2009/10 Report Card for the Ontario Drug Benefit Program
Report Card Framework

- Overview
- Financial Indicators and Cost Trends
- Formulary Process and Types of Listing
- Milestones Achievements
Definitions & Disclaimers

• **Beneficiary**: Person eligible for coverage under the public drug programs

• **Utilizing Beneficiary**: Eligible person who had at least one claim during the fiscal year

• **Lower Income Senior**: Seniors who meet the Seniors Co-Payment (SCP) income thresholds

• **Core Seniors**: Refers to the majority of seniors in the ODB program. The regular ODB deductible and co-payment amounts apply to these recipients.

• **Claim**: Every time a pharmacist fills a prescription, initial or refill

• **Drug Cost**: Cost of a drug at formulary prices

• **Mark-up**: Total mark-up paid per eligible claim (maximum 8%)

• **RxCost**: Refers to Drug Cost + Markup + Dispensing Fee*

• **Recipient Cost**: Is the portion of RxCost paid by an Ontario Drug Benefit recipient (i.e. co-payments and deductibles)

• **Government Cost**: RxCost minus Recipient Cost

• **General Benefit**: Reimbursement for the drug product is without restrictions or according to therapeutic notes.

• **Exceptional Access Program (EAP)**: Individual requests for coverage of drug products not listed in the formulary are reviewed on a case by case basis.

• **Limited Use Products**: Reimbursement for certain drugs is dependent on specific clinical criteria

* Dispensing fee includes Professional fee + Compounding Fee

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

**Disclaimer**: Many of the figures included in this report have been rounded and therefore calculated totals and percentages may not add up completely as presented here.
Provincial Health Expenditures: 2009

- **Hospitals & Other Institutions**: 43% ($20.9B)
- **Physicians & Other Profes.**: 23% ($11.3B)
- **Drugs**: 10% ($4.6B)
- **Capital**: 5% ($2.6B)
- **Public Health & Admin.**: 12% ($5.8B)
- **Other**: 7% ($3.3B)

Total health expenditures in Ontario: $48.5 Billion

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

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

*Forecasted figures for 2009
Provincial Drug Costs by Public, Private & Beneficiary Costs: 2009

Total Drug Costs in Ontario: $10.3 Billion

- ODB Programs: $4.4B (43%)
- Other Public: $0.2B (2%)
- Patient Out-Of-Pocket: $1.9B (18%)
- Private Insurers: $3.8B (37%)

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

Note: Other Public Programs include NIHB, Veteran’s programs, and misc. Federal Programs (e.g. RCMP, etc.)
Ontario Population Covered by Public and Private Insurance: 2009

- **ODB Programs**: 3,374,000 (25%)
- **Other Public Programs**: 213,000 (2%)
- **Uninsured**: 3,071,000 (23%)
- **Private Insurers**: 7,510,000 (56%)

(2009 Estimates)

**Note**: Total population covered is 13,519,000 (includes overlaps between public and private programs)

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

**Source**: Ontario Public Drug Programs calculation based on data from Applied Management, NIHB, Veteran’s Affairs Programs and internal OPDP statistics
ODB Utilizing Beneficiaries & Claims: 1999/00 – 2009/10

5.6% more claims processed in 2009/10 compared to previous year
From 1999/00 to 2009/10, the total number of beneficiaries using the ODB program increased by 16.8% (MCSS beneficiaries decreased by 9.3%; MOHLTC beneficiaries increased by 35.4%).
Age Breakdown of ODB Utilizing Beneficiaries 1999/00 vs. 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;65</th>
<th>Trillium</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999/00</td>
<td>715K</td>
<td>54K</td>
<td>1,333K</td>
</tr>
<tr>
<td>Total</td>
<td>2,107K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;65</th>
<th>Trillium</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>654K</td>
<td>166K</td>
<td>1,713K</td>
</tr>
<tr>
<td>Total</td>
<td>2,533K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Age Distribution of Eligible Beneficiaries*: 2005/06-2009/10

5-year growth

14%  +114K
43%  +134K
10%  +93K
5%   +34K
32%  +80K

Beneficiaries ('000s)

*Includes all ODB programs
ODB Beneficiaries by Program: FY 2009/10

Percentages noted are the numbers of utilizing recipients as a percent of total eligible recipients in the specified category.

- **MOHLTC Seniors**: 0.28M (62%)
- **MOHLTC Other +**: 1.62M (85%)
- **MOHLTC ***: 1.90M (81%)
- **MCSS**: 0.64M (59%)
- **ODB Overall**: 2.53M (75%)

*Seniors + MOHLTC Other + Trillium
Trillium Applications* & Processing Time: 2000 – 2009 Benefit Years**

* Number of applications represents households, not individuals

** Trillium benefit year starts August 1 and ends July 31 the following year
Beneficiary Distribution & Government Cost by Age: FY 2009/10

Distribution of beneficiaries by age group:

- 0-14: 138K (5%)
- 15-24: 103K (4%)
- 25-34: 106K (4%)
- 35-44: 126K (5%)
- 45-54: 169K (7%)
- 55-64: 170K (7%)
- 65-74: 528K (10%)
- 75-84: 600K (24%)
- 85+: 248K (10%)

Government cost per beneficiary by age group:

- 0-14: $285
- 15-24: $578
- 25-34: $1,213
- 35-44: $1,755
- 45-54: $2,278
- 55-64: $2,291
- 65-74: $1,459
- 75-84: $1,974
- 85+: $2,215

NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.
Change in Beneficiaries & Government Cost by Age: 2008/09 – 2009/10

Change in beneficiaries by age group

- 0-14: 13K, +11%
- 15-24: 13K, +14%
- 25-34: 12K, +13%
- 35-44: 7K, +6%
- 45-54: 14K, +9%
- 55-64: 14K, +9%
- 65-74: 29K, +3%
- 75-84: 7K, +1%
- 85+: 12K, +5%

Change in government cost per beneficiary by age group

- 0-14: $24, 9%
- 15-24: $21, 4%
- 25-34: $20, 2%
- 35-44: $11, 3%
- 45-54: $51, 2%
- 55-64: $46, 3%
- 65-74: $66, 3%
- 75-84: $86, 4%
- 85+: $85, 5%

Note: Negative values indicate a decrease in government cost.
Beneficiary Distribution & Government Cost by Program: 2009/10

Distribution of beneficiaries by program

<table>
<thead>
<tr>
<th>Program</th>
<th>Beneficiaries</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Income Sen.</td>
<td>308K</td>
<td>12%</td>
</tr>
<tr>
<td>Core Sen.</td>
<td>1,327K</td>
<td>52%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>101K</td>
<td>4%</td>
</tr>
<tr>
<td>Home Care*</td>
<td>84K</td>
<td>3%</td>
</tr>
<tr>
<td>Trillium</td>
<td>172K</td>
<td>7%</td>
</tr>
<tr>
<td>Ontario Works</td>
<td>332K</td>
<td>13%</td>
</tr>
<tr>
<td>Ontario Dis. Support</td>
<td>335K</td>
<td>13%</td>
</tr>
</tbody>
</table>

Government cost per beneficiary by program

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost per Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Income Sen.</td>
<td>$2,129</td>
</tr>
<tr>
<td>Core Sen.</td>
<td>$1,451</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>$3,201</td>
</tr>
<tr>
<td>Home Care*</td>
<td>$2,016</td>
</tr>
<tr>
<td>Trillium</td>
<td>$1,726</td>
</tr>
<tr>
<td>Ontario Works</td>
<td>$422</td>
</tr>
<tr>
<td>Ontario Dis. Support</td>
<td>$2,179</td>
</tr>
</tbody>
</table>

*Home Care & Homes for Special Care

NB: Percentages represent number of beneficiaries per program over total number of utilizing beneficiaries.
Change in Beneficiaries & Government Cost by Program: 2008/09 – 2009/10

Change in beneficiaries by program:
- Lower Income Sen.: -9K (4%)
- Core Sen.: 0K (0%)
- Long Term Care: 1K (2%)
- Home Care*: 9K (5%)
- Trillium: 39K (13%)
- Ontario Works: 20K (6%)

Change in government cost per beneficiary by program:
- Lower Income Sen.: $54
- Core Sen.: $64
- Long Term Care: $90
- Home Care*: $197
- Trillium: $114
- Ontario Works: $15
- Ontario Dis. Support: $44

*Home Care & Homes for Special Care
Top 10 Therapeutic Classes* by Number of Users: FY 2009/10**

Cardiovascular Drugs: 1.56M
Central Nervous System Drugs: 1.52M
Anti-Infective Agents: 1.19M
Hormones & Substitutes: 1.01M
Gastrointestinal Drugs: 1.01M
Skin & Mucous Membrane Prep.: 0.74M
Electrolytic, Caloric & Water B.: 0.67M
Autonomic Agents: 0.55M
Eye, Ear, Nose, Throat Prep.: 0.51M
Blood Formation and Coagulation: 0.33M

* Based on the classification system of the American Hospital Formulary Service of the American Society of Health-System Pharmacists (AHFS-ASHP)
**Does not include unclassified therapeutics.
Top 10 Therapeutic Classes by Drug Cost*:
FY 2009/10

- Cardiovascular Drugs: $1,155M
- Central Nervous System Drugs: $544M
- Autonomic Agents: $284M
- Gastrointestinal Drugs: $258M
- Hormones & Substitutes: $202M
- Anti-Infective Agents: $171M
- Eye, Ear, Nose & Throat Prep.: $169M
- Antineoplastic Agents: $134M
- Blood Formation and Coagulation: $73M
- Skin & Mucous Membrane Prep.: $39M

Total Drug Cost: $3.7B**

* Does not include New Drug Funding Program (NDFP) expenditures administered on behalf of the MOHLTC by Cancer Care Ontario (CCO)
** Includes all drugs, not just top 10
Fastest Growing Classes by Drug Cost: 2008/09 – 2009/10

Cardiovascular Drugs: $47.1 M (4%)
Central Nervous System Drugs: $40.2 M (8%)
Eye, Ear, Nose and Throat: $39.7 M (31%)
Hormones & Substitutes: $24.2 M (14%)
Autonomic Agents: $20.4 M (8%)
Anti-Infectives Agents: $14.2 M (9%)
Skin and Mucous Membrane: $3.6 M (10%)
Antineoplastic Agents: $3.5 M (3%)
Blood Formation and Coagulation: $2.3 M (3%)
Spasmolytics: $1.9 M (9%)

Total increase over previous year: $197.2M
Cost Concentration From Least to Most Costly Beneficiary: FY 2009/10

Top 7% of beneficiaries accounts for 35% of total RxCost
Breakdown of Top Beneficiaries Category:
FY 2009/10

• Top 7% of Beneficiaries amount to 35% of total RxCost
• Top drugs for these beneficiaries according to both total drug cost and total government cost are:
  1. Lucentis (ranibizumab)
  2. Remicade (infliximab)
  3. Oxycontin (oxycodone)
  4. Gleevec (imatinib mesylate)
  5. Enbrel (etanercept)
• Approximately three quarters are MOHLTC beneficiaries (ODB Seniors, LTC/Home Care/Homes for Special Care, and TDP recipients) and one quarter are MCSS (Ontario Works and Ontario Disability Support Program recipients) beneficiaries
Breakdown of Top Beneficiaries by Program: 2009/10

- **Core Seniors**: 35%
- **Lower Income Seniors**: 15%
- **Long-Term Care**: 18%
- **Home Care**: 7%
- **Homes for Special Care**: 0.6%
- **Trillium Drug Program**: 9%
- **Total MCSS**: 25%

**Beneficiaries** means persons eligible for coverage under the public drug programs.

NB: Beneficiaries may be double counted if they moved between programs in the same fiscal year.
### Top Therapeutic Classes for High Cost Claimants (>$5,000): FY 2009/10

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>% of RxCost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Nervous System Drugs</td>
<td>20%</td>
</tr>
<tr>
<td>Unclassified Therapeutic Agents</td>
<td>20%</td>
</tr>
<tr>
<td>Cardiovascular Drugs</td>
<td>15%</td>
</tr>
<tr>
<td>Anti-Infective Agents</td>
<td>10%</td>
</tr>
<tr>
<td>Eye, Ear, Nose, &amp; Throat Preparations</td>
<td>10%</td>
</tr>
<tr>
<td>Autonomic Agents</td>
<td>10%</td>
</tr>
<tr>
<td>Antineoplastic Agents</td>
<td>10%</td>
</tr>
<tr>
<td>Gastrointestinal Drugs</td>
<td>5%</td>
</tr>
<tr>
<td>Hormones &amp; Substitutes</td>
<td>5%</td>
</tr>
<tr>
<td>Blood Formation &amp; Coagulation</td>
<td>0%</td>
</tr>
</tbody>
</table>
Active Dispensing Agencies in Ontario: 2005/06 – 2009/10

The number of pharmacies continues to rise year over year, with a 3.1% increase in 2009/10 over 2008/09.
New, New Owner and Closed Dispensing Agencies in Ontario: 2005/06 – 2009/10

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

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

• The number of ODB beneficiaries and claims continues to rise: almost 6% more claims were received in 2009/10 than 2008/09.

• The average time to process Trillium applications has decreased significantly since the 2000 benefit year (5 days in 2009 vs. 20 days in 2000).

• Cardiovascular and Central Nervous System drugs account for almost half of total drug cost, are the top 2 classes of drugs in terms of number of users in 2009/10, and also comprise the fastest growing drug classes by cost.

• The top 7% of beneficiaries (determined by RxCost) accounted for a large proportion of expenditures (35%) in 2009/10.
Report Card Framework

Overview

Financial
Indicators and
Cost Trends

Formulary
Process and
Types of Listing

Milestones
Achievements
## ODB Financial Statistics: 2008/09 vs. 2009/10

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
<th>% Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Cost</td>
<td>$3,440M</td>
<td>$3,724M</td>
<td>8.0%</td>
</tr>
<tr>
<td>+ Markup</td>
<td>$264M</td>
<td>$285M</td>
<td>8%</td>
</tr>
<tr>
<td>+ Dispensing Fee</td>
<td>$704M</td>
<td>$703M</td>
<td>0%</td>
</tr>
<tr>
<td><strong>= RxCost</strong></td>
<td><strong>$4,408M</strong></td>
<td><strong>$4,712M</strong></td>
<td><strong>7%</strong></td>
</tr>
<tr>
<td>Recipient Cost (Co-payment &amp; Deductible)</td>
<td>$478M</td>
<td>$492M</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Government Cost</strong></td>
<td><strong>$3,919M</strong></td>
<td><strong>$4,220M</strong></td>
<td><strong>8%</strong></td>
</tr>
<tr>
<td>MOHLTC</td>
<td>$3,130M</td>
<td>$3,352M</td>
<td>7%</td>
</tr>
<tr>
<td>MCSS</td>
<td>$789M</td>
<td>$868M</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Rounded to the nearest whole number*
# ODB Financial Statistics: 2008/09 vs. 2009/10

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
<th>% Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RxCost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$4,407.8M</td>
<td>$4,714.0M</td>
<td>7%</td>
</tr>
<tr>
<td>Brand</td>
<td>$2,976.2M</td>
<td>$3,163.2M</td>
<td>6%</td>
</tr>
<tr>
<td>Generic</td>
<td>$1,431.6M</td>
<td>$1,550.7M</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Beneficiaries</strong></td>
<td>2.41M</td>
<td>2.53M</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RxCost per Beneficiary</td>
<td>$1,831</td>
<td>$1,871</td>
<td>2%</td>
</tr>
<tr>
<td>RxCost per Claim</td>
<td>$40.69</td>
<td>$41.24</td>
<td>1%</td>
</tr>
<tr>
<td>Claims per Beneficiary</td>
<td>45.0</td>
<td>45.4</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Excluding LTC home recipients and Methadone Claims)</td>
<td>$1,727.87</td>
<td>$1,774.78</td>
<td>3%</td>
</tr>
<tr>
<td>RxCost per Beneficiary</td>
<td>$50.88</td>
<td>$51.30</td>
<td>1%</td>
</tr>
<tr>
<td>Claims per Beneficiary</td>
<td>34.0</td>
<td>34.6</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Rounded to the nearest whole number

Growth Rate of Gov’t Cost

15% 13% 14% 12% 10% 9% 8% 3% 7% 8%

$1,870M $2,126M $2,430M $2,731M $3,021M $3,288M $3,557M $3,671M $3,920M $4,220 M

Gov't Cost
Recipient Cost
RxCost by Type of Spending: 2000/01 - 2009/10

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

- 2000/01: 11%
- 2001/02: 11%
- 2002/03: 13%
- 2003/04: 12%
- 2004/05: 10%
- 2005/06: 7%
- 2006/07: 9%
- 2007/08: 11%
- 2008/09: 3%
- 2009/10: 2%

*Does not include drug cost in growth rate.
Brand vs. Generic RxCost: 2000/01 – 2009/10

Growth Rate of RxCost
15%  13%  14%  12%  11%  9%  8%  4%  6%  7%

$1,536M  $1,752M  $2,040M  $2,281M  $2,492M  $2,730M  $2,821M  $2,976M  $3,163M  $579M

$1,000M  $2,000M  $3,000M  $4,000M  $5,000M

Brand  Generic
Comparison of Brand and Generic Drug Cost

Std Claims = claims standardized to 30 days supply
### Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): FY 2009/10

<table>
<thead>
<tr>
<th>Rk</th>
<th>Drug Name</th>
<th>Class</th>
<th>Utilizing Benef.</th>
<th>% Utilizing Benef.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Atorvastatin (Lipitor)</td>
<td>Cardiovascular</td>
<td>524K</td>
<td>20.7%</td>
</tr>
<tr>
<td>2</td>
<td>Acetaminophen &amp; Caffeine &amp; Codeine (Tylenol #3)</td>
<td>Central Nervous System</td>
<td>421K</td>
<td>16.6%</td>
</tr>
<tr>
<td>3</td>
<td>Amoxicillin (Amoxil)</td>
<td>Anti-infective</td>
<td>375K</td>
<td>14.8%</td>
</tr>
<tr>
<td>4</td>
<td>Diagnostic Agent - Diabetes</td>
<td>Diagnostic Agents</td>
<td>363K</td>
<td>14.4%</td>
</tr>
<tr>
<td>5</td>
<td>Ramipril (Altace)</td>
<td>Cardiovascular</td>
<td>358K</td>
<td>14.1%</td>
</tr>
<tr>
<td>6</td>
<td>Amlodipine Besylate (Norvasc)</td>
<td>Cardiovascular</td>
<td>325K</td>
<td>12.8%</td>
</tr>
<tr>
<td>7</td>
<td>Metformin HCl (Glucophage)</td>
<td>Hormones &amp; Substitutes</td>
<td>323K</td>
<td>12.8%</td>
</tr>
<tr>
<td>8</td>
<td>Hydrochlorothiazide</td>
<td>Electrolytic, Caloric &amp; Water Balance</td>
<td>318K</td>
<td>12.6%</td>
</tr>
<tr>
<td>9</td>
<td>Levothyroxine sodium (Synthroid)</td>
<td>Hormones &amp; Subst.</td>
<td>315K</td>
<td>12.5%</td>
</tr>
<tr>
<td>10</td>
<td>Salbutamol (Ventolin)</td>
<td>Autonomic Agents</td>
<td>313K</td>
<td>12.4%</td>
</tr>
</tbody>
</table>
### Top 10 Chemicals by Drug Cost: FY 2009/10

<table>
<thead>
<tr>
<th>Rk</th>
<th>Drug Name</th>
<th>Class</th>
<th>Drug Cost</th>
<th>% Total Drug Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Atorvastatin (Lipitor)</td>
<td>Cardiovascular</td>
<td>$316M</td>
<td>9.2%</td>
</tr>
<tr>
<td>2</td>
<td>Diagnostic Agent - Diabetes</td>
<td>Diagnostic Agents</td>
<td>$126M</td>
<td>3.7%</td>
</tr>
<tr>
<td>3</td>
<td>Rosuvastatin Calcium (Crestor)</td>
<td>Cardiovascular</td>
<td>$122M</td>
<td>3.5%</td>
</tr>
<tr>
<td>4</td>
<td>Amlodipine Besylate (Norvasc)</td>
<td>Cardiovascular</td>
<td>$112M</td>
<td>3.3%</td>
</tr>
<tr>
<td>5</td>
<td>Ranibizumab (Lucentis)</td>
<td>Eye, Ear, Nose &amp; Throat</td>
<td>$105M</td>
<td>2.2%</td>
</tr>
<tr>
<td>6</td>
<td>Salmeterol Xinafoate &amp; Fluticasone Propionate (Advair) - LU</td>
<td>Autonomic Agents</td>
<td>$75M</td>
<td>1.9%</td>
</tr>
<tr>
<td>7</td>
<td>Olanzapine (Zyprexa)</td>
<td>Central Nervous System</td>
<td>$69M</td>
<td>2.0%</td>
</tr>
<tr>
<td>8</td>
<td>Risedronate Sodium (Actonel)</td>
<td>Unclassified</td>
<td>$67M</td>
<td>2.0%</td>
</tr>
<tr>
<td>9</td>
<td>Oxycodone (Oxycontin) - LU</td>
<td>Central Nervous System</td>
<td>$66M</td>
<td>1.9%</td>
</tr>
<tr>
<td>10</td>
<td>Clopidogrel (Plavix)</td>
<td>Unclassified</td>
<td>$64M</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

**TOTAL Top-10**  $1,123M  32.7%
### Fastest Growing Brand Products by Drug Cost: 2008/09 vs 2009/10

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Category</th>
<th>Drug Cost Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucentis</td>
<td>Eye, Ear, Nose and Throat</td>
<td>+$37.8 M</td>
</tr>
<tr>
<td>Crestor</td>
<td>Cardiovascular</td>
<td>+$30.6 M</td>
</tr>
<tr>
<td>Revlimid</td>
<td>Other</td>
<td>+$16.7 M</td>
</tr>
<tr>
<td>Plavix</td>
<td>Other</td>
<td>+$16.1 M</td>
</tr>
<tr>
<td>Lantus</td>
<td>Hormones &amp; Substitutes</td>
<td>+$12.1 M</td>
</tr>
<tr>
<td>Lipitor</td>
<td>Cardiovascular</td>
<td>+$11.4 M</td>
</tr>
<tr>
<td>Cipralex</td>
<td>Central Nervous System</td>
<td>+$11.1 M</td>
</tr>
<tr>
<td>Actonel</td>
<td>Other</td>
<td>+$10.2 M</td>
</tr>
<tr>
<td>Advair</td>
<td>Autonomic Agents</td>
<td>+$9.0 M</td>
</tr>
<tr>
<td>Atripla</td>
<td>Anti-infectives</td>
<td>+$8.9 M</td>
</tr>
</tbody>
</table>

Drug Cost Increase: $0M, $10M, $20M, $30M, $40M, $50M, $60M
Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 – 2009/10

*NDFP = New Drug Funding Program administered by Cancer Care Ontario
The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.
Highlights of Financials

• Government cost totalled $4,220M in 2009/10, a 7.7% increase over 2008/09.

• Total recipient cost totalled $492M in 2009/10, a 2.9% increase over 2008/09.

• Total RxCost increased for both brand (6.3% increase) and generic (8.3% increase) products. RxCost for brand = $3,163M; RxCost for generic = $1,550M. Despite the higher total RxCost for brand products, claims for generic drugs increased substantially over 2008/09.

• The brand drug cost per standard claim continues to increase over time. In 2002/03 the brand drug cost per standard claim was $46 and in 2009/10 it had increased to $63.

• The top chemical by both drug cost and number of utilizing beneficiaries is Avorstatin (Lipitor).

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

* Based on calendar years
Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2006* to 2009

* Based on calendar years

Stages of Review
Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2006* to 2009

*Based on calendar years

**Number of Days (Average)**

- **NOC Date to Submission Receipt**
  - 2006: 1543
  - 2007: 1107
  - 2008: 490
  - 2009: 455

- **Receipt to Complete**
  - 2006: 39
  - 2007: 39
  - 2008: 95
  - 2009: 43

- **Complete to 1st CED/Ministry Recommendation**
  - 2006: 91
  - 2007: 50
  - 2008: 59
  - 2009: 55

- **Complete to Positive CED/Ministry Recommendation**
  - 2006: 223
  - 2007: 67
  - 2008: 98
  - 2009: 87

- **Positive CED/Ministry Recommendation to Listing in Formulary**
  - 2006: 95
  - 2007: 84
  - 2008: 72
  - 2009: 84

**Stages of Review**
Average Review Timelines for Off-Formulary Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2007* to 2009

Note: OFI was implemented in March 2007
*Based on calendar years
Average Review Timelines for OFI Streamlined
Multiple Source Drug Products Designated
Interchangeable: 2007* to 2009

Note: OFI was implemented in March 2007

*Based on calendar years
Product Listing Agreements: 2006/07* - 2009/10

- 76 Formulary Agreements (Price Increase & Listing Agreements)
- 24 Other Agreements, including EAP (Including FA) & NDFP

* FY 2006/07 = October 1, 2006 – March 31, 2007
Funding of new indications are counted as new agreements
EAP – Exceptional Access Program; NDFP – New Drug Funding Program;
FA – Facilitated Access Program
Product Listing Agreements by Benefit Status: 2006/07* - 2009/10

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

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

Funding of new indications are counted as new agreements
Drug Product is defined as the brand product and its associated strengths and formulations relevant to the agreement. One drug product may relate to more than one DIN.
Exceptional Access Program Beneficiaries: 2000/01 – 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>Beneficiaries ('000)</th>
<th>% of Overall ODB</th>
</tr>
</thead>
<tbody>
<tr>
<td>00/01</td>
<td>27.8</td>
<td>1.3%</td>
</tr>
<tr>
<td>01/02</td>
<td>37.3</td>
<td>1.8%</td>
</tr>
<tr>
<td>02/03</td>
<td>57.8</td>
<td>2.8%</td>
</tr>
<tr>
<td>03/04</td>
<td>64.9</td>
<td>3.0%</td>
</tr>
<tr>
<td>04/05</td>
<td>83.6</td>
<td>3.9%</td>
</tr>
<tr>
<td>05/06</td>
<td>98.5</td>
<td>4.4%</td>
</tr>
<tr>
<td>06/07</td>
<td>106.2</td>
<td>4.7%</td>
</tr>
<tr>
<td>07/08</td>
<td>87.2</td>
<td>-3.7%</td>
</tr>
<tr>
<td>08/09</td>
<td>108.2</td>
<td>4.5%</td>
</tr>
<tr>
<td>09/10</td>
<td>125.5</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Exceptional Access Program Government Cost:
2000/01 – 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>Government Cost</th>
<th>% of Overall ODB</th>
</tr>
</thead>
<tbody>
<tr>
<td>00/01</td>
<td>$47.5M</td>
<td>2.5%</td>
</tr>
<tr>
<td>01/02</td>
<td>$65.2M</td>
<td>3.1%</td>
</tr>
<tr>
<td>02/03</td>
<td>$99.1M</td>
<td>4.1%</td>
</tr>
<tr>
<td>03/04</td>
<td>$132.6M</td>
<td>4.9%</td>
</tr>
<tr>
<td>04/05</td>
<td>$186.4M</td>
<td>6.2%</td>
</tr>
<tr>
<td>05/06</td>
<td>$231.2M</td>
<td>7.0%</td>
</tr>
<tr>
<td>06/07</td>
<td>$195.1M</td>
<td>5.5%</td>
</tr>
<tr>
<td>07/08</td>
<td>$224.6M</td>
<td>6.1%</td>
</tr>
<tr>
<td>08/09</td>
<td>$247.7M</td>
<td>6.3%</td>
</tr>
<tr>
<td>09/10</td>
<td>$344.1M</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
Exceptional Access Program Requests & Approval Rate: 2000/01 – 2009/10

*Approved on first review; does not include approvals subsequent to provision of additional information from requesting physicians.
Monthly Exceptional Access Program Requests*:
April 1997 – March 2010

*Each Drug Identification Number (DIN/PIN) is counted as a request until February 2010.
*Effective March 1, 2010, requests are counted using generic name and dosage form.
Within 1 month 72%

Over 1 Month 28%

Exceptional Access Program Response Time: FY 2006/07 – 2009/10

2009/10

36%

2008/09

64%

2007/08

34%

66%

2006/07

19%

81%
## Exceptional Access Program Top 10 Requested Drugs by Volume: FY 2009/10

<table>
<thead>
<tr>
<th>Rk</th>
<th>Drug</th>
<th>Requests</th>
<th>Approved</th>
<th>% Approved*</th>
<th>Gov’t Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lyrica</td>
<td>13,885</td>
<td>3,583</td>
<td>25.8</td>
<td>$2.7M</td>
</tr>
<tr>
<td>2</td>
<td>Remicade</td>
<td>10,510</td>
<td>7,719</td>
<td>73.0</td>
<td>$52.4M</td>
</tr>
<tr>
<td>3</td>
<td>Plavix</td>
<td>10,479</td>
<td>7,424</td>
<td>70.8</td>
<td>$32.2M</td>
</tr>
<tr>
<td>4</td>
<td>Gabapentin</td>
<td>7,735</td>
<td>3,816</td>
<td>49.3</td>
<td>$1.3M</td>
</tr>
<tr>
<td>5</td>
<td>Enbrel</td>
<td>6,538</td>
<td>4,703</td>
<td>71.9</td>
<td>$48.9M</td>
</tr>
<tr>
<td>6</td>
<td>Humira</td>
<td>4,600</td>
<td>3,189</td>
<td>69.3</td>
<td>$27.3M</td>
</tr>
<tr>
<td>7</td>
<td>Actos</td>
<td>4,547</td>
<td>1,506</td>
<td>33.1</td>
<td>$15.4M</td>
</tr>
<tr>
<td>8</td>
<td>Neupogen</td>
<td>3,815</td>
<td>2,382</td>
<td>62.4</td>
<td>$12.1M</td>
</tr>
<tr>
<td>9</td>
<td>Revlimid</td>
<td>3,057</td>
<td>2,193</td>
<td>71.7</td>
<td>$18.1M</td>
</tr>
<tr>
<td>10</td>
<td>Eprex</td>
<td>2,692</td>
<td>2,111</td>
<td>78.4</td>
<td>$2.7M</td>
</tr>
<tr>
<td></td>
<td>Top-10 Total</td>
<td>67,858</td>
<td>38,626</td>
<td>56.9</td>
<td>$213.1M</td>
</tr>
</tbody>
</table>

*Approved on first review
## Exceptional Access Program Top 10 Requested Drugs by Government Costs: FY 2009/10

<table>
<thead>
<tr>
<th>Rk</th>
<th>Drug</th>
<th>Beneficiaries</th>
<th>Claims</th>
<th>Gov’t Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remicade</td>
<td>2,382</td>
<td>13,193</td>
<td>$52.4M</td>
</tr>
<tr>
<td>2</td>
<td>Enbrel</td>
<td>2,185</td>
<td>26,301</td>
<td>$48.9M</td>
</tr>
<tr>
<td>3</td>
<td>Plavis</td>
<td>46,183</td>
<td>413,044</td>
<td>$32.2M</td>
</tr>
<tr>
<td>4</td>
<td>Humira</td>
<td>1,248</td>
<td>14,275</td>
<td>$27.3M</td>
</tr>
<tr>
<td>5</td>
<td>Revlimid</td>
<td>428</td>
<td>2,147</td>
<td>$18.1M</td>
</tr>
<tr>
<td>6</td>
<td>Actos</td>
<td>27,291</td>
<td>197,933</td>
<td>$15.4M</td>
</tr>
<tr>
<td>7</td>
<td>Neupogen</td>
<td>1,813</td>
<td>6,409</td>
<td>$12.1M</td>
</tr>
<tr>
<td>8</td>
<td>Avandia</td>
<td>13,483</td>
<td>90,214</td>
<td>$11.3M</td>
</tr>
<tr>
<td>9</td>
<td>Rebif</td>
<td>556</td>
<td>4,779</td>
<td>$8.8M</td>
</tr>
<tr>
<td>10</td>
<td>Pegasys RBV</td>
<td>997</td>
<td>5,815</td>
<td>$8.4M</td>
</tr>
<tr>
<td></td>
<td>Total Top 10 EAP</td>
<td>94,547</td>
<td>774,110</td>
<td>$234.9M</td>
</tr>
<tr>
<td></td>
<td>% Top 10 EAP / Total EAP</td>
<td>73.4%</td>
<td>73.3%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>
Highlights of Formulary

• In 2009/10, 25 Formulary Product Listing Agreements were established; 13 ‘Other’ agreements were established (includes EAP, Facilitated Access, and NDFP).

• Both the number of EAP beneficiaries and EAP government cost increased in 2009/10 (5% and 8.1%, respectively).

• The median time from NOC date to complete single-source submission by Ministry was 97 days.

• The average time from positive recommendation to Formulary listing for streamlined multiple source submissions was 47 days.

• 163,072 requests were processed through the EAP mechanism during 2009/10, and 62% of those requests were approved on first review.
Report Card Framework

Overview

Financial
Indicators and
Cost Trends

Formulary
Process and
Types of Listing

Milestones
Achievements
MedsCheck

• The MedsCheck program helps patients realize the most benefit from their medication regimen. 2009/10 marks the third year of the MedsCheck program.

In 2009/10:
• 258,764 Ontarians received a MedsCheck Annual or Follow-Up review
• 248,901 total MedsCheck Annual Review claims @ $50
  - 194,158 are for ODB recipients
  - 54,743 are for Non-ODB recipients
• 26,907 MedsCheck Follow-up claims conducted @ $25

From April 1, 2007 – March 31, 2010:
• Total Government Cost for MedsCheck Annual from April 1/07 – March 31/10 = $32,458,857
• Total Government Cost for MedsCheck Follow Up from April 1/07 – March 31/10 = $1,068,037
# MedsCheck: Annual/Follow Up: 2007/08 – 2009/10

| MedsCheck 3 Year Statistics – MedsCheck Annual and Follow Up  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Ontarians who received a MedsCheck (Annual/Follow Up)</td>
<td>195,772</td>
<td>204,545</td>
<td>258,764</td>
</tr>
<tr>
<td>Total # of MedsCheck (Annual/Follow Up) Claims</td>
<td>201,101</td>
<td>216,678</td>
<td>275,808</td>
</tr>
<tr>
<td>Total Government Cost (payment to pharmacies)</td>
<td>$12.9M*</td>
<td>$10.5M</td>
<td>$13M</td>
</tr>
<tr>
<td>Avg. # of Annual Reviews conducted per pharmacy</td>
<td>65</td>
<td>69</td>
<td>82</td>
</tr>
<tr>
<td>Avg. # of Follow Up reviews conducted per pharmacy</td>
<td>6</td>
<td>12</td>
<td>16</td>
</tr>
</tbody>
</table>

*Includes $2.9M in transition payments to pharmacies provided in the first year of the program.
<table>
<thead>
<tr>
<th>Type: MedsCheck Follow-Up (November 30, 2007 – March 31, 2010)</th>
<th>ODB</th>
<th>Non-ODB</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Discharge (17%)</td>
<td>6,254</td>
<td>901</td>
<td>7,155</td>
</tr>
<tr>
<td>Pharmacist’s Decision (49%)</td>
<td>17,936</td>
<td>2,917</td>
<td>20,853</td>
</tr>
<tr>
<td>Physician / RN (EC) Referral (27%)</td>
<td>9,362</td>
<td>2,307</td>
<td>11,669</td>
</tr>
<tr>
<td>Planned Hospital Admission (7%)</td>
<td>2,445</td>
<td>668</td>
<td>3,113</td>
</tr>
<tr>
<td>Totals:</td>
<td>35,997</td>
<td>6,793</td>
<td>42,790</td>
</tr>
</tbody>
</table>
Narcotics Advisory Panel

• The Narcotics Advisory Panel (NAP), 12-member multi-disciplinary group, was established.

• The NAP’s mandate is to provide expert recommendations to the Executive Officer of OPDP on appropriate prescribing, dispensing, and utilization of narcotics and other controlled substances and on pain management strategies.

• NAP’s members bring together expertise from a variety of professional and regional perspectives, including physicians (family practice, specialists in pain and addiction), pharmacists, the Coroner's Office, professional regulatory bodies, law enforcement, and special populations such as Metis and First Nations.
Ontario Citizens’ Council

• The Ontario Citizens’ Council is an advisory body to the Executive Officer of Ontario’s Public Drug Programs and the Minister of Health and Long-Term Care. It is the first of its kind in Canada, and one of only a handful in the world.

• In 2009/10, twenty-five members were appointed to the Ontario Citizens’ Council to represent a cross-section of Ontarians from across the province.

• The Citizens’ Council provides their opinions, through deliberative dialogue and captured in a report to the Executive Officer, on the values that reflect their needs, culture and attitudes. The Council’s report is used to inform the ministry in its work to develop future drug funding policies and programs that ensure a sustainable and more effective drug system for Ontarians.

• The Citizens’ Council is part of the commitment to meaningfully engage ordinary citizens on an on-going basis in discussions about specific policy questions related to the province’s public drug programs.
Compassionate Review Policy

• Effective April 1, 2009, the Compassionate Review Policy (CRP) was implemented.

• The CRP mechanism allows for funding of requests under the EAP in cases where there are rare clinical circumstances in immediately life-, limb-, or organ-threatening conditions and where there is no manufacturer submission or CED review.