11 million. There are now 3,200 products in the Formulary.
- The Ministry published adjusted drug benefit prices for most drug products in the Formulary, taking into consideration pricing information that was submitted by manufacturers.

Cost-to-Operator Expense

Before, some manufacturers did not comply with the drug benefit price outlined in the Formulary—and increased the price of their drugs. Pharmacists, unable to directly purchase the drug at the drug benefit price, would submit cost-to-operator claims to cover the price.

Important Firsts

As of March 2007, the use of the cost-to-operator provision was restricted to cases where a pharmacy is unable to obtain a generic product and must dispense the original product or a higher-priced generic product.

- We have now been able to restrict the cost-to-operator mechanism to a list of less than 20 drugs, and exceptional cases.
- We now have legislative provisions that enable us to enforce drug benefit prices more effectively, as well as to consider drug benefit price increases based on defined criteria. As a result, we are ensuring that agreed-to prices are adhered to and enforced.
- By correcting the prices, pharmacists should be able to purchase Formulary drugs at accurate prices.

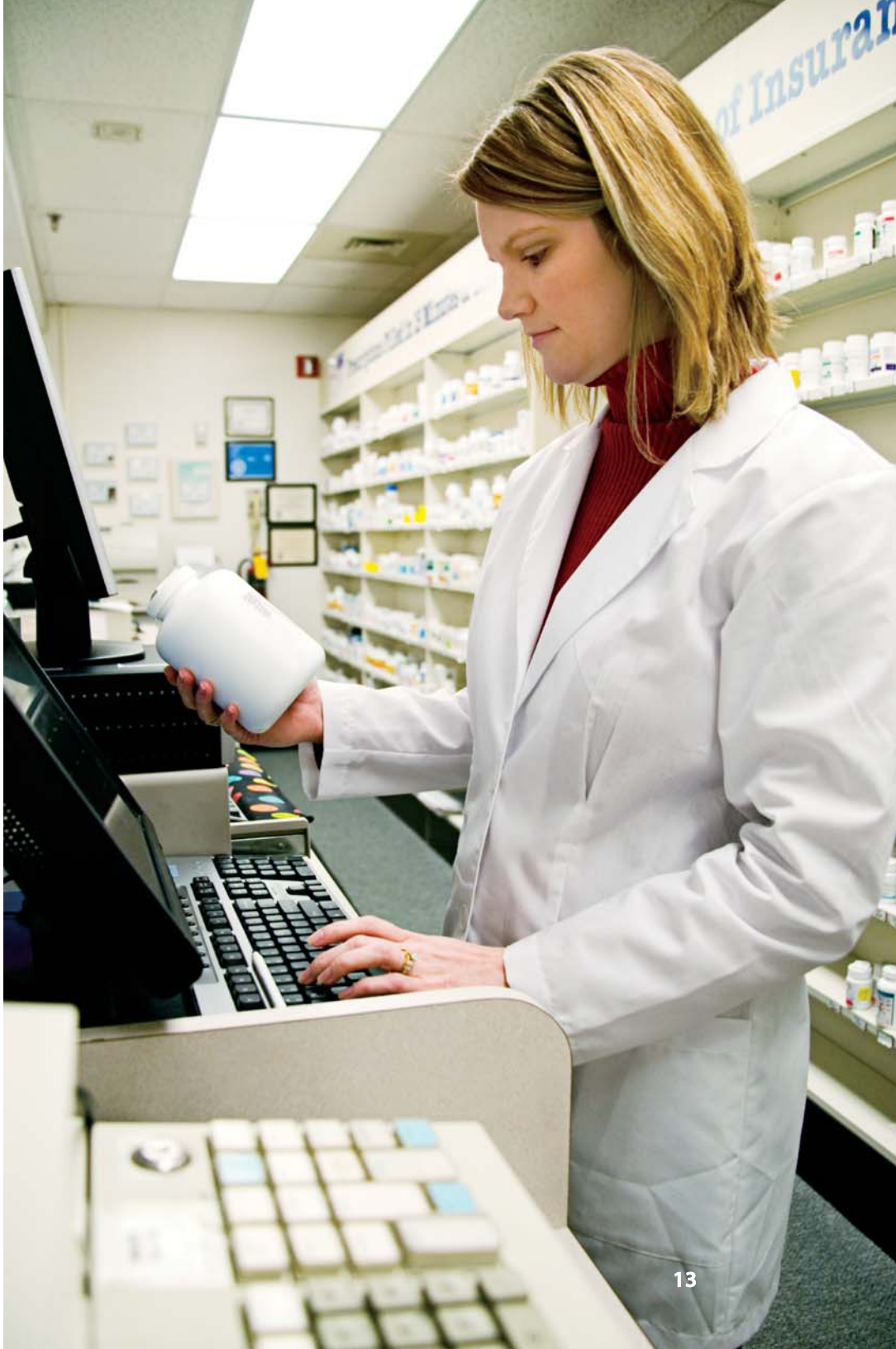
Changes in How Pharmacists are Reimbursed

Dispensing Drug Costs

Before, the true cost of dispensing drugs to Ontario Drug Benefit recipients was not reflected in the pharmacy reimbursement structure.

Important Firsts

- **Dispensing Fees:** Effective October 1, 2006, the dispensing fee paid for by ODB program prescriptions was increased to $7 (7% increase) for all types of pharmacies.
- **Mark-Ups:** As of April 1, 2007, the mark-up on the drug benefit price was reduced from 10% to 8%.
- **Rebates:** The *Transparent Drug System for Patients Act,* 2006 removed rebates (e.g., payments from drug manufacturers to pharmacies). However, the legislation does allow pharmacists to accept professional allowances from drug companies to fund patient care initiatives. These professional allowances are capped at 20% of public system generic sales and are governed by a Code of Conduct. Manufacturers and pharmacies are required to report the amount and use of the professional allowances to the Ministry.



Investing in Innovative Health System Research

Drug Innovation Fund

To enable better informed policy making, we need greater evidence of the impact of drug use on both patient and health system outcomes. Through the *Government's Plan to Reform the Drug System* (formerly the *Transparent Drug System for Patients Act*), the Ontario Government has committed to annual funding for innovative health system research by establishing the Drug Innovation Fund.

2007 Highlights

- **In March 2007, the Ministry selected 8 projects and awarded funding totalling $3.65 million (total over a 3 year period).**
- **In April 2007, we announced the establishment of the Drug Innovation Fund, with $5 million annually to provide eligible Ontario researchers and organizations with stable funding needed to:**
  - **Perform systems outcomes research; and**
  - **Evaluate the value of medicines in improving health outcomes.**
- **On June 18th, 2007, the Ministry announced a formal research grant competition.**

Important Firsts

Short-term and multi-year funding will be provided to eligible researchers and organizations in Ontario to:

- Generate strong, high-quality, independent scientific evidence on the impact and value of new and existing drugs across the health care system, by linking drug interventions to health or system outcomes. These outcomes could include non-drug health outcomes or expenditures, such as inpatient hospital expenditures, ambulatory care, physician visits, etc.
- Support linkages between researchers, clinicians and drug policy decision makers to ensure the timely and effective application of relevant evidence-based scientific information and to support the objectives and priorities of the Ontario Public Drug Programs Office.
- Support and develop research capacity in the area of drugs and health outcomes in Ontario.

Ontario Chair in Drug Policy

On July 18th, 2007, Ontario Public Drug Programs entered into a partnership with Canadian Institutes for Health Research (CIHR) to fund (through the Drug Innovation Fund):

- an Ontario Chair in Drug Policy
- up to four Drug Policy Fellowships

CIHR has received applications for the Chair position, which will be reviewed from a relevance and academic perspective by a peer review panel. It is expected that a Chair will be appointed by October 2008.

"It is our hope and expectation that through our partnership with the Ministry of Health and Long-Term Care, the Applied Chair in Drug Policy and Drug Policy Fellowships will foster the career growth of Canadian Researchers, while also generating relevant and applied research that contributes to Canada's advancement in the important area of drug policy."

Colleen M. Flood
Scientific Director, CIHR, Institute of Health Services and Policy Research, Canada Research Chair in Health Law Policy

Looking Forward in 2008

Strengthening Accountability & Transparency

We are committed to building legitimacy and fairness into a transparent drug priority setting process, and ultimately, into the decisions to fund or not fund drugs with taxpayer money. In 2008, we will…

- Establish the Citizens' Council, and hold an orientation meeting and the first Council meeting.
- Add patient members to the Committee to Evaluate Drugs – Cancer Care Ontario (CED – CCO) subcommittee.
- Add new healthcare professional members to the Committee to Evaluate Drugs.
- Continue to increase transparency of the drug funding review process and decision-making process, including posting the status of drug submissions, as well as the funding decision-making process on the Ministry website.
- Implement a fairness review process for drug funding recommendations and decisions.

Promoting Appropriate Use of Medications

We believe in the role of pharmacists as part of an integrated team that provides an enhanced level of care for patients. In 2008, we will…

- Expand the membership of the Pharmacy Council.
- Expand the *MedsCheck* program to include more comprehensive and collaborative (pharmacist-physician-patient) medication reviews.

Improving Patient Access to Drugs

We will continue to expand on drug funding initiatives to dramatically speed up decision-making and increase access to drugs in this province. In 2008, we will…

- Complete transfer of drug programs such as Visudyne and Inherited Metabolic Disorders to the Ontario Public Drug Programs.
- Expand the Exceptional Access Program (EAP) to include cancer drugs administered in hospitals.
- Modernize the EAP, by implementing the first phase of the streamlined approval system.
- Pilot the decision-making framework for drugs for rare diseases.

Ensuring Better Value for Money

We will continue to actively manage Ontario Public Drug Programs to ensure that taxpayers receive better value for money spent on drugs and pharmacy reimbursement. In 2008, we will…

- Continue to seek opportunities for better pricing.
- Continue to enhance and produce efficiencies in the management of the Formulary.
- Automate the pharmacy reporting system for professional allowances.
- Modernize the reimbursement structure for long-term care pharmacies.
- Expand the inspection and auditing capacity of pharmacies.

Ministry of
Health and Long-Term Care
Ontario Public Drug Programs

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