

# **2003/04 Report Card for the Ontario Drug Benefit Program**

# Drug Program Branch Mandate

- To develop and manage drug programs to ensure that optimal pharmaceutical services are provided for the protection and improvement of Ontarians' health.
- To manage a reimbursement system for prescription drugs.

# Strategic Goals

- To ensure on-going access to cost-effective drug therapies through the recommendations of the Drug Quality and Therapeutics Committee (DQTC) and innovative management approaches;
- To manage pharmaceutical expenditures under ODB and present options for new program features and future program designs;

# Strategic Goals

- To promote optimal drug therapy through the development and use of therapeutic guidelines and other evidence-based approaches;
- To maintain a high level of performance of the Health Network System which adjudicates claims;
- To maintain strong working relationships with other governments, drug manufacturers, pharmacists, physicians, third-party insurers, and consumers;
- To provide information to health care professionals and consumers about the ODB program.

# Strategic Goals

- To make effective and efficient use of human, financial and technological resources in order to meet program objectives;
- To provide effective and efficient customer service to all our clients;
- To monitor ODB program performance through measures of efficiency, effectiveness and customer satisfaction.

# Growth Factors

- newer and more expensive drugs;
- aging population;
- new clinical evidence (indications) and better treatment outcomes involving drug therapy;
- new diseases and new areas of pharmacology;
- increased utilization;
- restructuring of health system (shift to outpatient care);
- continued pressure for manufacturers to increase market share

# Report Card Framework

## I. Program Overview

Program overview and utilization trends

## II. Financial

Financial indicators and cost trends

## III. Formulary Listings

Process and Type of Listing

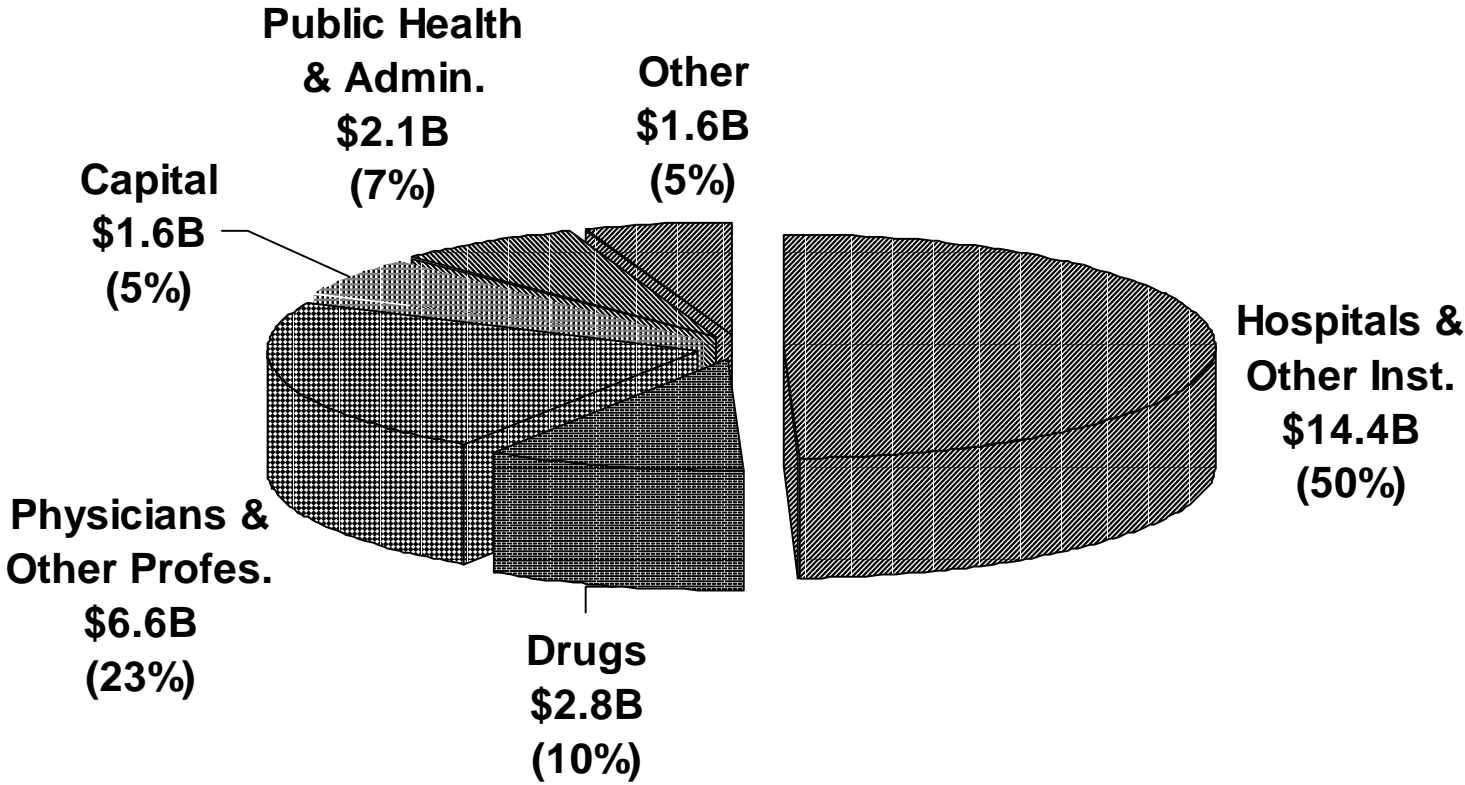
## IV. Achievements

Accomplishments and Looking Ahead

# Definitions

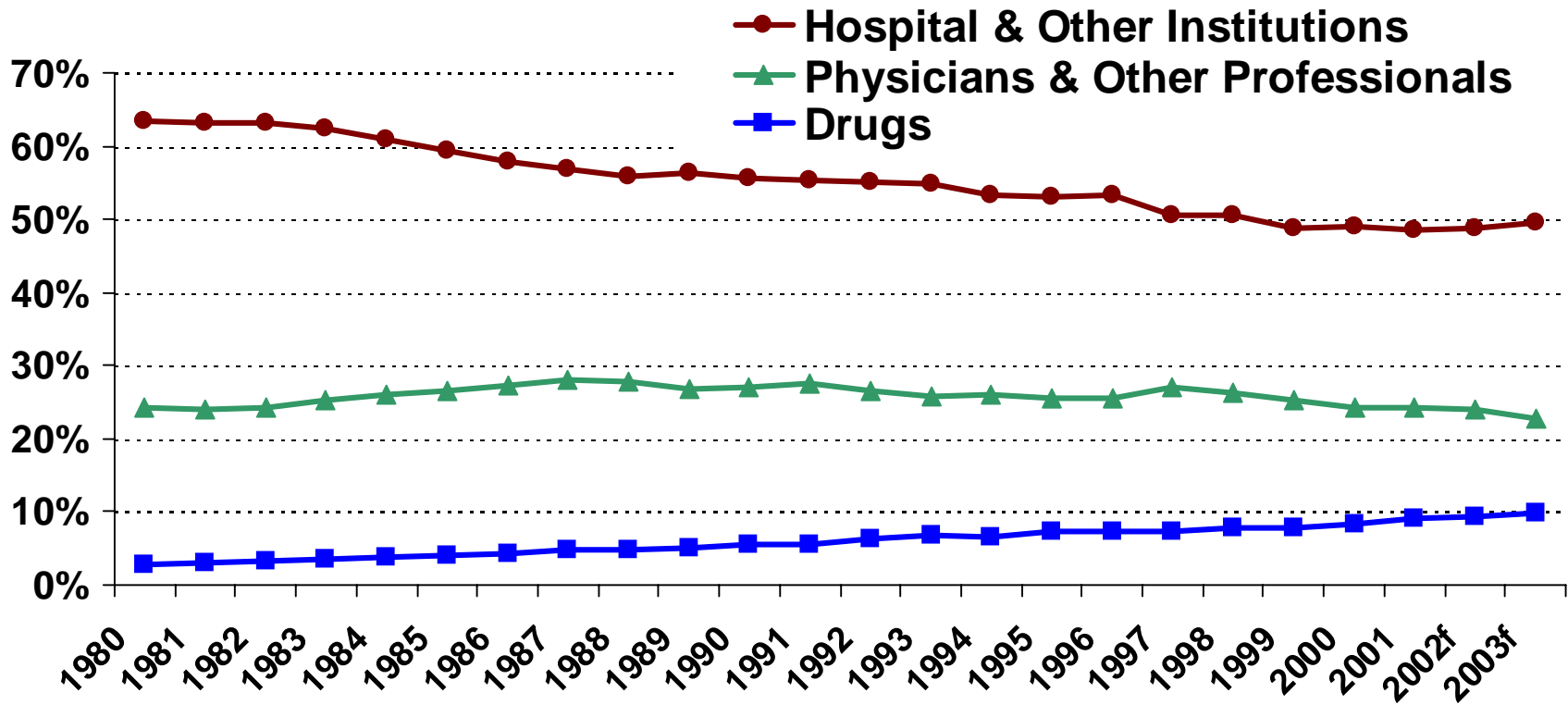
- Beneficiary
  - Eligible person who had at least one claim during the fiscal year.
- Claim
  - Every time a pharmacist fills a prescription, initial or refill.
- Figures include MOHLTC and MCSS programs unless otherwise specified.

# Provincial Health Expenditures Ontario, 2003



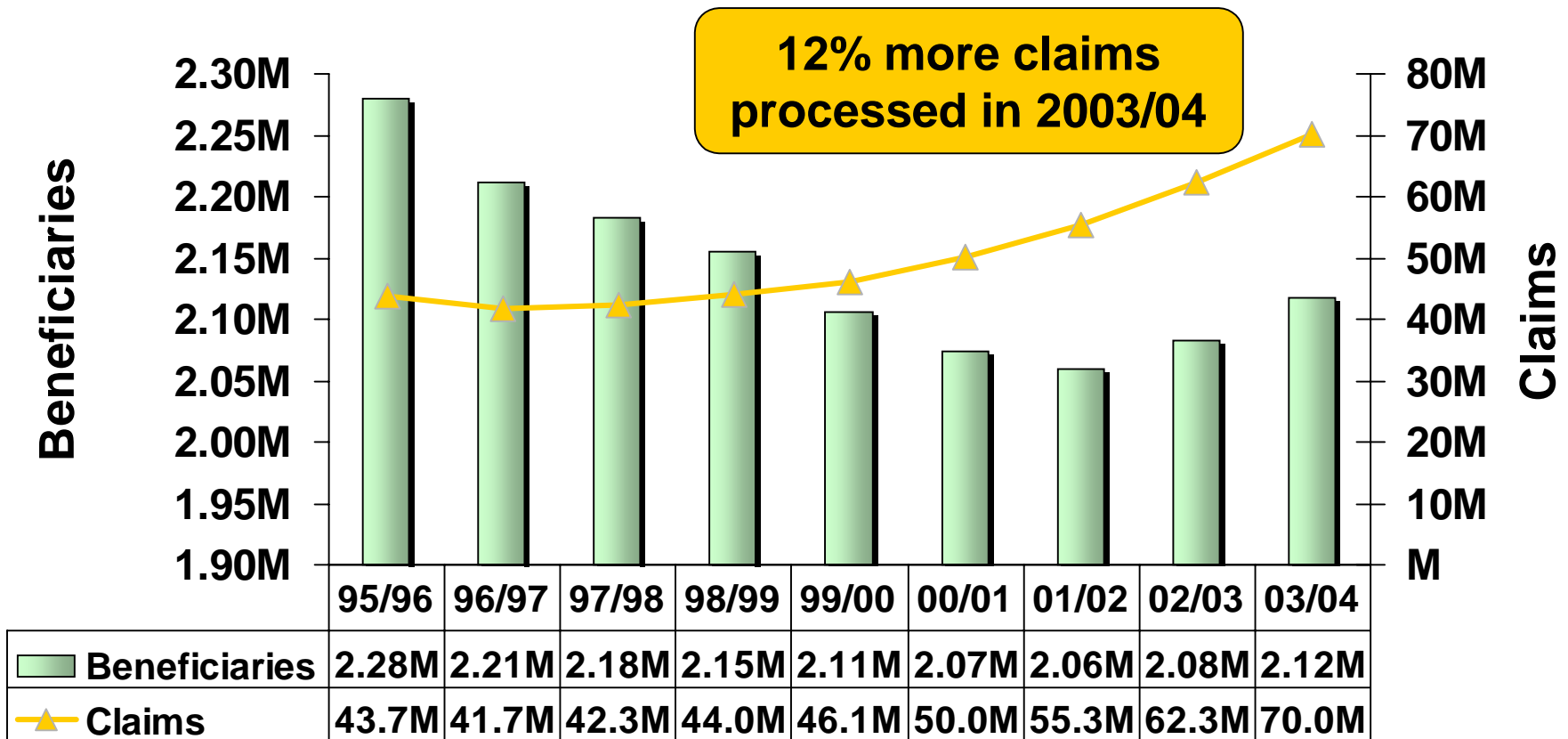
Source: Forecast from the Canadian Institute for Health Information, 2004

# Provincial Health Expenditures Ontario, 1980-2003

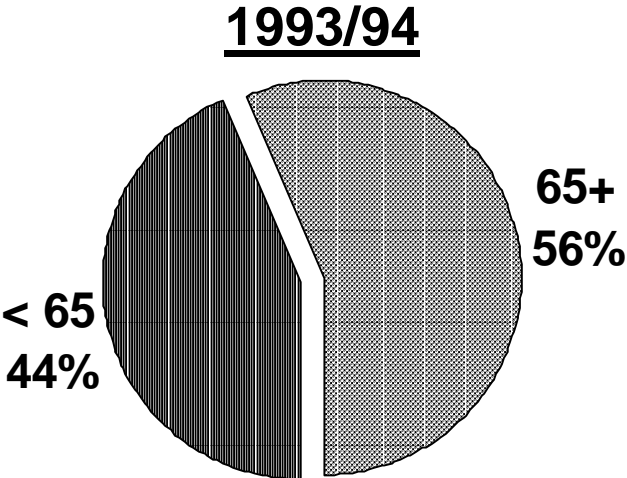


Source: Actual and forecasted data from the Canadian Institute for Health Information, 2004

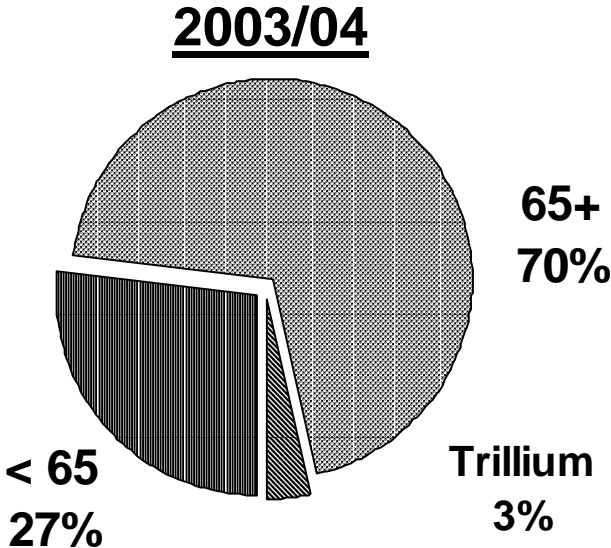
# ODB Beneficiaries & Claims 1995/96-2003/04



# Age Breakdown of ODB Beneficiaries, 1993/94 & 2003/04



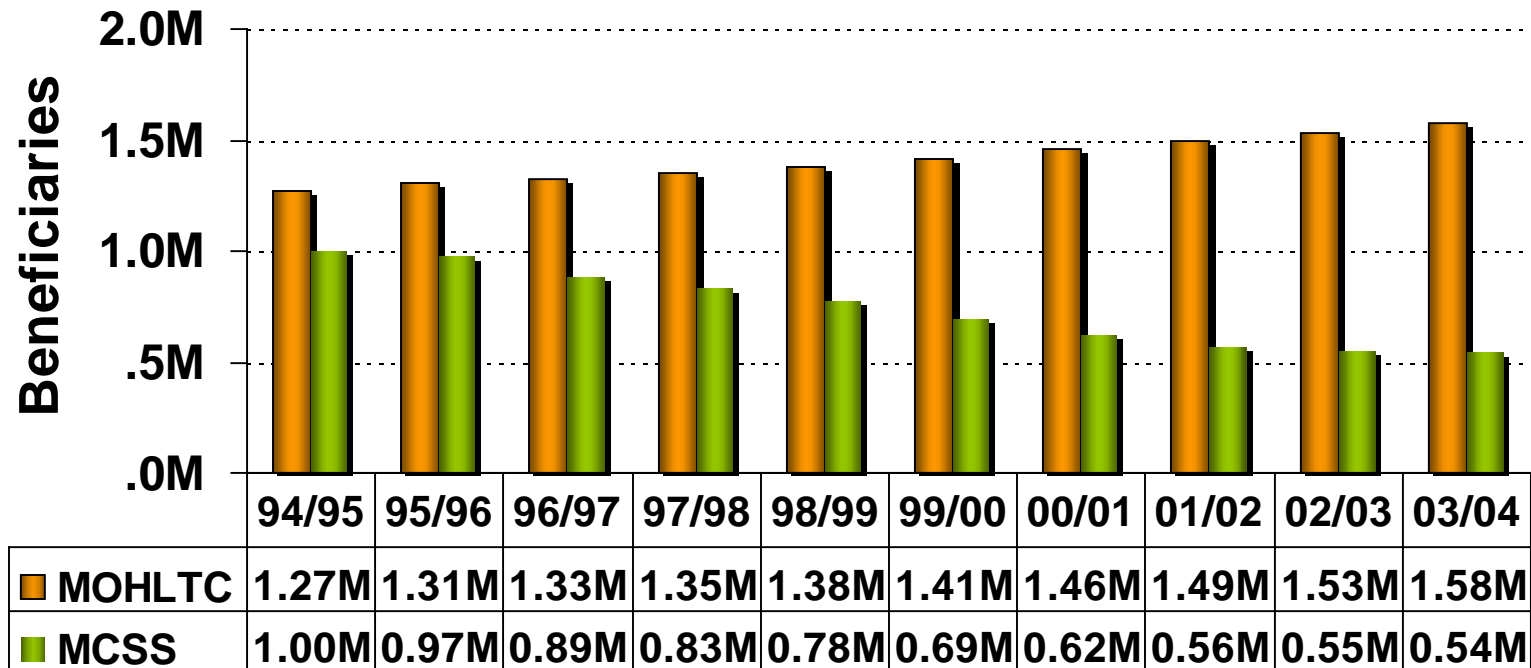
|              |               |
|--------------|---------------|
| <65          | 965K          |
| 65+          | 1,245K        |
| <b>Total</b> | <b>2,210K</b> |



|              |               |
|--------------|---------------|
| <65          | 572K          |
| Trillium     | 74K           |
| 65+          | 1,472K        |
| <b>Total</b> | <b>2,118K</b> |

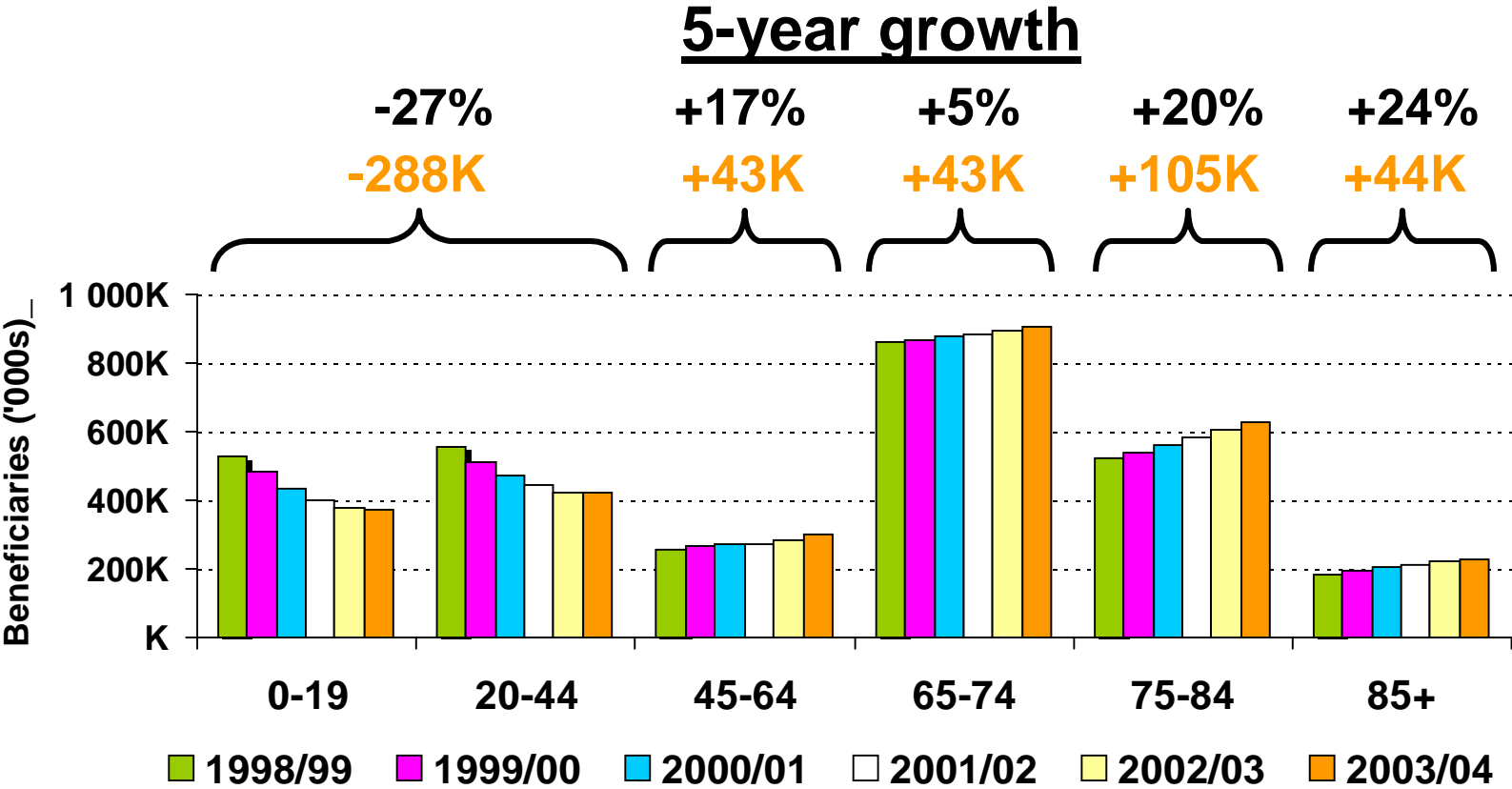
← Excludes Trillium pre-registration.

# ODB Beneficiaries by Source of Finance, 1994/95-2003/04

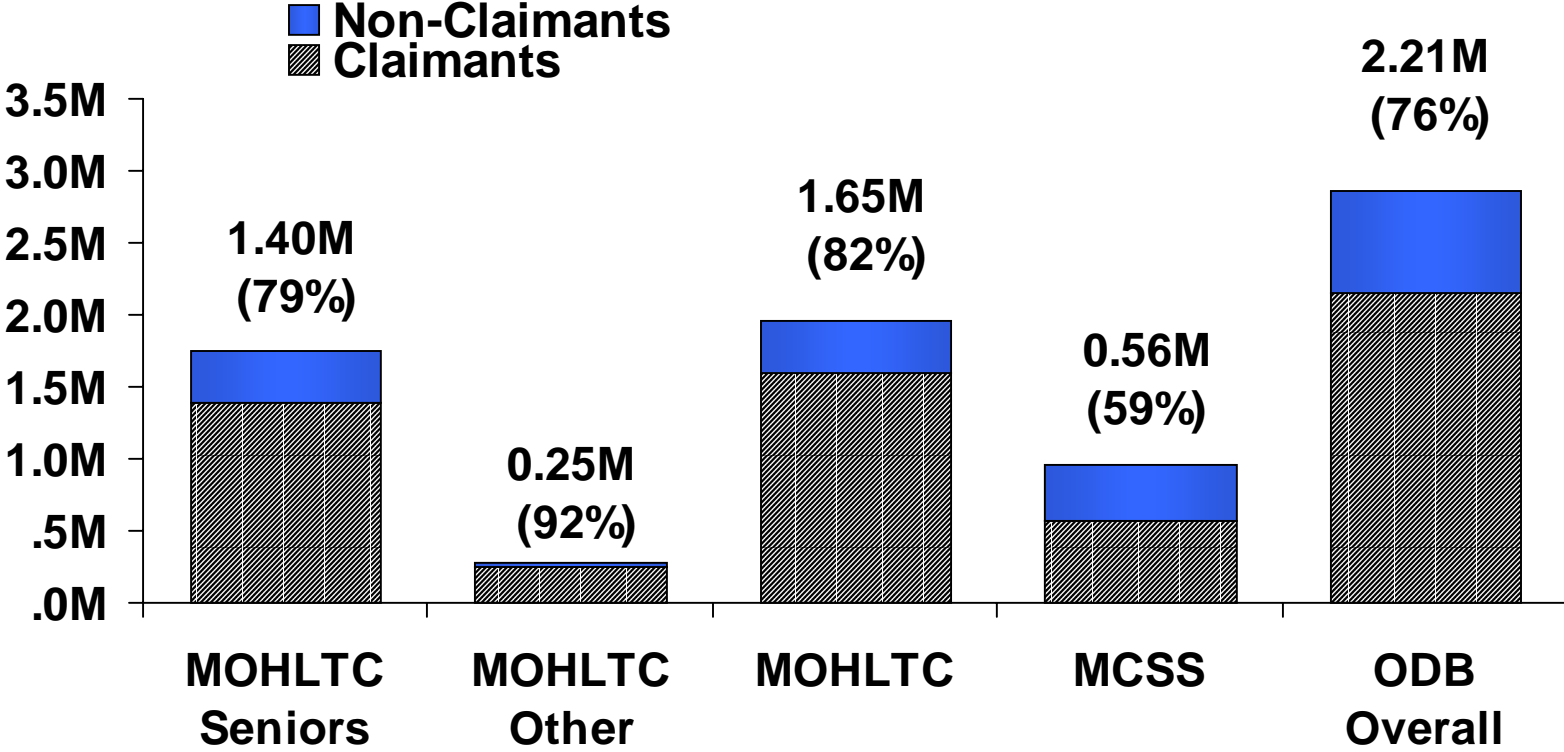


From 1994/95 to 2003/04, the total number of beneficiaries decreased by 7%.

# Age Distribution of Eligible Beneficiaries, 1998/99-2003/04

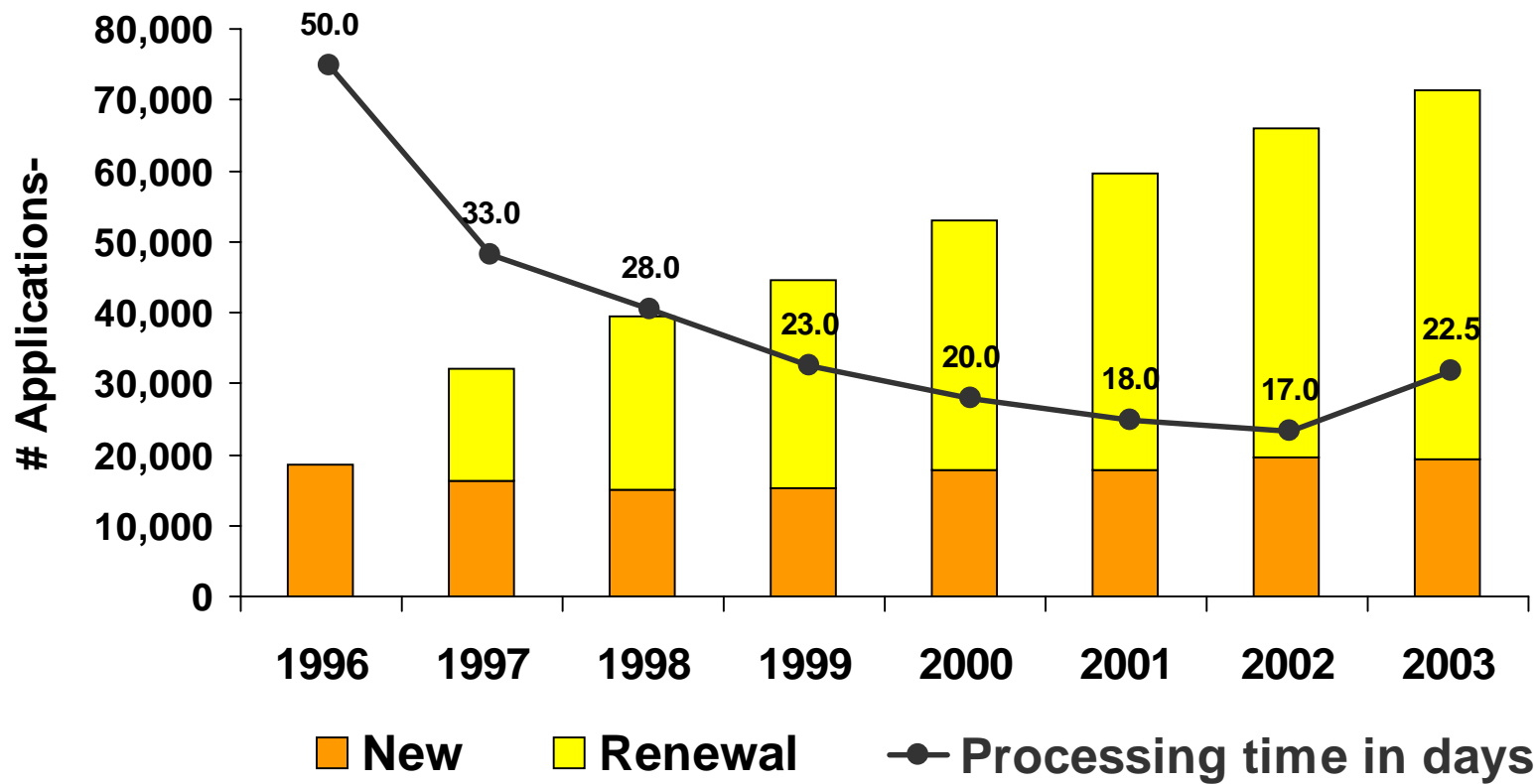


# ODB Beneficiaries by Program, 2003/04

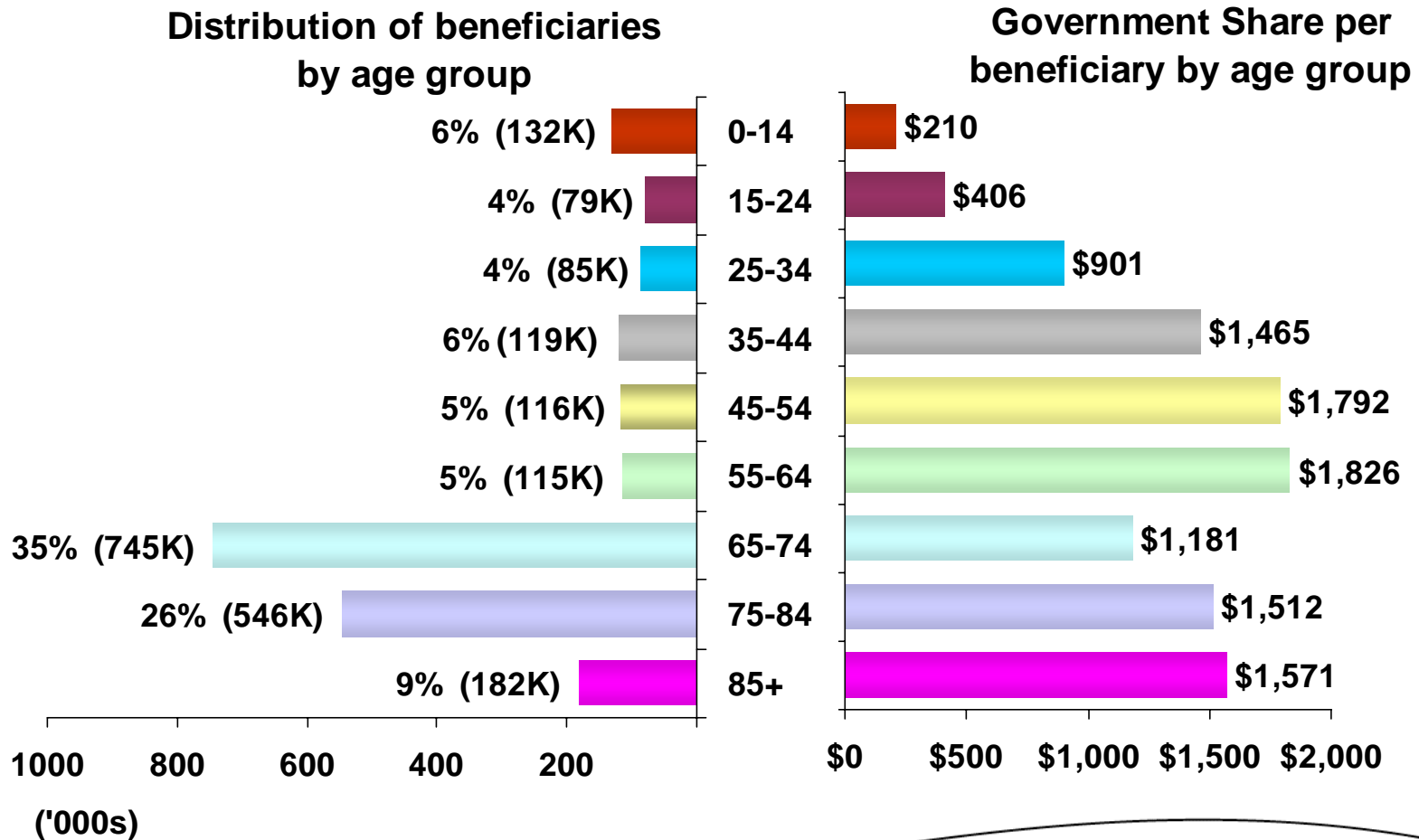


Labels are the number of active beneficiaries and their percentage of the total.

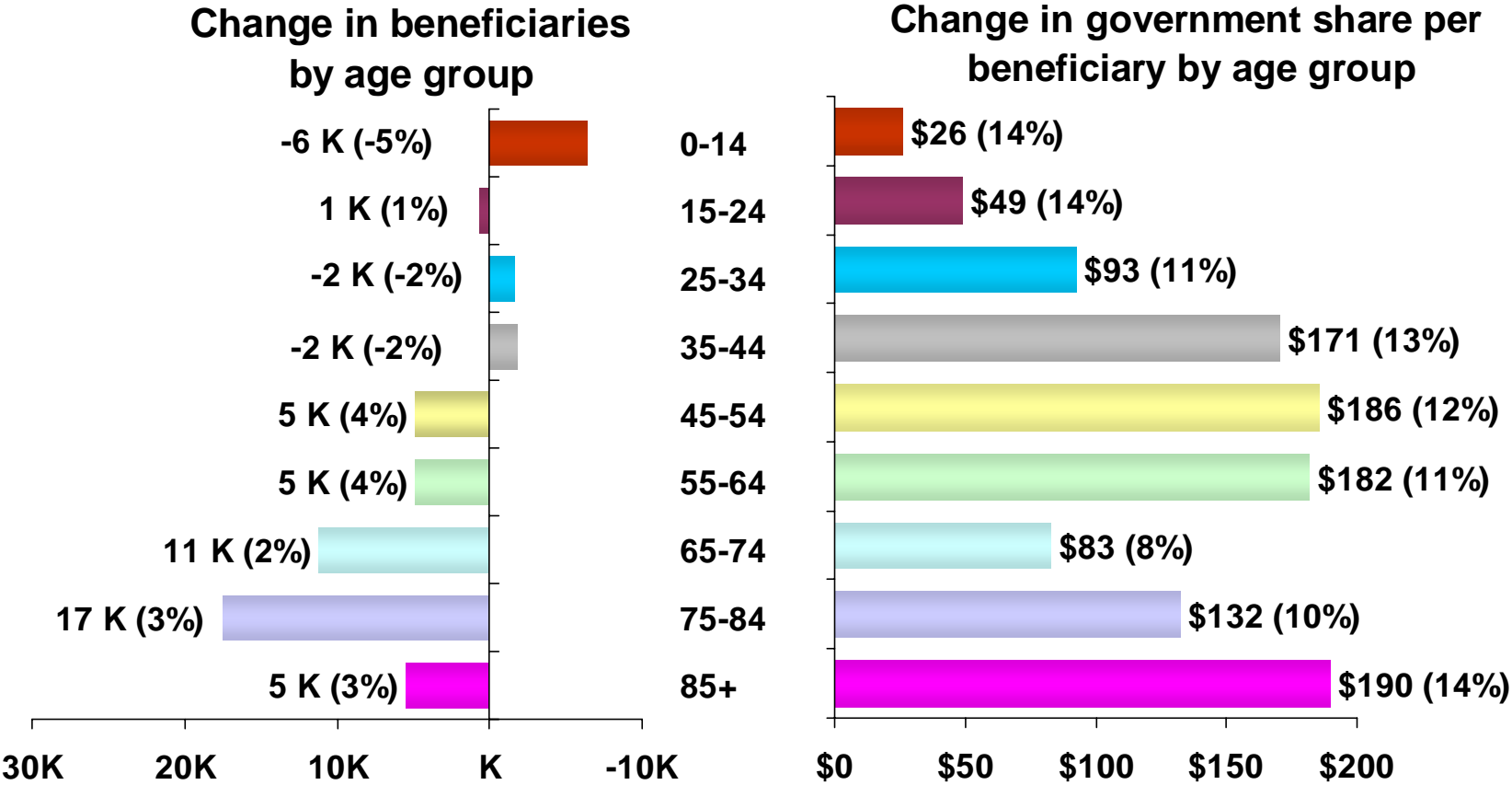
# Trillium Applications & Processing Time, 1996 – 2003



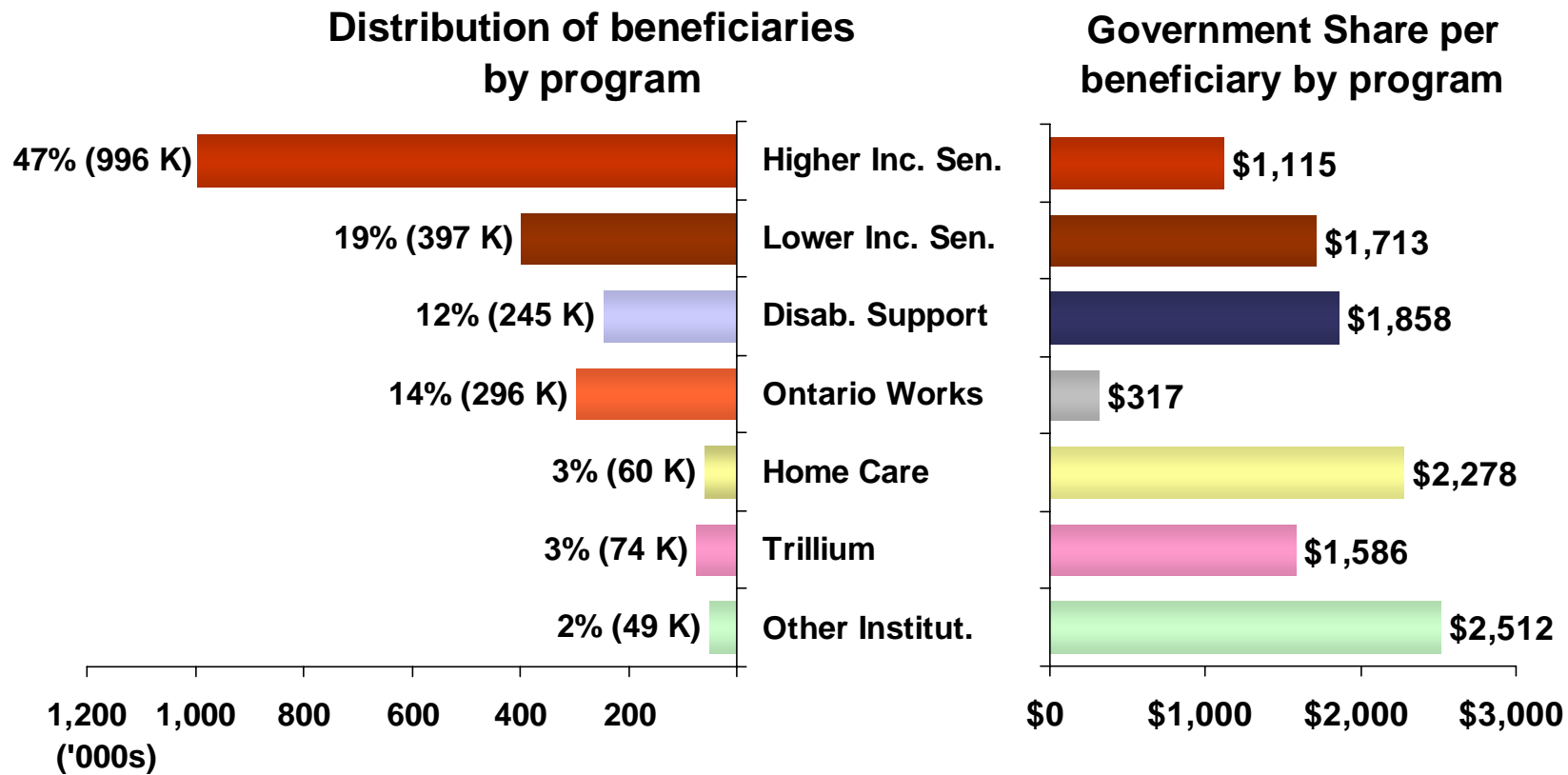
# Beneficiary Distribution & Government Share by Age, 2003/04



# Change in Beneficiaries & Government Share, by Age, 2002/03-2003/04

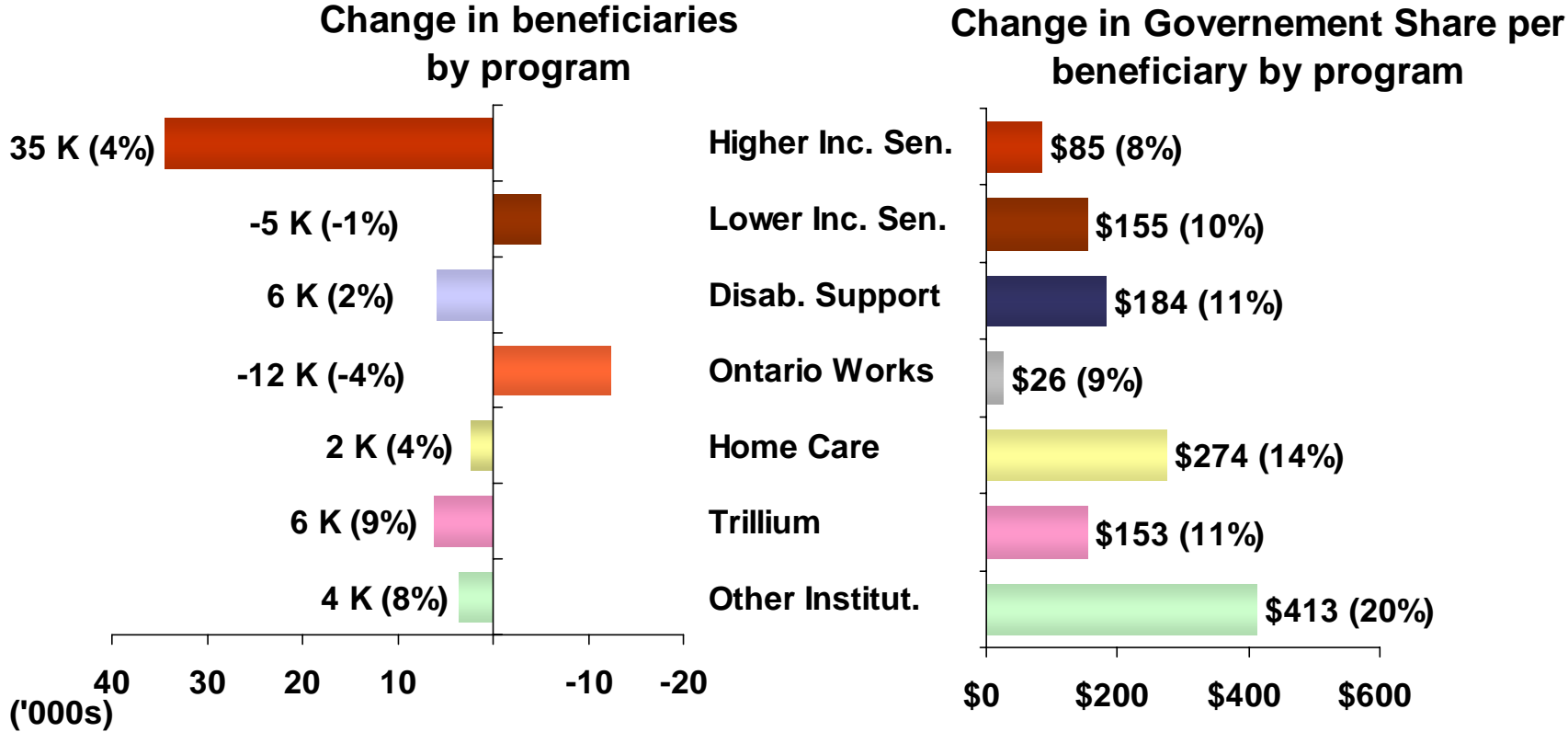


# Beneficiary Distribution & Government Share by Program, 2003/04



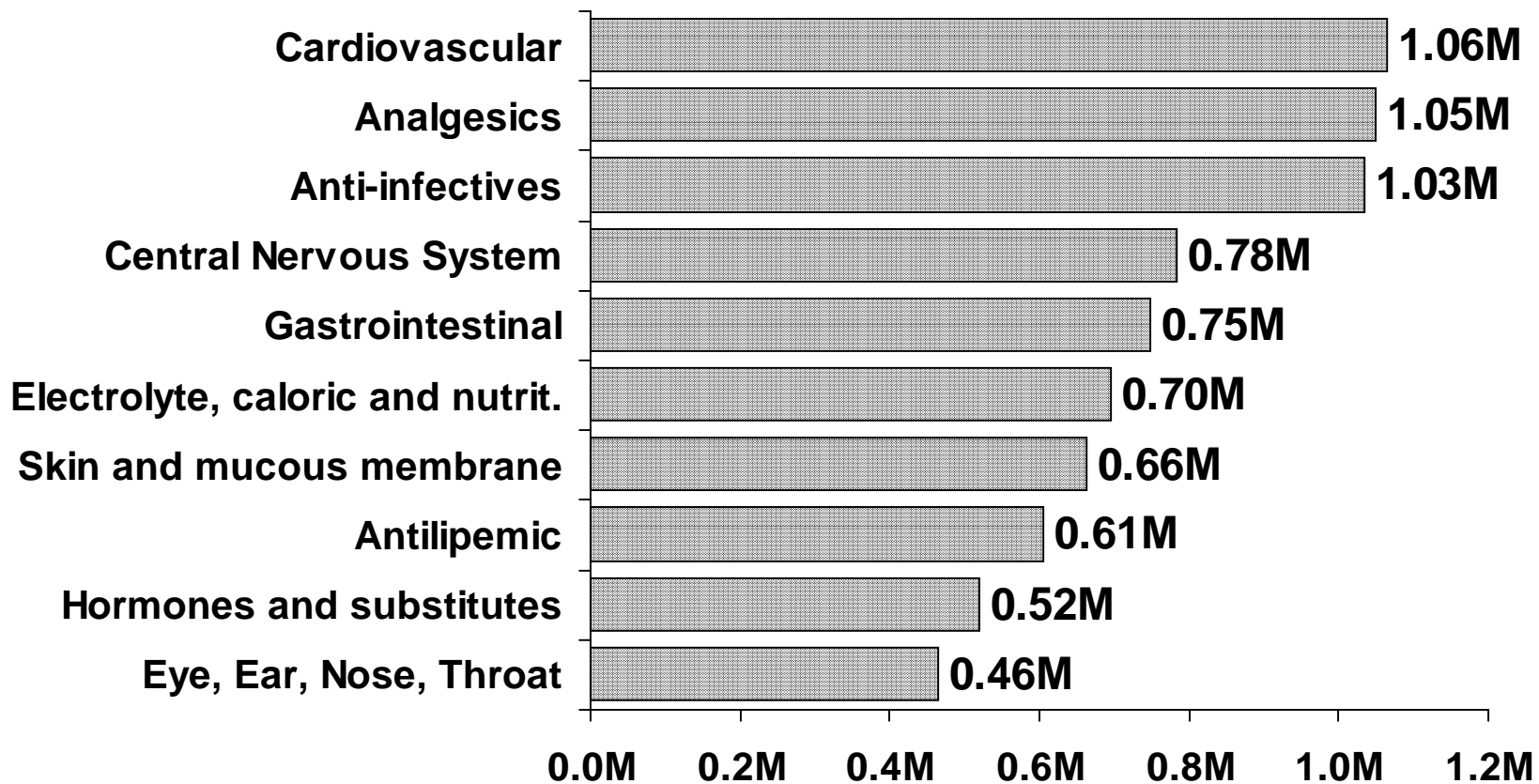
**Note : Other Institutions stands for Special Care and Long-Term Care.**

# Change in Beneficiaries & Government Share by Program, 2002/03-2003/04

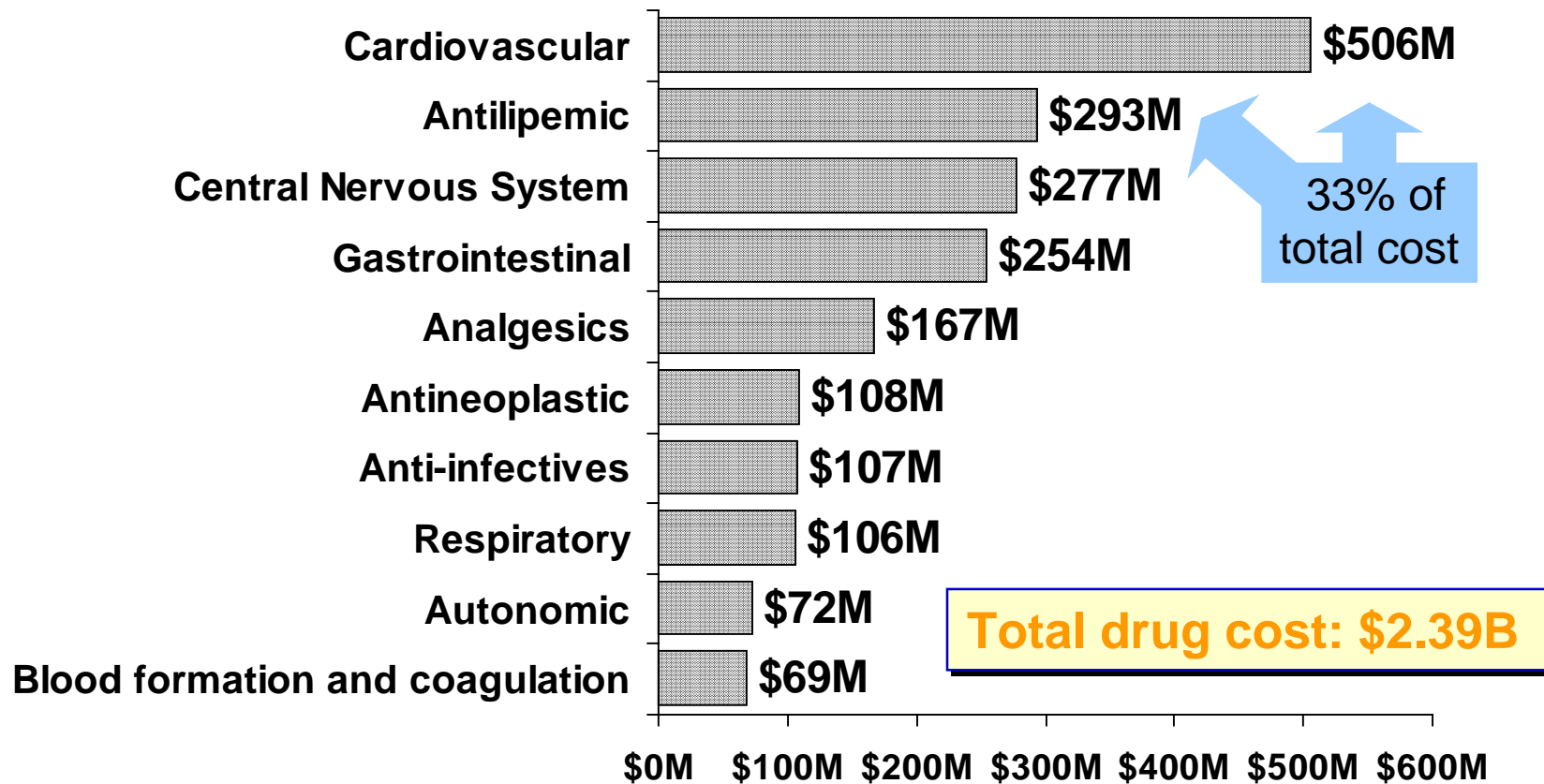


**Note : Other Institutions stands for Special Care and Long-Term Care.**

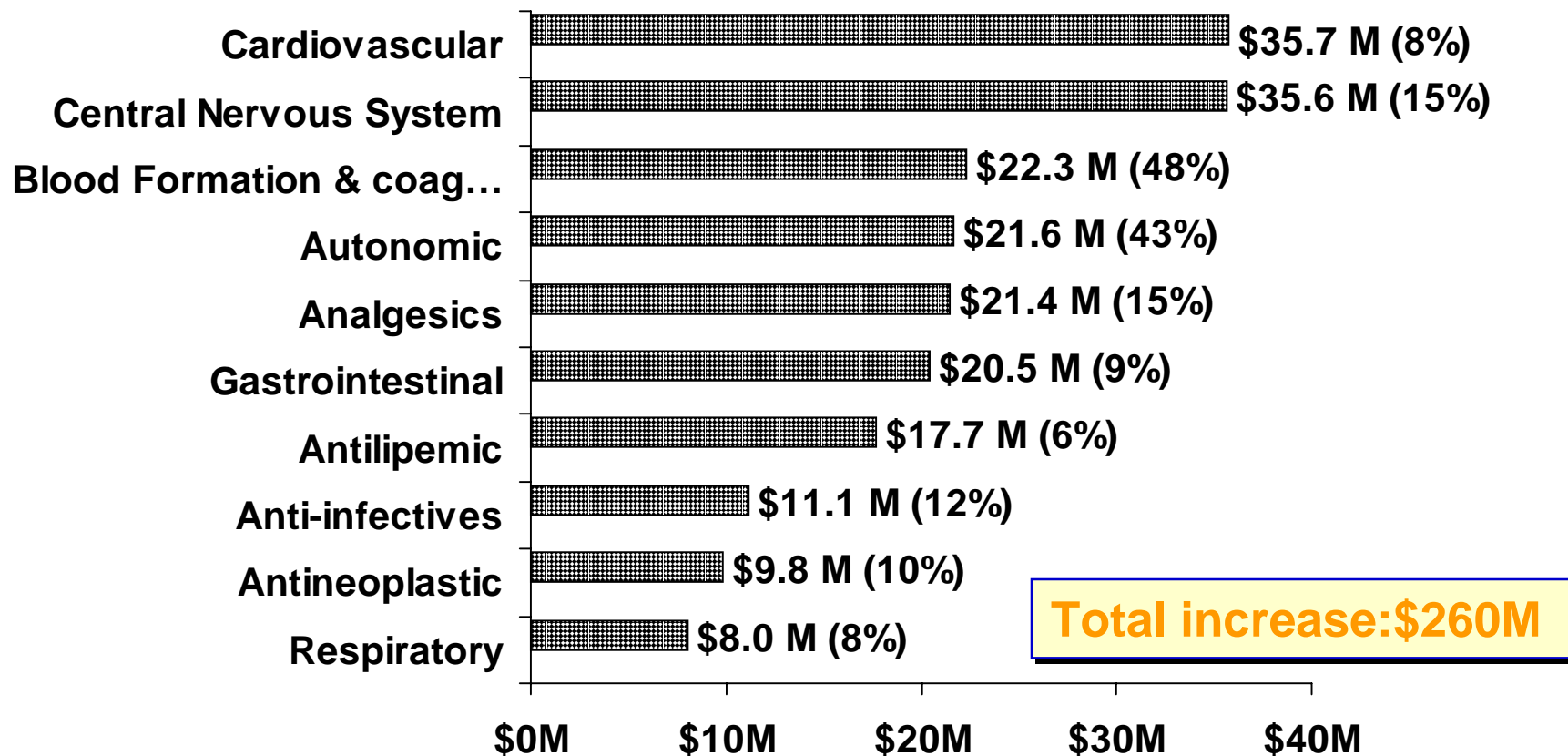
# Top-10 Therapeutic Classes by Number of Users, 2003/04



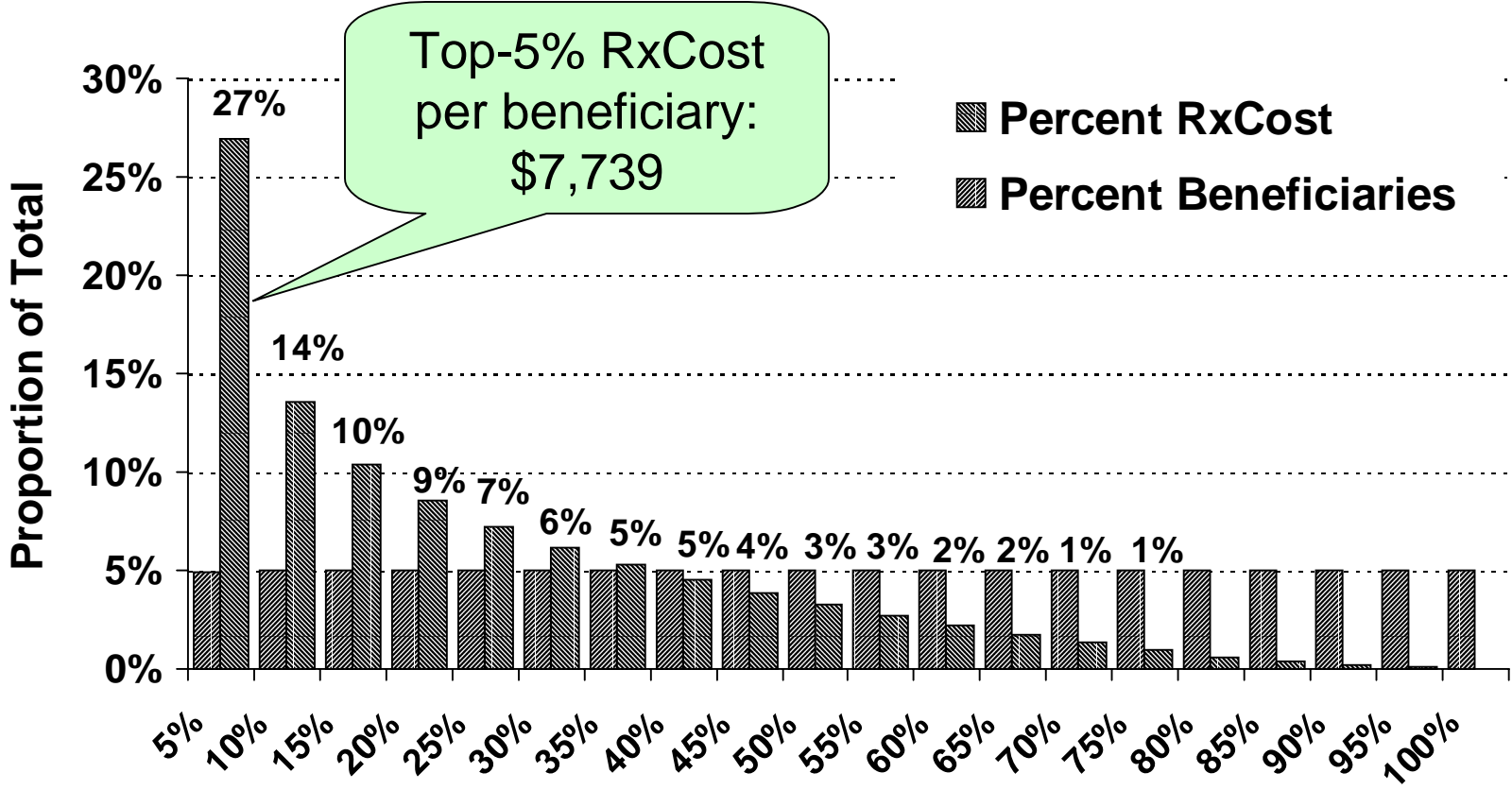
# Top-10 Therapeutic Classes by Drug Cost, 2003/04



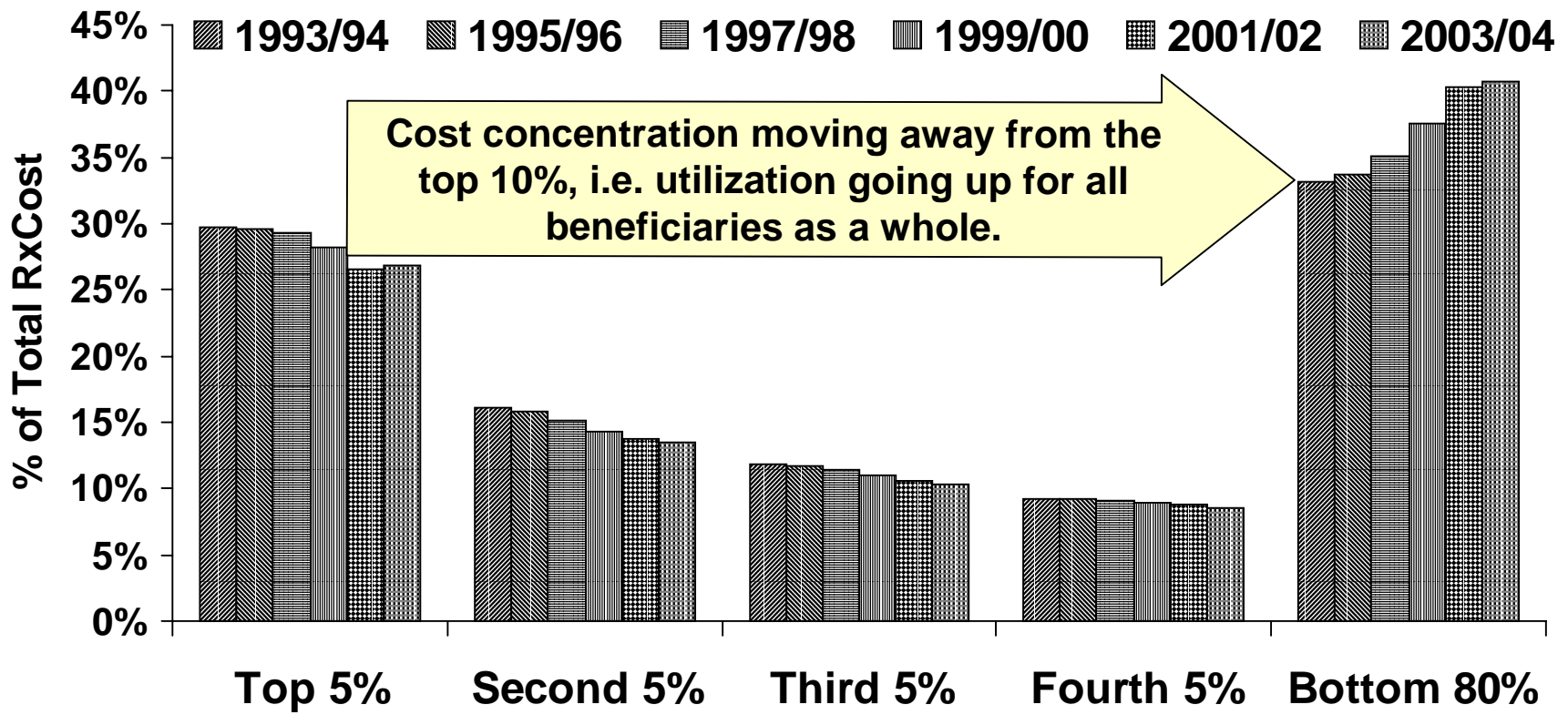
# Fastest Growing Classes by Drug Cost, 2002/03-2003/04



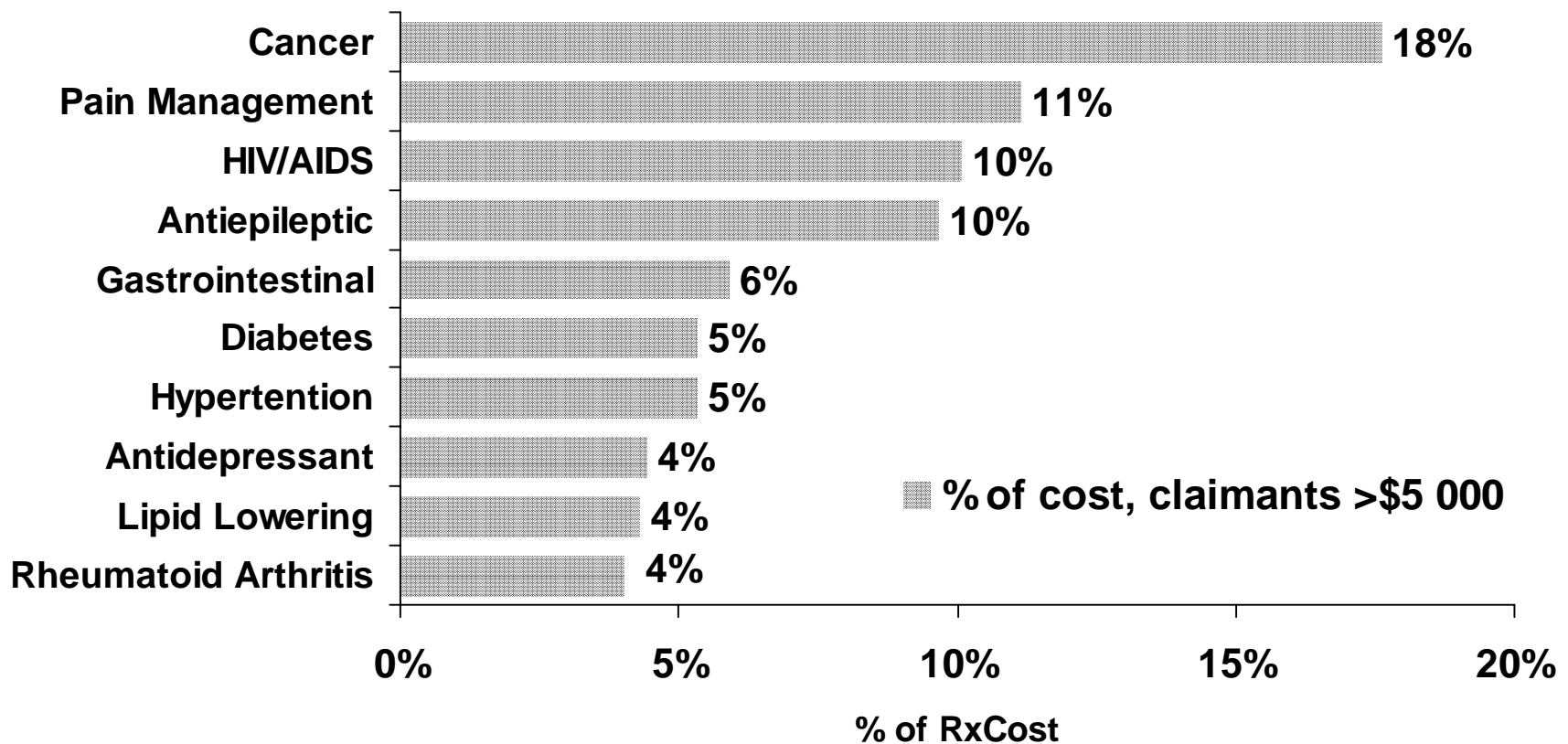
# Cost Concentration, From Most to Least Costly Beneficiary, 2003/04



# Trend in Cost Concentration 1993/94-2003/04



# Top Therapeutic Areas in High Cost Claimants (>\$5,000), 2003/04



# Highlights of Overview

- Drugs are the fastest growing component of healthcare spending, but still represent just 10% of public expenditures.
- In past years, there was a large decline of beneficiaries covered under MCSS programs, while the number of seniors covered under MOHLTC kept growing.
- Cardiovascular drugs account for a third of total program expenditures, which is related to the prevalence of heart problems.
- A small portion (10%) of beneficiaries account for a large proportion of expenditures (40%).

# Report Card Framework

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Financial indicators and cost trends

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Process and Type of Listing

## IV. Achievements

Accomplishments and Looking Ahead

# Definitions

- Drug cost = Cost at formulary prices
- Markup = Pharmacy Markup + Wholesale Markup
- RxCost = Drug cost + Markup + Dispensing fee
- Gov't cost = Drug cost + Markup + Dispensing fee – Recipient Cost
- Figures includes MOH and MCSS programs unless otherwise specified.

# ODB Financial Statistics

## 2002/03-2003/04

|                  | <u>2002/03</u> | <u>2003/04</u> | <u>Change</u> |
|------------------|----------------|----------------|---------------|
| Drug Cost        | \$2,131M       | \$2,391M       | 12%           |
| + Markup         | \$ 196M        | \$ 216M        | 10%           |
| + Dispensing Fee | \$ 393M        | \$ 444M        | 13%           |
| = RxCost         | \$2,720M       | \$3,051M       | 12%           |

|                                   | <u>2002/03</u> | <u>2003/04</u> |
|-----------------------------------|----------------|----------------|
| Markup, as % of total Drug Cost   | <b>8.4%</b>    | <b>8.3%</b>    |
| Est. % of cost-to-operator claims | <b>16%</b>     | <b>18%</b>     |

# ODB Financial Statistics

## 2002/03-2003/04

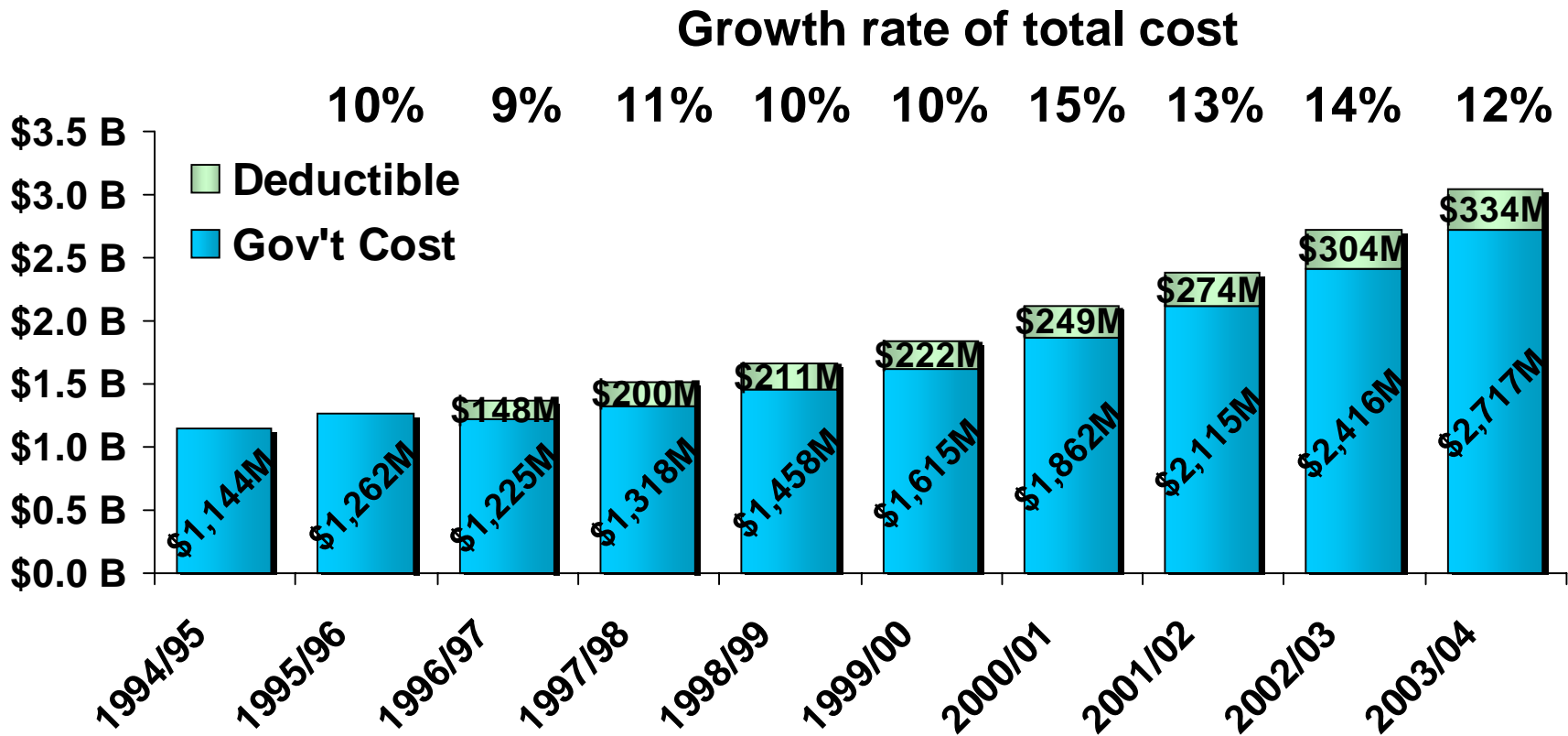
|                   | <u>2002/03</u>   | <u>2003/04</u>   | <u>Change</u> |
|-------------------|------------------|------------------|---------------|
| Drug Cost         | \$2,131M         | \$2,391M         | 12%           |
| + Markup          | \$ 196M          | \$ 216M          | 10%           |
| + Dispensing Fee  | \$ 393M          | \$ 444M          | 13%           |
| = RxCost          | \$2,720M         | \$3,051M         | 12%           |
| - Deductible      | \$ 304M          | \$ 334M          | 10%           |
| = Government Cost | \$2,416M         | \$2,717M         | 12%           |
| <i>MOHLTC</i>     | <i>\$ 1,925M</i> | <i>\$ 2,167M</i> | <i>13%</i>    |
| <i>MCSS</i>       | <i>\$ 491M</i>   | <i>\$ 550M</i>   | <i>12%</i>    |

# ODB Financial Statistics

## 2002/03-2003/04

|                    | <u>2002/03</u>   | <u>2003/04</u>   | <u>Change</u> |
|--------------------|------------------|------------------|---------------|
| RxCost             | \$2,720M         | \$3,051M         | 12%           |
| Brand              | <i>\$ 2,078M</i> | <i>\$ 2,316M</i> | <i>11%</i>    |
| Generic            | <i>\$ 642M</i>   | <i>\$ 735M</i>   | <i>14%</i>    |
| Beneficiaries      | 2.08M            | 2.12M            | 2%            |
| RxCost/Beneficiary | \$ 1,306         | \$ 1,440         | 10%           |
| RxCost/Claim       | \$ 43.63         | \$ 43.59         | 0%            |
| Claims/Beneficiary | 29.9             | 33.0             | 10%           |

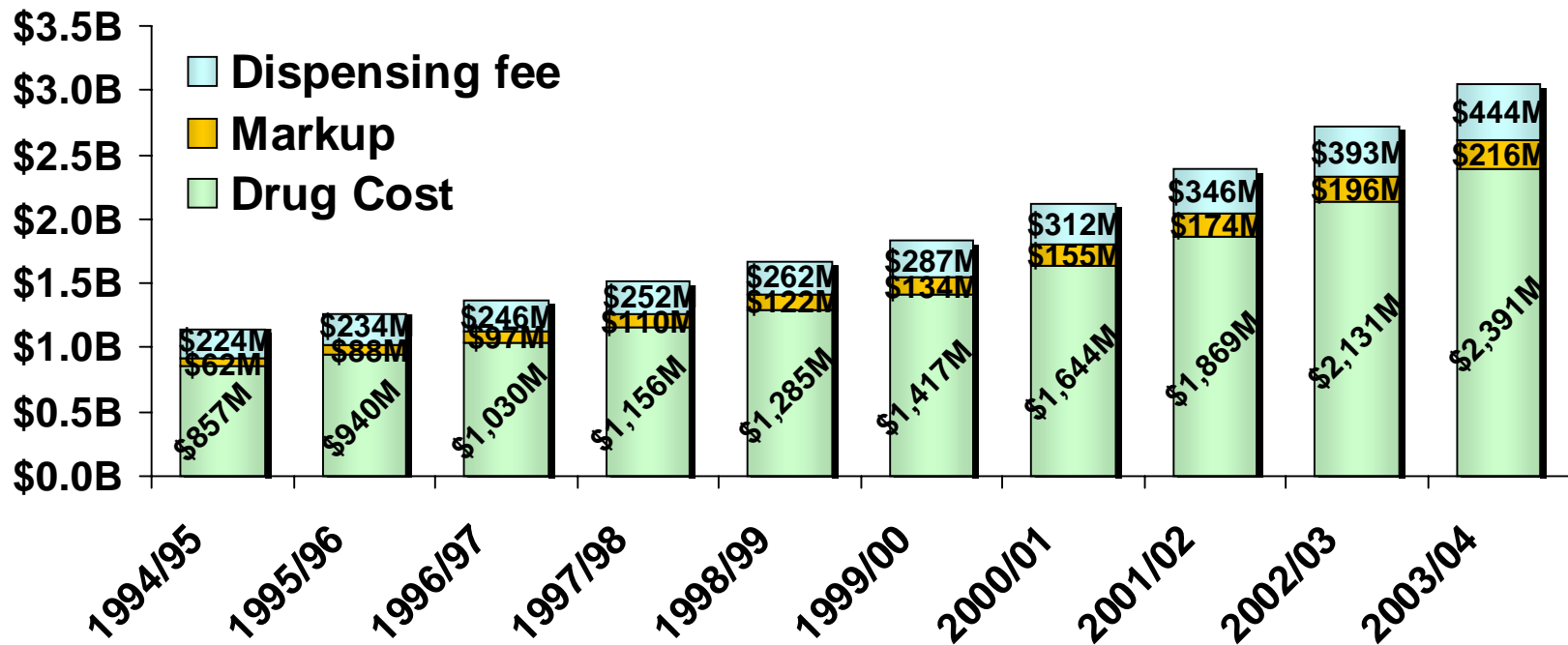
# Government & Beneficiary Cost 1994/95-2003/04



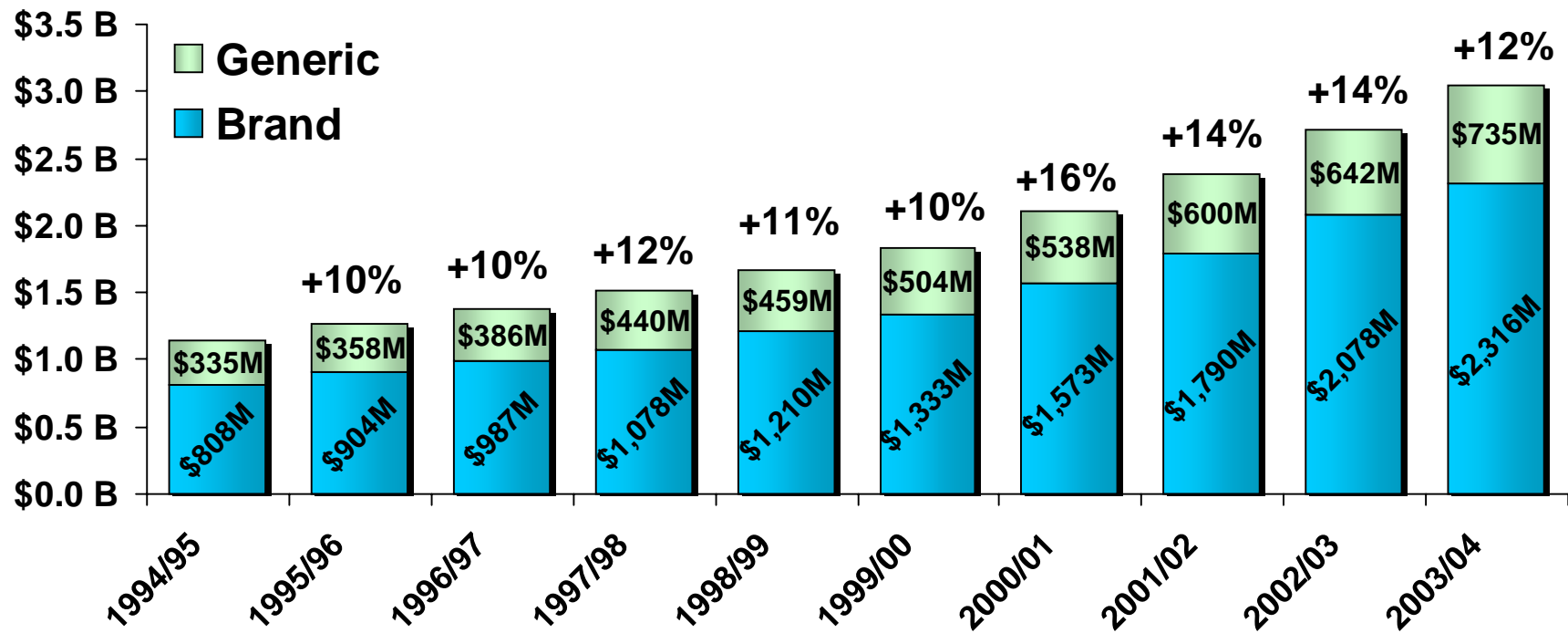
# Total Cost by Type of Spending 1994/95-2003/04

## Year over Year Growth of Distribution Costs (Markup + Dispensing fee)

13% 7% 6% 6% 10% 11% 11% 13% 12%

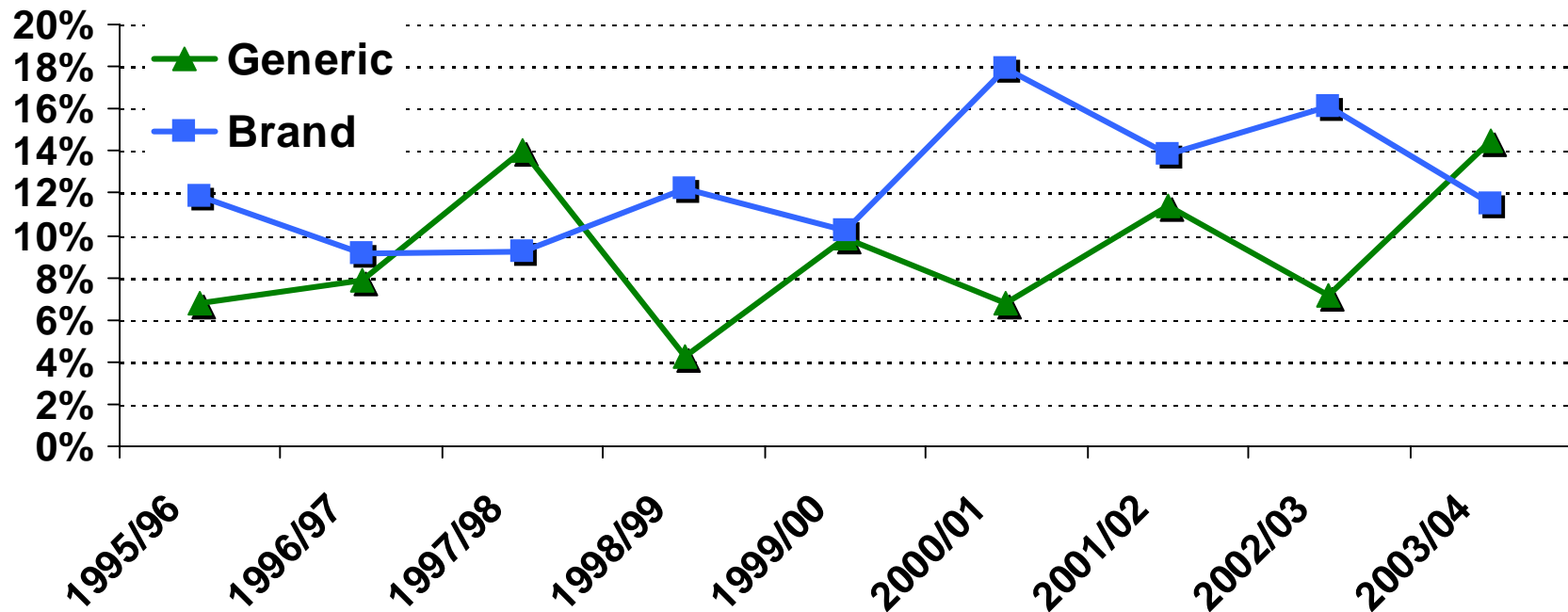


# Brand vs. Generic RxCost 1994/95-2003/04



Note: Figures are approximations. Extemporaneous compounds were classified as generics. They accounted for approx. \$25.2 million in 2003/04.

# Brand vs. Generic RxCost Annual Growth, 1995/96-2003/04

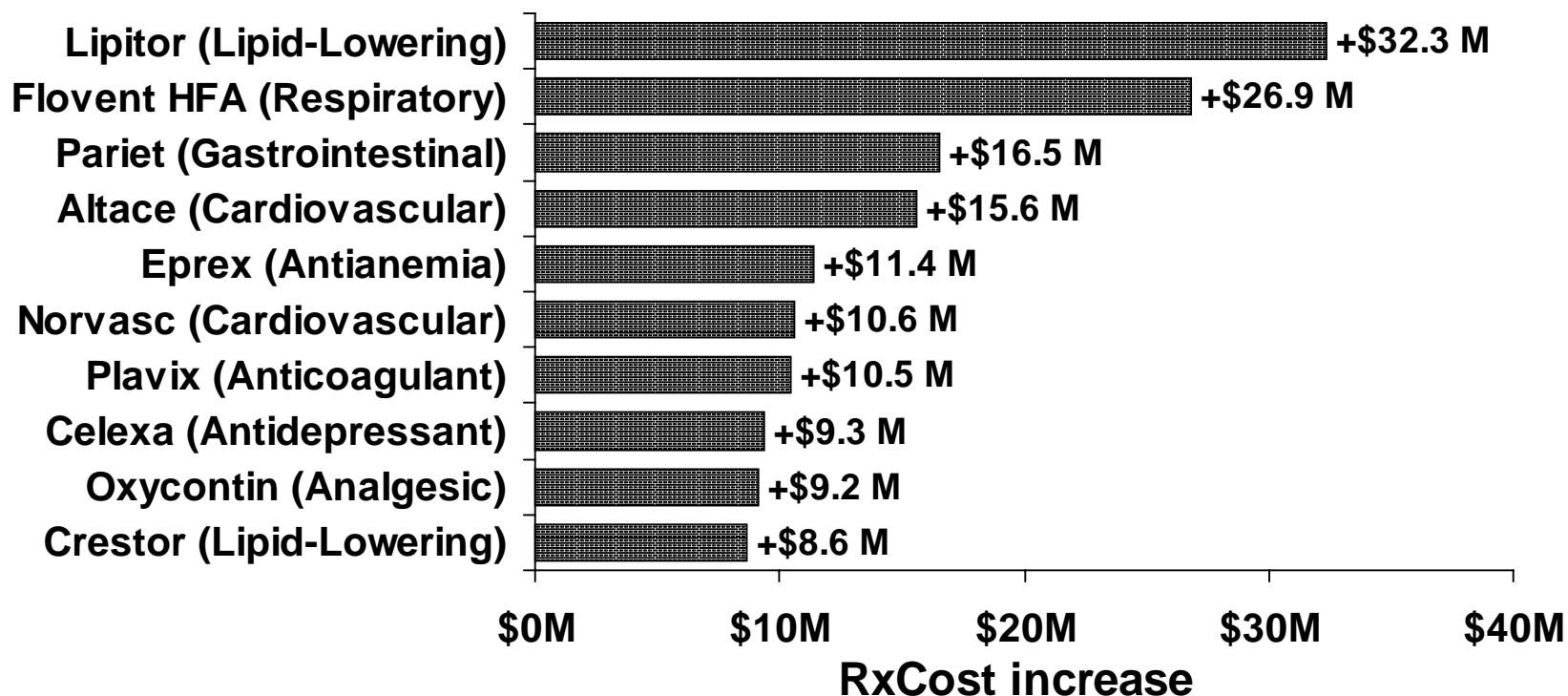


*Note: Figures are approximations. Pharmacy compounded products were classified as generics. They accounted for approx. \$25.2 million in 2003/04.*

# Top-10 Chemicals by Drug Cost, 2003/04

| Rk                  | Drug Name                     | Class             | Drug Cost      | % Total Drug Cost |
|---------------------|-------------------------------|-------------------|----------------|-------------------|
| 1                   | Atorvastatin (Lipitor)        | Lipid-Lowering    | \$170 M        | 7.1%              |
| 2                   | Omeprazole (Losec) - LU       | Gastrointestinal  | \$100 M        | 4.2%              |
| 3                   | Amlodipine besylate (Norvasc) | Cardiovascular    | \$86 M         | 3.6%              |
| 4                   | Ramipril (Altace)             | Cardiovascular    | \$80 M         | 3.3%              |
| 5                   | Olanzapine (Zyprexa)          | Anti-psychotic    | \$68 M         | 2.9%              |
| 6                   | Diagnostic Agent – Diabetes   | Diagnostic Agents | \$68 M         | 2.8%              |
| 7                   | Simvastatin (Zocor)           | Lipid-Lowering    | \$63 M         | 2.6%              |
| 8                   | Enalapril Maleate (Vasotec)   | Cardiovascular    | \$42 M         | 1.8%              |
| 9                   | Diltiazem HCl (Tiazac)        | Cardiovascular    | \$40 M         | 1.7%              |
| 10                  | Donepezil HCl (Aricept) - LU  | Autonomic Agents  | \$38 M         | 1.6%              |
| <b>TOTAL Top-10</b> |                               |                   | <b>\$755 M</b> | <b>32%</b>        |

# Fastest Growing Brand Products RxCost, 2002/03-2003/04



**10 products = 46% of total increase (vs. 45% in 2002/03)**

# Top-10 Products\* Launched Since 2000, by Drug Cost, 2003/04

| Rk                  | Drug Name                               | Class             | Drug Cost       | % Total Drug Cost |
|---------------------|---|-------------------|-----------------|-------------------|
| 1                   | Fluticasone Propionate (Flovent HFA)    | Respiratory       | \$31.1M         | 1.31%             |
| 2                   | Simvastatin (Apo-Simvastatin)           | Antilipemic       | \$29.0M         | 1.21%             |
| 3                   | Simvastatin (Gen-Simvastatin)           | Antilipemic       | \$28.0M         | 1.17%             |
| 4                   | Meloxicam (Mobicox)                     | Analgesic         | \$21.0M         | 0.88%             |
| 5                   | Pravastatin Sodium (Apo-Pravastatin)    | Antilipemic       | \$17.4M         | 0.73%             |
| 6                   | Rabeprazole Sodium (Pariet)             | Gastrointestinal  | \$16.3M         | 0.68%             |
| 7                   | Alendronate Sodium (Fosamax) – LU       | Other             | \$12.1M         | 0.51%             |
| 8                   | Infliximab (Remicade) – Section 8       | Immunosuppressant | \$10.9M         | 0.46%             |
| 9                   | Imatinib Mesylate (Gleevec) – Section 8 | Cancer            | \$9.4M          | 0.39%             |
| 10                  | Etanercept (Enbrel) – Section 8         | Immunosuppressant | \$8.5M          | 0.36%             |
| <b>TOTAL Top-10</b> |   |                   | <b>\$183.7M</b> | <b>7.70%</b>      |

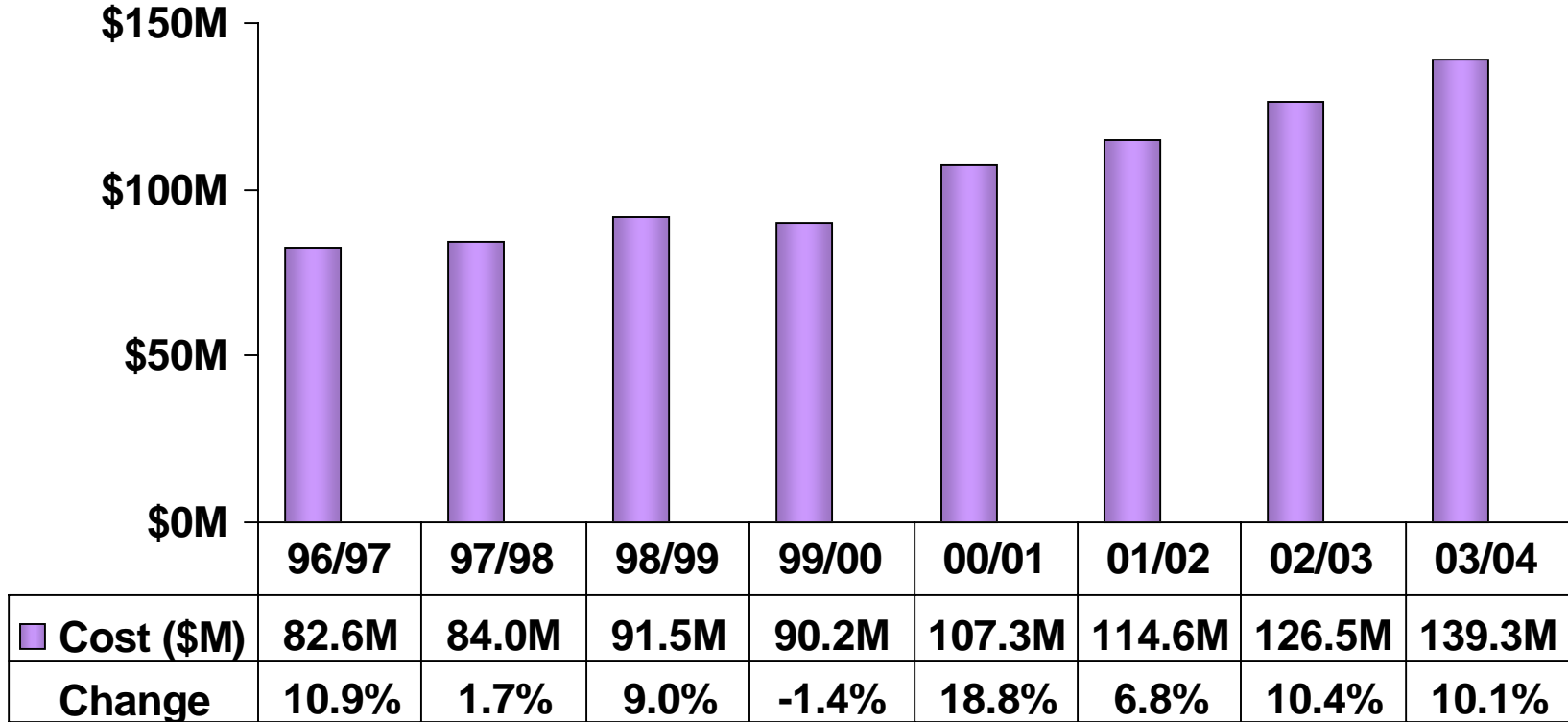
*\* This analysis includes all generic and brand products launched since 2000*

# Top-10 Brand Products\* Launched Since 2000, by Drug Cost, 2003/04

| Rk                  | Drug Name                                | Class               | Drug Cost       | % Total Drug Cost |
|---------------------|--|---------------------|-----------------|-------------------|
| 1                   | Fluticasone Propionate (Flovent HFA)     | Respiratory         | \$31.1M         | 1.31%             |
| 2                   | Meloxicam (Mobicox)                      | Analgesics          | \$21.0M         | 0.88%             |
| 3                   | Rabeprazole Sodium (Pariet)              | Gastrointestinal    | \$16.3M         | 0.68%             |
| 4                   | Infliximab (Remicade) – Section 8        | Immunosuppressant   | \$10.9M         | 0.46%             |
| 5                   | Imatinib Mesylate (Gleevec) – Section 8  | Cancer              | \$9.4M          | 0.39%             |
| 6                   | Etanercept (Enbrel) – Section 8          | Immunosuppressant   | \$8.5M          | 0.36%             |
| 7                   | Galantamine Hydrobromide (Reminyl) - LU  | Alzheimer's Disease | \$8.1M          | 0.34%             |
| 8                   | Tiotropium Bromide Monohydrate (Spiriva) | Autonomic           | \$7.2M          | 0.30%             |
| 9                   | Rosuvastatin Calcium (Crestor)           | Antilipemic         | \$7.2M          | 0.30%             |
| 10                  | Rivastigmine (Exelon)                    | Autonomic           | \$6.8M          | 0.28%             |
| <b>TOTAL Top-10</b> |  |                     | <b>\$126.5M</b> | <b>5.31%</b>      |

*\* This analysis includes all brand products launched since 2000*

# Special Drugs Program Cost 1996/97-2003/04



# Highlights of Financials

- Government share per beneficiary is \$1,283, a 11% increase over 2002/03
- The average RxCost per claim remained stable at \$43.59, but the number of claims per beneficiary went up 10% to 33.
- The 10 fastest growing products accounted for 46% of the total cost increase.
- \$660M went to pharmacies (in fees and mark-ups) while beneficiaries paid \$334M in deductible.

# Report Card Framework

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Program overview and utilization trends

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Process and Type of Listing

## IV. Achievements

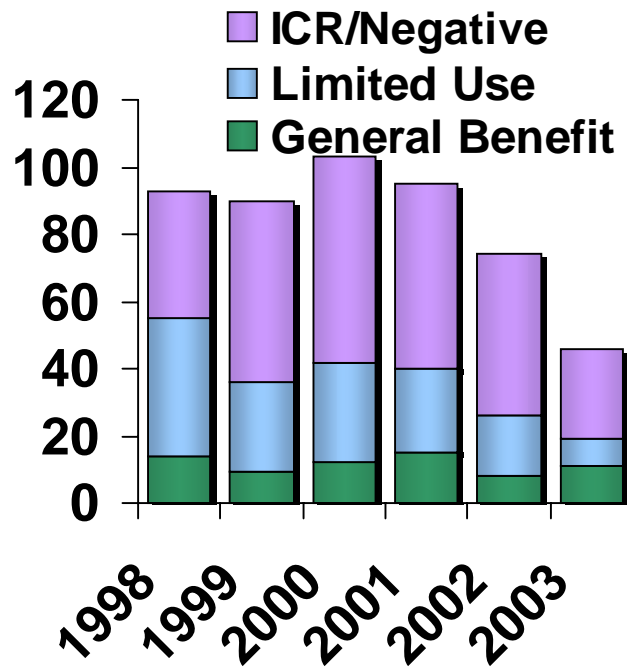
Accomplishments and Looking Ahead

# Definitions

- General Benefit
  - Reimbursement for the drug product is without restrictions.
- Limited Use Products
  - Reimbursement for certain drugs is dependent on specific clinical criteria.
- Individual Clinical Review (Section 8)
  - Individual requests for coverage of drug products not listed in the formulary are reviewed on a case by case basis.

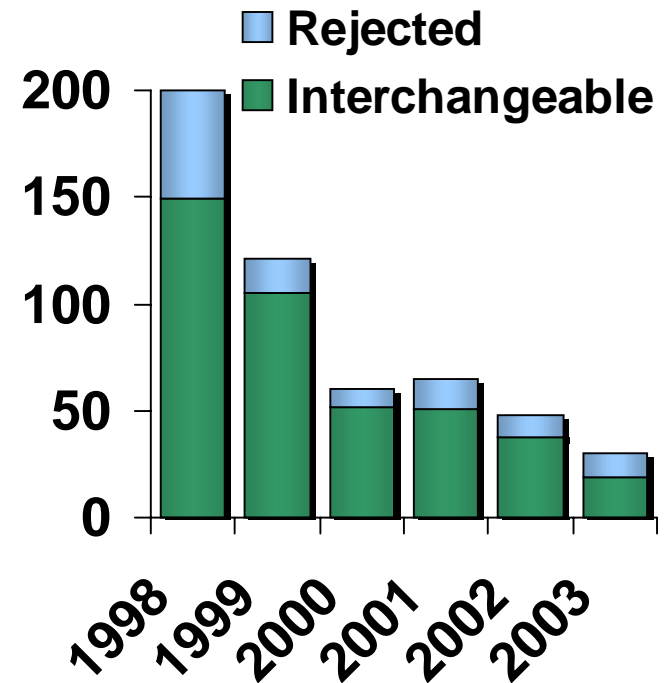
# DQTC Recommendations

## First Review, 1998-2003



|                 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|-----------------|------|------|------|------|------|------|
| ICR/Negative    | 38   | 54   | 61   | 55   | 48   | 27   |
| Limited Use     | 41   | 27   | 30   | 25   | 18   | 8    |
| General Benefit | 14   | 9    | 12   | 15   | 8    | 11   |

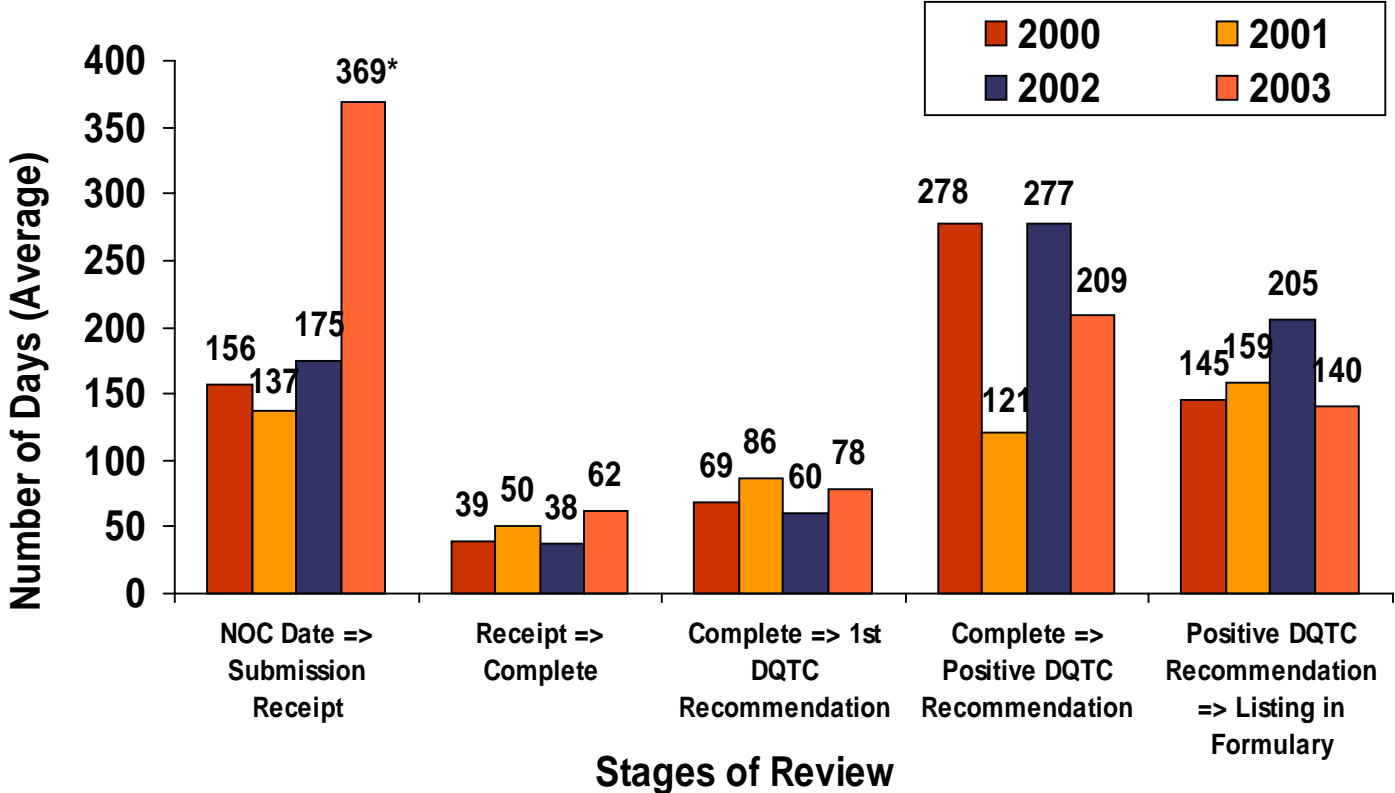
**Single Source**



|                 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|-----------------|------|------|------|------|------|------|
| Rejected        | 51   | 16   | 8    | 14   | 10   | 11   |
| Interchangeable | 149  | 105  | 52   | 51   | 38   | 19   |

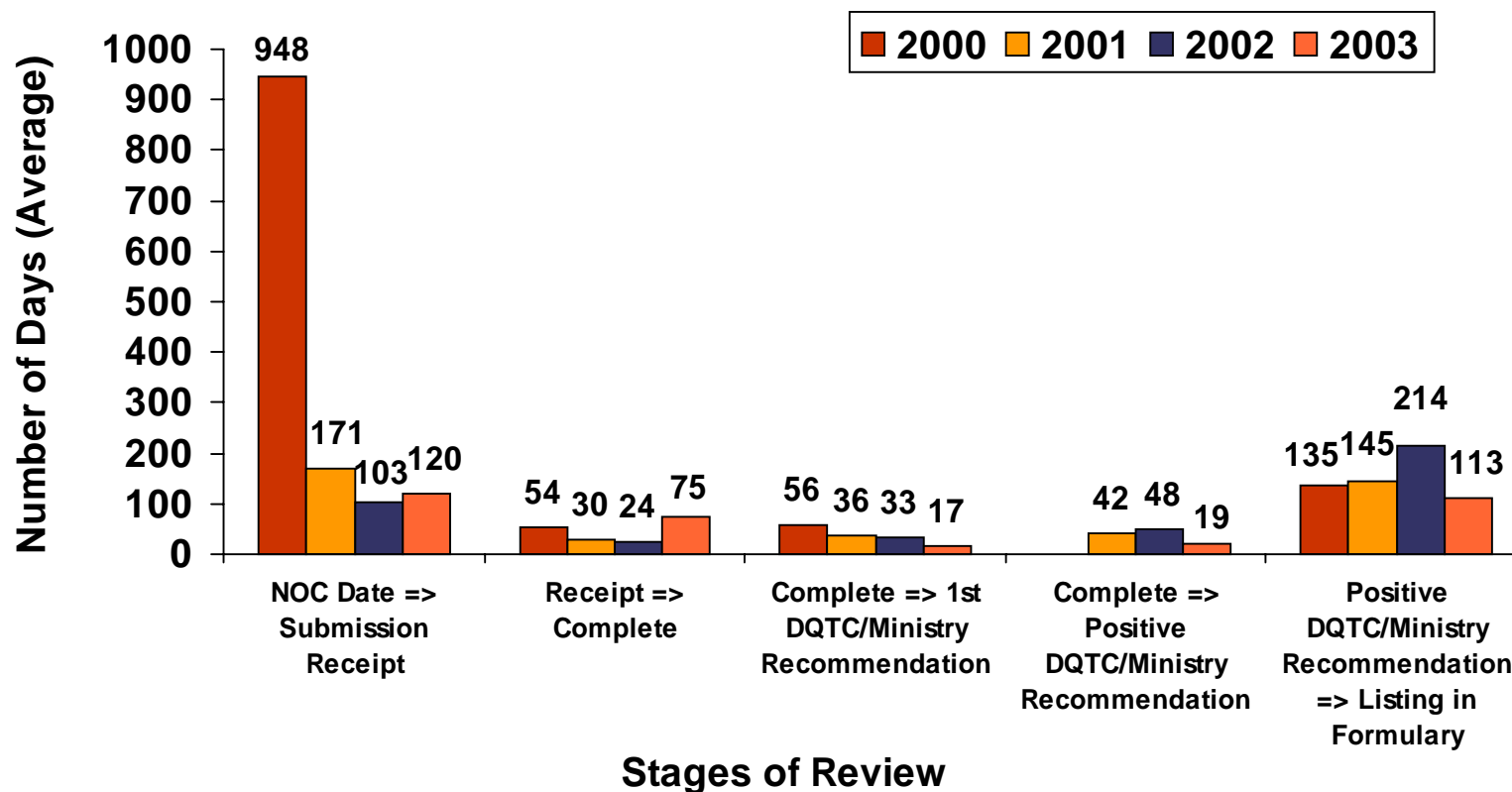
**Multiple Source**

# Average Review Timelines for All Single Source Drug Products Listed in 2003

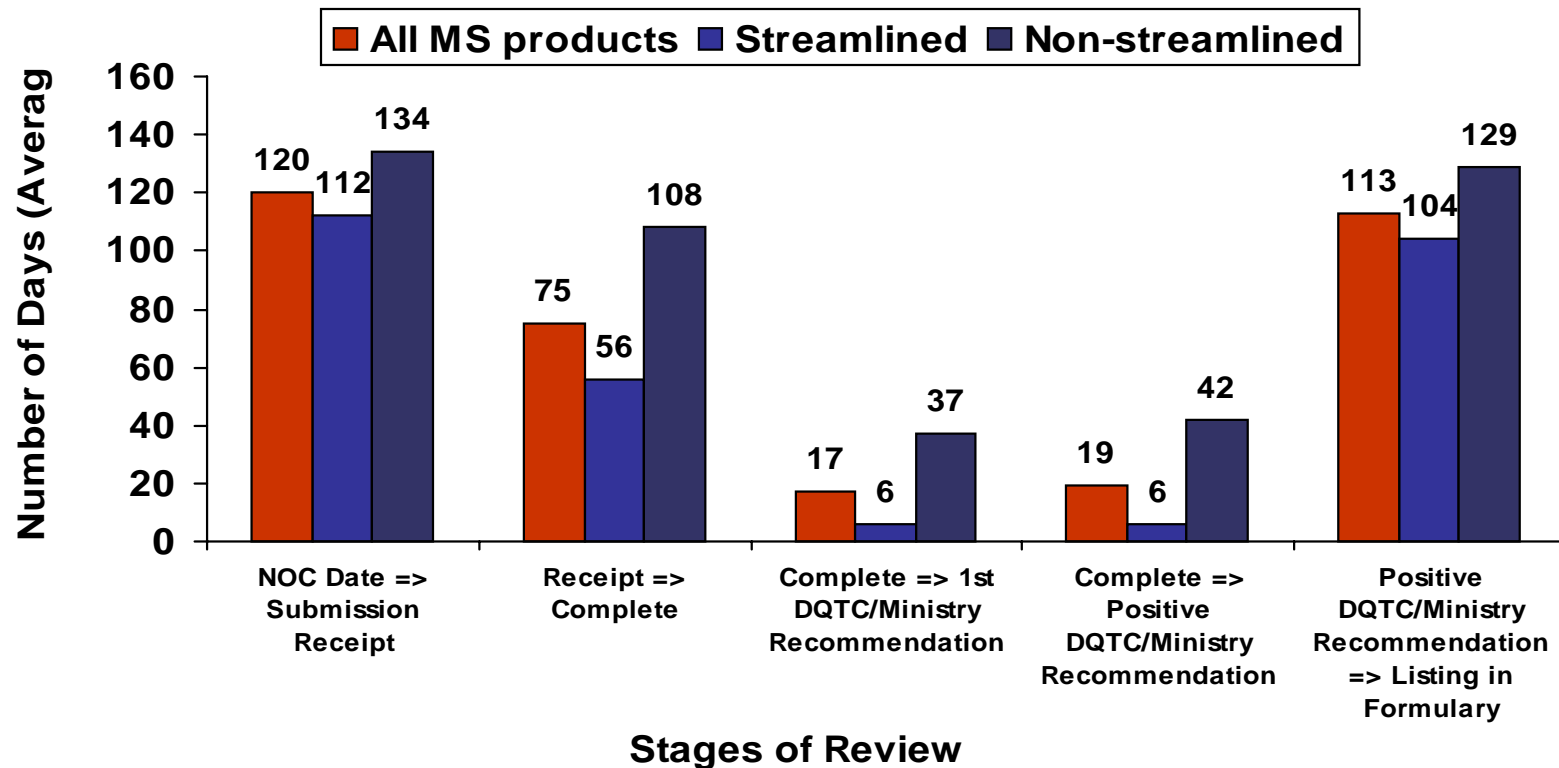


\* 6 products had significant lag time from NOC receipt to submission

# Average Review Timelines for All Multiple Source Drug Products Listed in 2003

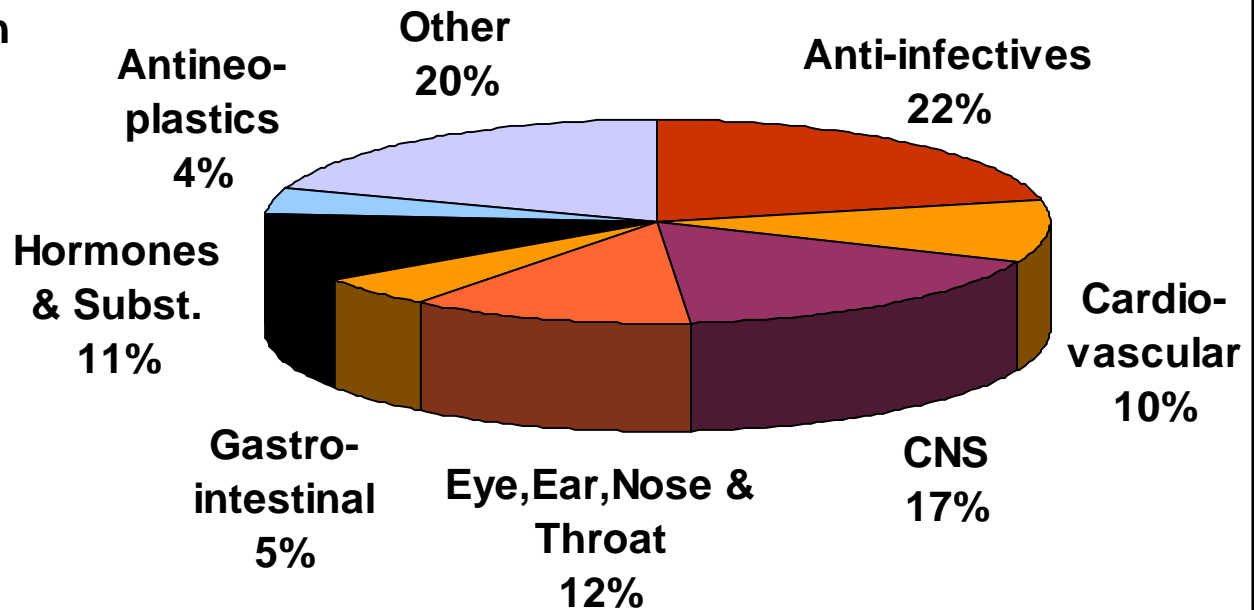


# Streamlined vs Non-Streamlined Multiple Source Drug Products Listed in 2003



# Written Agreements by Therapeutic Class, 2003/04

- Forecasted cost provided by manufacturers for each of the first three years of new single-source drugs listed
- 171 agreements have been signed as of Formulary 38, Update B



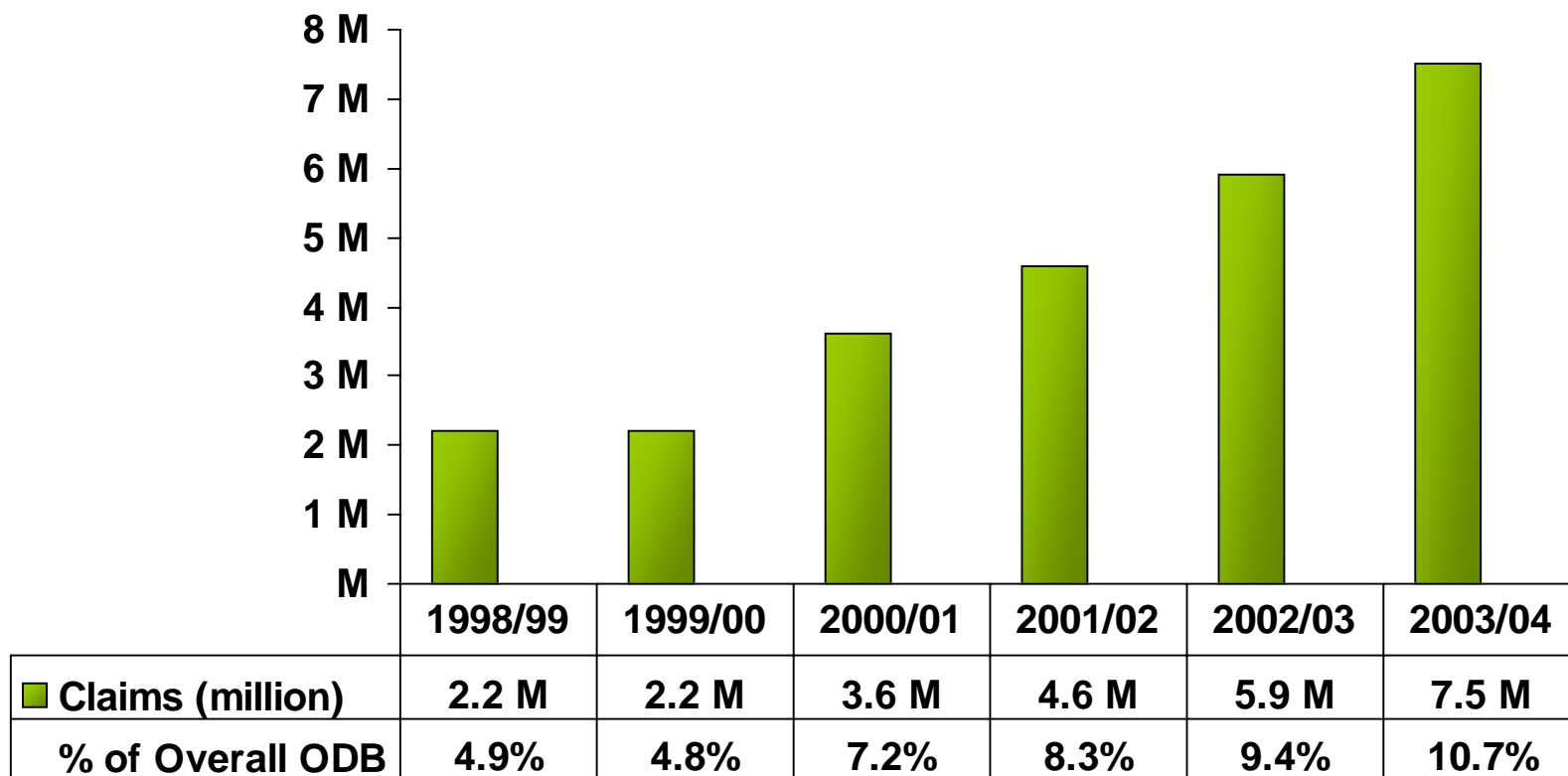
# Top-10 Chemicals, by Number of Claimants (thousands), 2003/04

| Rk | Drug Name   | Class                  | Claimants | % Claimants |
|----|---|------------------------|-----------|-------------|
| 1  | Acetaminophen & Caffeine & Codeine (Tylenol No.3) | Analgesic              | 413 K     | 19.5%       |
| 2  | Atorvastatin (Lipitor)                            | Lipid-Lowering         | 326 K     | 15.4%       |
| 3  | Amoxicillin                                       | Antibiotic             | 310 K     | 14.6%       |
| 4  | Ramipril (Altace)                                 | Cardiovascular         | 298 K     | 14.1%       |
| 5  | Hydrochlorothiazide                               | Diuretic               | 272 K     | 12.8%       |
| 6  | Levothyroxine sodium (Synthroid)                  | Hormones               | 244 K     | 11.5%       |
| 7  | Lorazepam (Ativan)                                | Central Nervous System | 241 K     | 11.4%       |
| 8  | Ranitidine HCl (Zantac)                           | Gastrointestinal       | 227 K     | 10.7%       |
| 9  | Diagnostic Agents - Diabetes                      | Diabetes               | 224 K     | 10.6%       |
| 10 | Acetylsalicylic Acid                              | Analgesic              | 219 K     | 10.3%       |

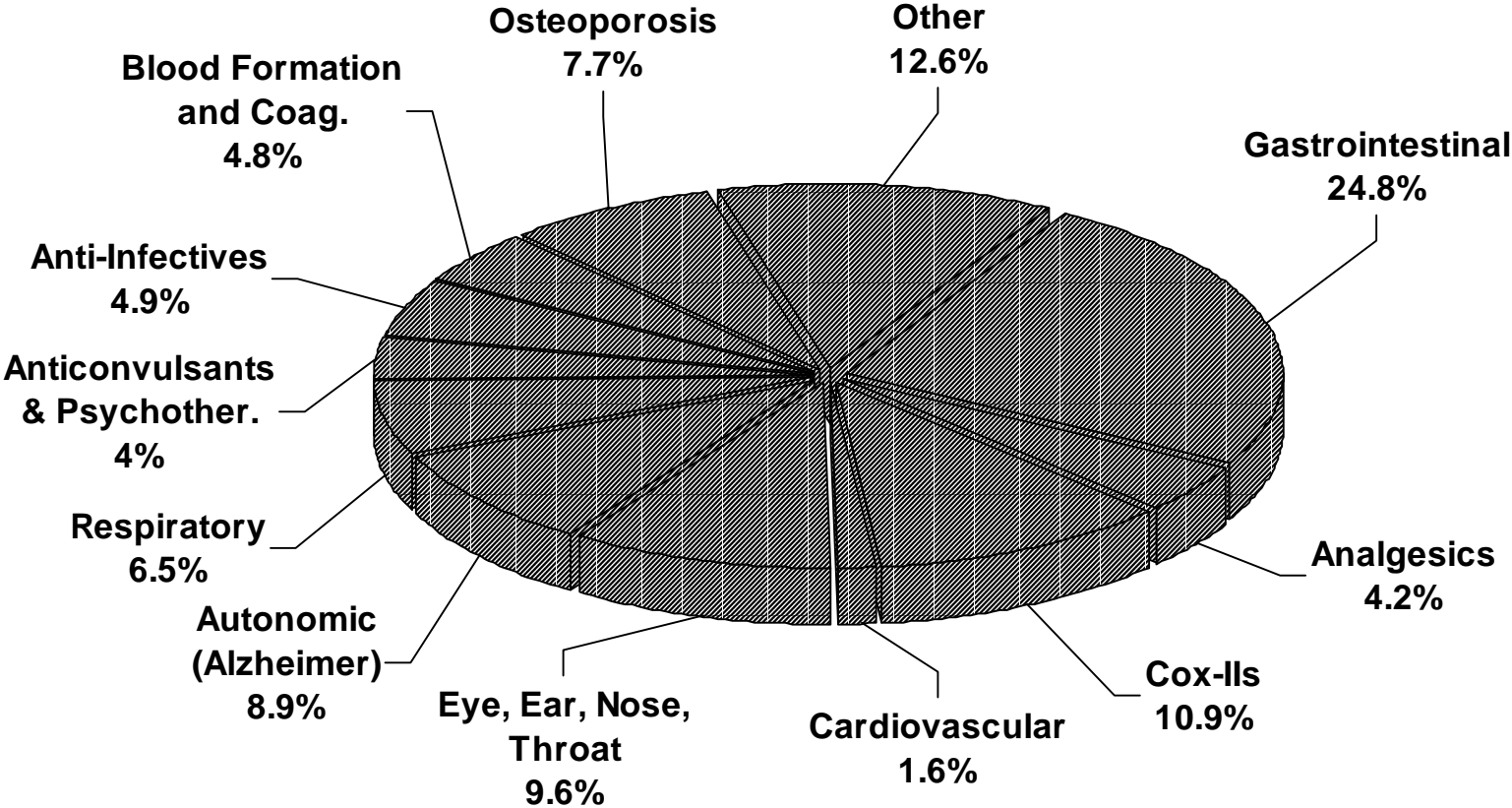
**All these drugs are  
General Benefits**

# Limited Use Products

## Number of Claims, 1998/99-2003/04

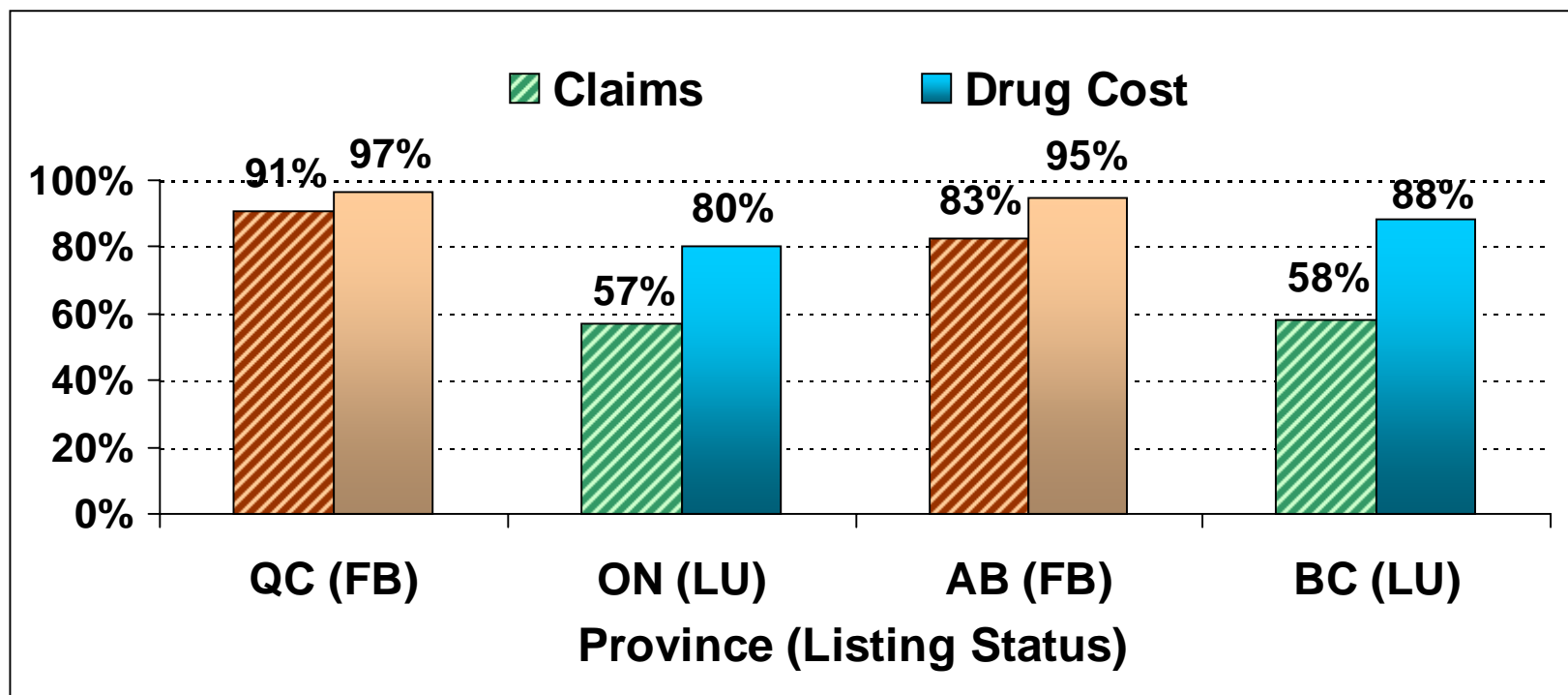


# Limited Use Products Claims by Class, 2003/04



# Limited Use Products vs. Entire Class, by province, 2003

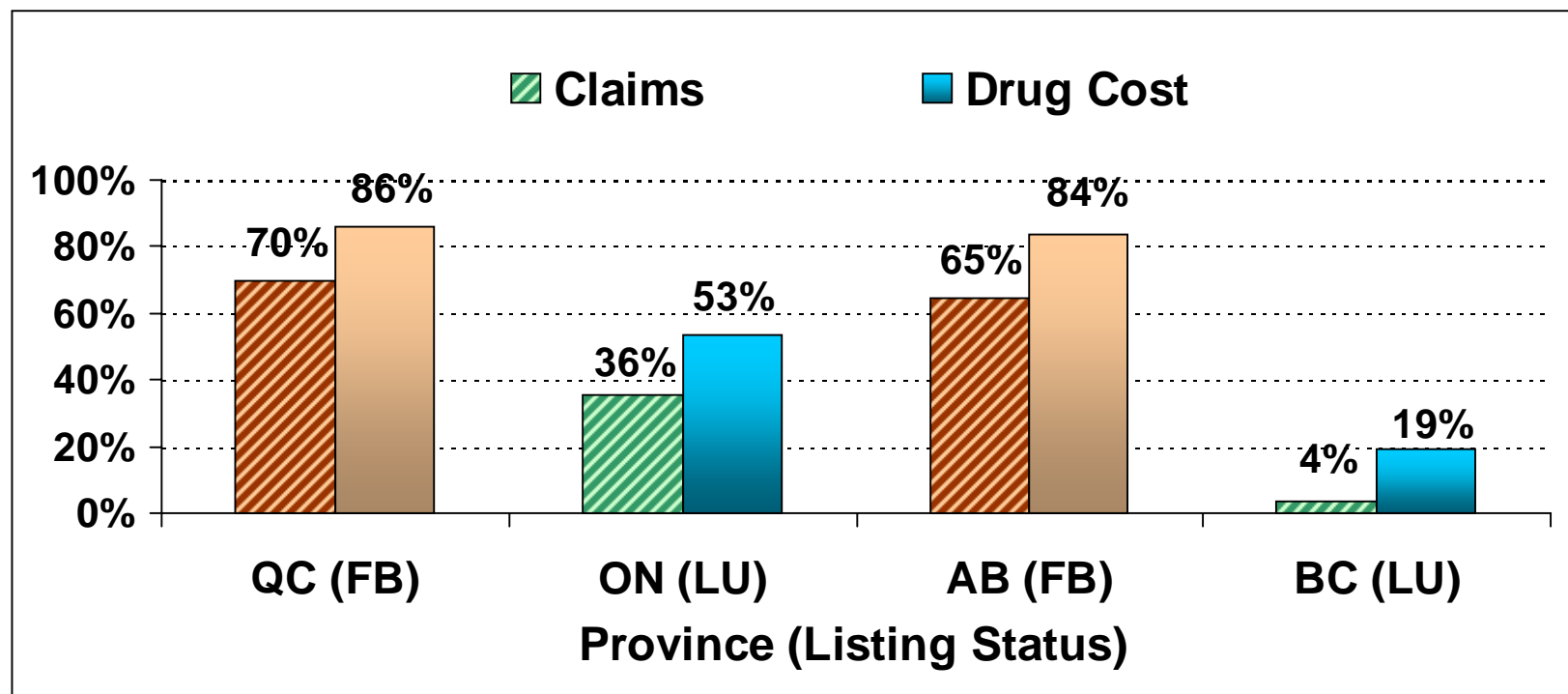
## Proton Pump Inhibitors vs. Class\*



\*The class is defined as Proton Pump Inhibitors and Histamine H2 Receptor Antagonists.

# Limited Use Products vs. Entire Class, by province, 2003

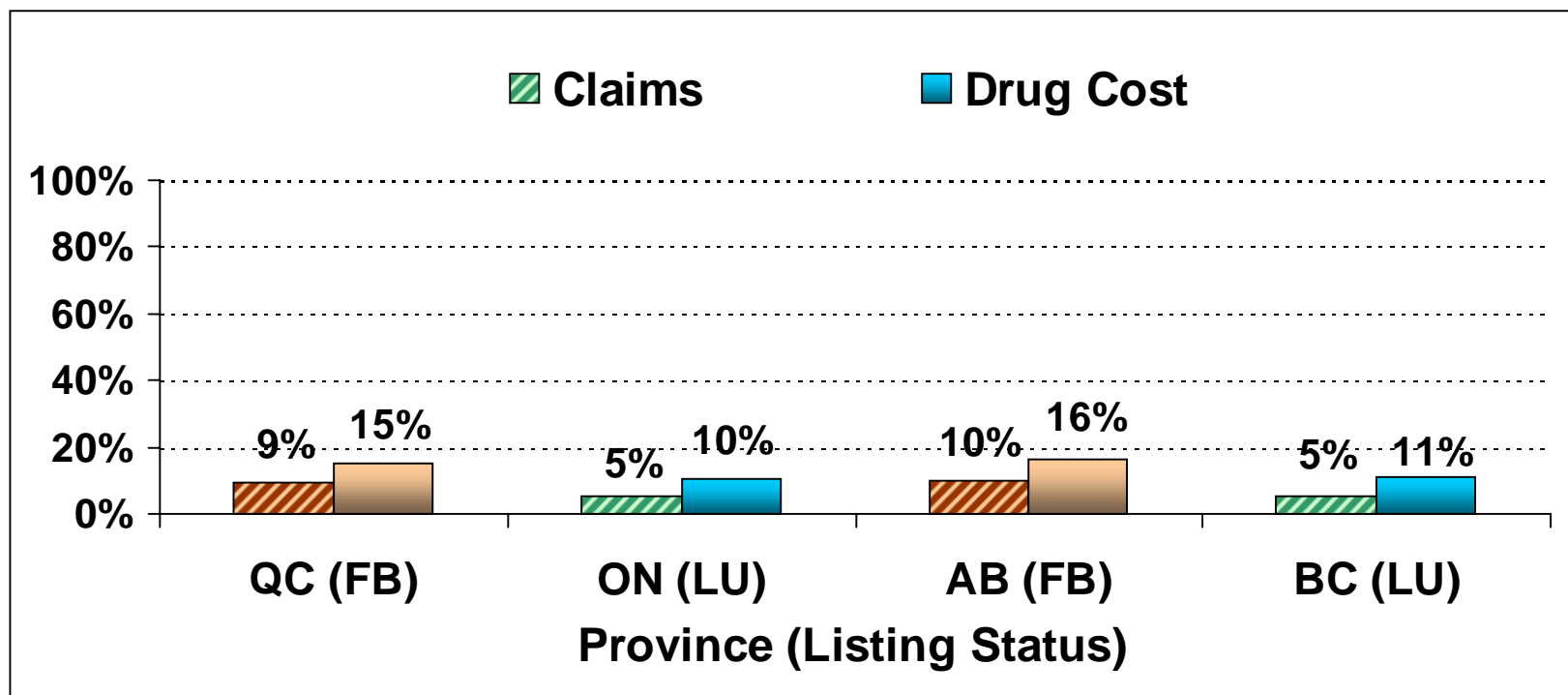
## Cox-II Inhibitors vs. Class\*



\*The Limited Use drugs are Celebrex and Vioxx. The class is all Non-Steroidal Anti-Inflammatory Drugs (excluding ASA).

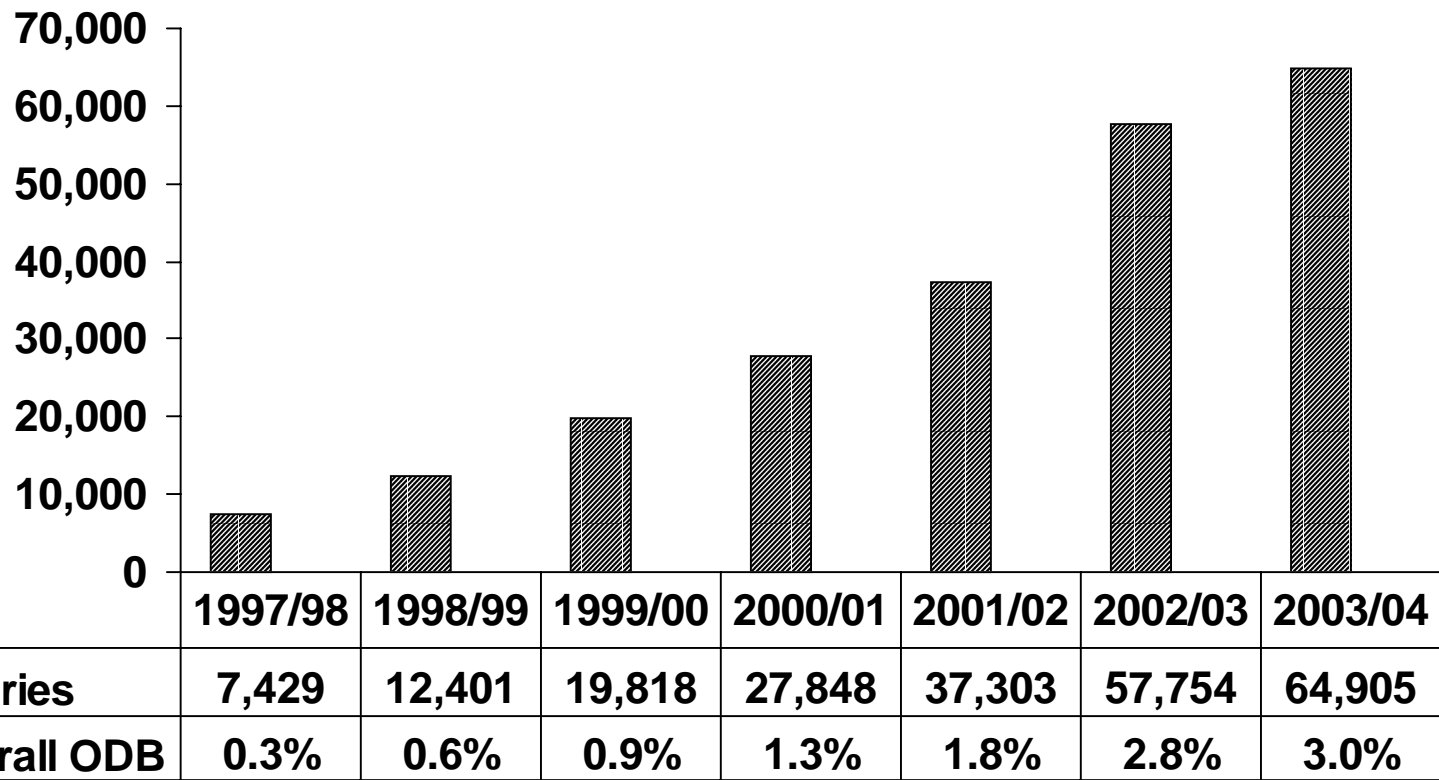
# Limited Use Products vs. Entire Class, by province, 2003

## Angiotensin II Antagonists vs. Class\*

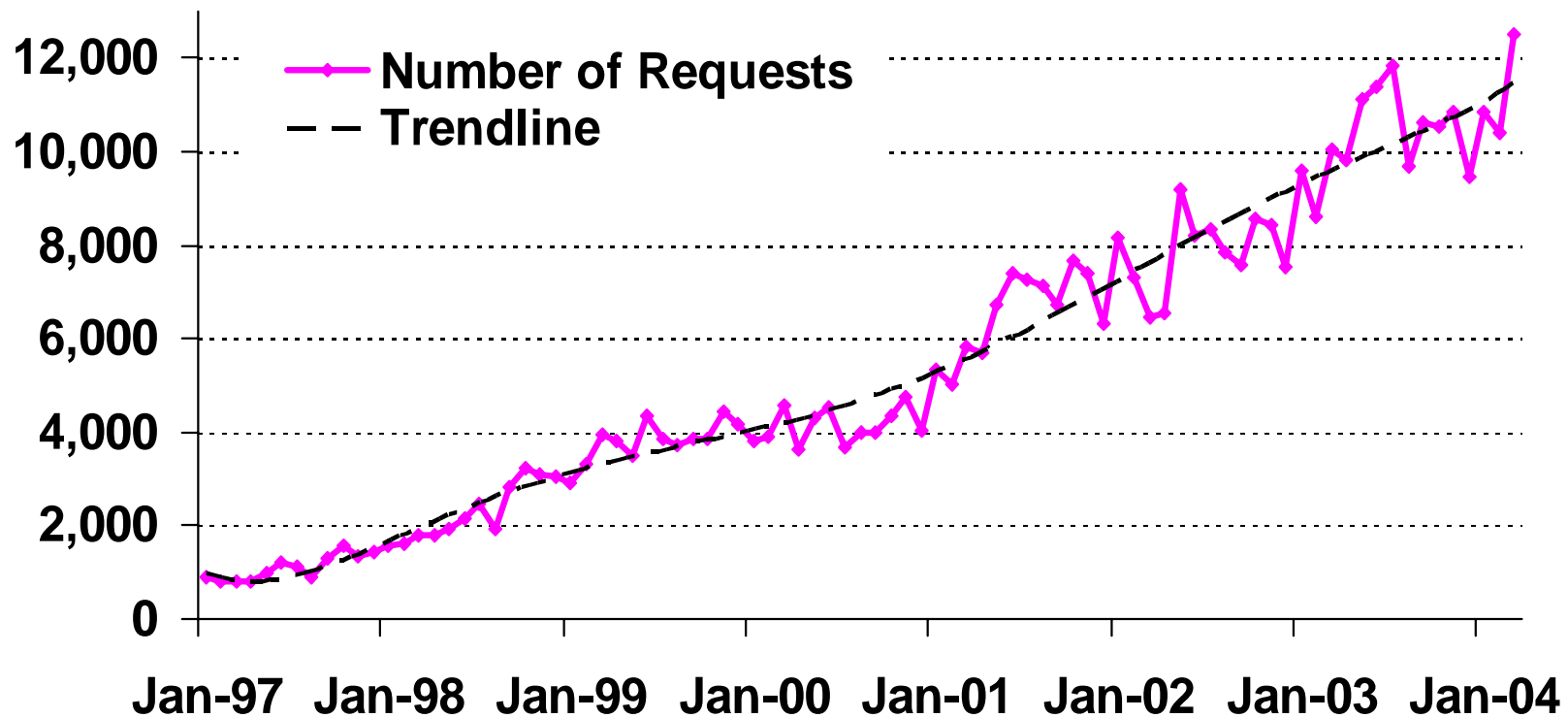


\*The class is defined as Angiotensin II Antagonists, Ace-Inhibitors, Calcium Channel Blockers, Diuretics and Beta Blockers.

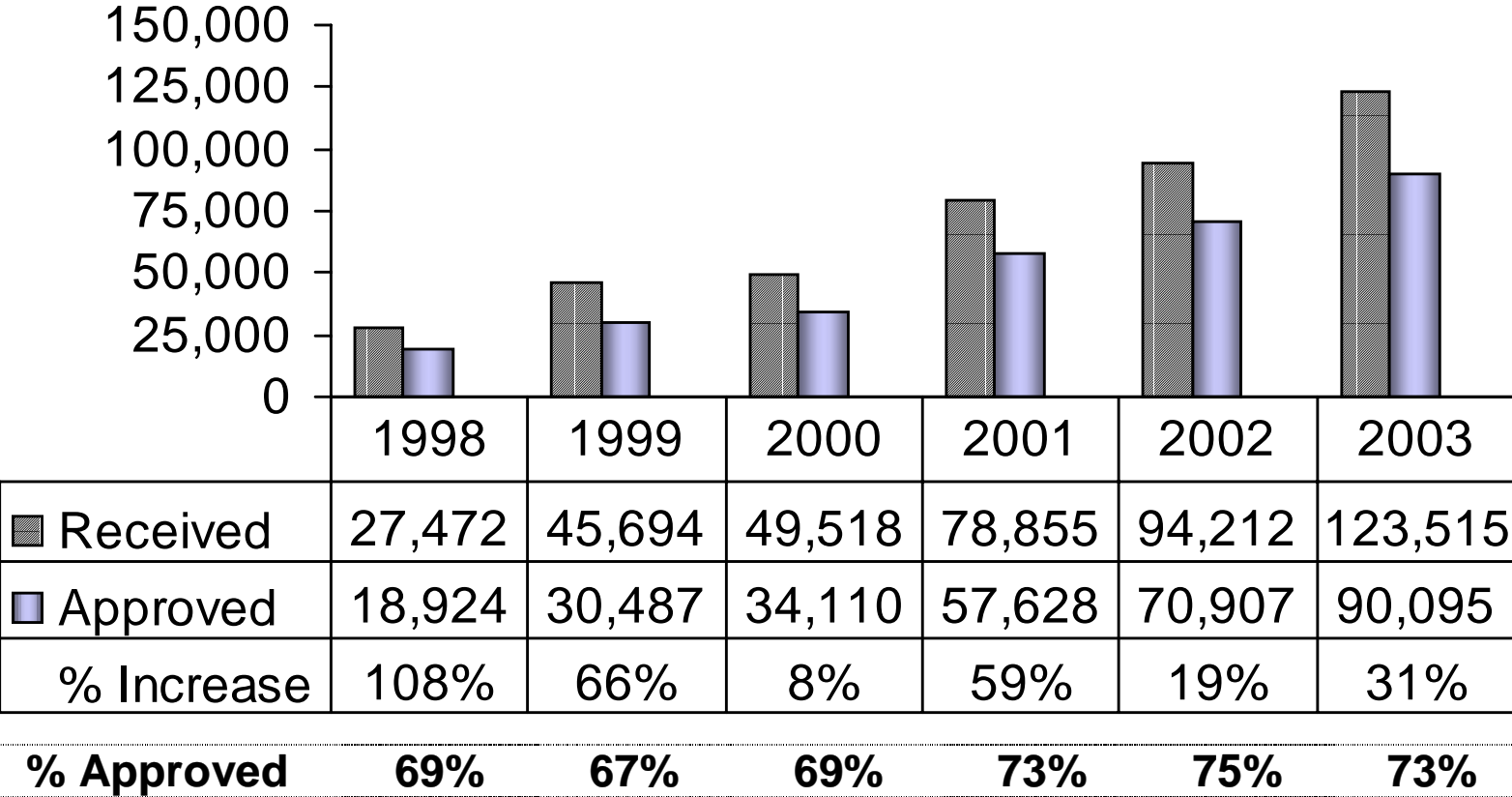
# Individual Clinical Review Beneficiaries, 1997/98-2003/04



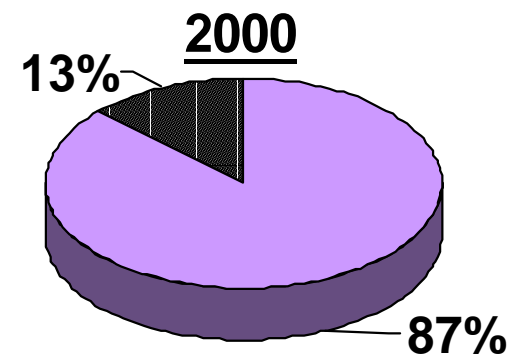
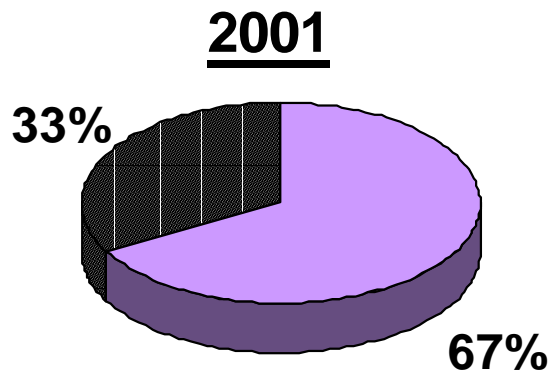
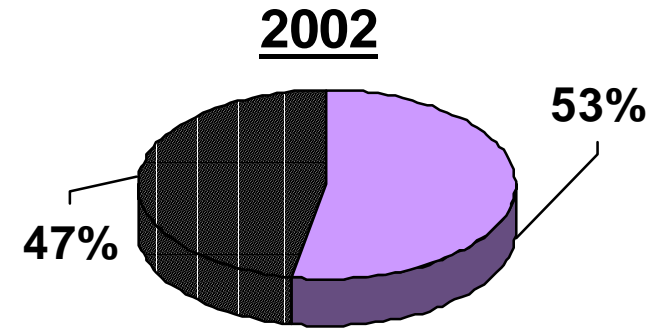
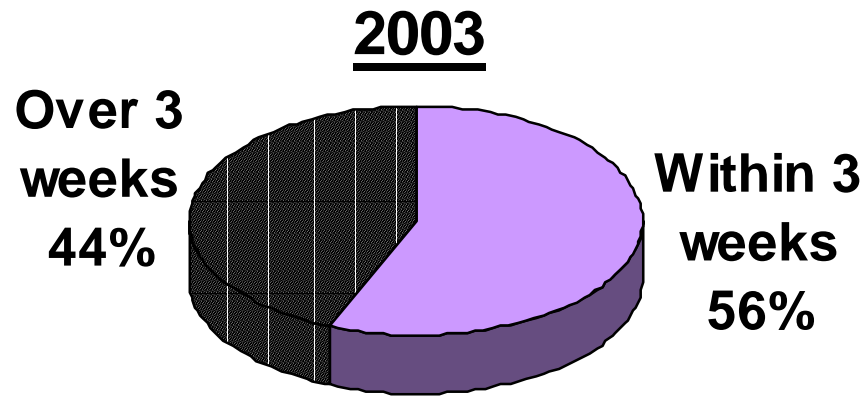
# Monthly ICR Requests January 1997-March 2004



# ICR Requests & Approval Rate 1998-2003



# ICR Response Time 2000-2003



# ICR Top-10 Requested Drugs, 2003/04

| Rk                  | Drug       | Requests      | Approved      | % Approved   | Gov't Cost     |
|---------------------|------------|---------------|---------------|--------------|----------------|
| 1                   | Plavix     | 41,936        | 36,339        | 86.7%        | \$24.4M        |
| 2                   | Avandia    | 12,748        | 8,941         | 70.1%        | \$5.0M         |
| 3                   | Eprex      | 7,404         | 4,893         | 66.1%        | \$12.9M        |
| 4                   | Actos      | 5,708         | 4,334         | 75.9%        | \$3.0M         |
| 5                   | Pegetron   | 3,079         | 2,167         | 70.4%        | \$6.0M         |
| 6                   | Remicade   | 3,403         | 2,703         | 79.4%        | \$10.7M        |
| 7                   | Gabapentin | 3,066         | 2,139         | 69.8%        | \$0.8M         |
| 8                   | Neupogen   | 2,417         | 1,692         | 70.0%        | \$5.8M         |
| 9                   | GlucNorm   | 1,944         | 1,143         | 58.8%        | \$0.2M         |
| 10                  | Singulair  | 1,610         | 942           | 58.5%        | \$0.6M         |
| <b>Top-10 Total</b> |            | <b>83,315</b> | <b>65,293</b> | <b>78.4%</b> | <b>\$69.4M</b> |

# ICR, Top-10 Drugs by Government Cost, 2003/04

| Rk   | Drug        | Beneficiaries | Rx             | Gov't Cost     |
|--|-------------|---------------|----------------|----------------|
| 1  | Plavix      | 33,357        | 253,523        | \$24.4M        |
| 2  | Eprex       | 1,430         | 6,376          | \$12.9M        |
| 3  | Remicade    | 682           | 3,115          | \$10.7         |
| 4  | Gleevec     | 347           | 2,231          | \$9.4          |
| 5  | Enbrel      | 705           | 5,825          | \$8.7          |
| 6  | Rebif       | 412           | 3,542          | \$6.2          |
| 7  | Pegetron    | 600           | 4,078          | \$6.0          |
| 8  | Neupogen    | 891           | 3,160          | \$5.8          |
| 9  | Avandia     | 6,361         | 34,967         | \$5.0          |
| 10   | Sandostatin | 322           | 2,754          | \$4.5          |
| <b>Total Top 10 Section 8</b>                          |             | <b>45,107</b> | <b>319,571</b> | <b>\$93.6M</b> |
| <b>% Top 10 Section 8 / Total Section 8 FY 2003/04</b> |             | <b>69.6%</b>  | <b>69.9%</b>   | <b>70.7%</b>   |

# Highlights of Formulary

- In 2003, the DQTC recommended the listing of 19 single-source products, 11 as General Benefits and 8 as Limited Use Benefits.
- The average time from the receipt of a complete single source drug submission to Formulary listing was 427 days in 2003.
- The top 10 drugs by the number of recipients receiving therapy are all General Benefit.
- The number of Limited Use claims has quadrupled in the past five fiscal years.
- 123,515 requests were processed through the Individual Clinical Review mechanism in 2003, and 73% of those requests were approved.

# Report Card Framework

## I. Program Overview

Program overview and utilization trends

## II. Financial

Financial indicators and cost trends

## III. Formulary Listings

Product and Type of Listing

## IV. Achievements

Accomplishments and Looking Ahead

# Formulary Updates

- Edition 38 Update A - Apr 16, 2003
  - 53 drug product additions, 10 nutrition products
- Edition 38, Update B - Sept 4, 2003
  - 47 drug product additions, 4 nutrition products, 2 diabetic testing agents
  - Plavix listed as a Limited Use Benefit
  - changes to intravenous extemporaneous solutions
  - streamlining of Report C products
- Edition 38, Update C - Apr 6, 2004
  - 109 drug product additions, 2 nutrition products
  - A2RBs moved to General Benefit

# Drug Coverage

- 2003 Health Accord includes catastrophic drug coverage
- Commitment that “Canadians should not suffer undue financial hardship for needed drug therapy”
- Ontario already provides catastrophic drug coverage through the Trillium Drug Program.
- F/P/T work focused on broad definitions, principles and performance indicators.
- Income testing drug coverage for seniors considered and rejected by Government.

# Drug Strategy Review

- Steering Committee and 4 working groups debated issues, considered public submissions, research reports and policy papers.
  - cost-effectiveness and pricing of drugs
  - drug prescribing and use
  - program administration
  - drug distribution and reimbursement
- Multi-stakeholder conference on medication management opportunities held.
- Interim report completed by Steering Committee and submitted to Minister.

# Medication Management

- F/P/T work to develop Canadian Optimal Prescribing and Utilization Service (COMPUS)
- Priorities for COMPUS are proton pump inhibitors, diabetes, and hypertension
- Ontario explored ways to support improved medication management through:
  - integration of pharmacists into primary care group practices
  - provision of easily accessible, independent sources of evidence-based information
  - electronic medication profiles for prescribers and pharmacists
  - participation in work of Institute for Safe Medication Practices

# Drug Review Process

## Common Drug Review

- Chaired CEDAC nomination process
- Developed process for integration of permanent CDR process into DPB/DQTC's process
- Active participation at national level on CDR Committee (CDRC)
- Monitored timelines for CDR and CEDAC recommendations to ensure both meet Ontario's needs

## Modernization Reviews

- Completed glaucoma and diabetes
- HRT and testosterone on-going

## Generic Streamlining

- Participated in F/P/T committee on generic streamlining
- Streamlined Report C products
- CGPA Workshop held to discuss submission requirements for aqueous solutions

# Stakeholder Relations

- Regular meetings with pharmaceutical manufacturers and associations;
- Regular meetings with Ontario Pharmacists Association on pharmacy directions;
- Meetings with Limited Use Tripartite Committee, Physician Services Committee, Drugs & Pharmacotherapy Committee;
- Meetings with Canadian Life & Health Insurance Associations and private insurers
- Information sessions held with pharmacists and physicians regarding sample communication tools
- Workshops held with Rx&D, CGPA

# Looking Ahead

- Pharmaceuticals Strategy – national and provincial initiatives
- Formulary Modernization – class reviews, Limited Use, section 8, post-marketing evaluations
- Medication Management – DQTC communications, pharmacists in family health teams, focus on chronic diseases
- Drug Pricing – purchasing and policy options for patented and non-patented drugs
- E-Pharmacy – all drugs all people, medication profiles, prescribing