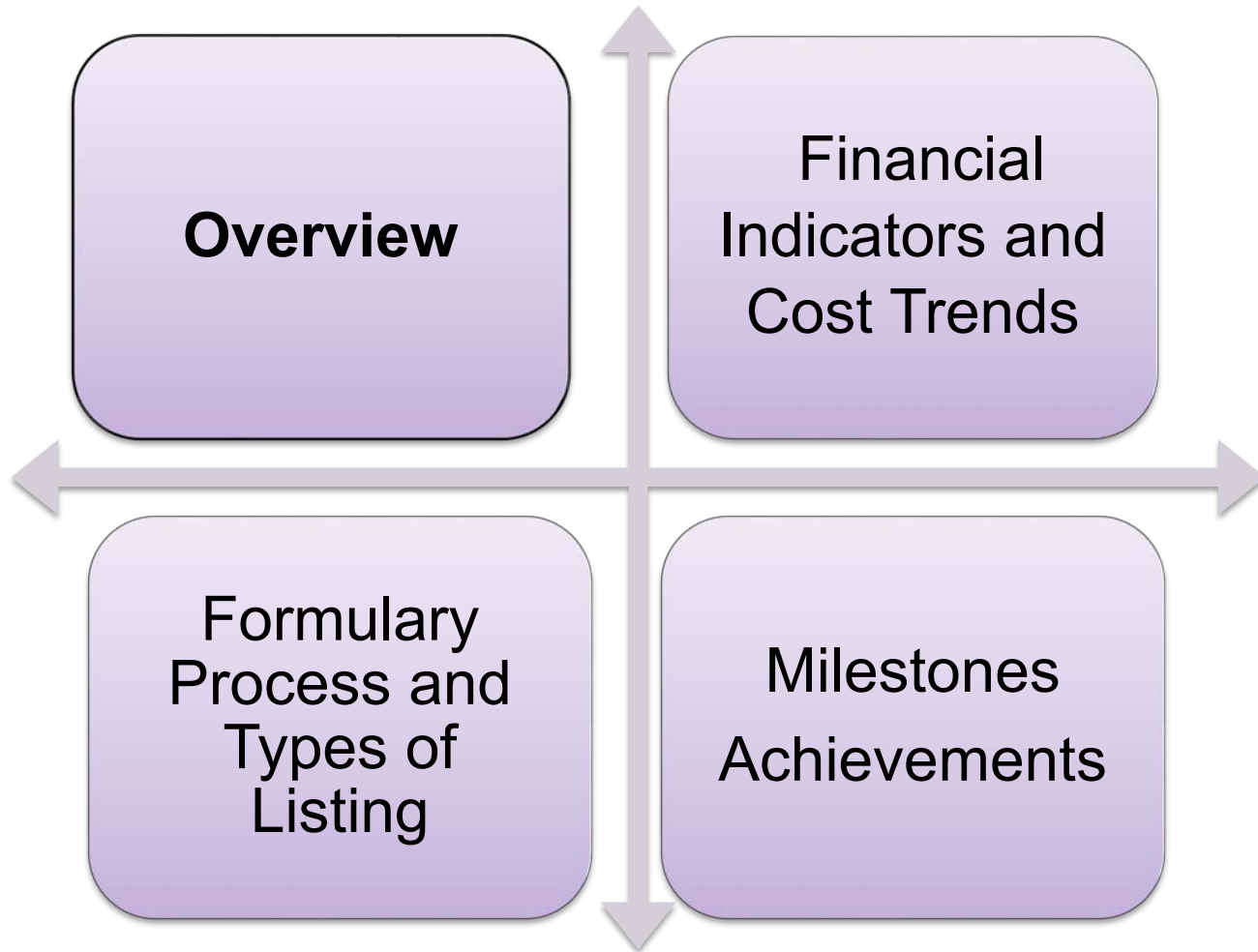


2012/13 Report Card for the Ontario Drug Benefit Program

Report Card Framework



Definitions & Disclaimers

- **Beneficiary:** Person eligible for coverage under the public drug programs
- **Utilizing Beneficiary:** Eligible person who had at least one claim during the fiscal year
- **Lower Income Senior:** Seniors who meet the Seniors Co-Payment (SCP) income thresholds
- **Core Seniors:** Refers to the majority of seniors in the ODB program. The regular ODB deductible and co-payment amounts apply to these recipients.
- **Claim:** Every time a pharmacist fills a prescription, initial or refill

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

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

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

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

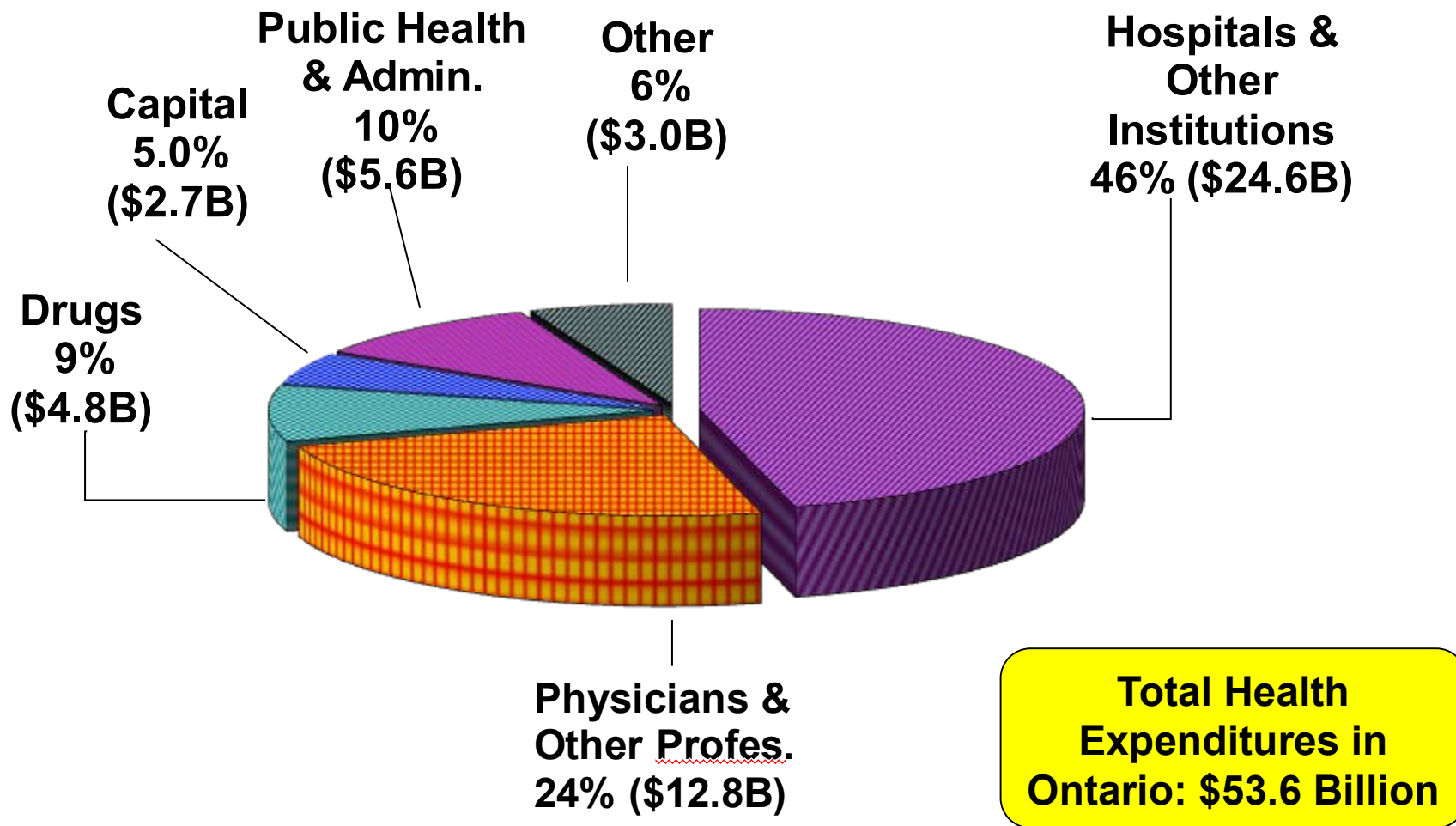
- **Government Cost:** RxCost minus Recipient Cost
- **General Benefit:** Reimbursement for the drug product is without restrictions or according to therapeutic notes.
- **Exceptional Access Program (EAP):** Individual requests for coverage of drug products not listed in the formulary are reviewed on a case by case basis.
- **Limited Use Products:** Reimbursement for certain drugs is dependent on specific clinical criteria

* Dispensing fee includes Professional fee + Compounding Fee

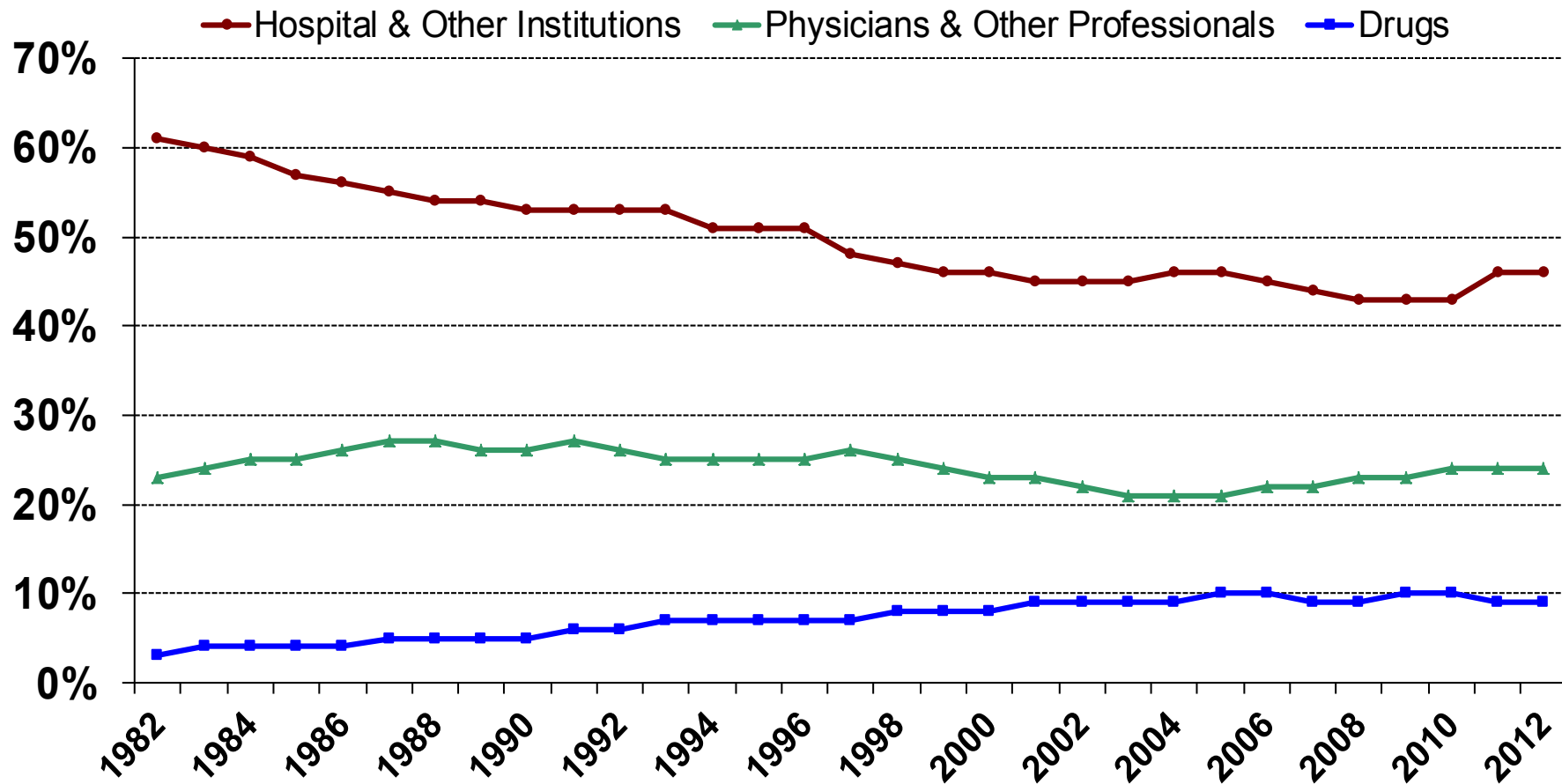
* Figures include Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Community and Social Services (MCSS) programs unless otherwise specified

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

Provincial Health Expenditures: 2012



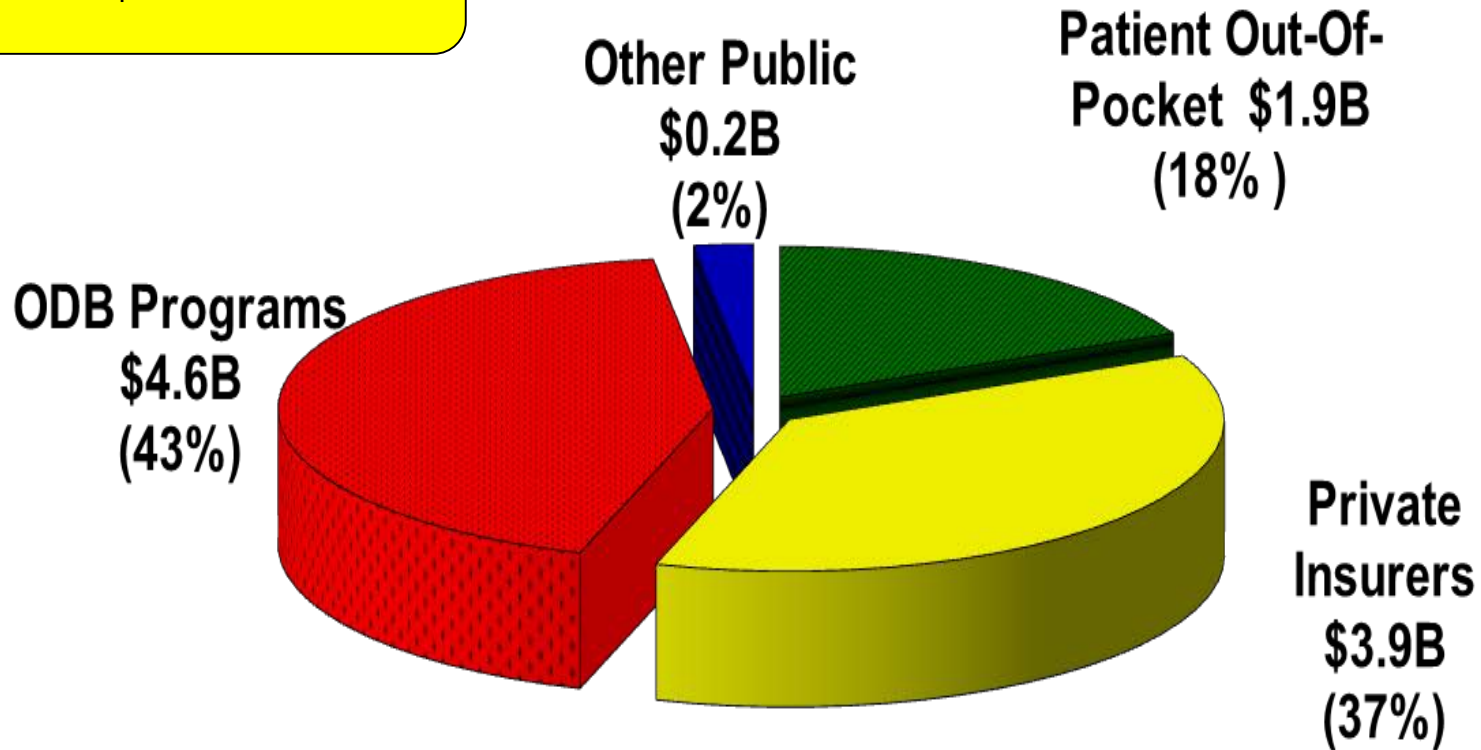
Provincial Health Expenditures Ontario: 1982-2012



Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2012

Drug Costs by Public, Private & Cash: 2012

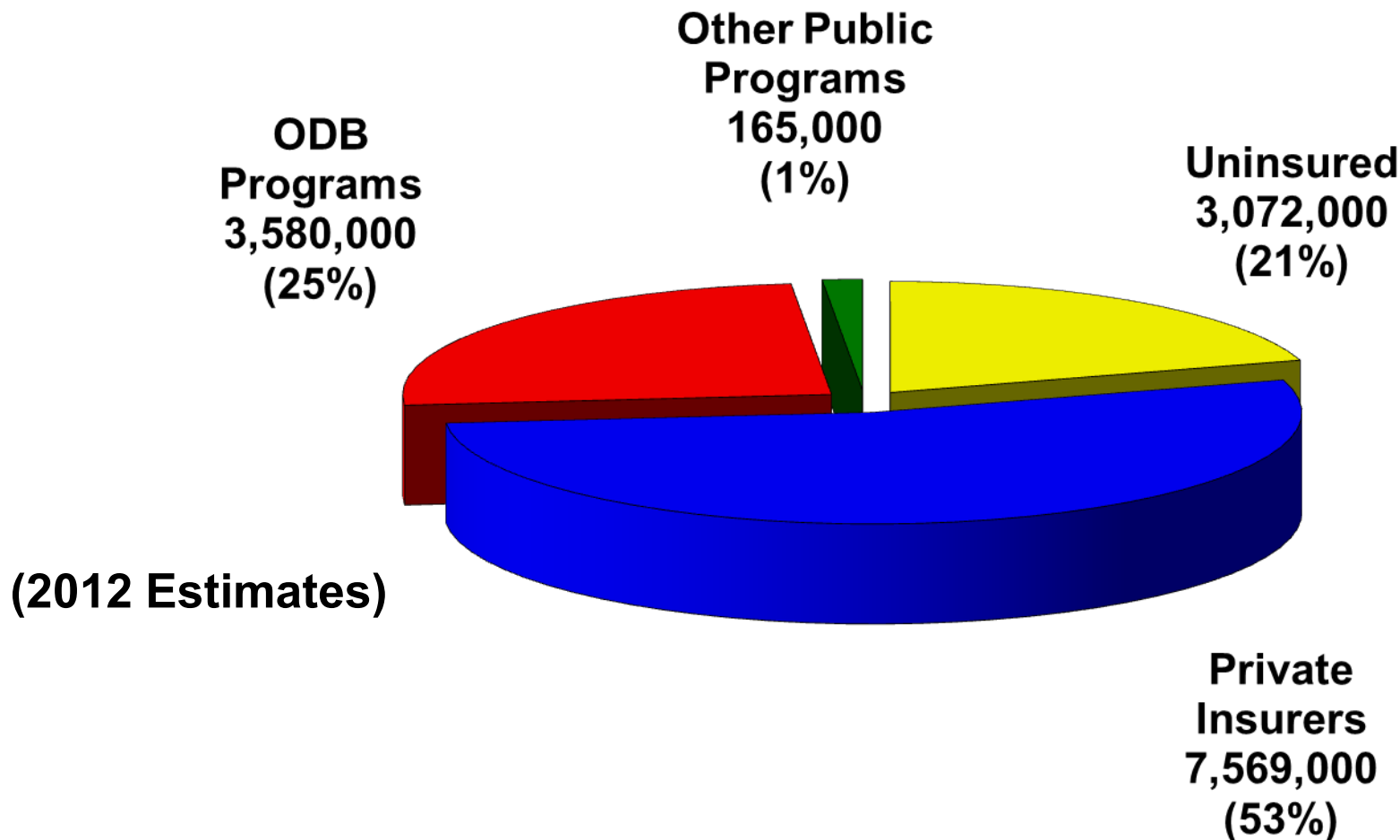
Total Drug Costs in Ontario: \$10.6 Billion



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

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

Ontario Population Covered by Public and Private Insurance: 2012



Note: Total population covered is 14,386,000 (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: 2002/03 – 2012/13

Beneficiaries

3.0M

2.8M

2.6M

2.4M

2.2M

2.0M

1.8M

4.6% more claims processed in 2012/13 compared to previous year

Claims

160M

140M

120M

100M

80M

60M

40M

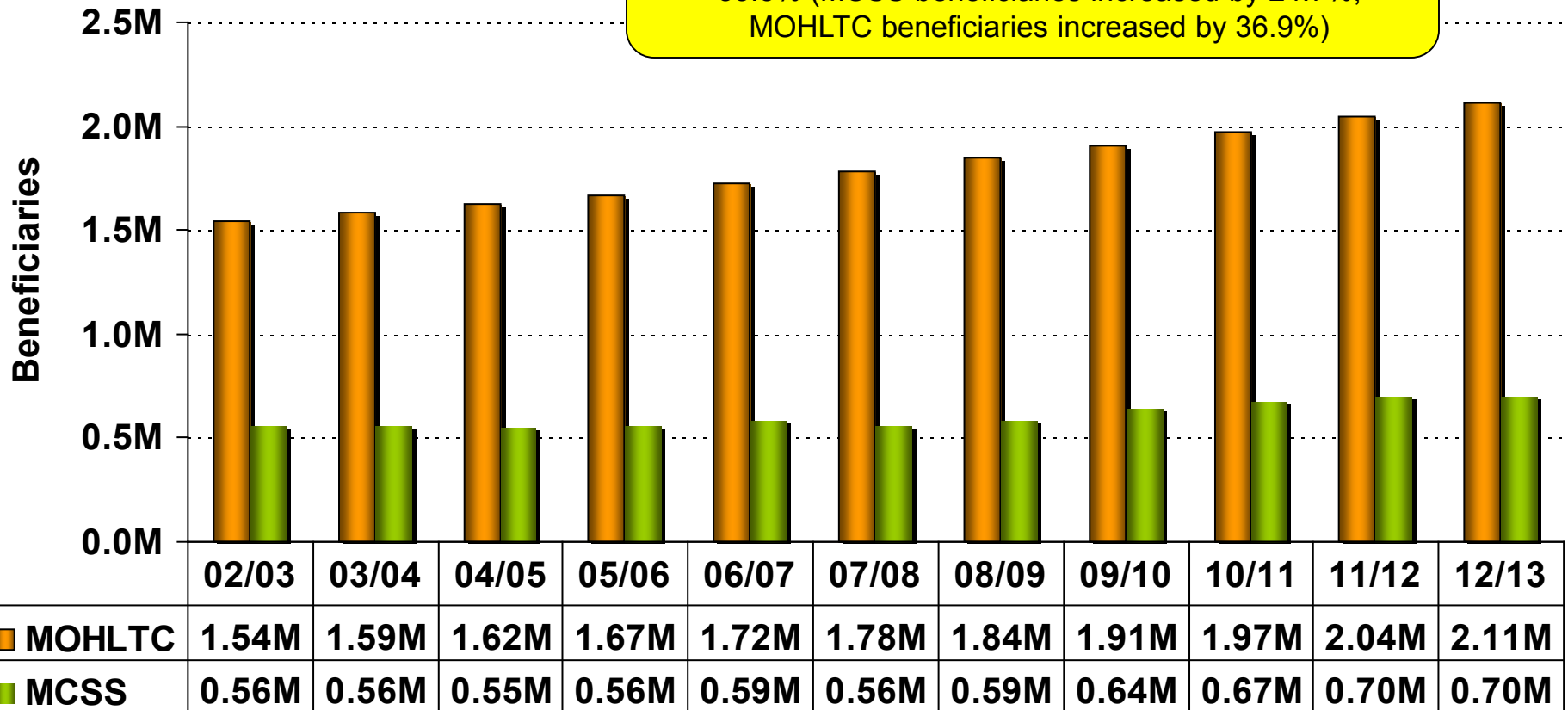
20M

0M

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
 Beneficiaries	2.1M	2.1M	2.2M	2.2M	2.3M	2.3M	2.4M	2.5M	2.6M	2.7M	2.8M
 Claims	63M	70M	77M	84M	91M	103M	109M	115M	124M	133M	139M

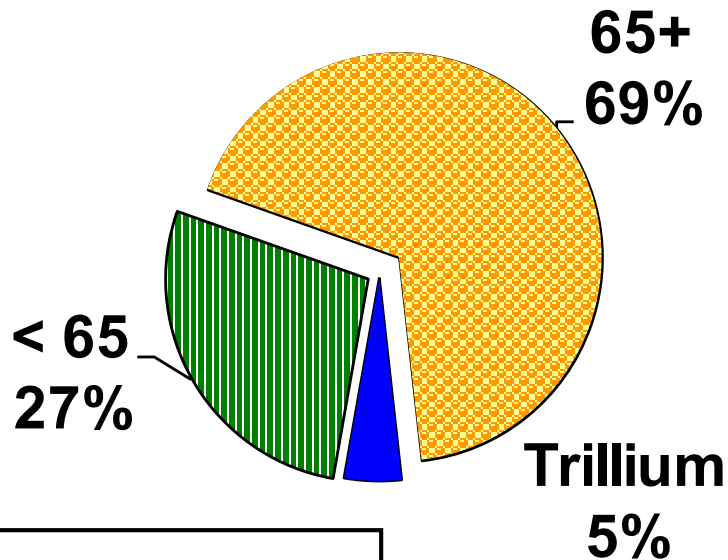
ODB Utilizing Beneficiaries by Ministry: 2002/03 – 2012/13

From 2002/03 to 2012/13, the total number of beneficiaries using the ODB program increased by 33.5% (MCSS beneficiaries increased by 24.7%; MOHLTC beneficiaries increased by 36.9%)



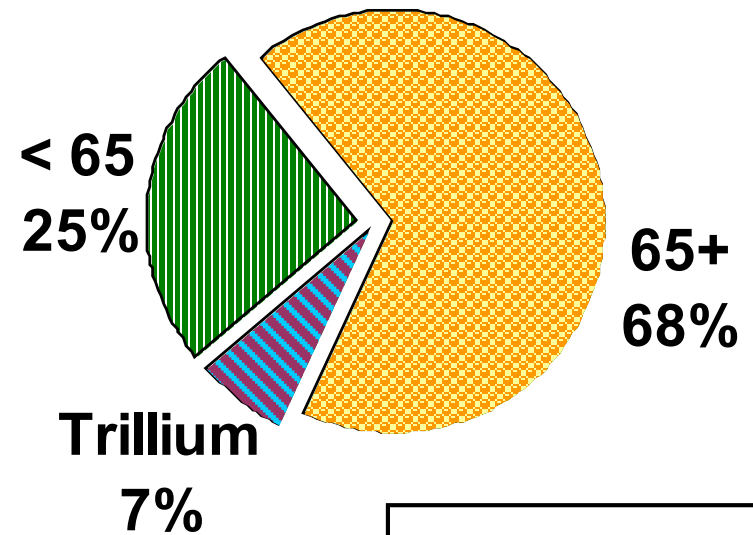
Age Breakdown of ODB Utilizing Beneficiaries 2002/03 vs. 2012/13

2002/03



<65	708K
Trillium	189K
65+	1,890K
Total	2,787K

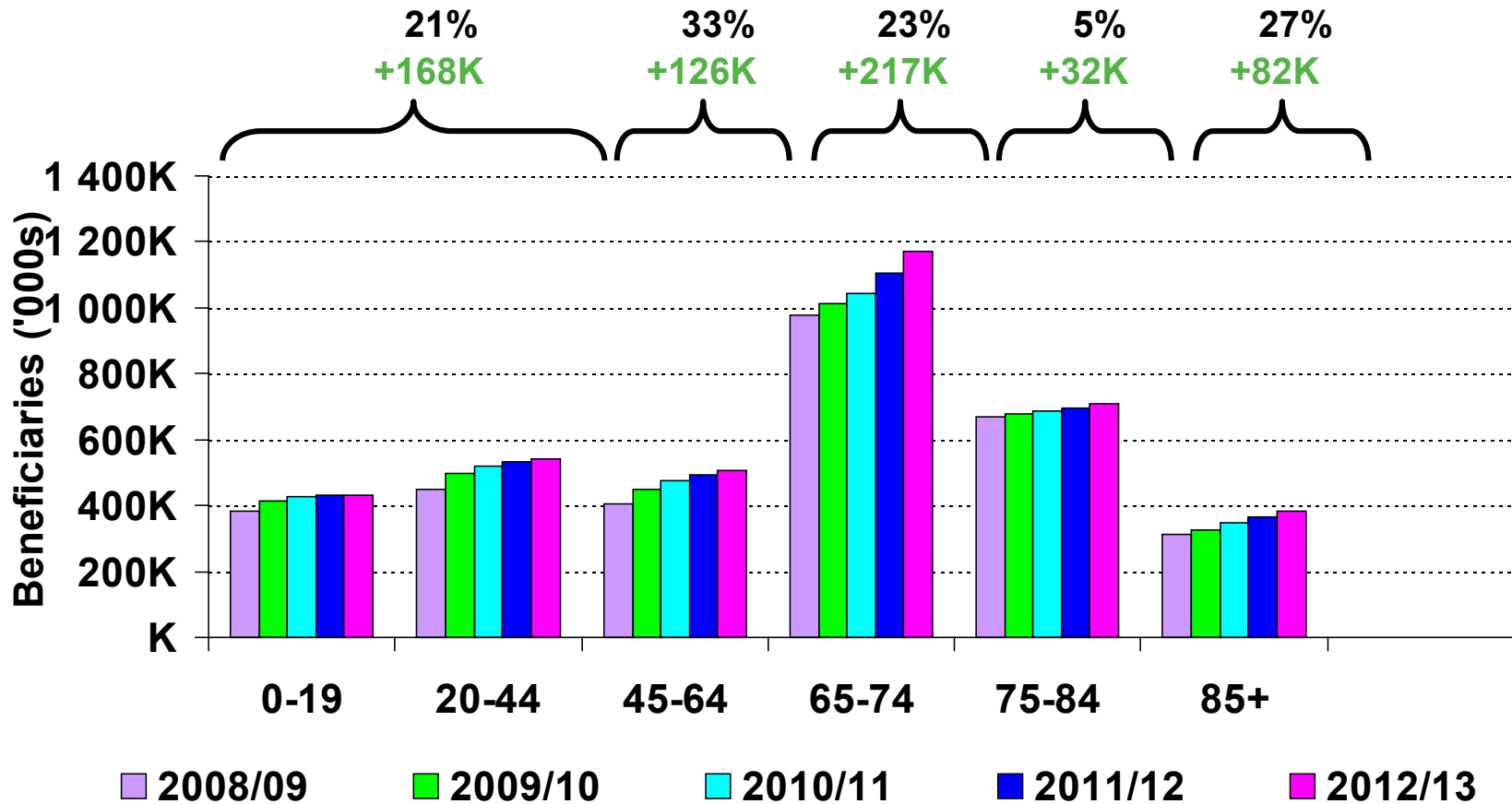
2012/13



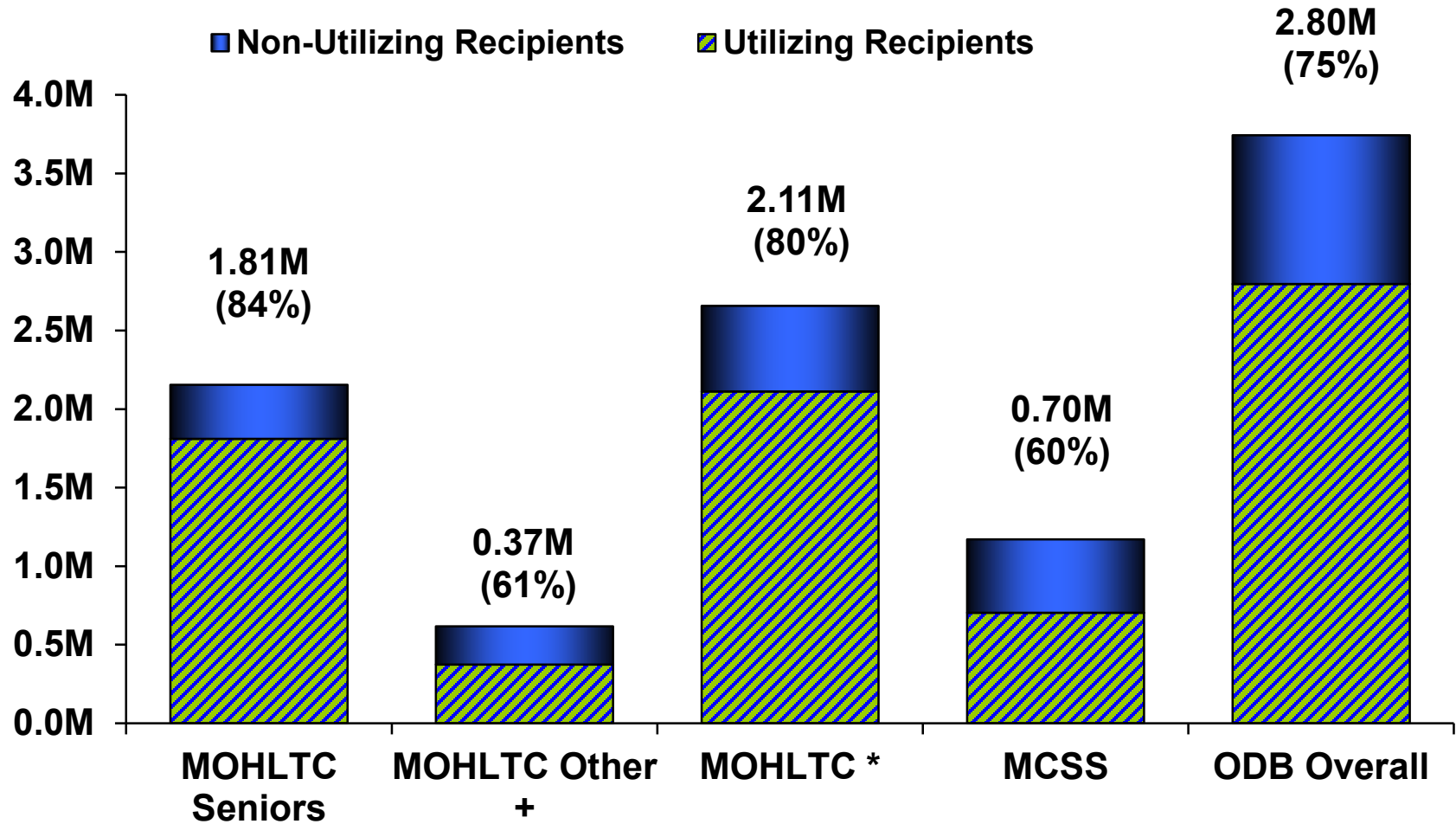
<65	559K
Trillium	93K
65+	1,429K
Total	2,081K

Age Distribution of Eligible Beneficiaries: 2008/09 – 2012/13

5-year growth



ODB Beneficiaries by Program: 2012/13

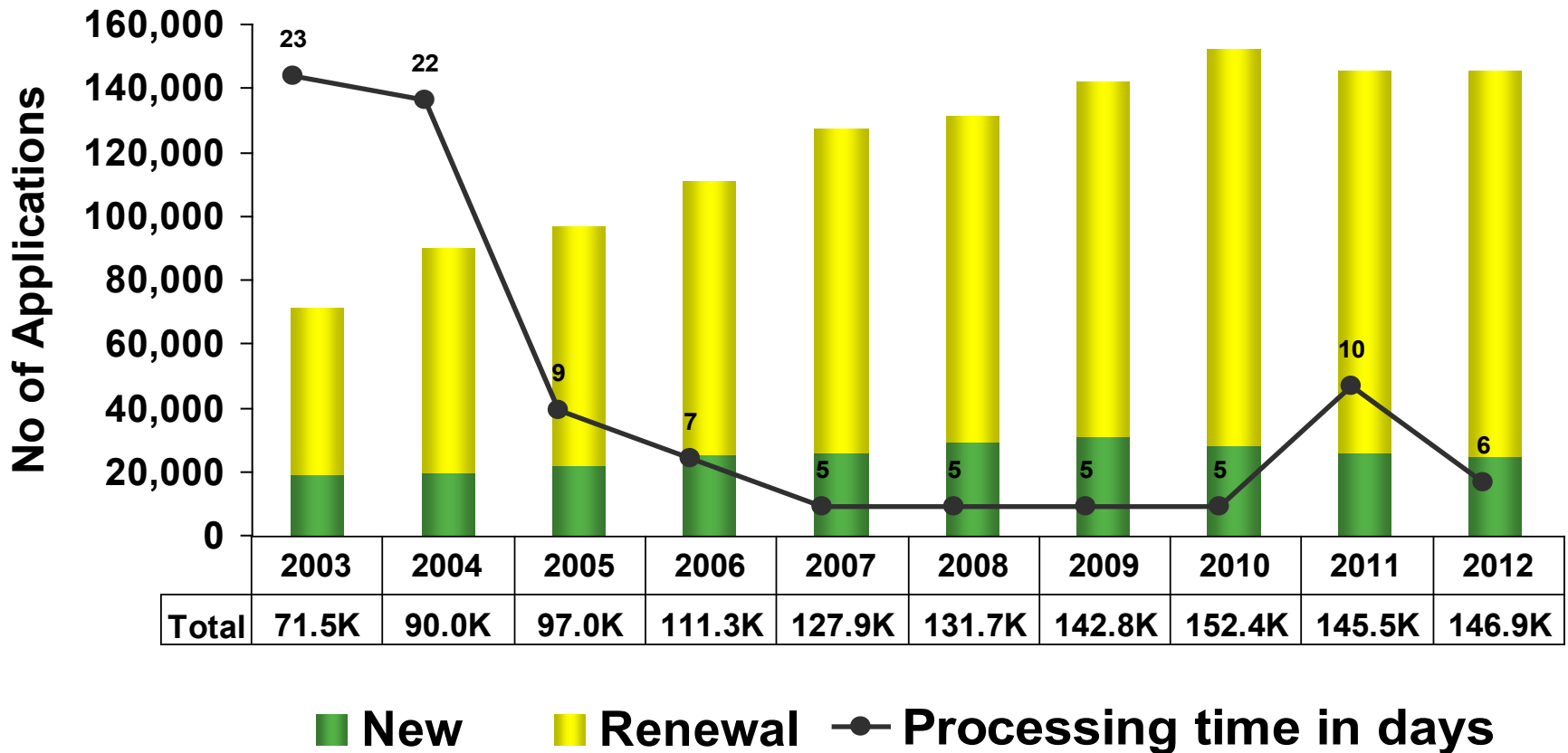


+ Long-Term Care, Homes for Special Care, Home Care & Trillium

* 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: 2003/2004 – 2012/2013 Benefit Years**



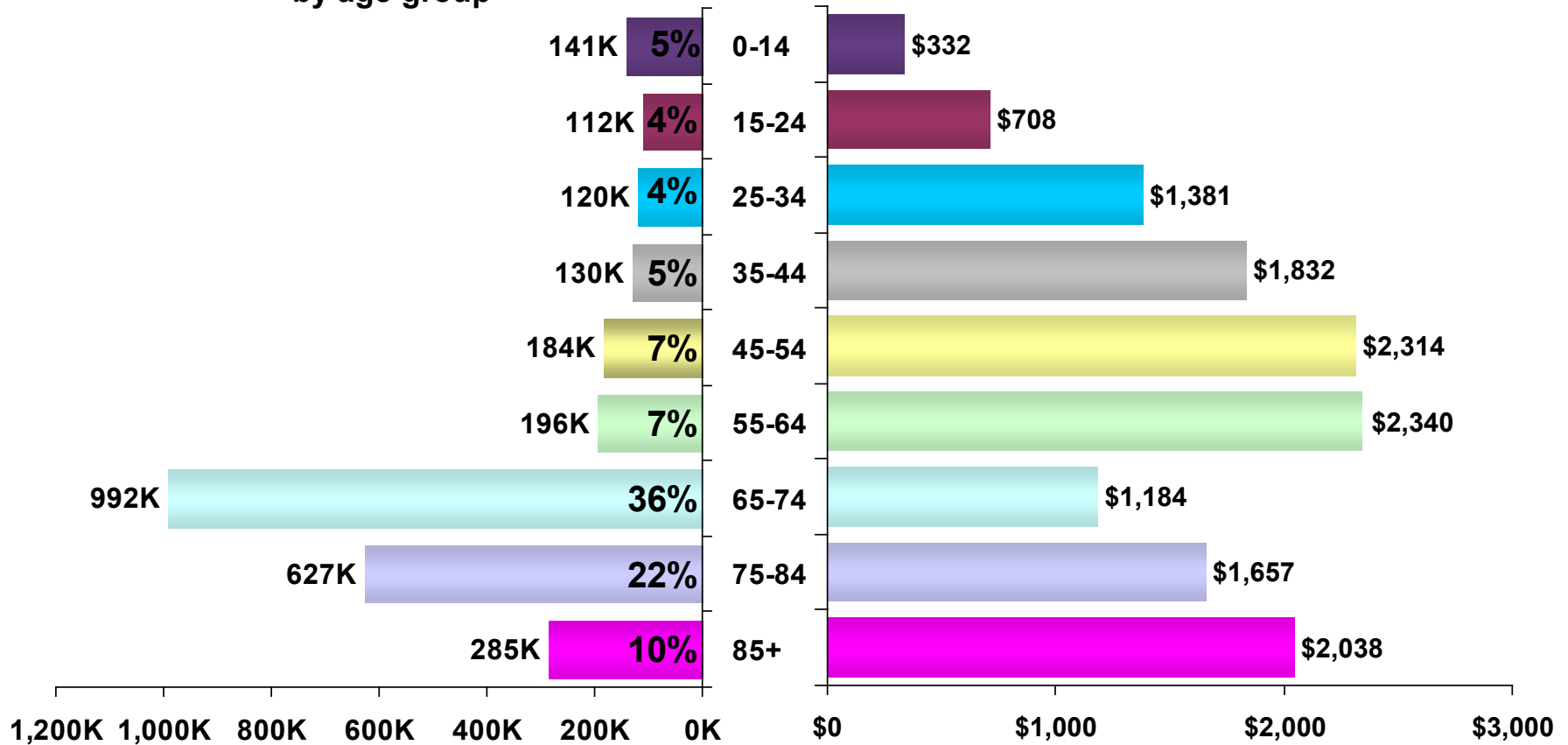
* Number of applications represents households, not individuals

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

Beneficiary Distribution & Government Cost by Age: 2012/13

Distribution of beneficiaries
by age group

Government cost per beneficiary
by age group

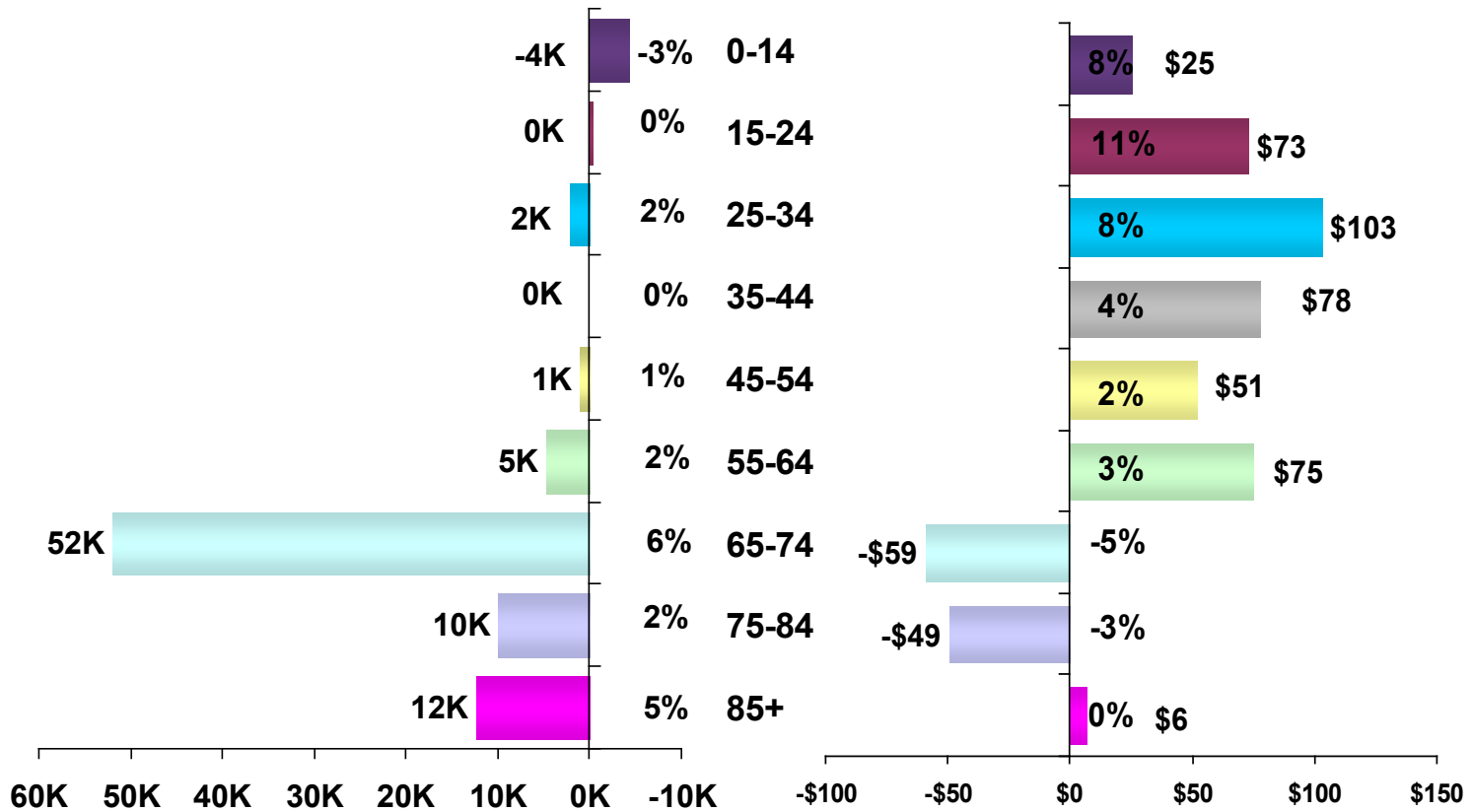


NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Age: 2011/12 – 2012/13

Change in beneficiaries by age group

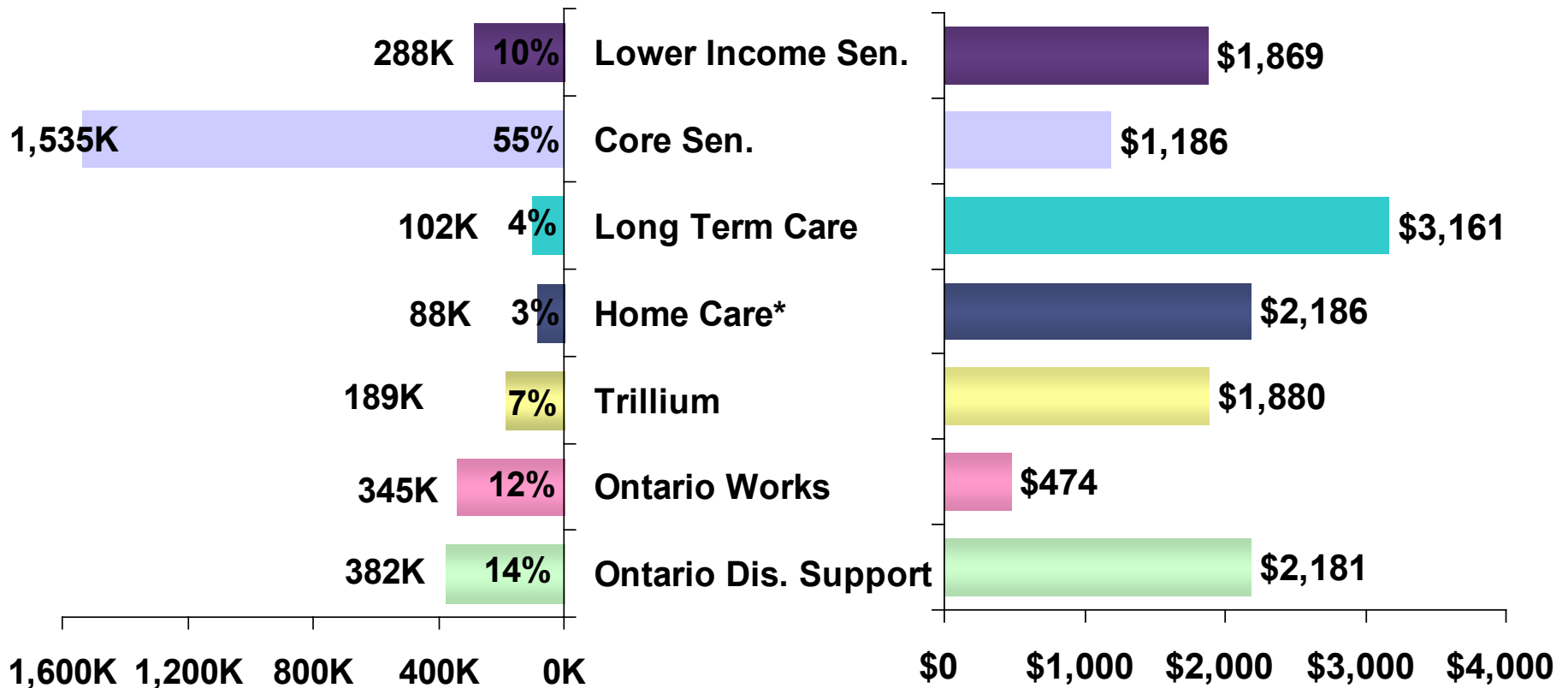
Change in government cost per beneficiary by age group



Beneficiary Distribution & Government Cost by Program: 2012/13

Distribution of beneficiaries by program

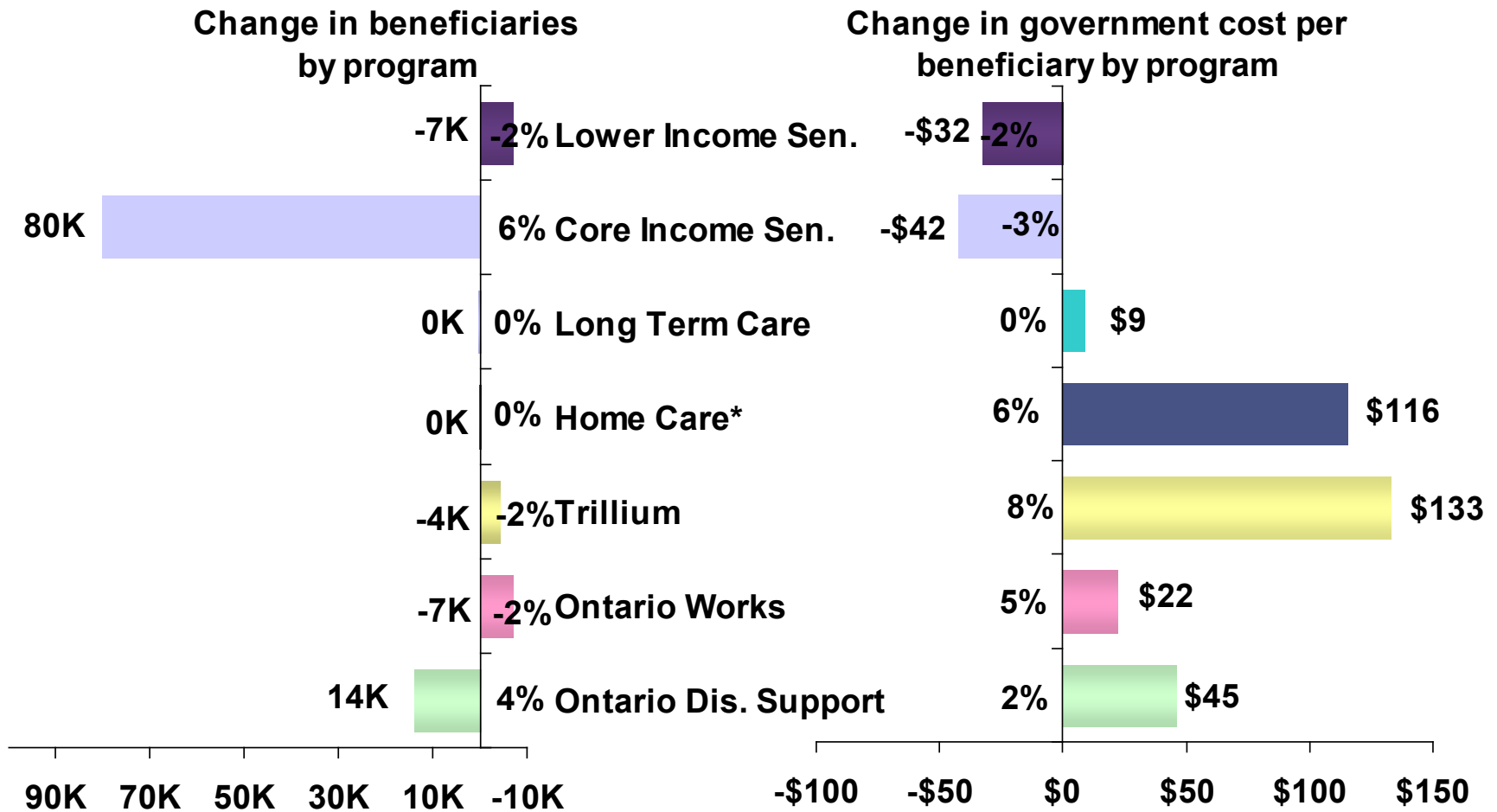
Government cost per beneficiary by program



* Home Care & Homes for Special Care

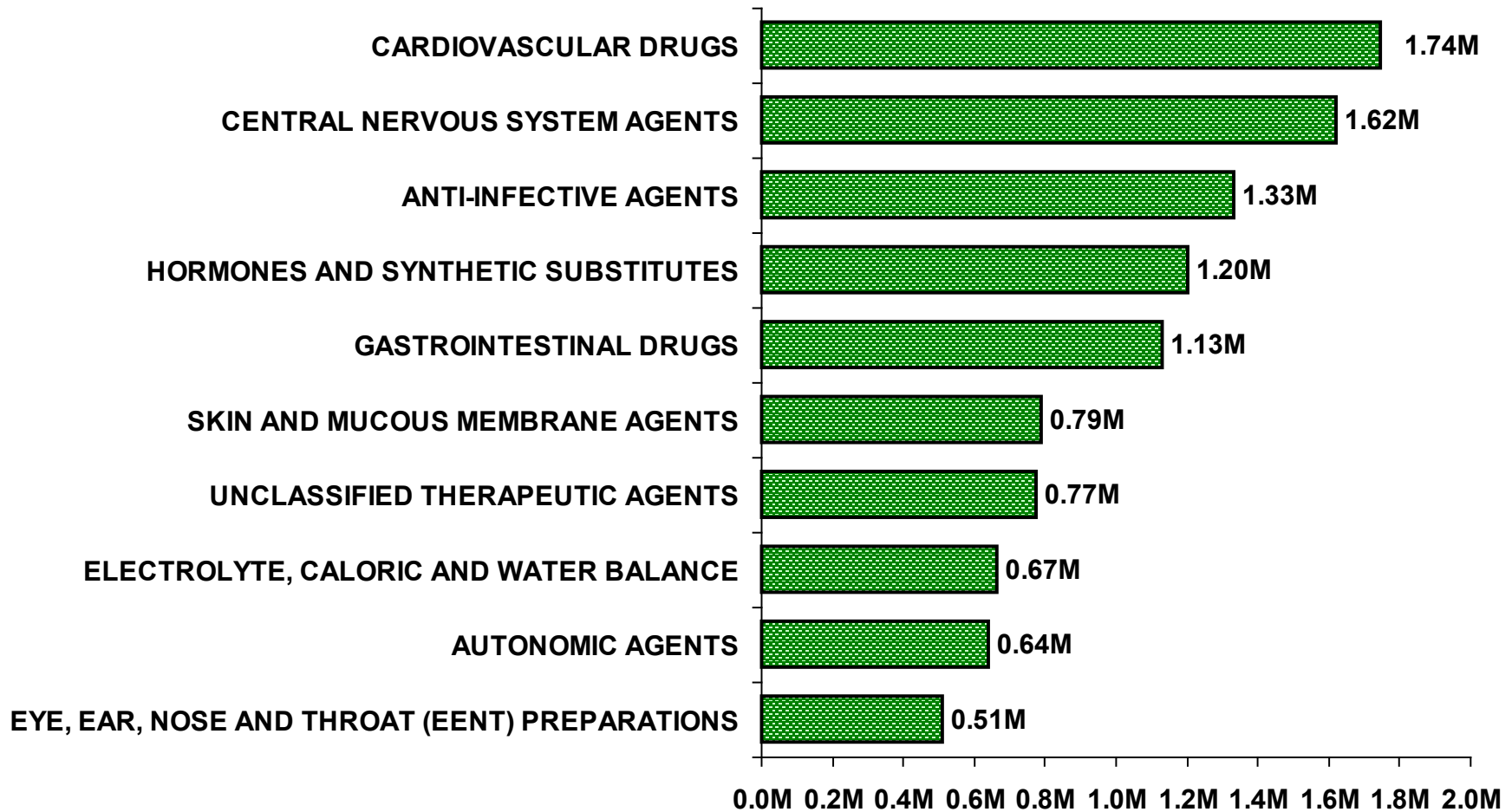
NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries. Individuals may move between programs within a benefit year and may be counted in more than one category.

Change in Beneficiaries & Government Cost by Program 2011/12 – 2012/13



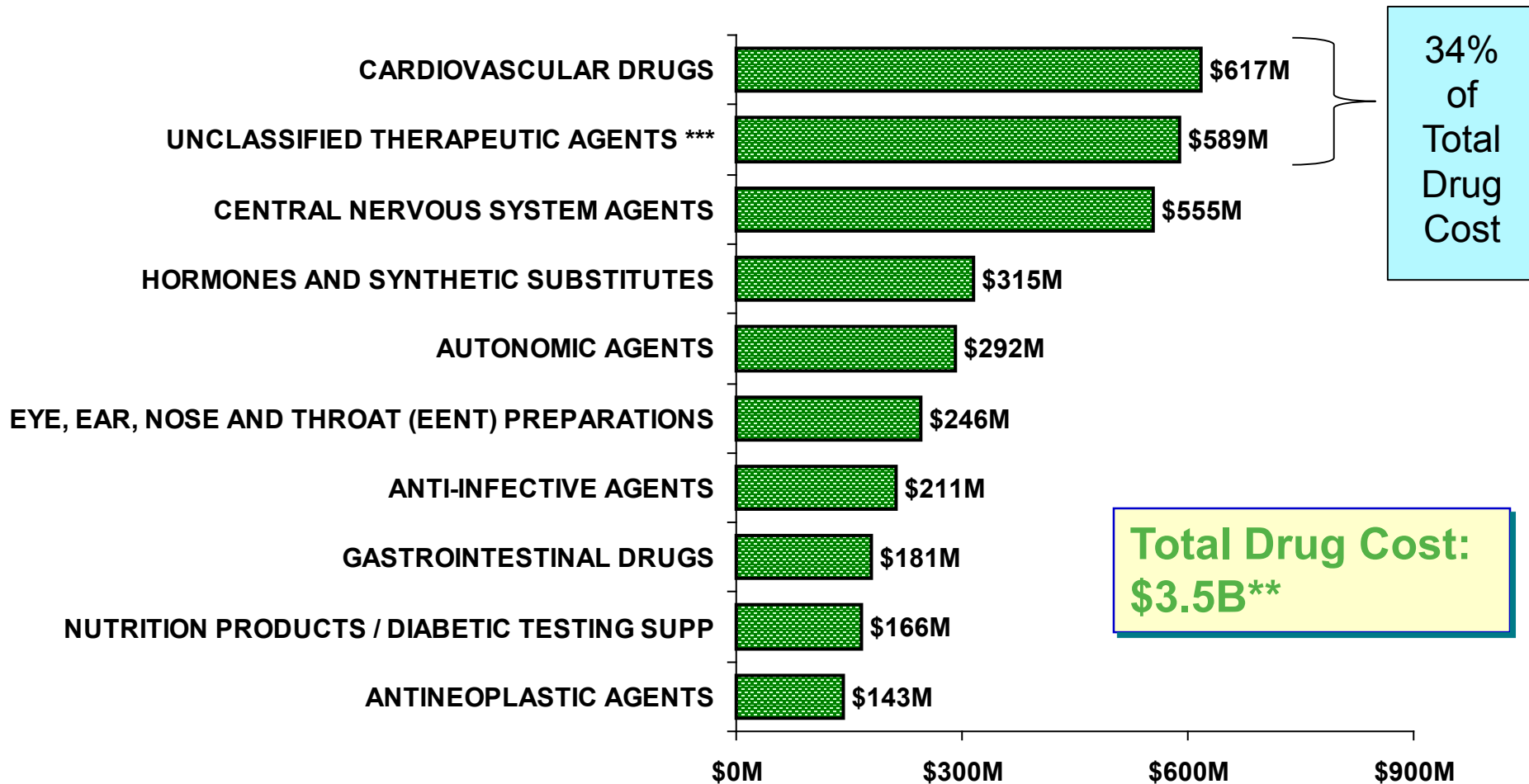
* Home Care & Homes for Special Care

Top 10 Therapeutic Classes* by Number of Users: 2012/13



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

Top 10 Therapeutic Classes by Drug Cost*: Fiscal Year 2012/13

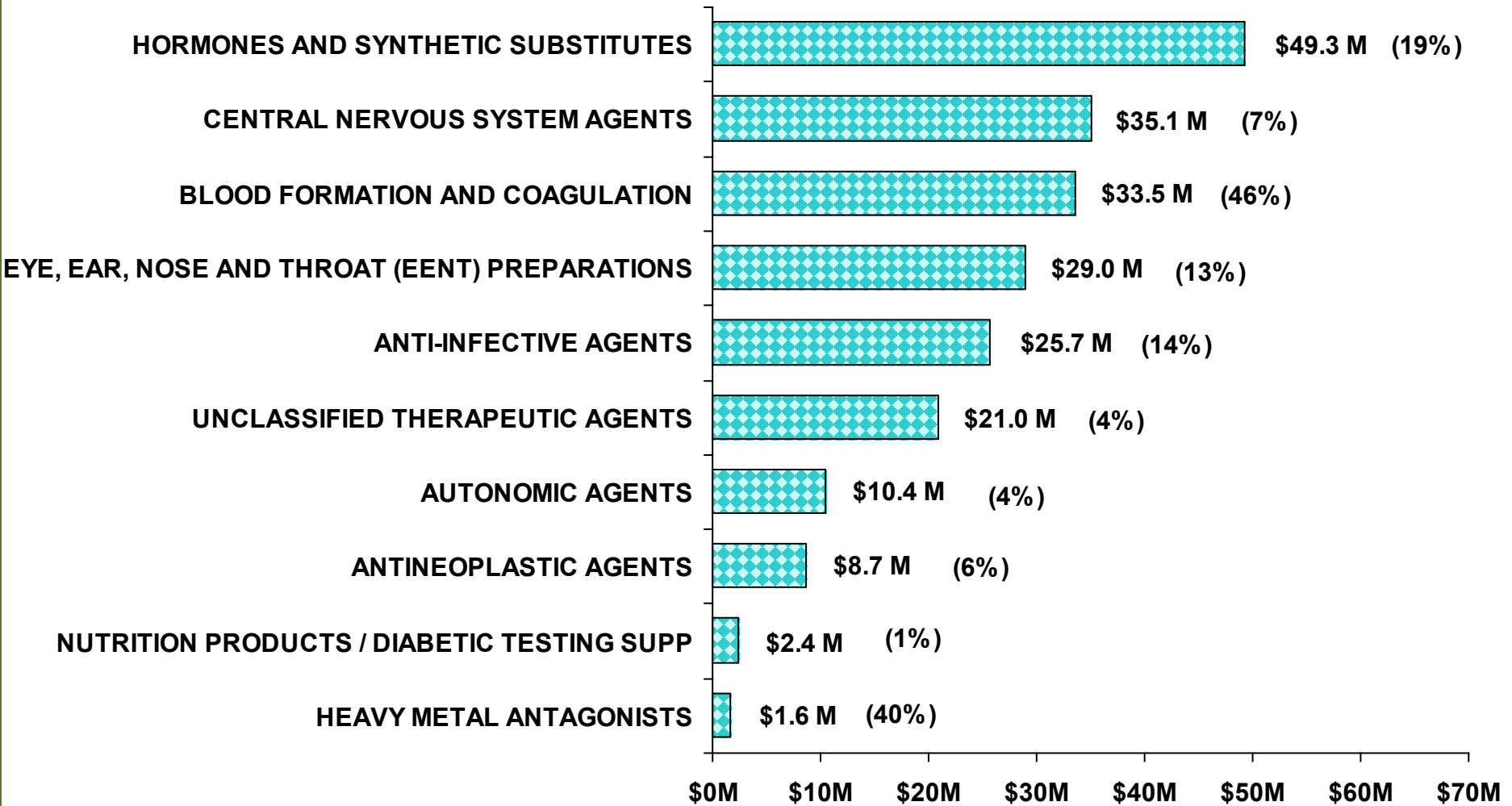


* Does not include New Drug Funding Program (NDFP) expenditures, administered on behalf of the MOHLTC by Cancer Care Ontario (CCO).

** Includes all classes, not just top 10

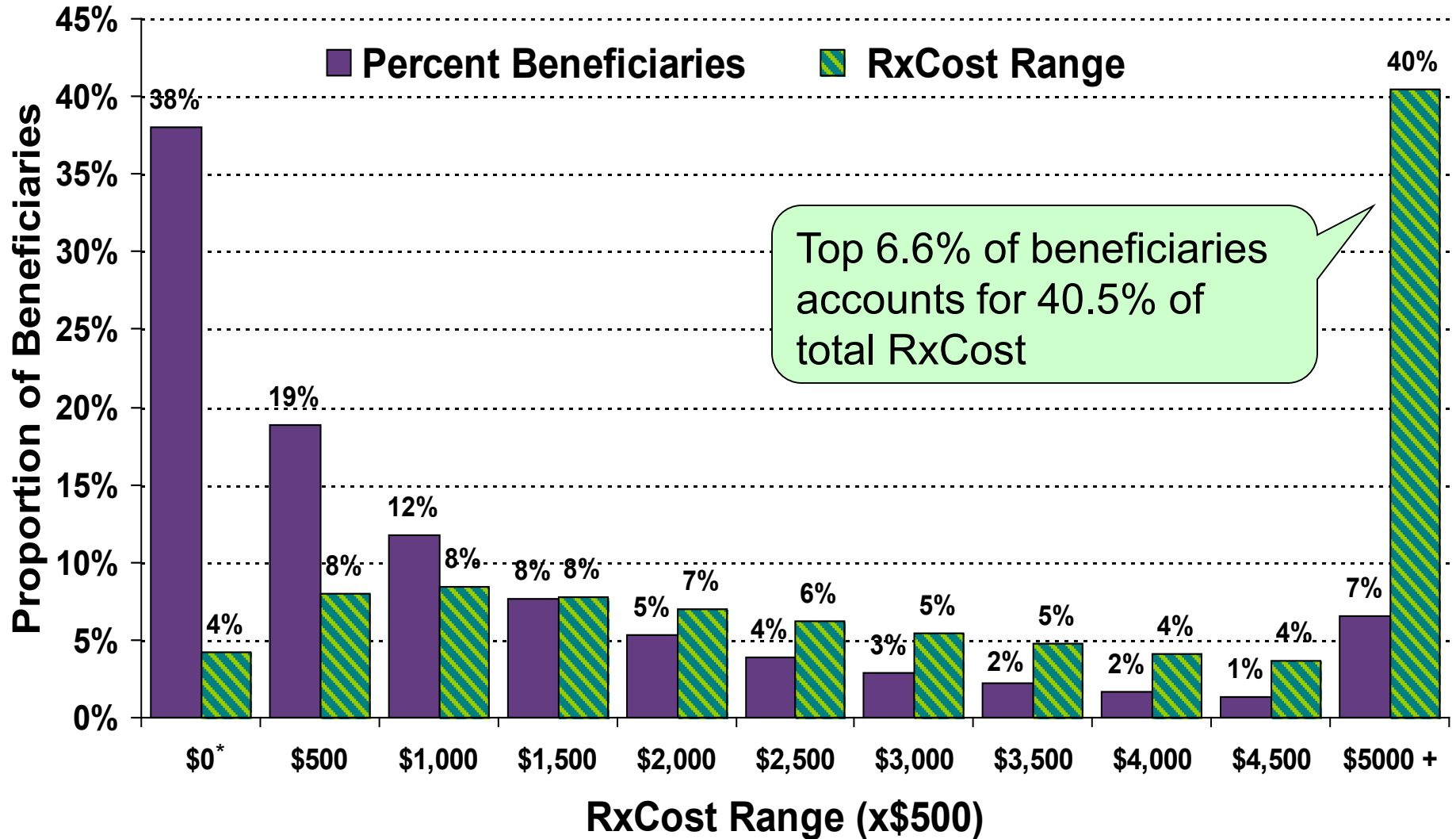
*** Some top drugs in this category include drugs used to treat osteoporosis, Parkinson's Disease, Plaque Psoriasis and Rheumatoid Arthritis, Pompe Disease, Multiple Sclerosis

Fastest Growing Classes by Drug Cost: 2011/12 – 2012/13



Total increase over previous year: \$216.8M

Cost Concentration From Least to Most Costly Beneficiary: 2012/13

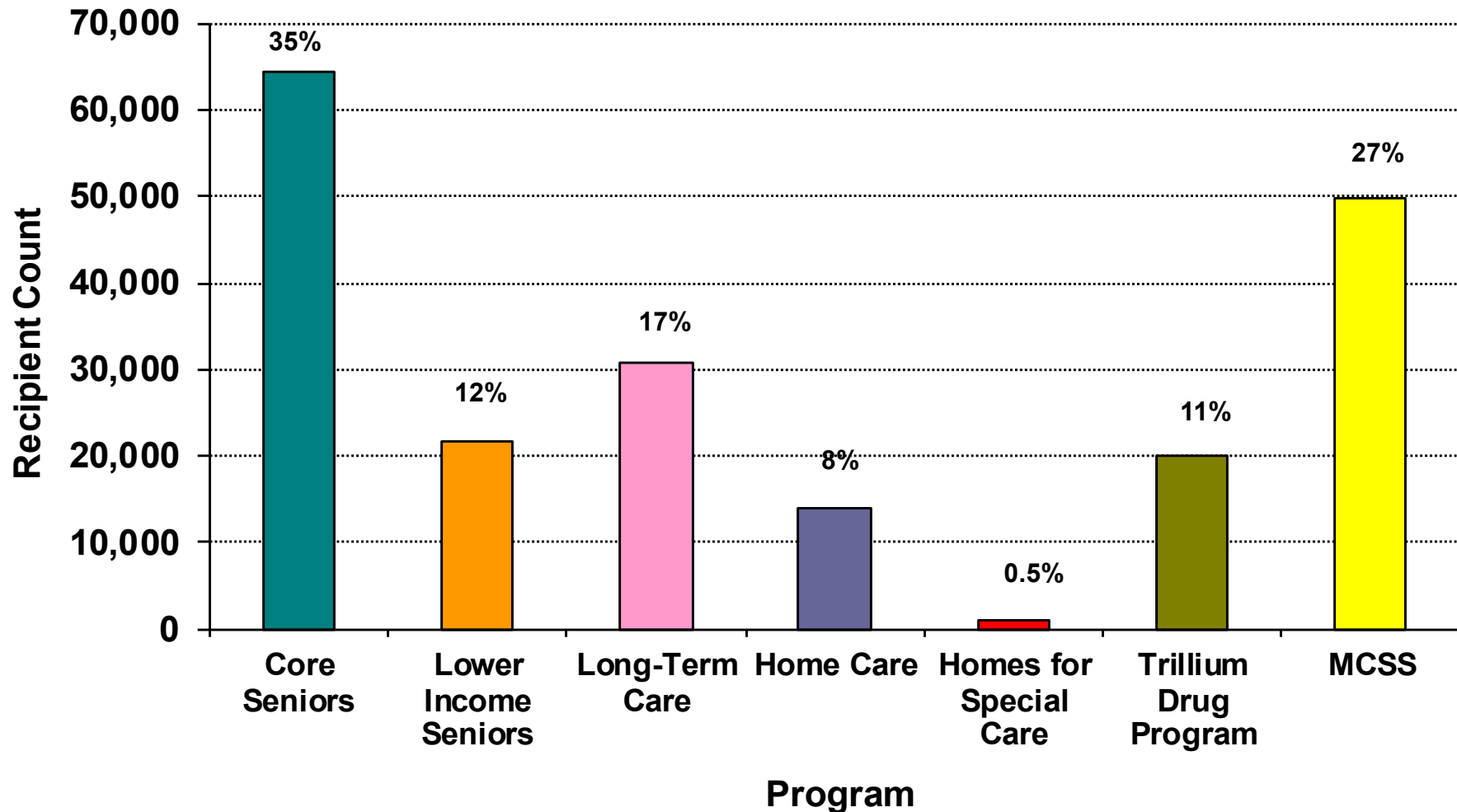


*Amounts represent ranges, i.e. \$0 = \$0 - \$499.

Breakdown of Top Beneficiaries Category: 2012/13

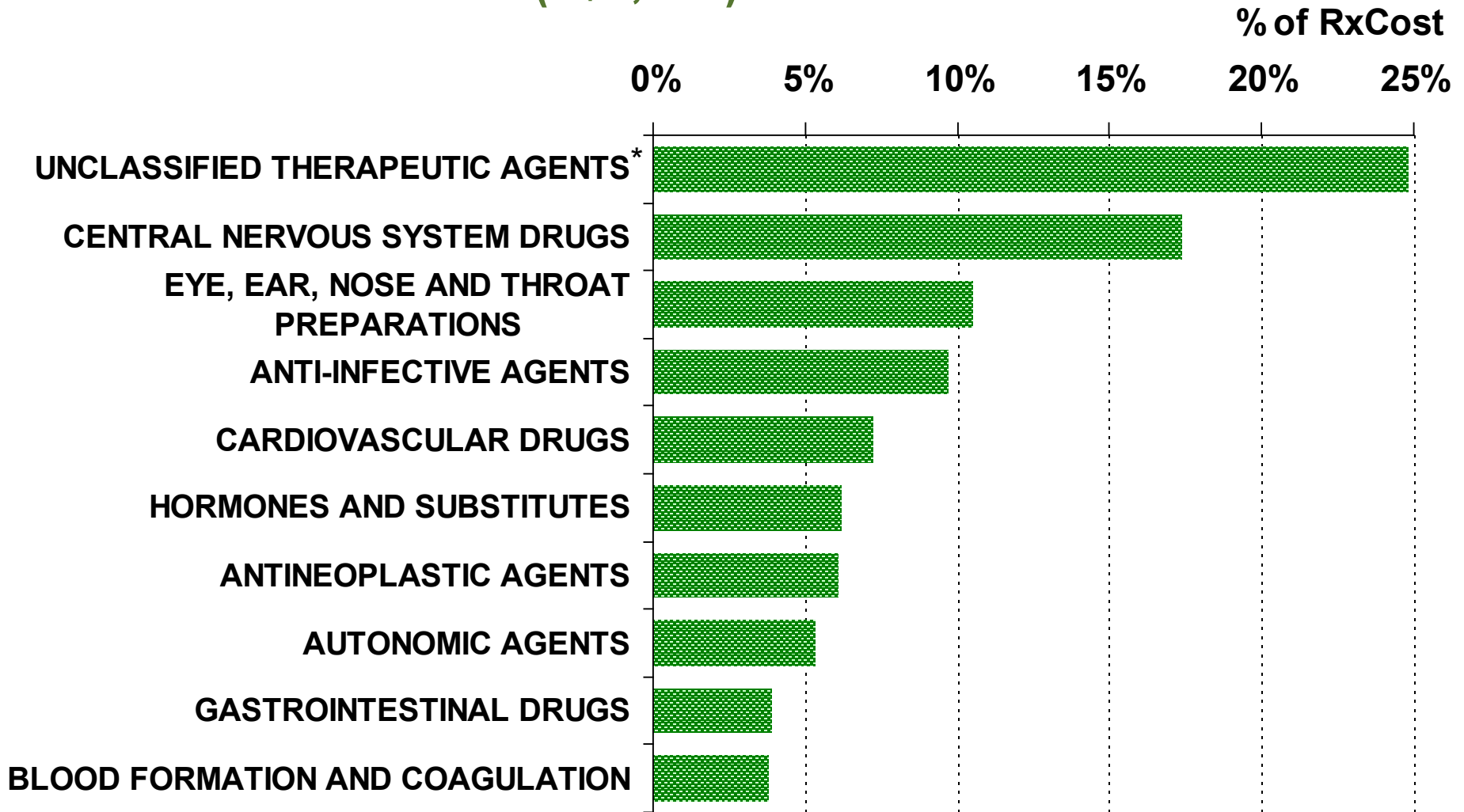
- Top 6.6% of Beneficiaries amount to 40.5% of total RxCost
- Top drugs for these beneficiaries according to both total drug cost and total government cost are:
 1. Lucentis (ranibizumab)
 2. Remicade (infliximab)
 3. Injectable mixture, infusion and in cassette
 4. Revlimid (lenalidomide)
 5. Enbrel (etanercept)
 6. Humira (adalimumab)
- 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: 2012/13



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): 2012/13

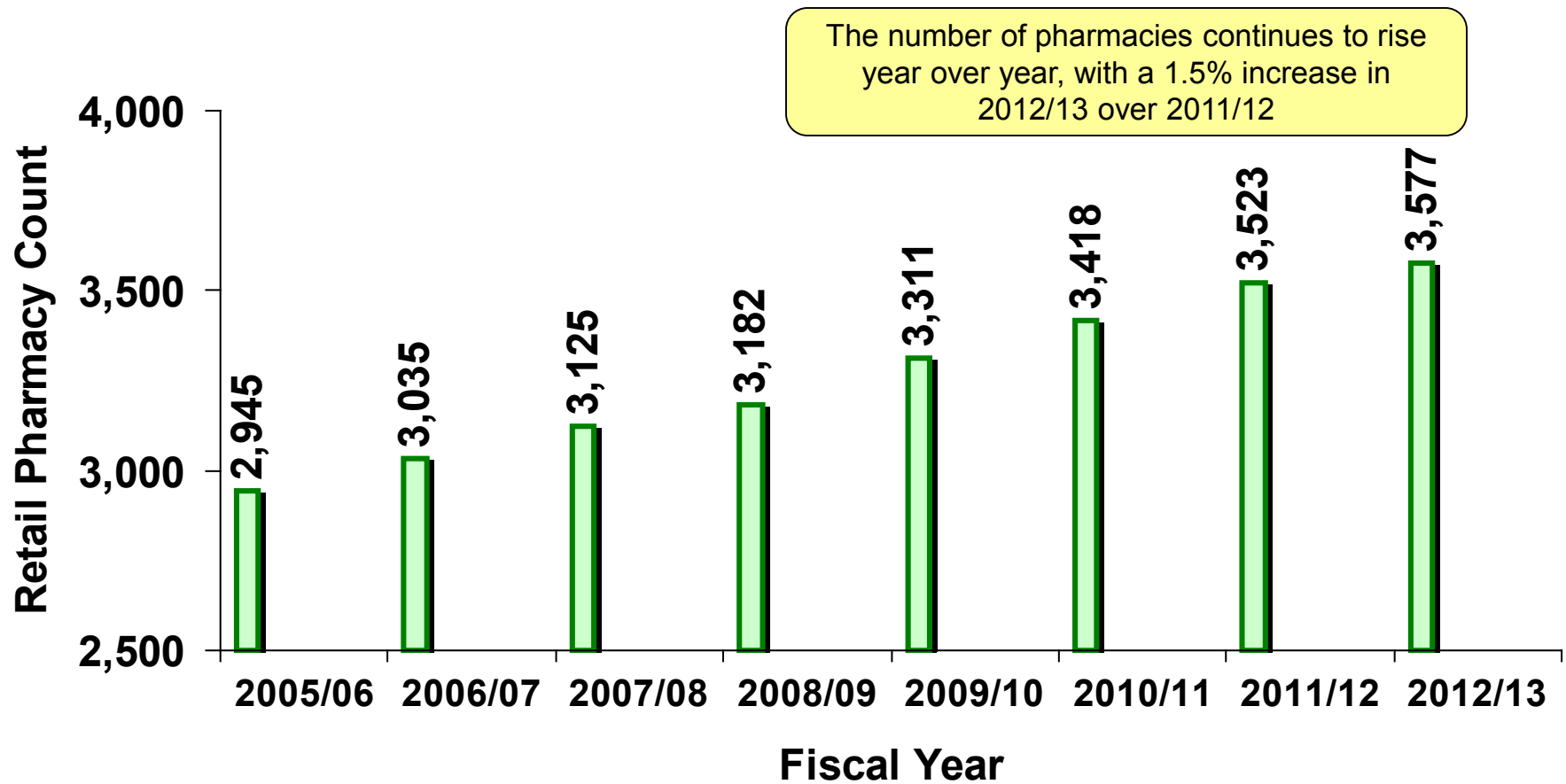


* Some top drugs in this category include drugs used to treat osteoporosis, Parkinson's Disease, Plaque Psoriasis and Rheumatoid Arthritis, Pompe Disease, Multiple Sclerosis

Top 10 Chemicals for High Cost Claimants by Total RxCost: 2012/13

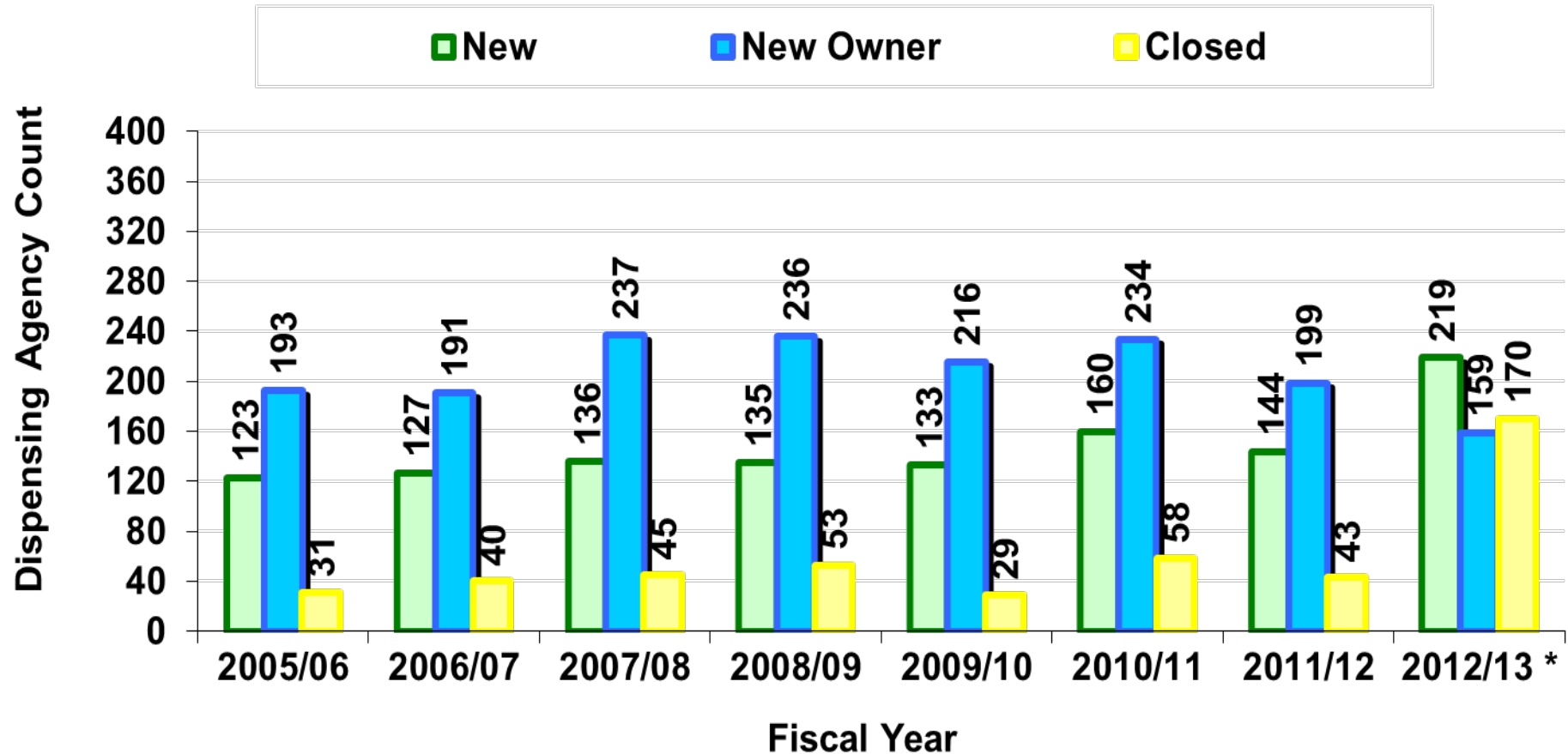
Rk	Drug Name	Class	Drug Cost	% Total Drug
1	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	\$193M	9.9%
2	Infliximab (Remicade)	Unclassified	\$84M	4.3%
3	Injectable in Cassette, Infusion or Mixture	Unclassified	\$59M	3.0%
4	Lenalidomide (Revlimid)	Unclassified	\$49M	2.5%
5	Etanercept (Enbrel) -LU	Unclassified	\$48M	2.5%
6	Adalimumab (Humira) - LU	Unclassified	\$41M	2.1%
7	Diagnostic Agents – Diabetes	Diabetic Testing Strips	\$38M	1.9%
8	Oxycodone HCL (OxyNeo)	Central Nervous System	\$35M	1.8%
9	Donepezil (Aricept) - LU	Autonomic Agents	\$34M	1.8%
10	Imatinib Mesylate (Gleevec)	Antineoplastic Aents	\$34M	1.8%
TOTAL Top 10			\$615M	31.6%

Active* Retail Pharmacies in Ontario: 2005/06 – 2012/13



* Active as of March 31st of each fiscal year

New, New Owner and Closed Retail Pharmacies in Ontario: 2005/06 – 2012/13



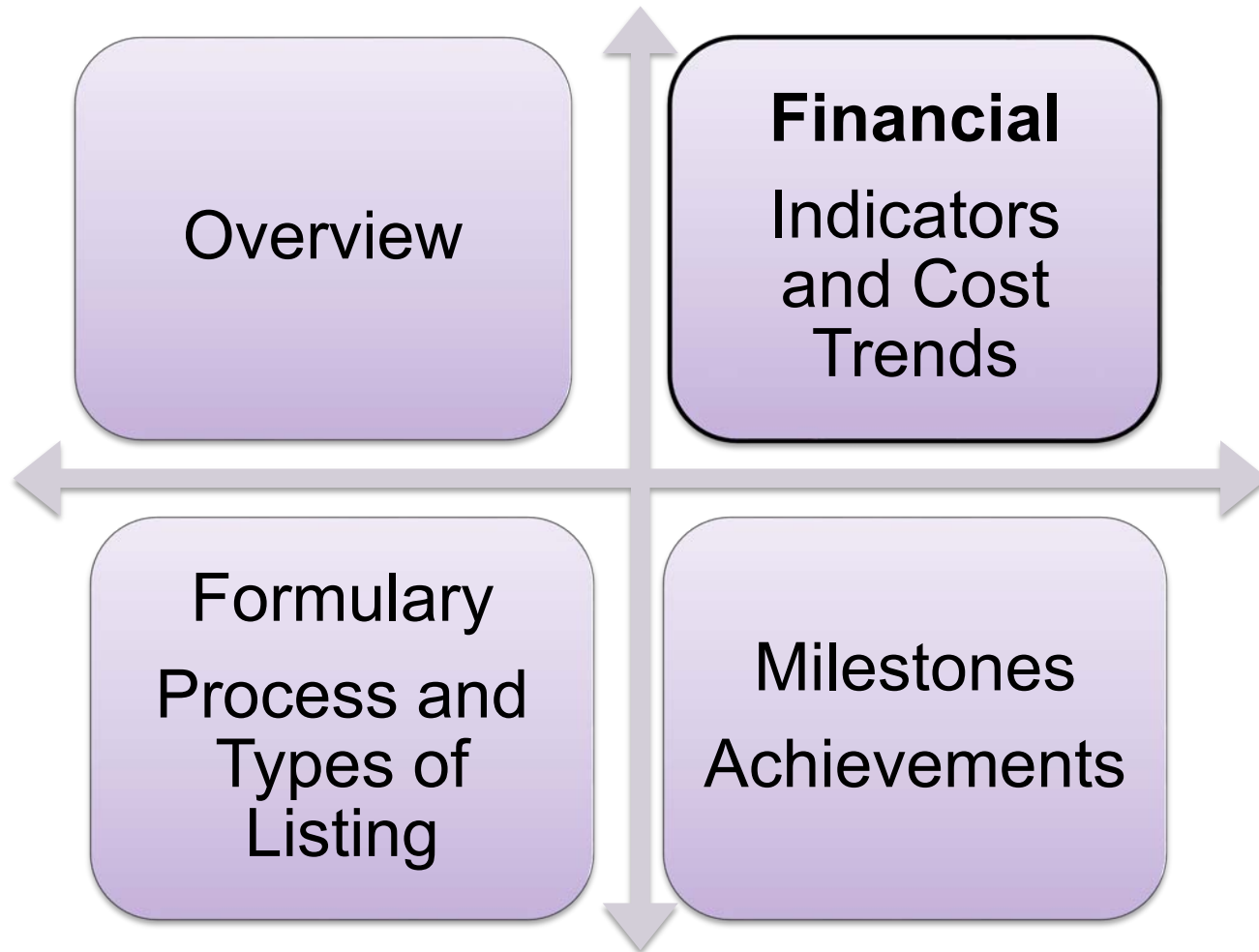
* Due to account processing changes by the Ontario College of Pharmacists, ODB account closures are tracked differently and do not necessarily reflect pharmacy closures.

NB: Agencies may be double counted in a fiscal year if they experienced multiple changes. Data includes all changes (new, new owner and/or closed) over an entire fiscal year. Data excludes agencies where no change occurred during the fiscal year.

Highlights of Overview

- Drugs represented 9% of provincial health expenditures in 2012/13, remaining steady over 2011/12.
- The number of ODB beneficiaries and claims continues to rise: approximately 4.6% more claims processed in 2012/13 over 2011/12.
- The top 6.6% of beneficiaries (determined by RxCost) accounted for a large proportion of expenditures (40.5%) in 2012/13.
- Cardiovascular drugs and Central Nervous system drugs are the top two classes of drugs in terms of number of users in 2012/13.
- The total number of ODB recipients continues to increase annually. From 2002/03 – 2012/13, the total number of beneficiaries has increased 31.8%.

Report Card Framework



ODB Financial Statistics: 2011/12 vs. 2012/13

	2011/12 **	2012/13 **	% Change*
Drug Cost	\$3,466M	\$3,517M	2%
+ Markup	\$264M	\$268M	1%
+ Dispensing and Compounding Fees	\$932M	\$995M	7%
= RxCost	\$4,681M	\$4,780M	2%
Recipient Cost (Co-Payment and Deductible)	\$549M	\$576M	5%
Government Cost	\$4,132M	\$4,225M	2%
<i>MOHLTC</i>	<i>\$3,187M</i>	<i>\$3,229M</i>	<i>1%</i>
<i>MCSS</i>	<i>\$945M</i>	<i>\$996M</i>	<i>5%</i>

* Rounded to the nearest whole number

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

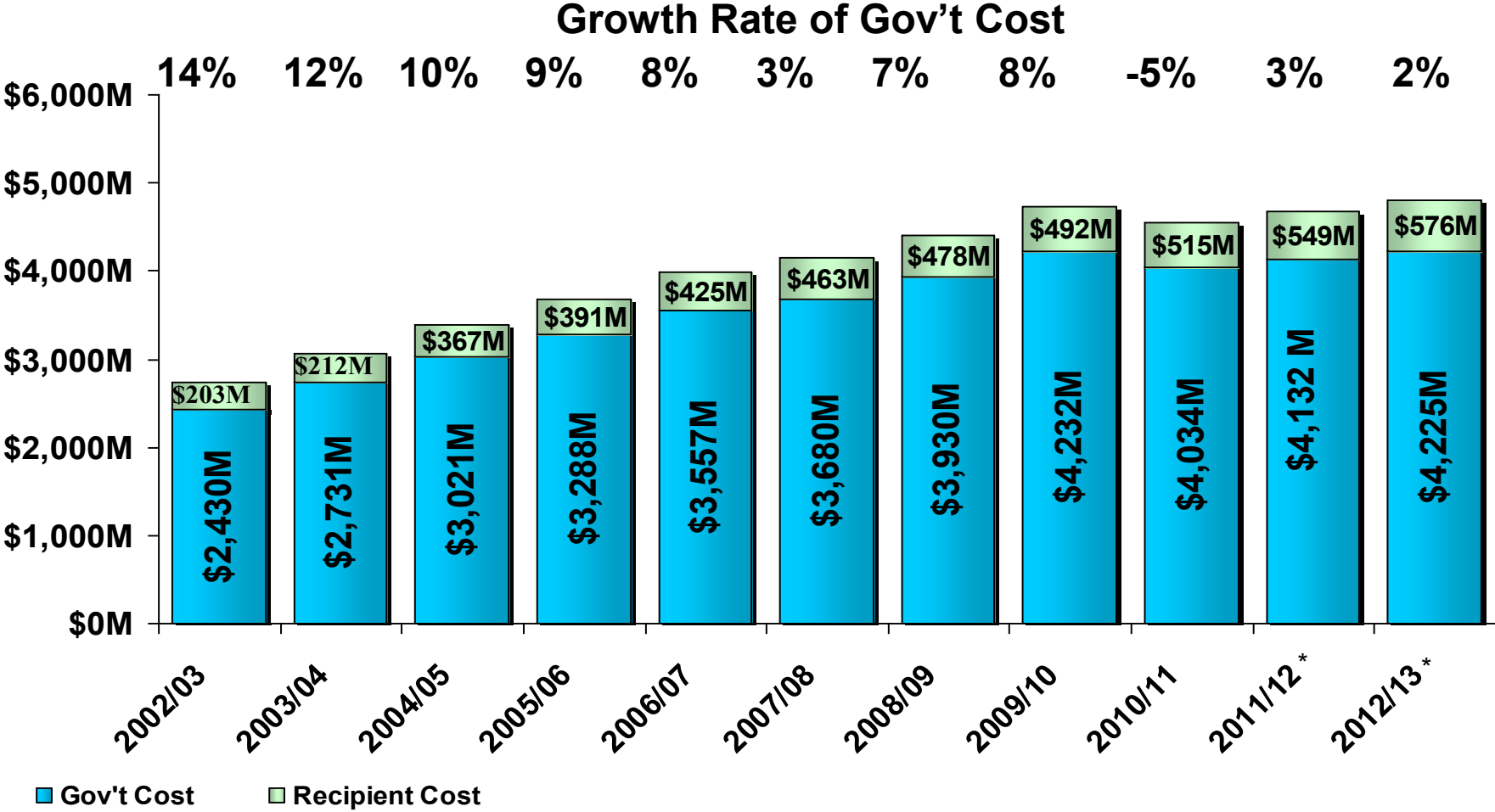
ODB Financial Statistics: 2011/12 vs. 2012/13

		2011/12 **	2012/13 **	% Change*
RxCost	Total	\$4,681M	\$4,780M	2%
	<i>Brand</i>	<i>\$3,076M</i>	<i>\$2,964M</i>	<i>-4%</i>
	<i>Generic</i>	<i>\$1,556M</i>	<i>\$1,816M</i>	<i>17%</i>
Beneficiaries		2.72M	2.80M	3%
Average	RxCost per Beneficiary	\$1721	\$1716.55	-0.2%
	RxCost per Claim	\$35.56	\$34.63	-3%
	Claims per Beneficiary	48.4	49.6	2%
Average (Excluding LTC home recipients and Methadone Claims)	RxCost per Beneficiary	\$1625.52	\$1620.80	-0.3%
	RxCost per Claim	\$44.09	\$42.51	-4%
	Claims per Beneficiary	36.9	38.1	3%

* Rounded to the nearest whole number

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

Government & Beneficiary Cost: 2002/03 – 2012/13

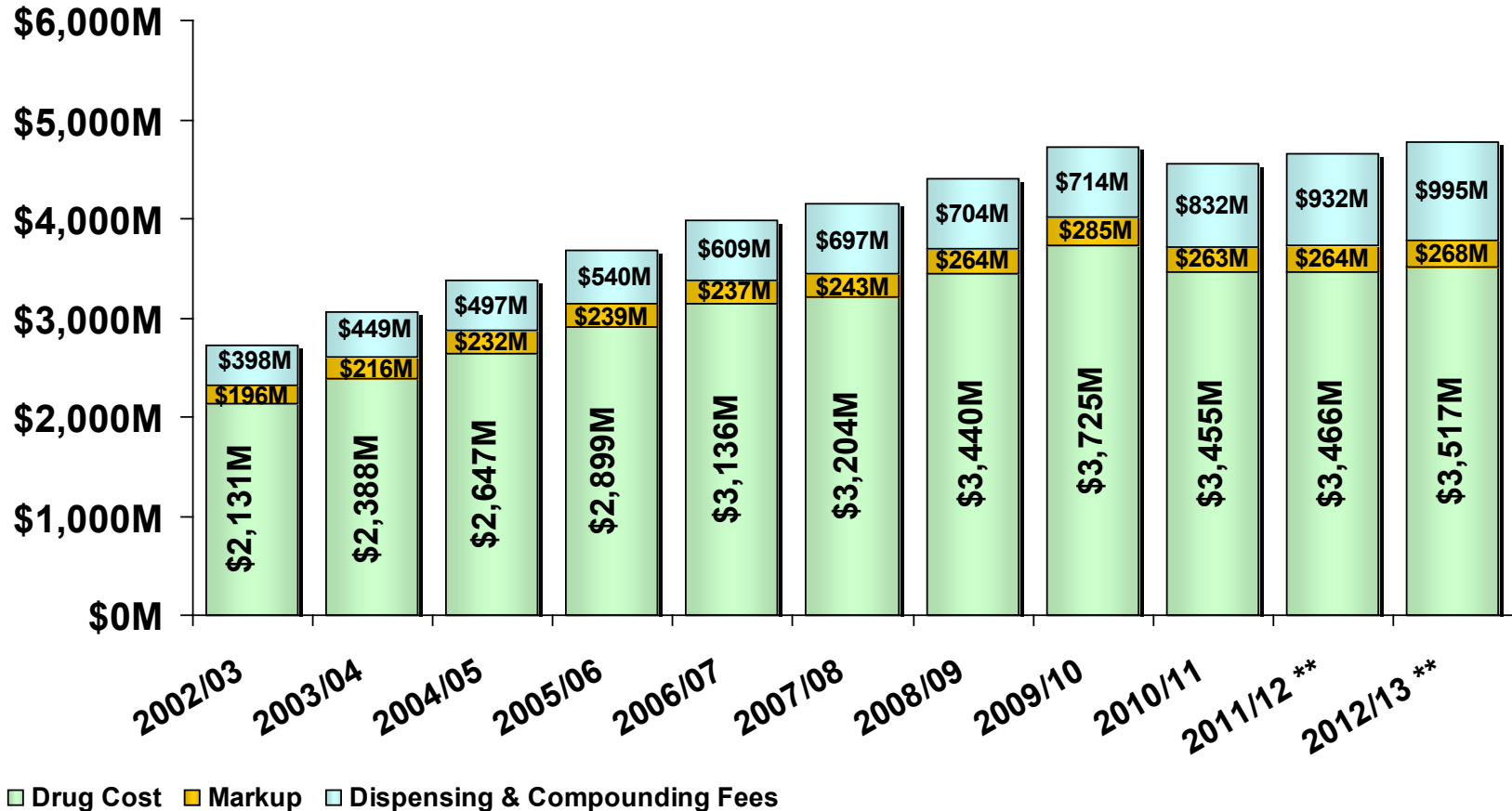


* Data for FY 2011/12 and 2012/13 excludes other professional service fees (eg. MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (Counselling) & Flu Vaccination Program)

RxCost by Type of Spending: 2002/03 – 2012/13

Growth Rate of Distribution Costs (Markup + Fees)*

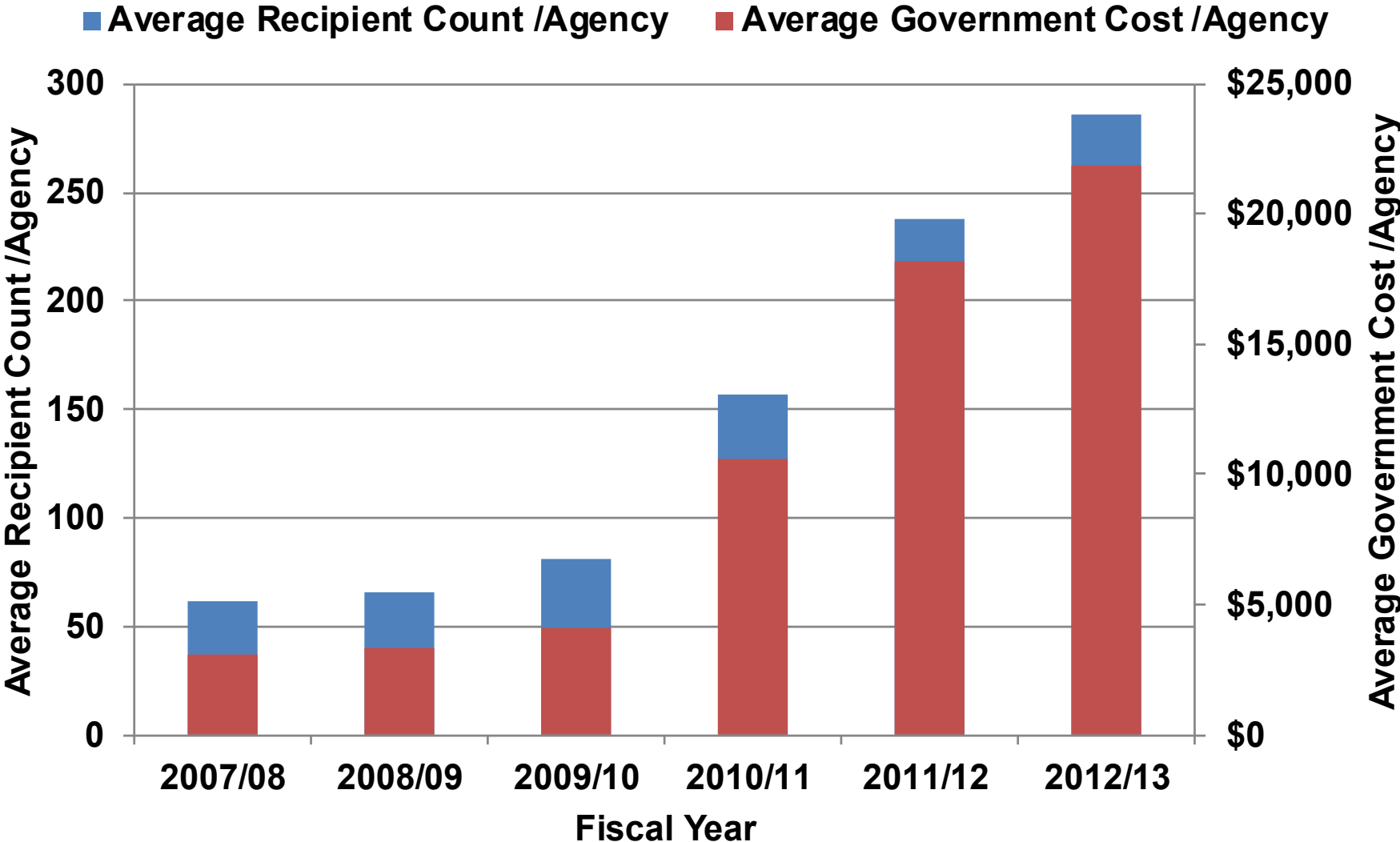
13% 12% 10% 7% 9% 11% 3% 3% 10% 9% 6%



* Does not include drug cost in growth rate.

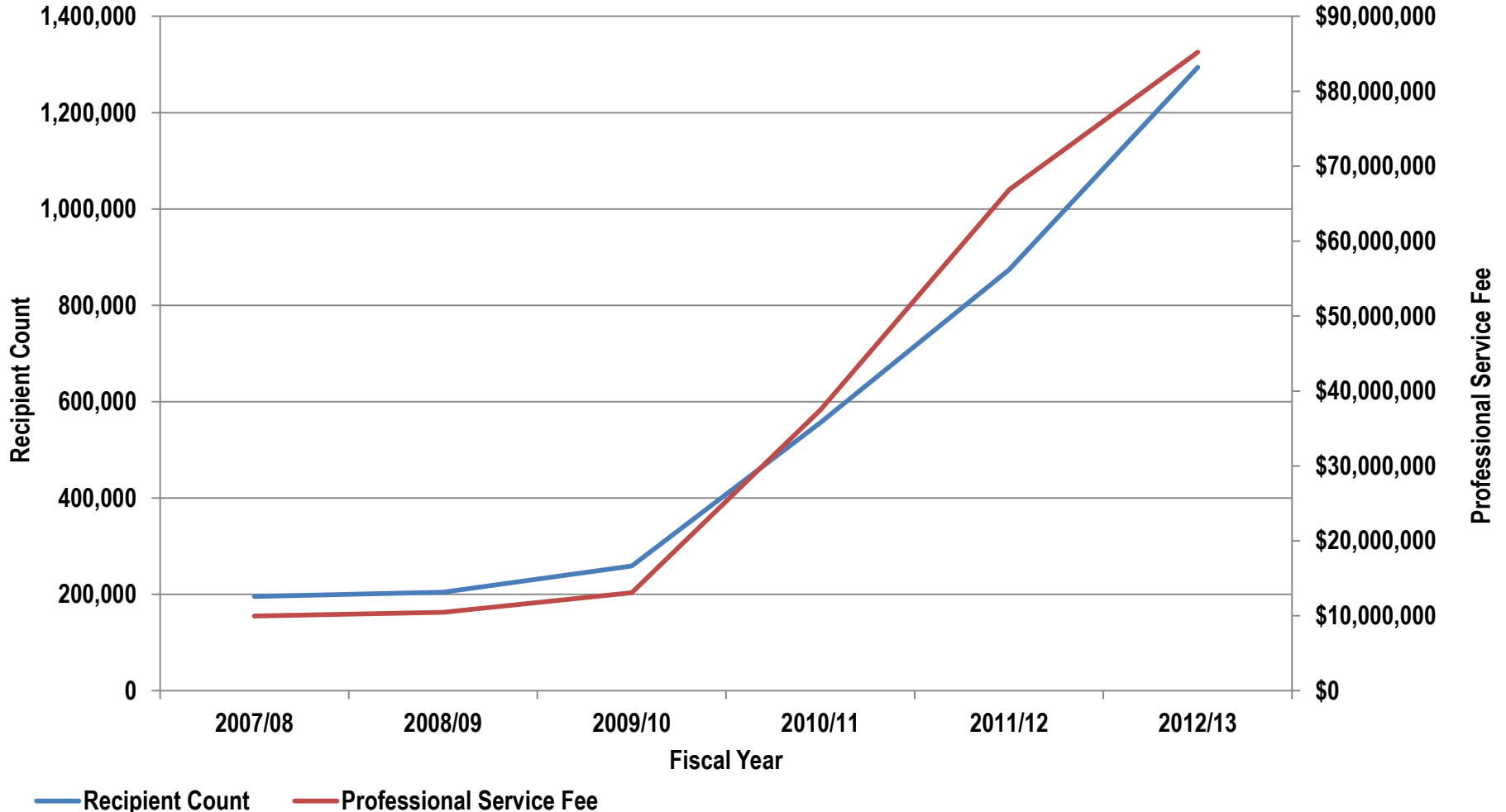
** Excludes other professional fees (e.g. MedsCheck, Pharmaceutical Opinions, Smoking Cessation Program (Counselling) & Flu Vaccination Program).

Professional Service Fee* Growth: April 2007 to March 31, 2013



* 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, 2013

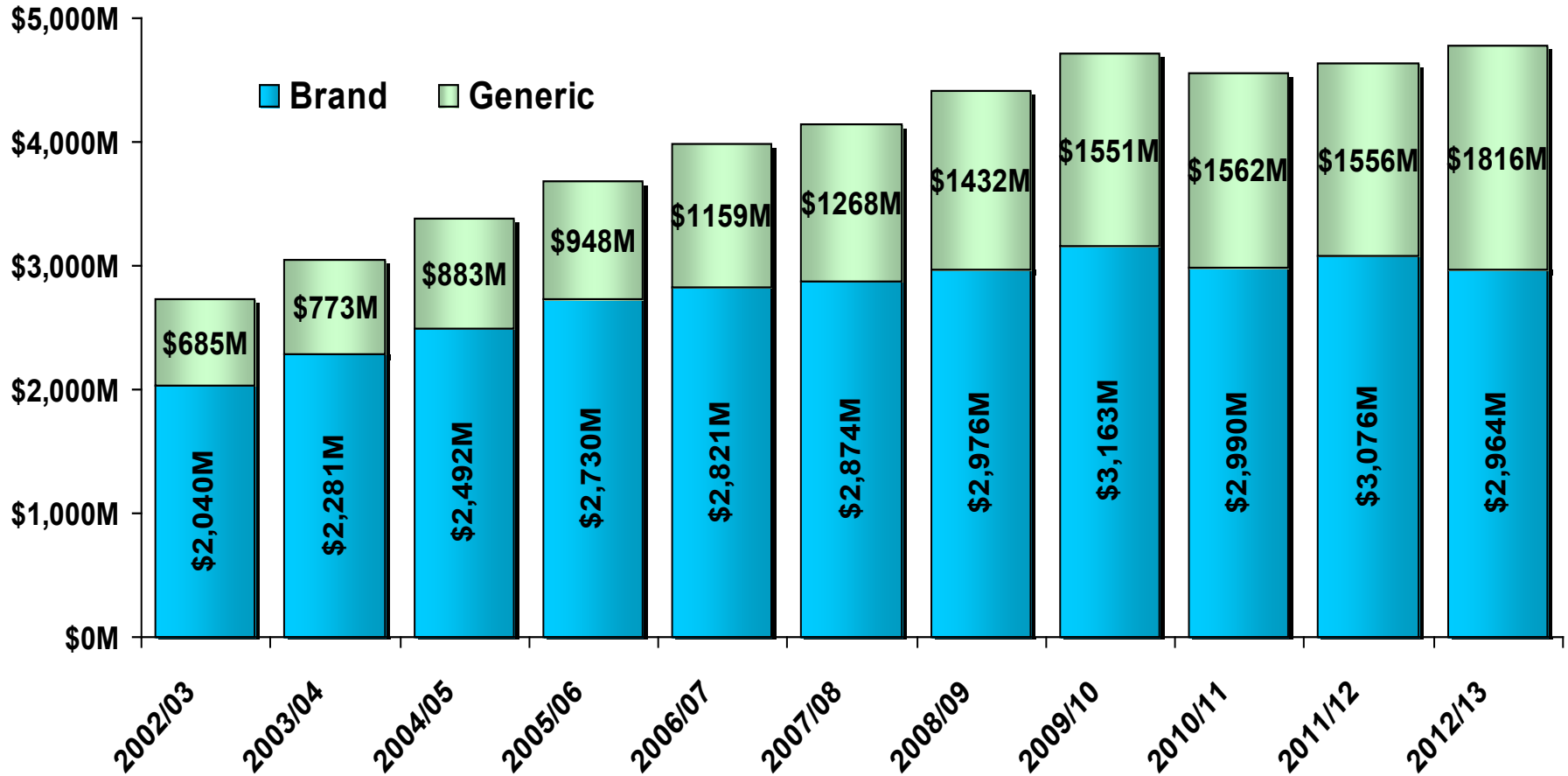


* Professional Service Fee includes All MedsCheck and Pharmaceutical Opinions, Smoking Cessation Program (Counselling) and Flu Vaccine Program

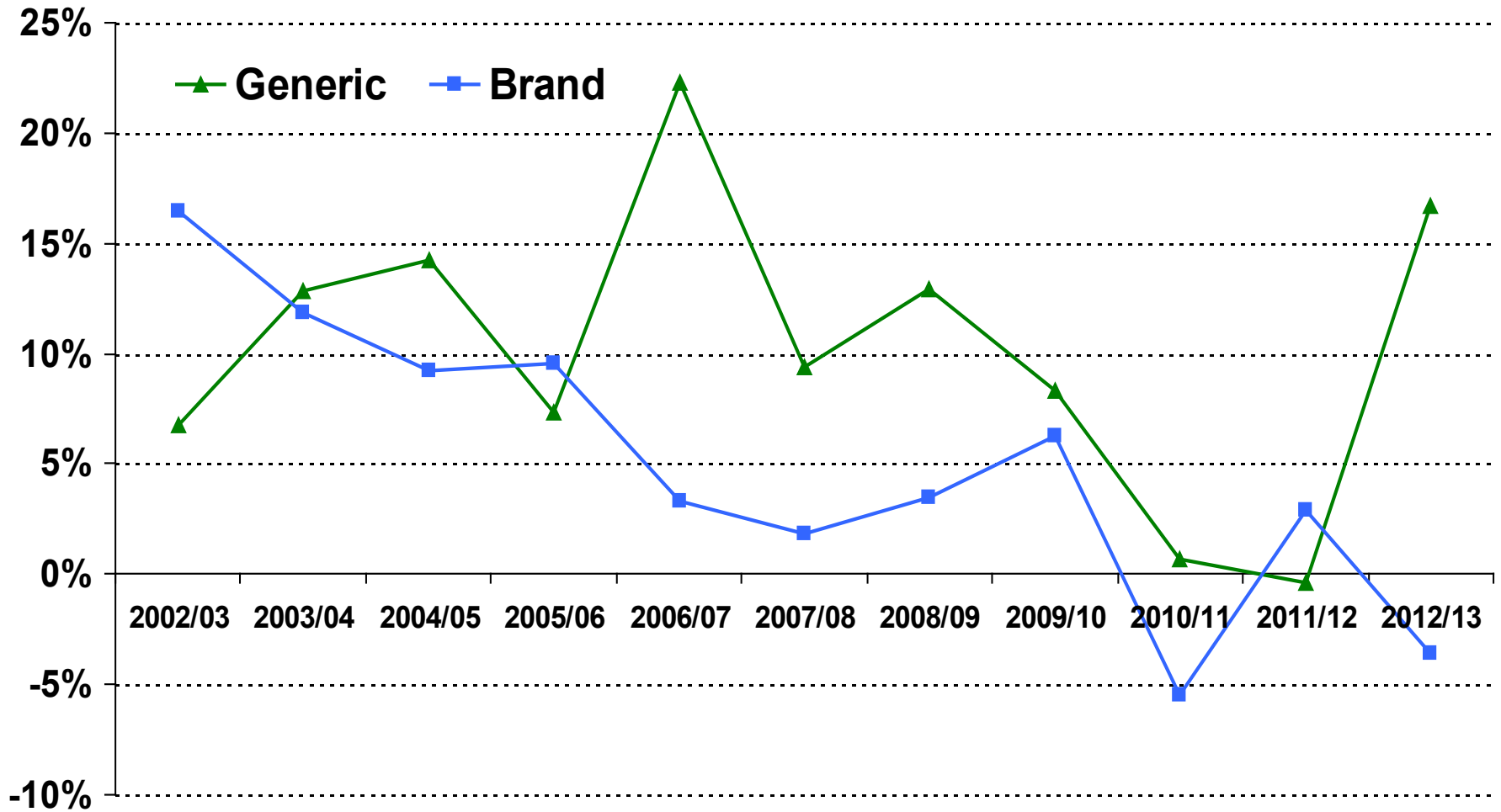
Brand vs. Generic RxCost: 2002/03 – 2012/13

Growth Rate of RxCost

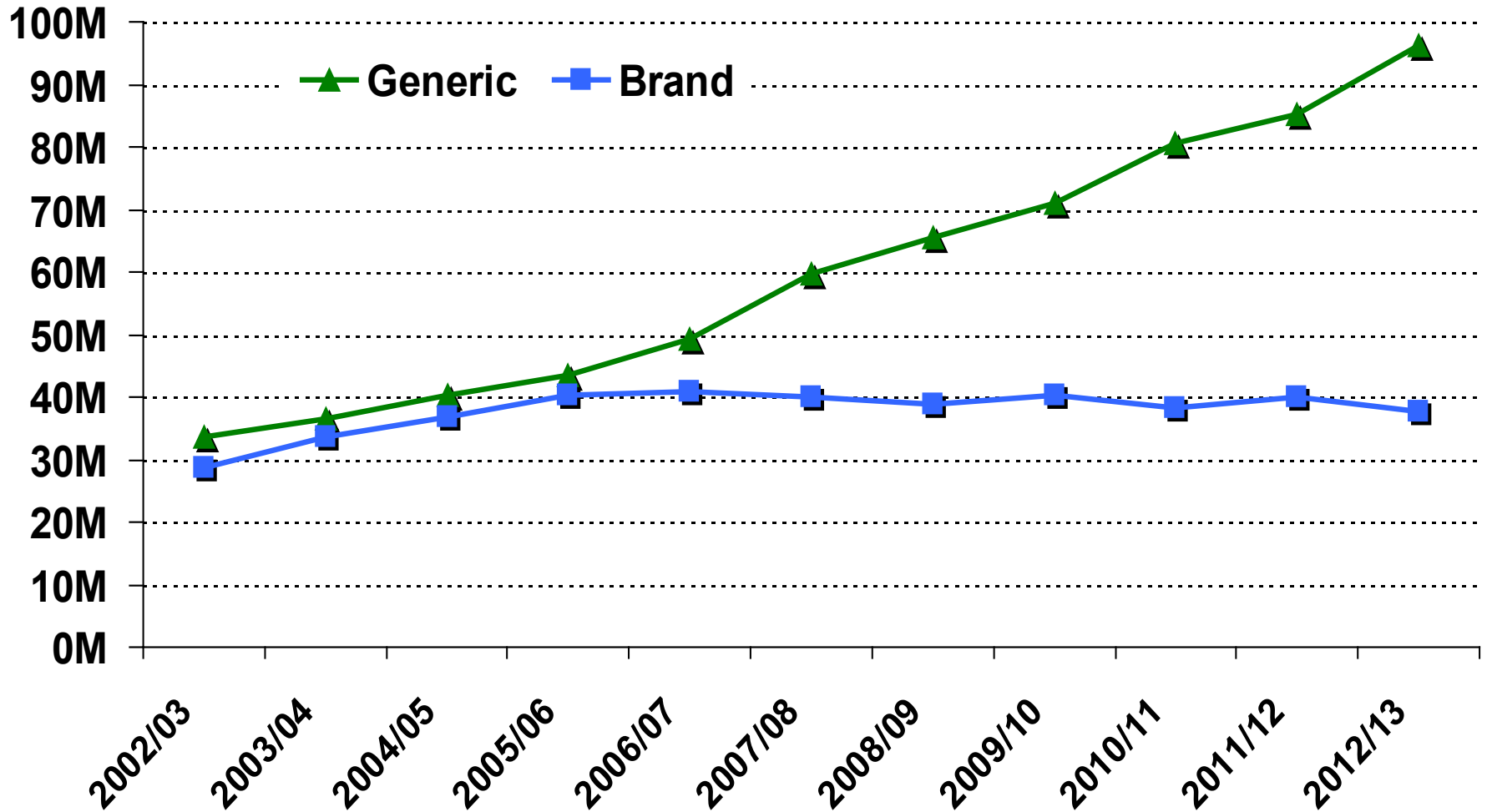
14% 12% 11% 9% 9% 4% 6% 7% -3.5% 1.8% 3%



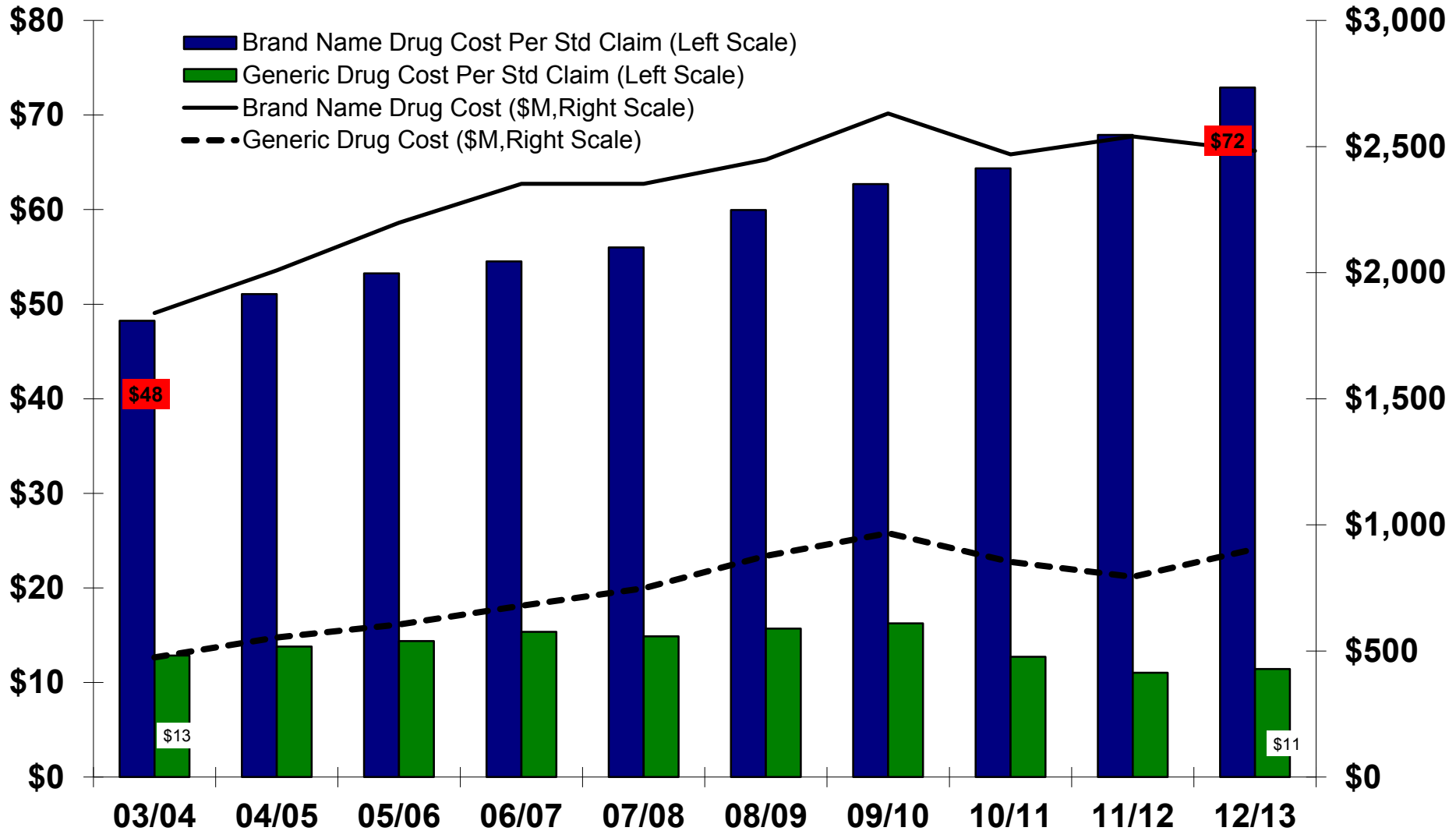
Brand vs. Generic RxCost Annual Growth: 2002/03 – 2012/13



Brand vs. Generic Claim Count: 2002/03 – 2012/13



Comparison of Brand and Generic Drug Costs: 2003/04 to 2012/13



Note: Std Claims = claims standardized to 30 days supply

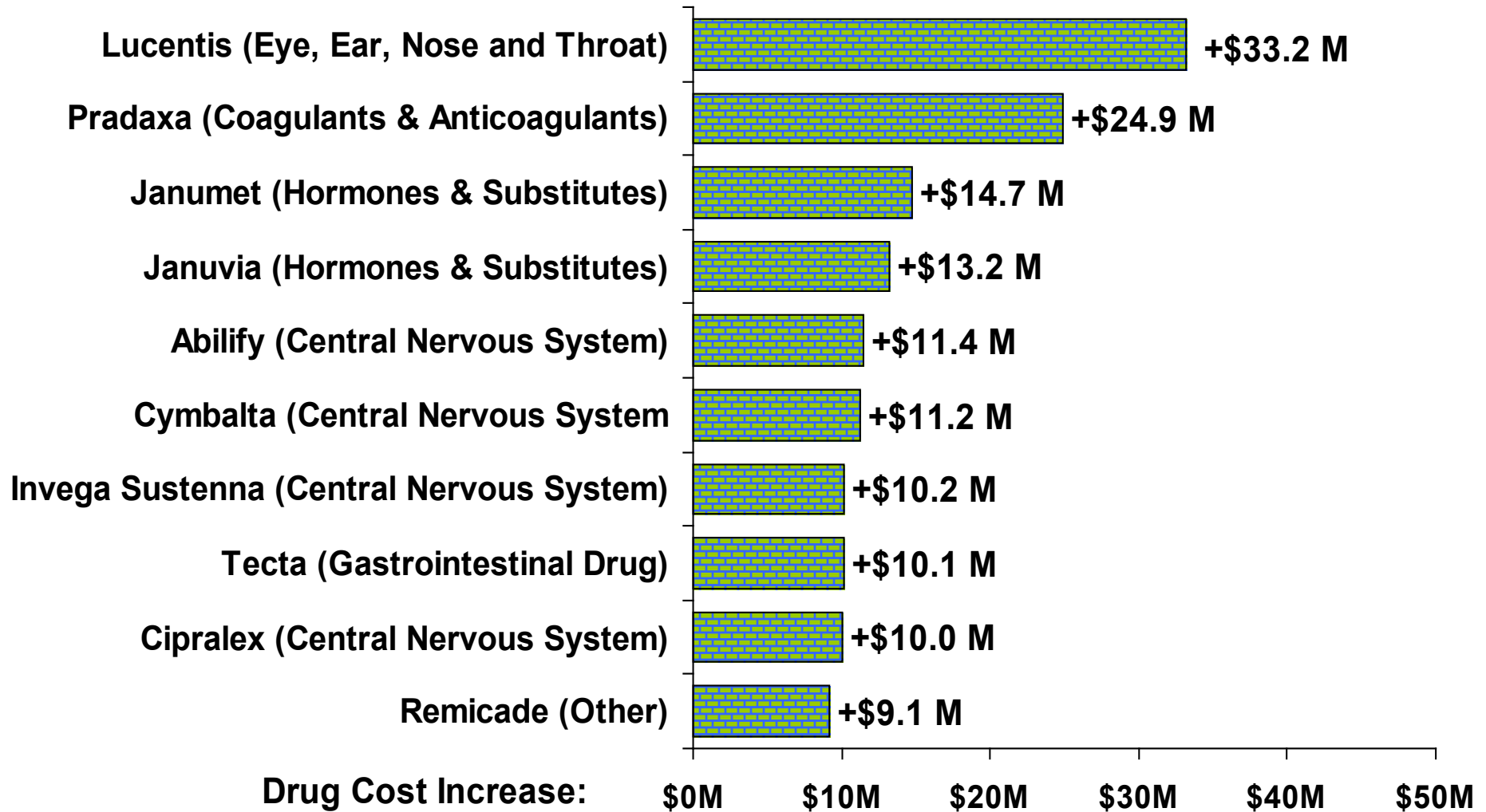
Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): 2012/13

Rk	Drug Name	Class	Utilizing Benef.	% Utilizing Benef.
1	Atorvastatin (Lipitor)	Cardiovascular	533K	19.1%
2	Rosuvastatin (Crestor)	Cardiovascular	475K	17.0%
3	Amoxicillin (Amoxil)	Anti-infective	448K	16.0%
4	Diagnostic Agent - Diabetes	Diagnostic Agents	402k	14.4%
5	Acetaminophen & Caffeine & Codeine (Tylenol #3)	Central Nervous System	387K	13.9%
6	Metformin HCl (Glucophage)	Hormones & Substitutes	384K	13.7%
7	Amlodipine Besylate (Norvasc)	Cardiovascular	380K	13.6%
8	Salbutamol (Ventolin)	Autonomic Agents	377K	13.5%
9	Levothyroxine (Synthroid)	Hormones & Substitutes	370K	13.2%
10	Ramipril (Altace)	Cardiovascular	329K	11.8%
	Total Top 10 products		1,981K	70.8%

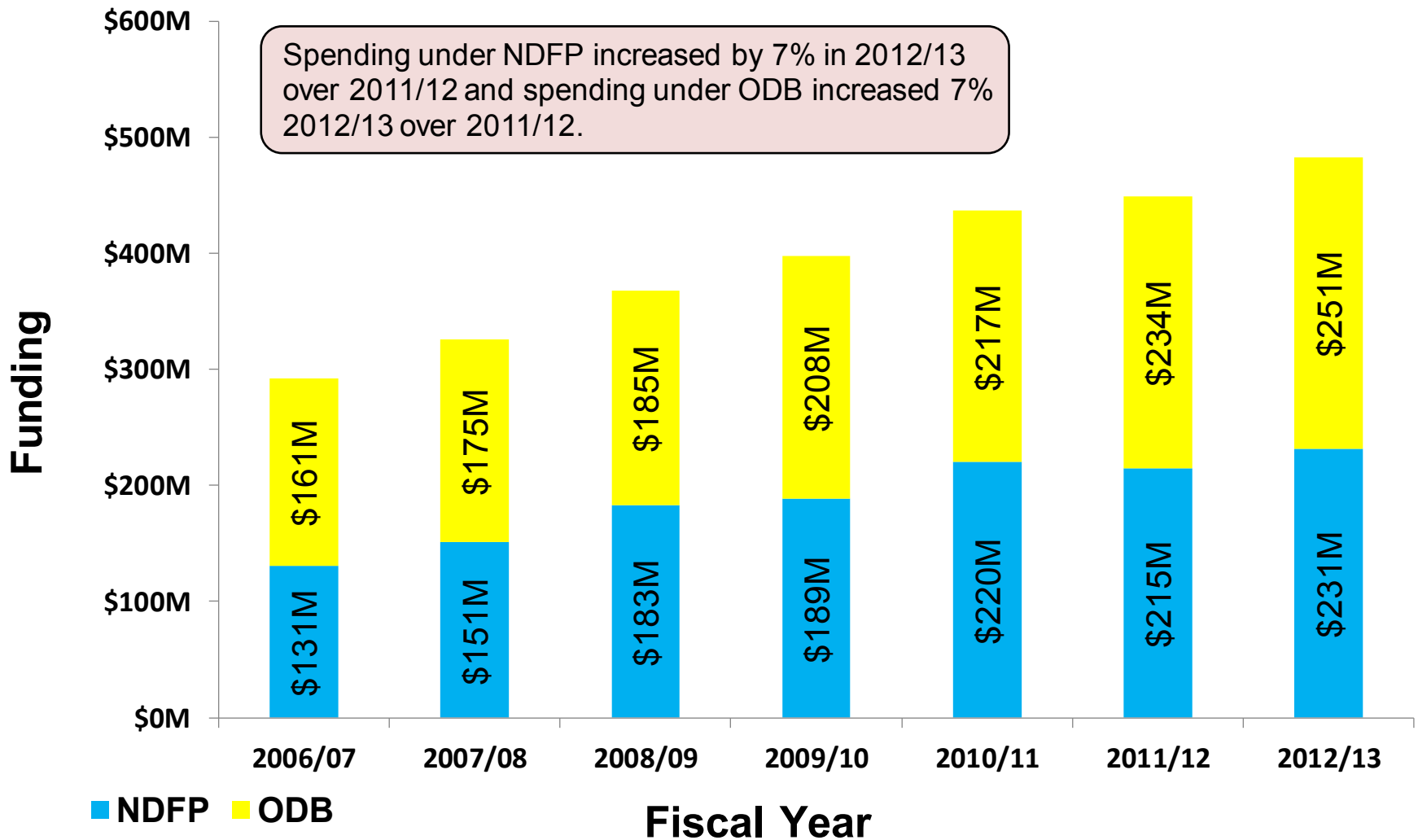
Top 10 Chemicals by Drug Cost: 2012/13

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Ranibizumab (Lucentis) - LU	Eye, Ear, Nose & Throat	\$185M	5.3%
2	Diagnostic Agent - Diabetes	Diagnostic Agents	\$139M	3.9%
3	Salmeterol Xinafoate & Fluticasone Propionate (Advair)	Autonomic Agents	\$87M	2.5%
4	Atorvastatin (Lipitor)	Cardiovascular	\$83M	2.4%
5	Infliximab (Remicade)	Unclassified	\$75M	2.1%
6	Rosuvastatin Calcium (Crestor)	Cardiovascular	\$74M	2.1%
7	Donepezil (Aricept)	Autonomic Agents	\$73M	2.1%
8	Tiotropium Bromide (Spiriva)	Autonomic Agents	\$66M	1.9%
9	Sitagliptin Phosphate Monohydrate (Januvia)	Hormones and Substitutes	\$59M	1.7%
10	Ezetimibe (Ezetrol)	Cardiovascular	\$58M	1.6%
TOTAL Top-10			\$899M	25.6%

Fastest Growing Brand Products by Drug Cost: 2011/12 vs 2012/13

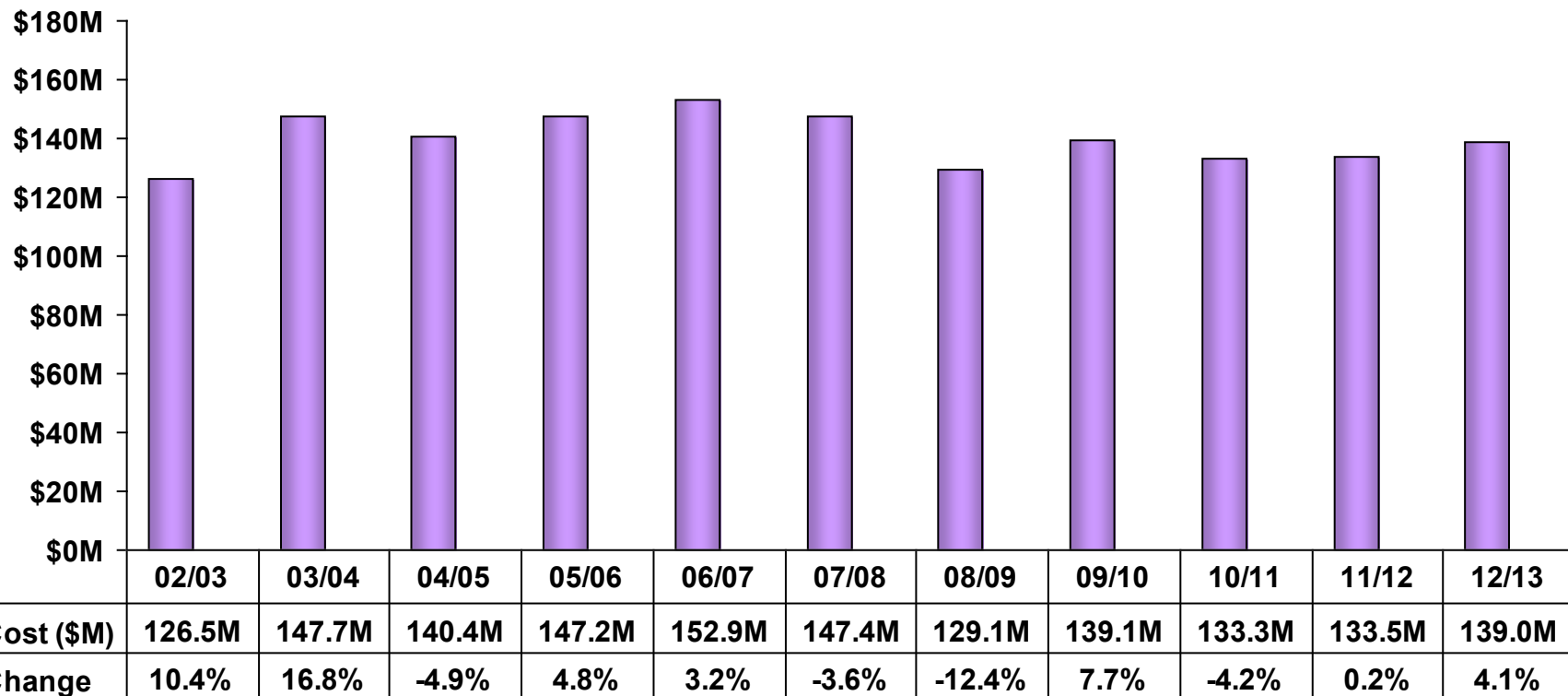


Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 to 2012/13



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

Special Drugs Program* Cost: 2002/03 – 2012/13

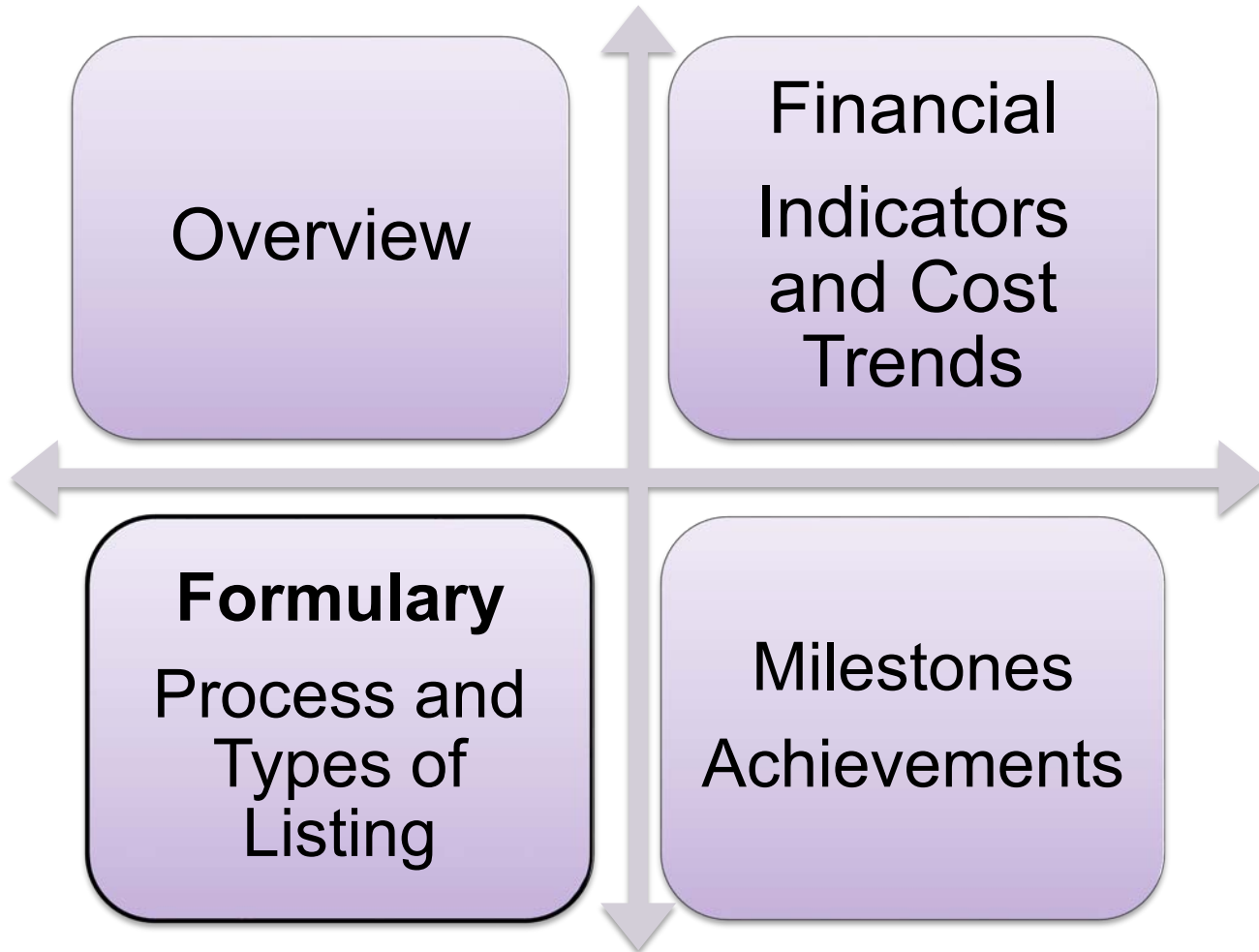


* The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.

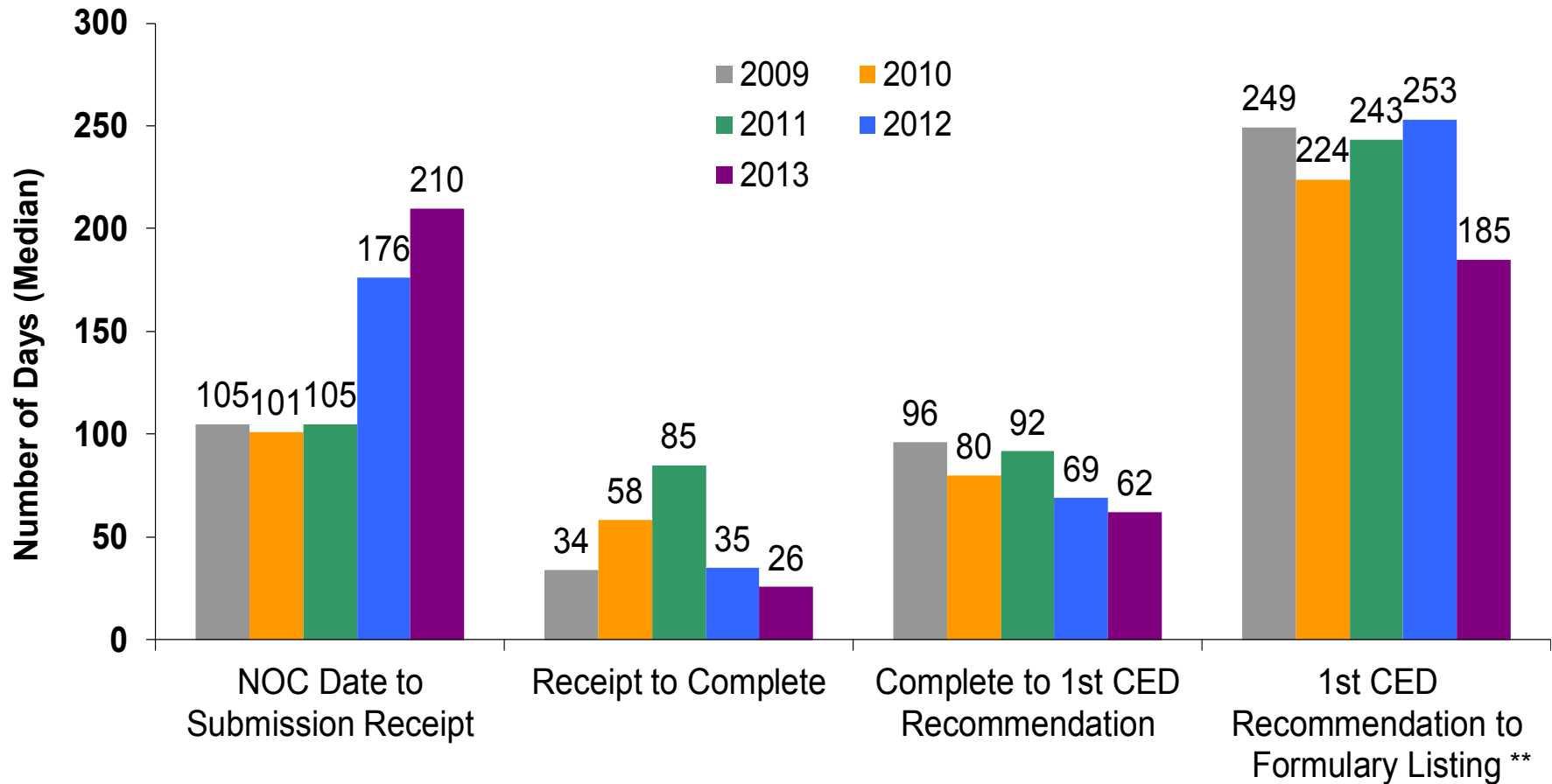
Highlights of Financials

- Drug program spending increased in 2012/13: Government cost totalled \$4,225M, a 2.3% increase over 2011/12; the number of beneficiaries covered under the program rose by 3% during this time.
- The average RxCost per beneficiary remained almost the same in 2012/13 over the previous year, declining by about 0.2%.
- Total RxCost decreased for brand products (-3.6%) and increased for generic products (16.7%).
- The standard cost per claim for brand drugs has increased over time: in 2003/04 the brand drug cost per standard claim was \$48 and in 2012/13 it had increased to \$72; the standard cost per claim for generic drugs has decreased over time, in large part due to generic drug system reforms and pricing initiatives.
- The top chemicals by number of utilizing beneficiaries was Atorvastatin (Lipitor), the same as in 2010/11, 2009/10 and 2010/11.
- The top chemical by drug cost for 2012/13 was Lucentis.

Report Card Framework



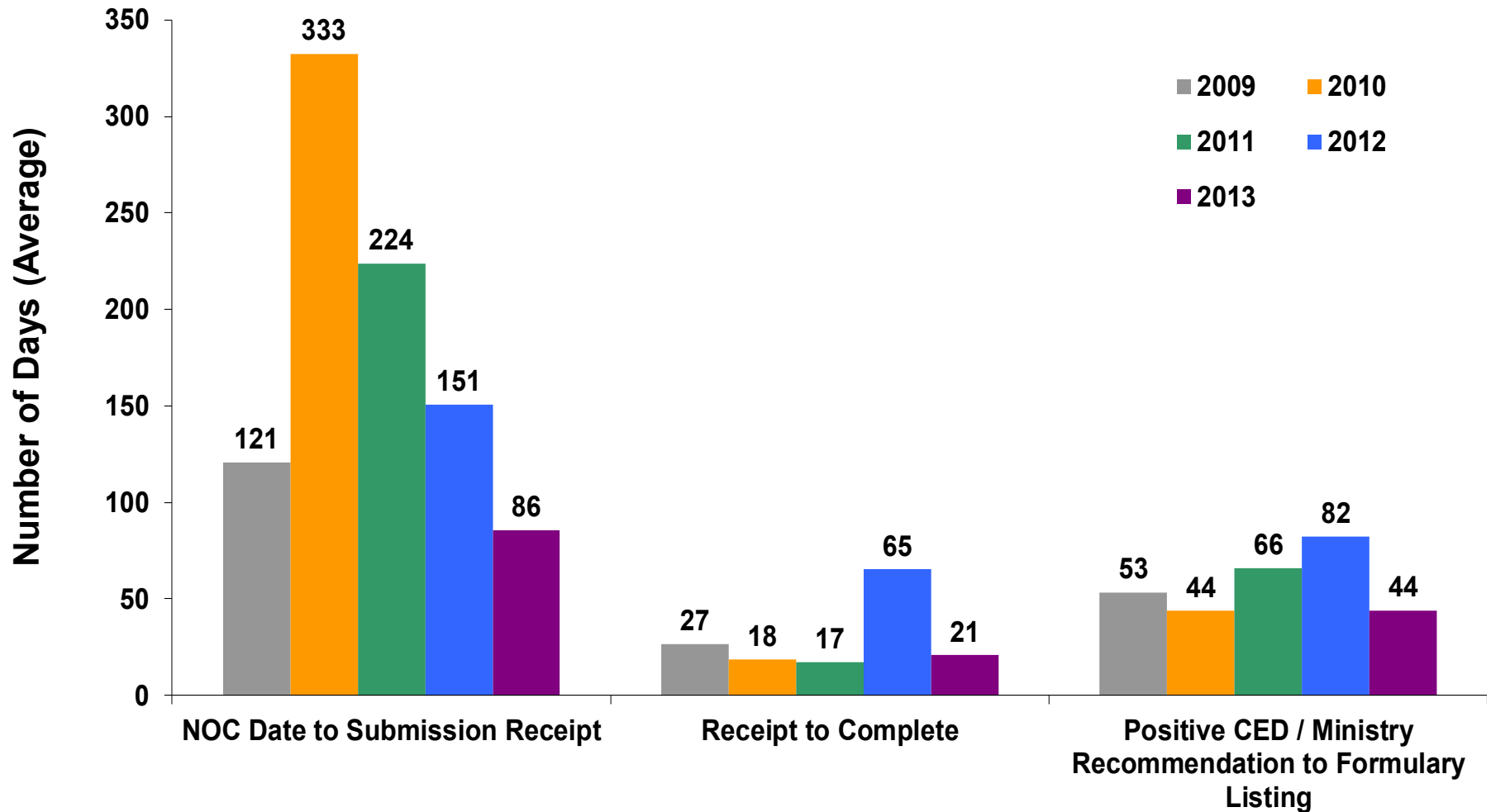
Median Review Timelines for All Single Source Drug Products Listed: 2009* - 2013



* Based on fiscal years

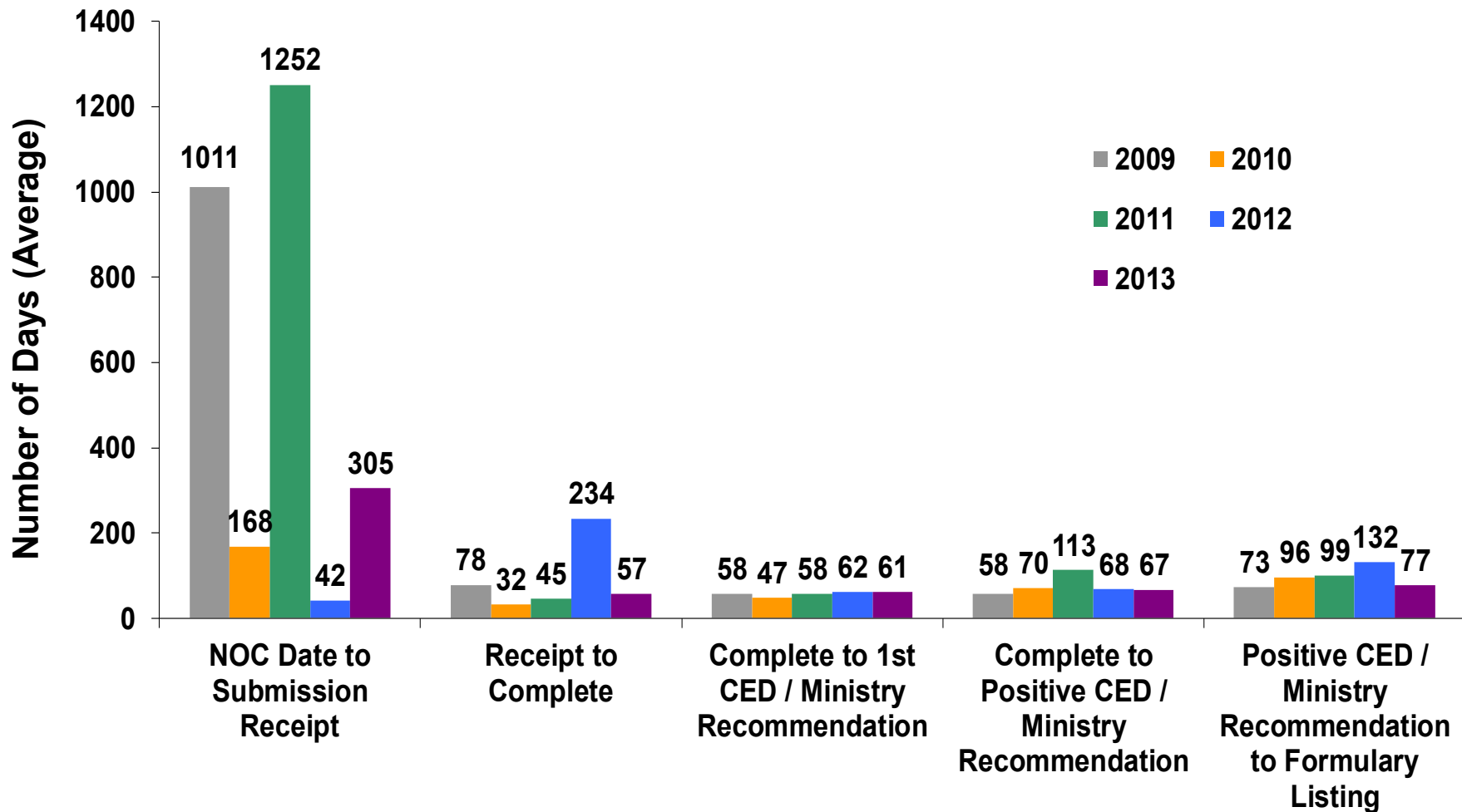
** Note: This includes time spent on subsequent CED reviews of re-submissions and time required for negotiating listing agreements (if applicable).

Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2009* to 2013



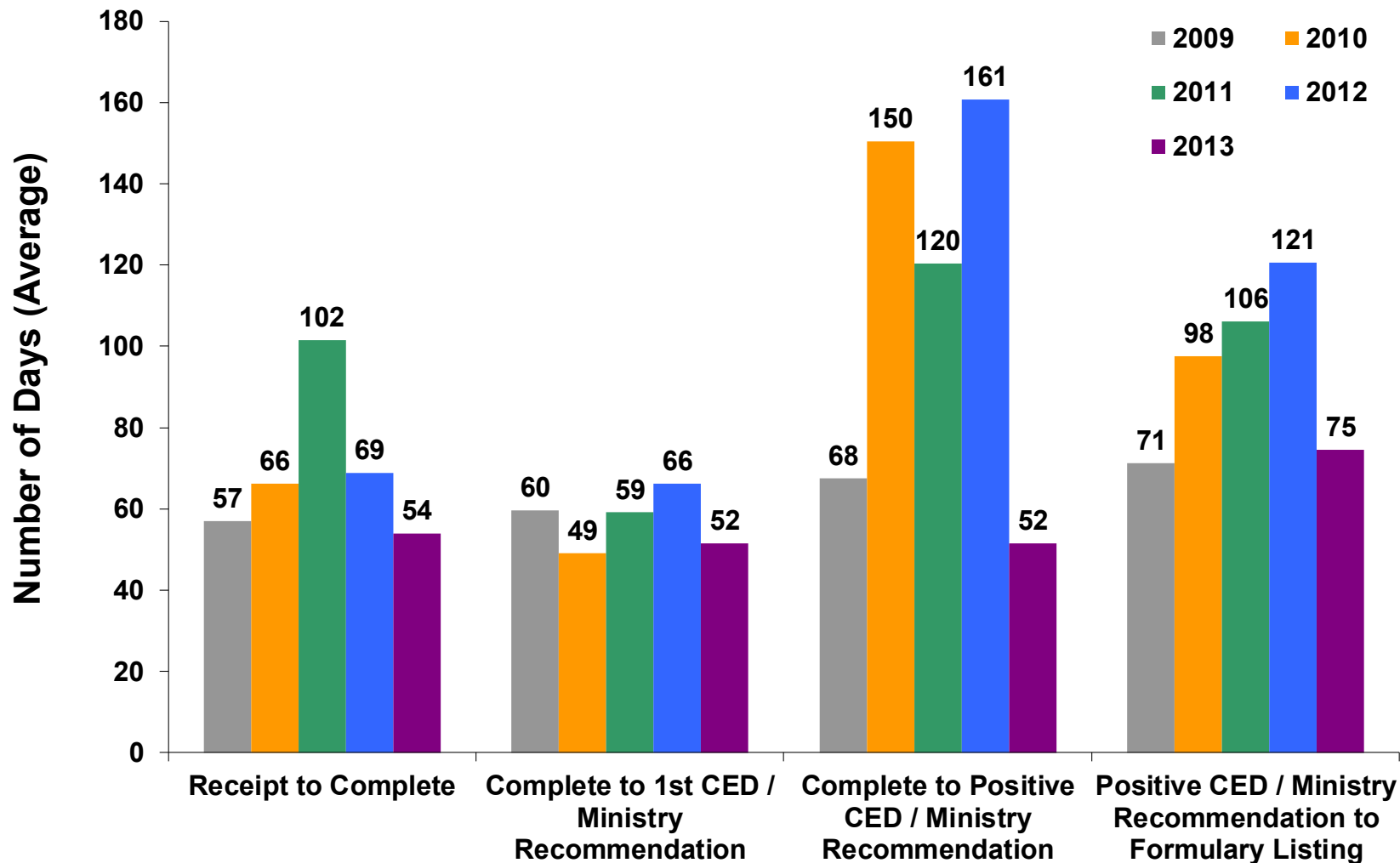
* Based on fiscal years

Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2009* to 2013



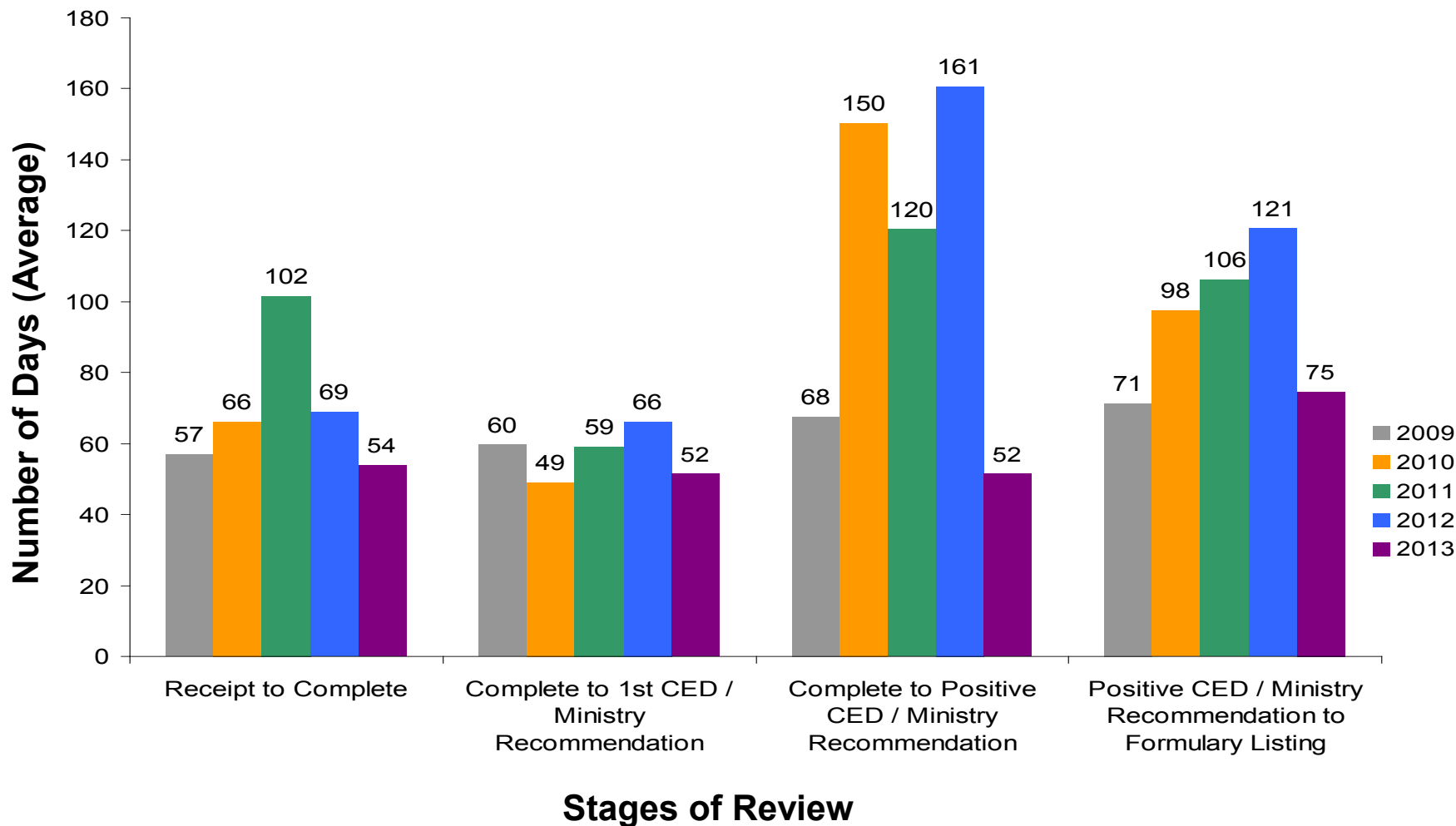
* Based on fiscal years

Average Review Timelines for Off-Formulary Interchangeability (OFI) Non-Streamlined Multiple Source Drug Products Designated Interchangeable: 2009* to 2013



* Based on fiscal years

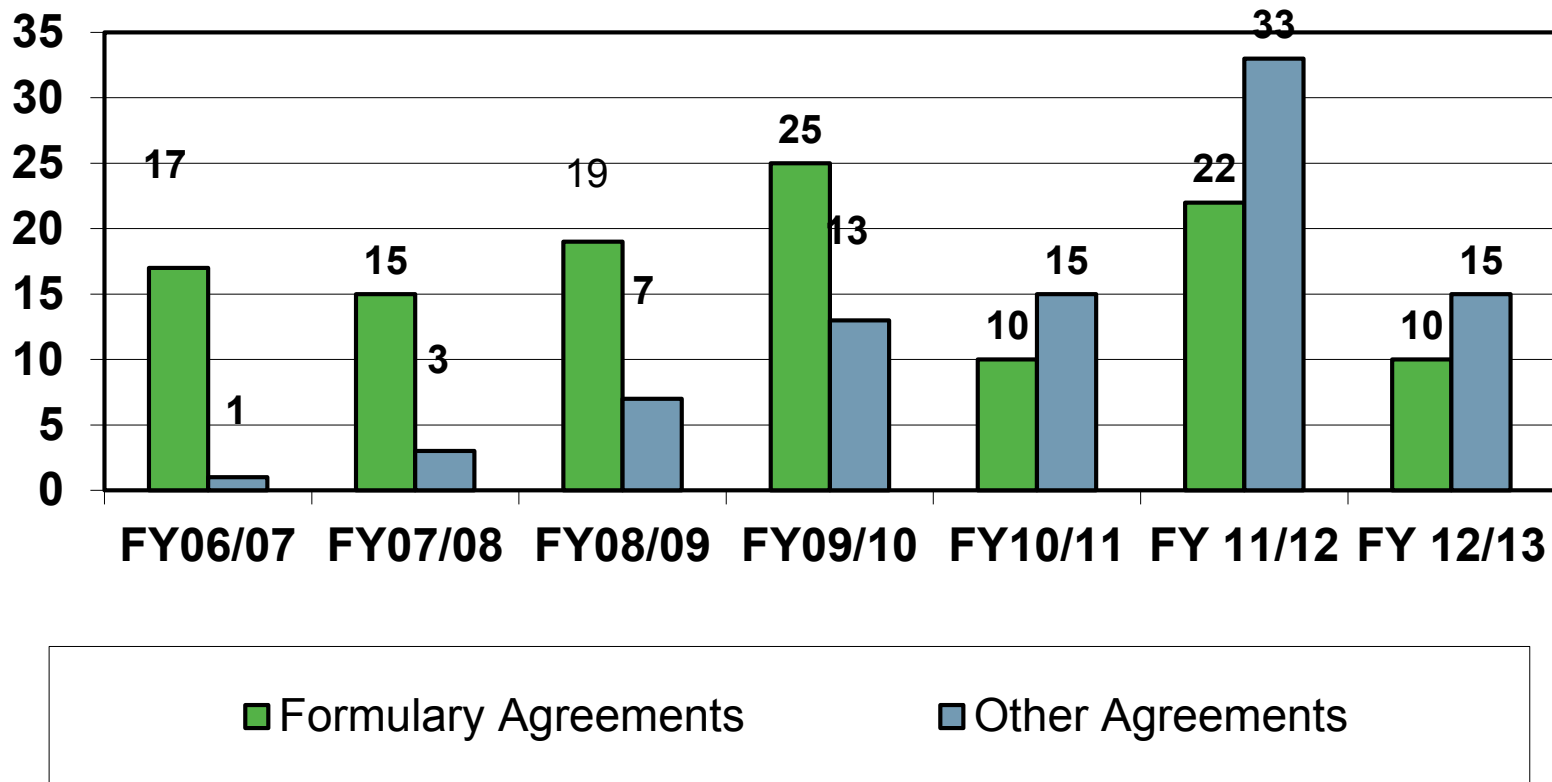
Average Review Timelines for Off-Formulary Interchangeability (OFI) Streamlined Multiple Source Products Listed: 2009* to 2013



* Based on fiscal years

Product Listing Agreements: 2006/07* - 2012/13

- 133 Formulary Agreements
- 87 other Agreements, including EAP, NDFP & FA
- 5 re-negotiated agreements in 2012/13

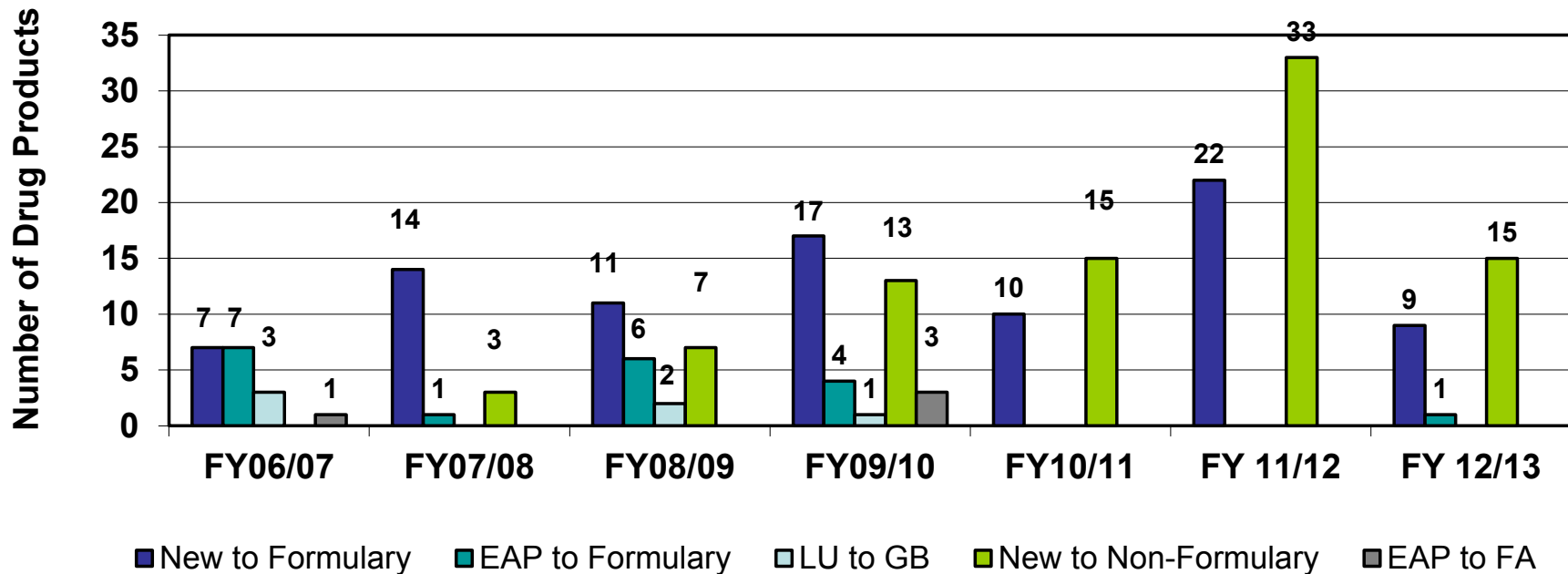


Note: Funding of new indications are counted as new agreements

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

Product Listing Agreements by Benefit Status: 2006/07* - 2012/13

- 90 New Drug Products** to Formulary
- 19 EAP Drug Products to Formulary
- 6 LU Drug Products to GB
- 86 New Drug Products to Non-Formulary (EAP, NDFP & FA)
- 4 Non-Formulary Products with New Indications

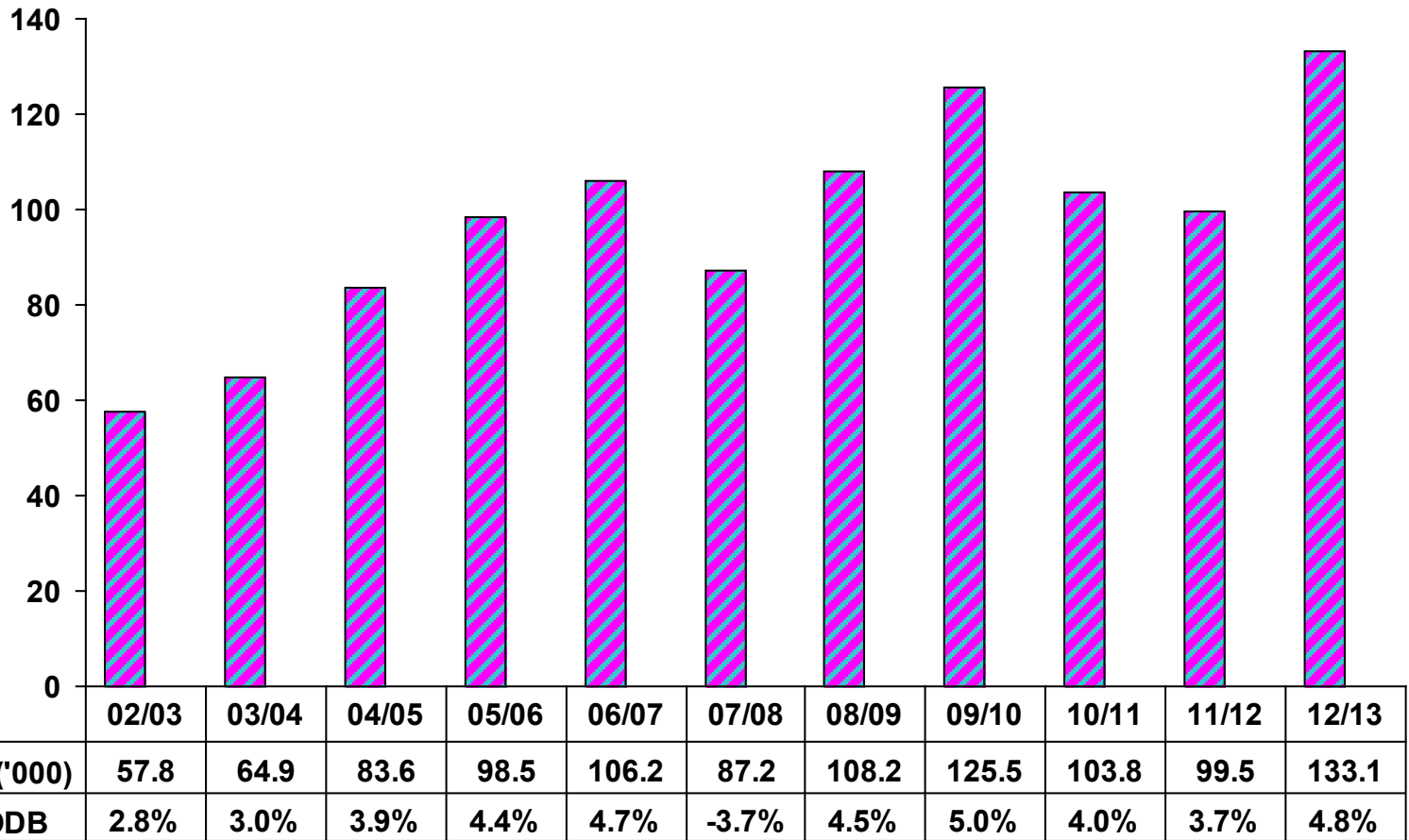


* FY 2006/07 = October 1, 2006 – March 31, 2007

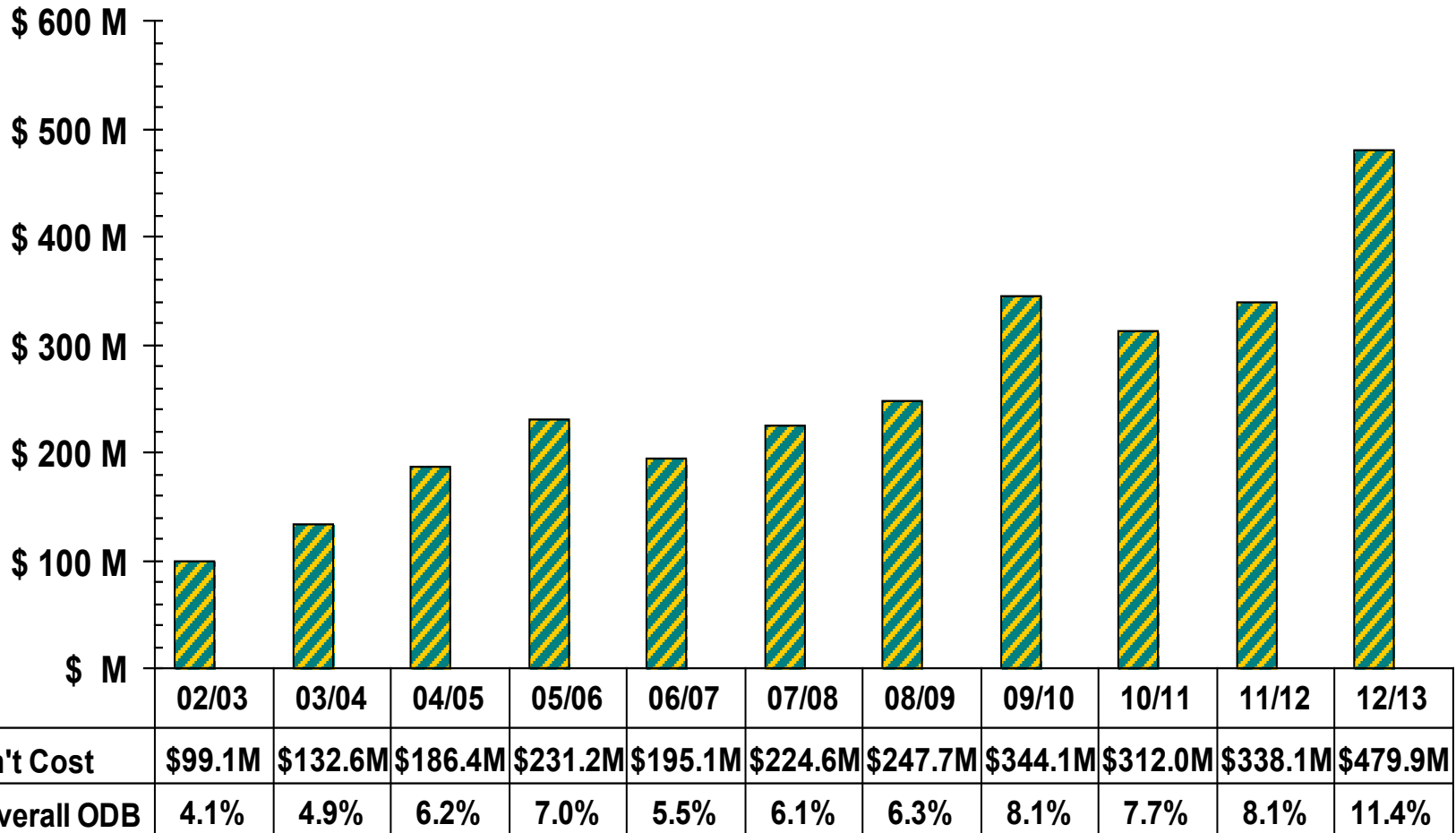
** 'Drug Product' is defined as the brand product and its associated strengths and formulations relevant to the agreement. One drug product may relate to more than one DIN.

Note: Funding of new indications are counted as new agreements.

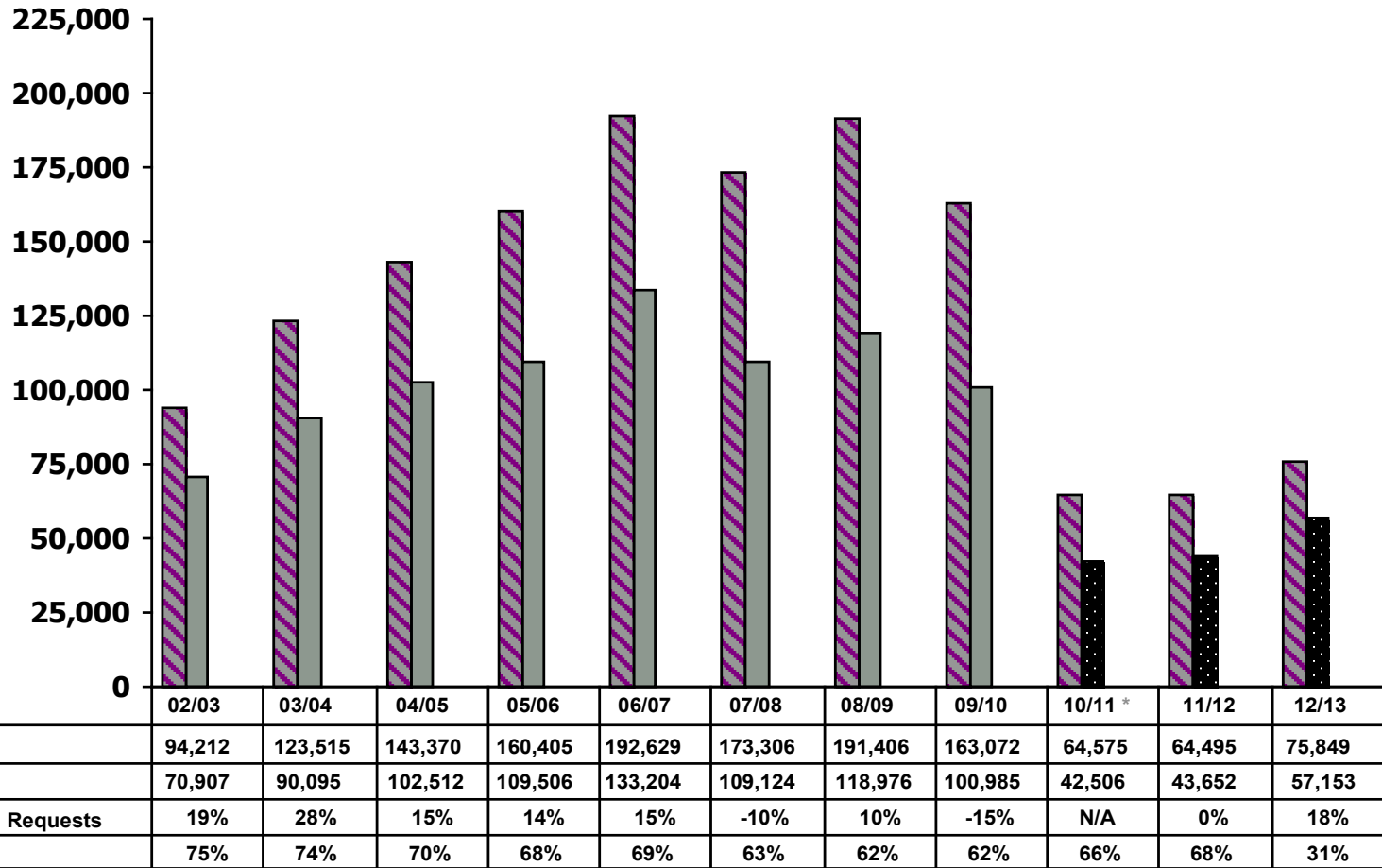
Exceptional Access Program Beneficiaries: 2002/03 – 2012/13



Exceptional Access Program Government Cost: 2002/03 – 2012/13



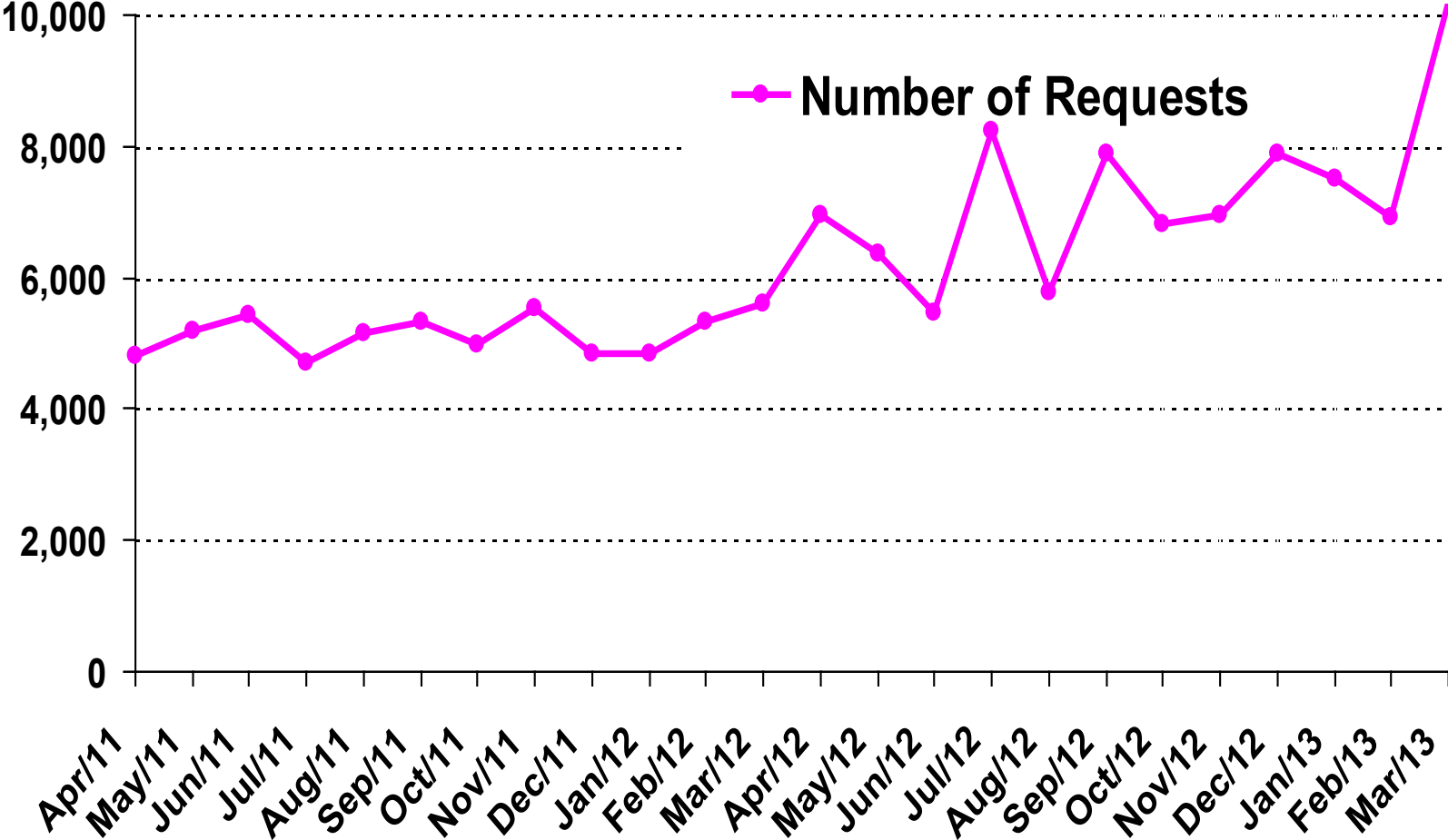
Exceptional Access Program Requests & Approval Rate: 2002/03 – 2012/13



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

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

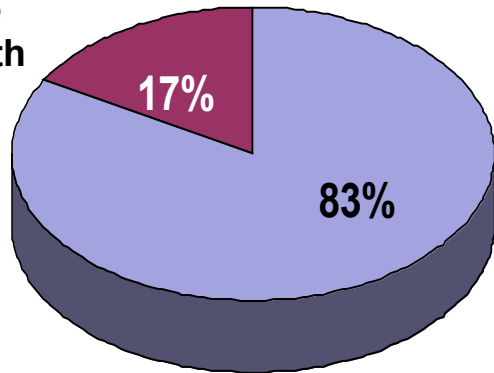
Monthly Exceptional Access Program Requests: April 2011 to March 2013



Exceptional Access Program Response Time: 2009/10 – 2012/13

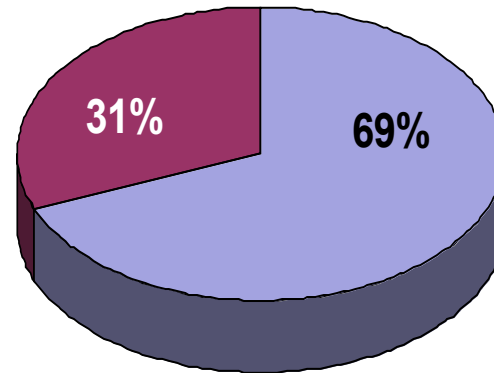
Over
one
month

2012-13

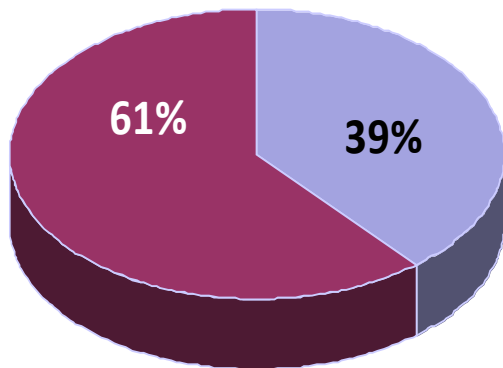


Within one
month

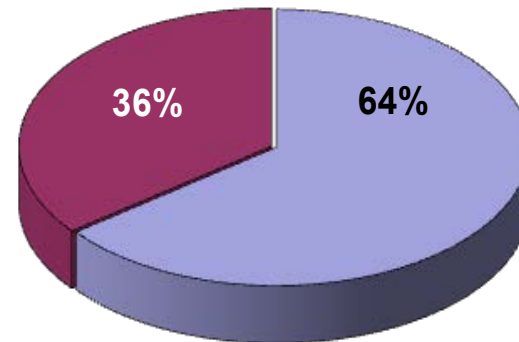
2011-12



2010-11



2009-10



 Response time over one month

 Response time within one month

Exceptional Access Program Top 10 Requested Drugs by Volume: 2012/13

Rk	Drug	Requests	Approved	% Approved	Gov't Cost
1	OxyNeo	9,318	5,841	62.7%	\$47.3M
2	Remicade	4,624	4,415	95.5%	\$79.3M
3	Neupogen	3,860	3,354	86.9%	\$17.1M
4	Humira	2,999	2,608	87.0%	\$25.5M
5	Enbrel	2,849	2,589	90.9%	\$26.0M
6	Fragmin	2,543	2,499	98.3%	\$0.2M
7	Lyrica	2,246	928	41.3%	\$4.6M
8	Eprex	2,008	1,833	91.3%	\$5.6M
9	Calcium Carbonate	1,995	1,879	94.2%	\$0.2M
10	Replavite	1,883	1,771	94.1%	\$0.2M
Total Top 10		34,025	27,717	81.5%	\$206.1M

Exceptional Access Program Top 10 Drugs by Government Cost: 2012/13

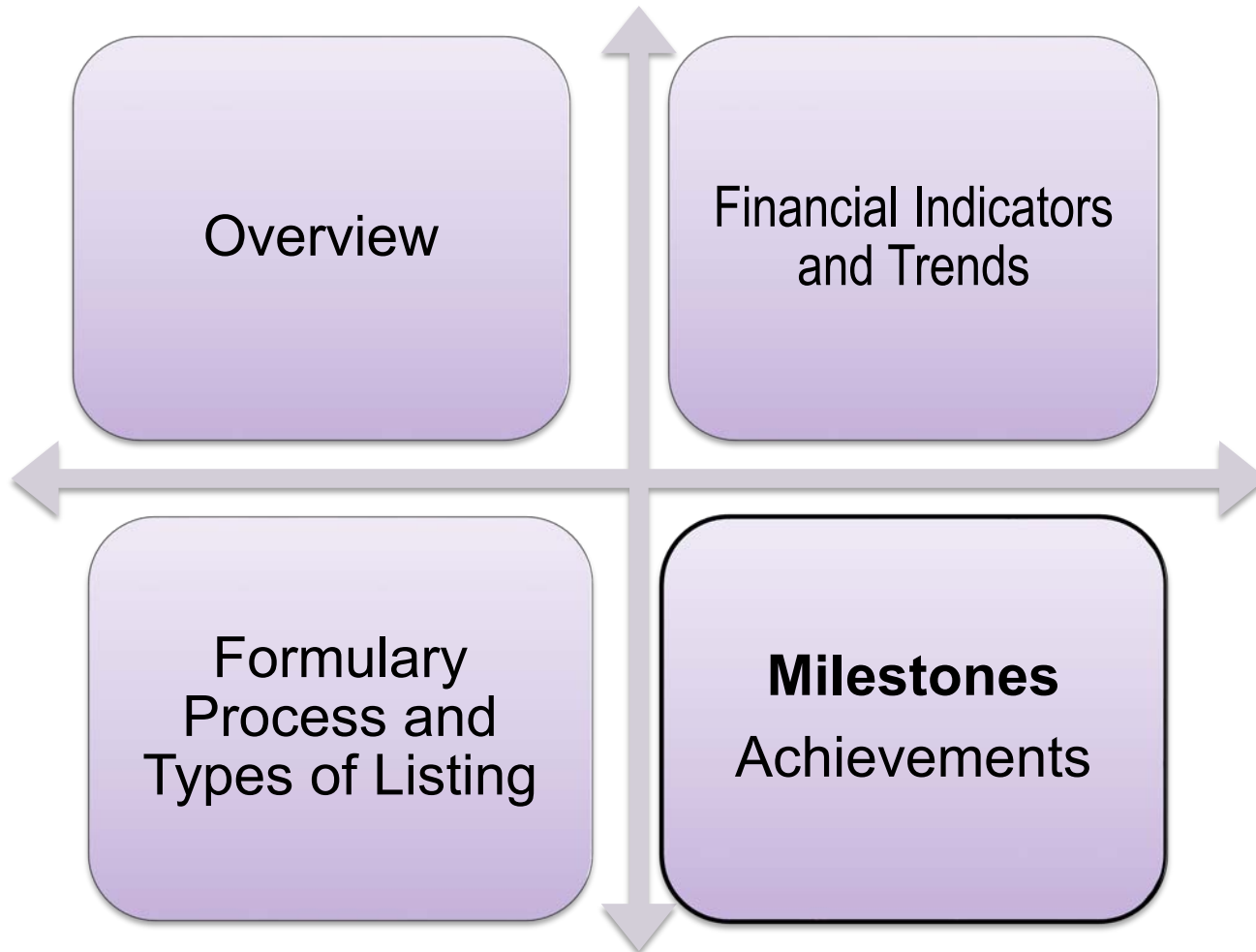
Rk	Drug	Beneficiaries	Claims	Gov't Cost
1	Remicade	3,338	19,459	\$79.3M
2	Revlimid	760	5,544	\$49.2M
3	OxyNeo *	21,588	313,262	\$47.3M
4	Enbrel	2,087	13,399	\$26.0M
5	Humira	1,875	12,202	\$25.5M
6	Neupogen	2,717	9,393	\$17.1M
7	Avonex / Rebif	1,033	8,908	\$16.5M
8	Soliris	22	1,445	\$10.5M
8	Sutent	415	2,254	\$10.5M
9	Tracleer	258	2,588	\$9.7M
Total Top 10 EAP		33,717	388,454	\$290.5M
% Top 10 EAP / Total EAP		25.3%	34.6%	60.5%

* NB: For FY 2012/13, all recipients previously prescribed Oxycontin between September 1, 2011 and February 29, 2012 were automatically approved to receive reimbursement of OxyNeo under the EAP for an additional year.

Highlights of Formulary

- In 2012/13, 10 Formulary Product Listing Agreements were established; 15 'other' agreements were established (includes EAP, Facilitated Access and NDFP); and 5 agreements were re-negotiated.
- Since 2006/07, a total of 133 Formulary Listing Agreements were established
- Government drug cost of the EAP increased from \$338.1M in 2011/12 to \$479.9M in 2012/13.
- The top requested drug (by volume) through EAP for 2011/12 was OxyNeo.

Report Card Framework



Pan-Canadian Brand Drug Pricing Alliance

- In August 2010, Premiers announced the Pan-Canadian Brand Drug Pricing Alliance to examine opportunities to conduct joint provincial/territorial (P/T) negotiations for brand name drugs.
- Goals of the initiative include: Increased access to drug treatment options; improved consistency of drug listing decision across the country; ability to capitalize on the combined purchasing power of jurisdictions; consistent pricing and lower drug costs; and reduced duplication of negotiations and improved utilization of resources.
- P/Ts agreed to conduct joint negotiations for select drug products to determine if the approach was feasible on a broader scale.

Pan-Canadian Generic Value Price Initiative:

- As part of ongoing efforts to reduce the cost of drugs, on January 18, 2013, the Health Care Innovation Working Group (HCIWG) co-lead Premiers (Alberta and Saskatchewan) announced the first step in achieving better value for generic drugs through the Value Price Initiative.
- This joint approach will leverage 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, six generic drugs became priced at 18 per cent of brand as a result of the work of the Initiative.
- The Ontario Public Drug Programs will continue to work with other provinces and territories to examine opportunities to conduct joint negotiations for brand products. Additional next steps include examining opportunities to achieve better value for generic drugs as well.

Narcotics Strategy

- The Narcotics Strategy includes policy changes, legislative and regulatory changes, broad-reaching collaboration with other Ministries and stakeholders, and potential funding changes within OPDP.
- The Narcotics Safety and Awareness Act, 2010 ("NSAA") was passed on November 29, 2010, with regulations passed on August 10th, 2011. The NSAA and its regulation came into force on November 1, 2011. The ministry is also developing education initiatives to support the Narcotics Strategy.
- The Narcotics Monitoring System (NMS) was activated on April 16, 2012 and began collecting dispensing information from pharmacies in relation to all prescription narcotics and other controlled drugs dispensed to people in Ontario.
- Effective May 14, 2012, all dispensers were required to make these submissions to the NMS. All 3,600+ pharmacies in Ontario are submitting dispensing data about monitored drugs to the NMS.

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 four publicly funded vaccines.
- For the 2012/2013 flu season, as of March 31, 2013, approximately 246,950 claims were submitted from 600 pharmacies that indicate Ontarians that received a flu shot from their community pharmacists; this represents a government cost of approximately \$1.84 Million for pharmacy fees.