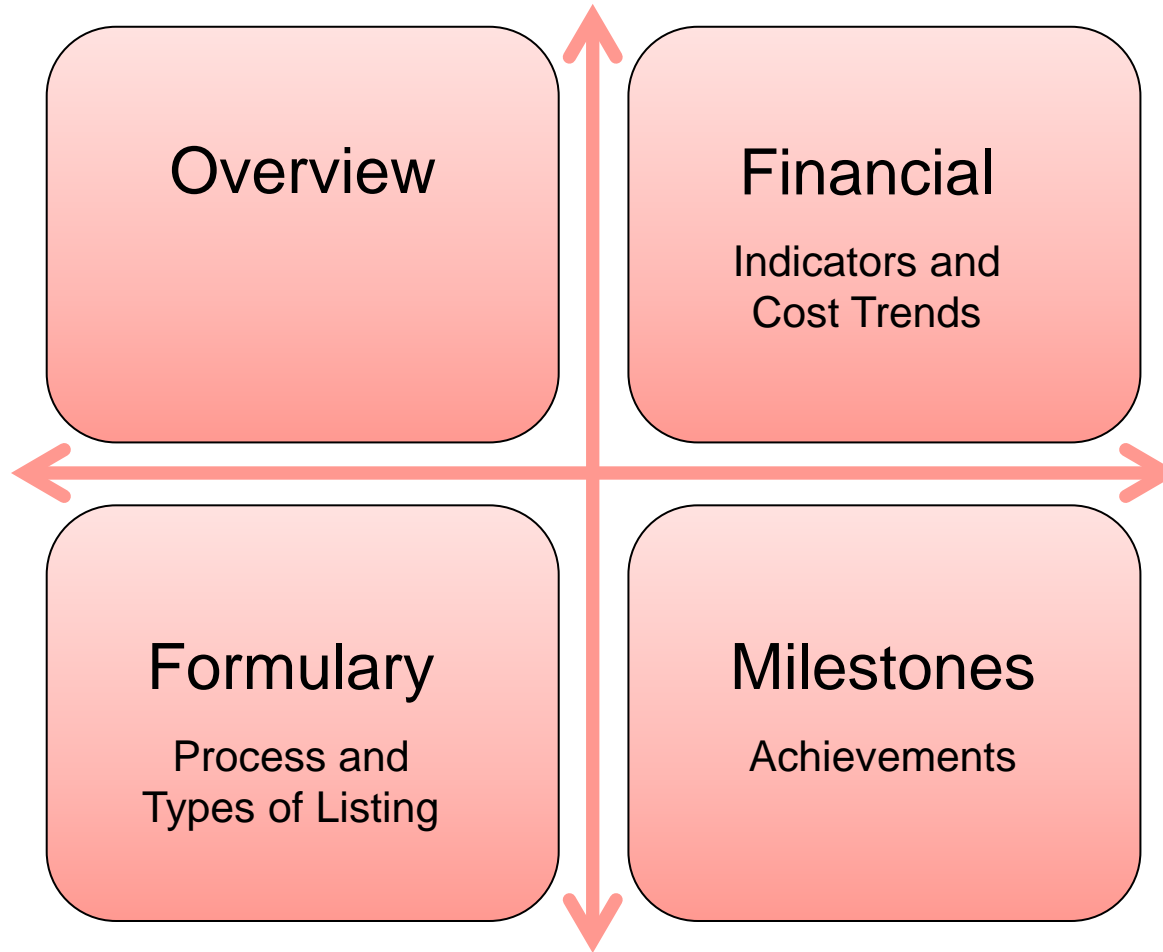


2009/10 Report Card for the Ontario Drug Benefit Program

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
- **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

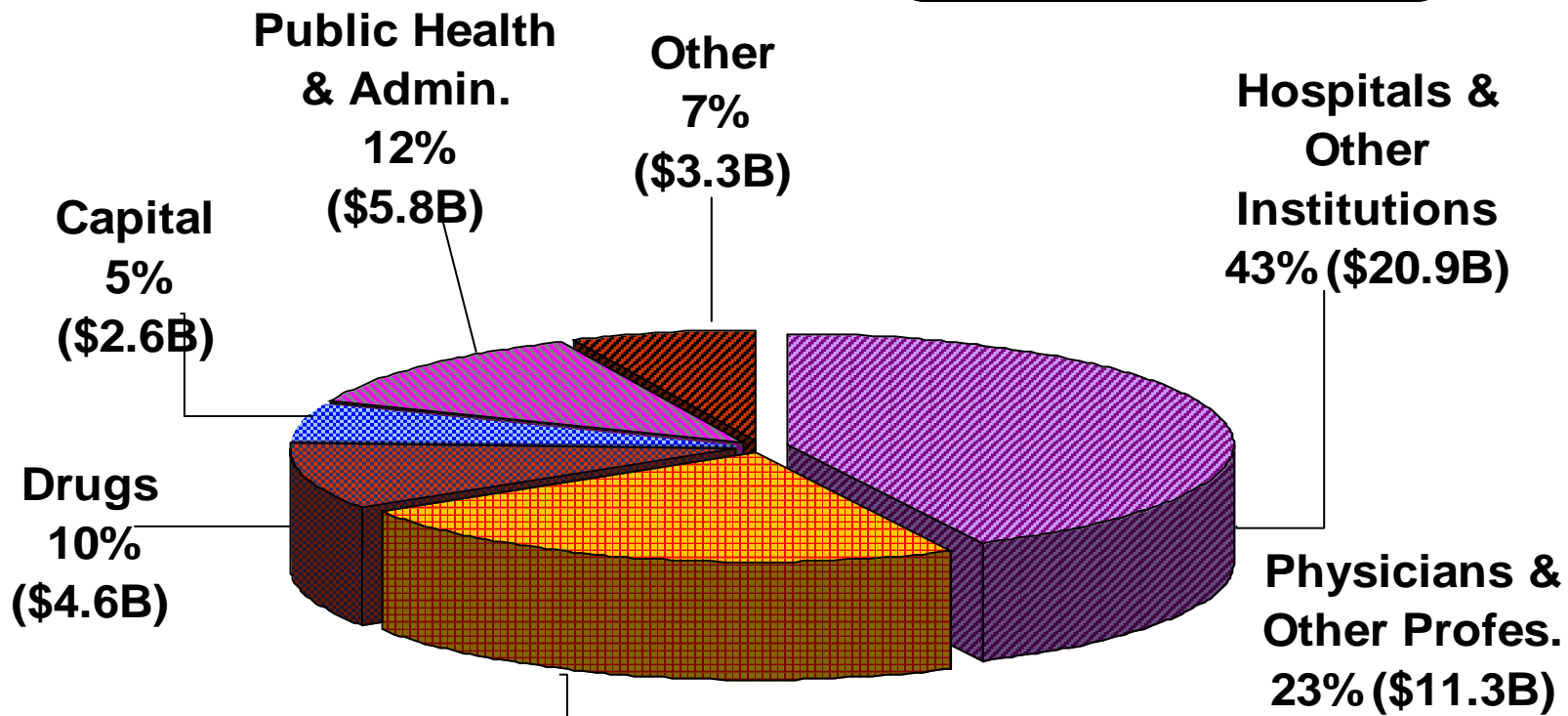
* Dispensing fee includes Professional fee + Compounding Fee

* 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.

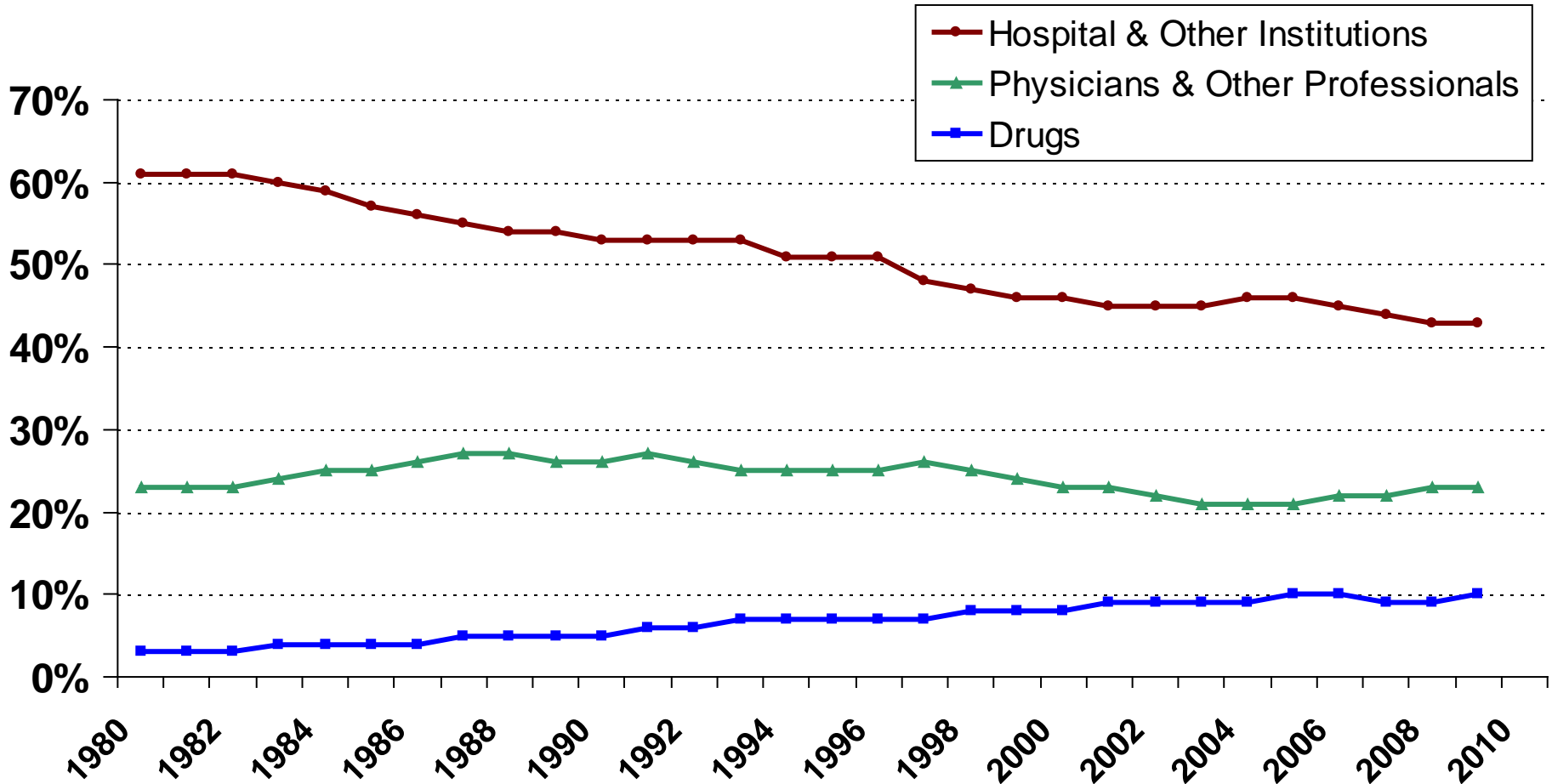
Provincial Health Expenditures: 2009

Total health expenditures
in Ontario: \$48.5 Billion



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

Provincial Health Expenditures for Ontario: 1980-2009

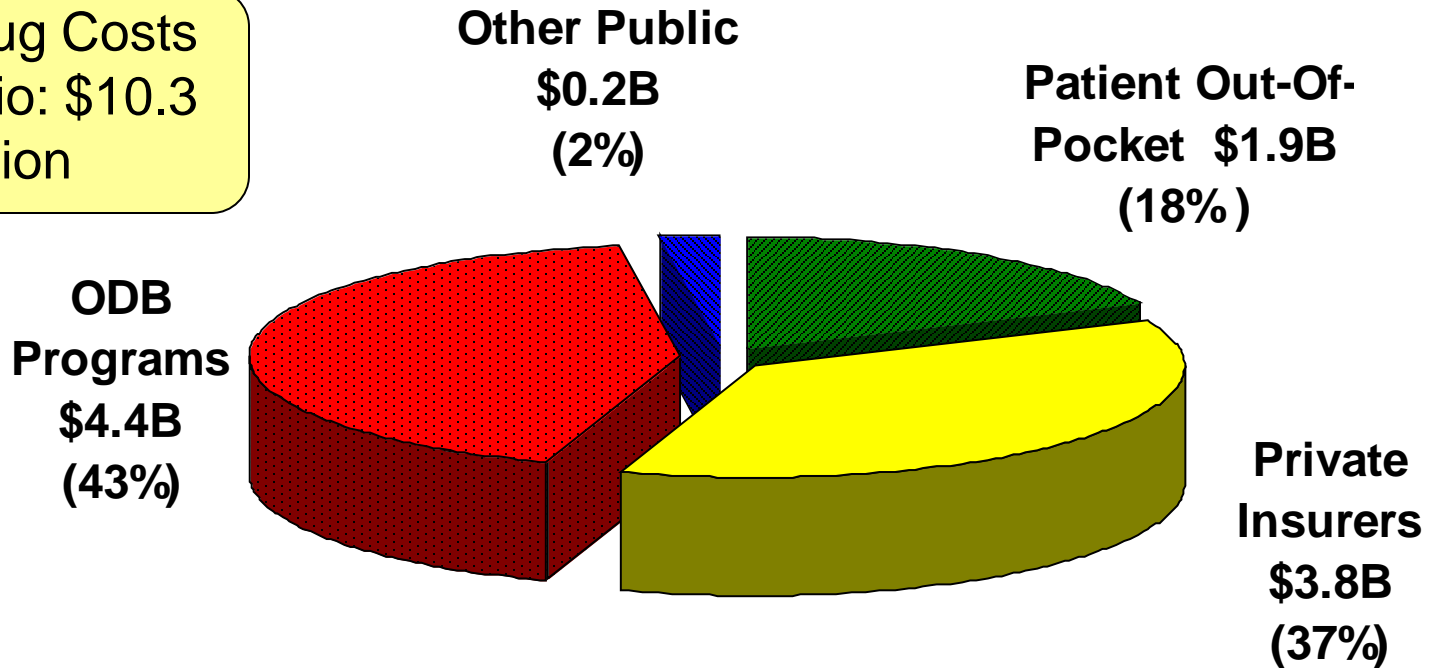


Source: Actual and forecasted data from the Canadian Institute for Health Information (CIHI), 2010

*Forecasted figures for 2009

Provincial Drug Costs by Public, Private & Beneficiary Costs: 2009

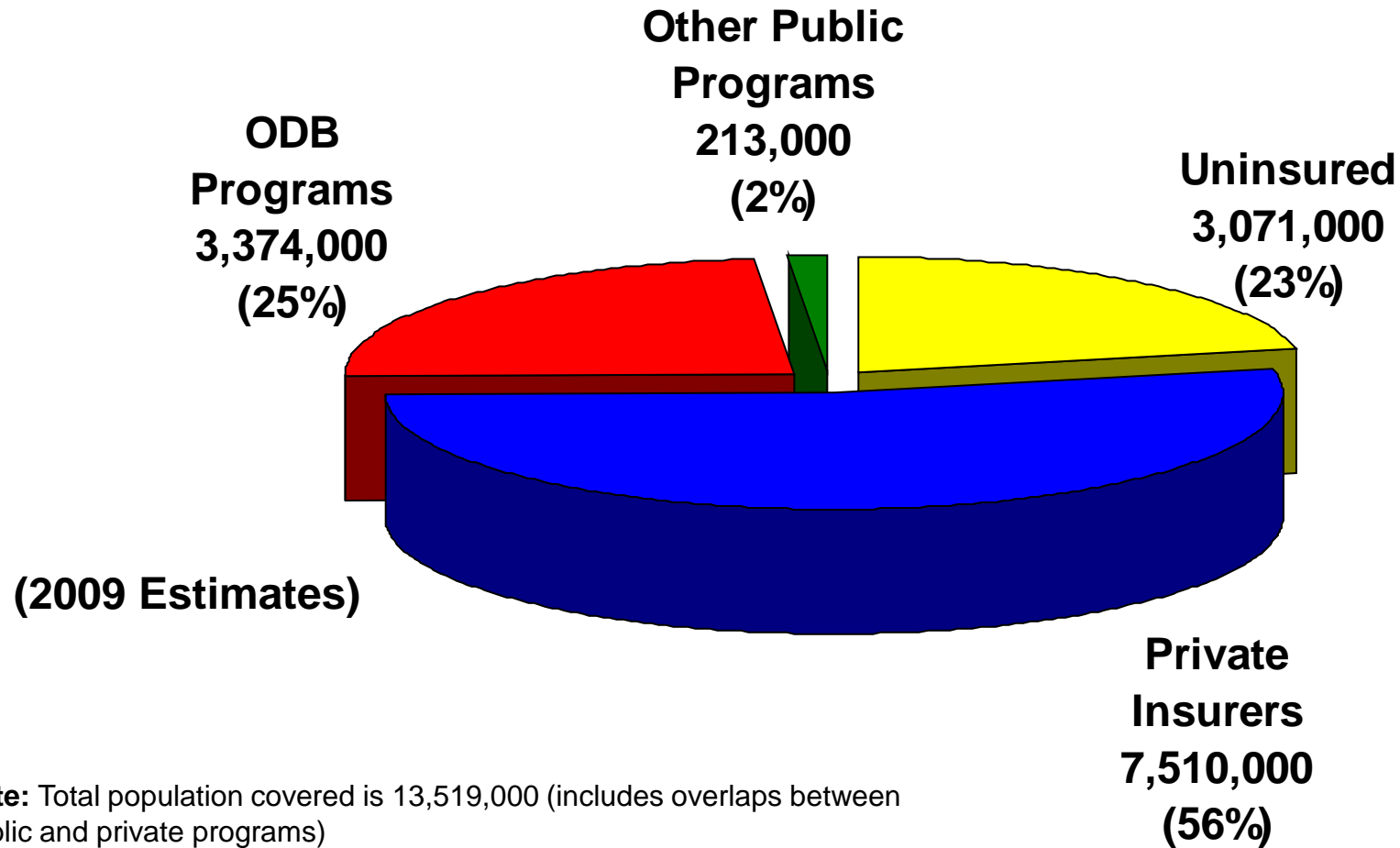
Total Drug Costs
in Ontario: \$10.3
Billion



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

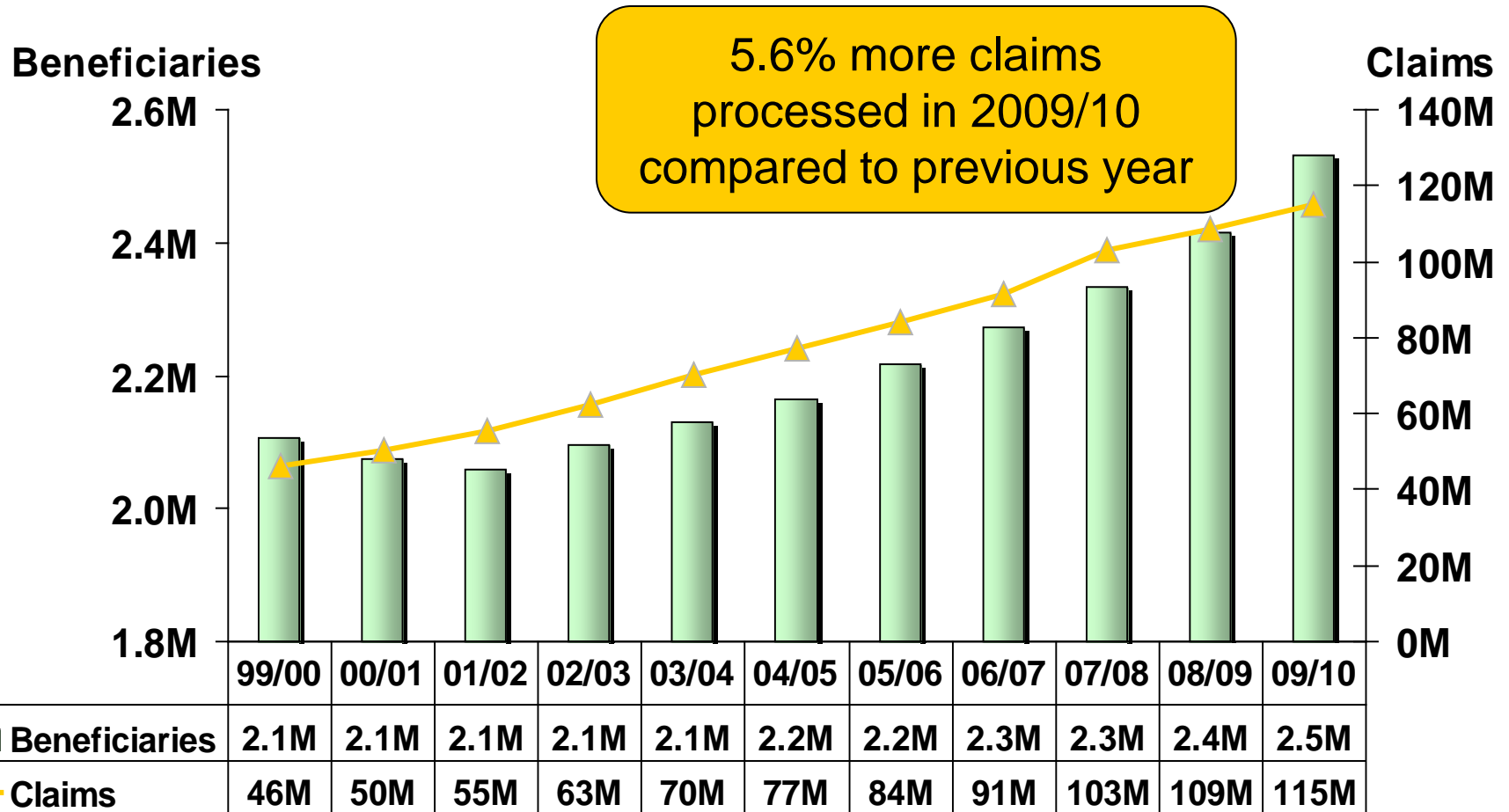


Note: Total population covered is 13,519,000 (includes overlaps between public and private programs)

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

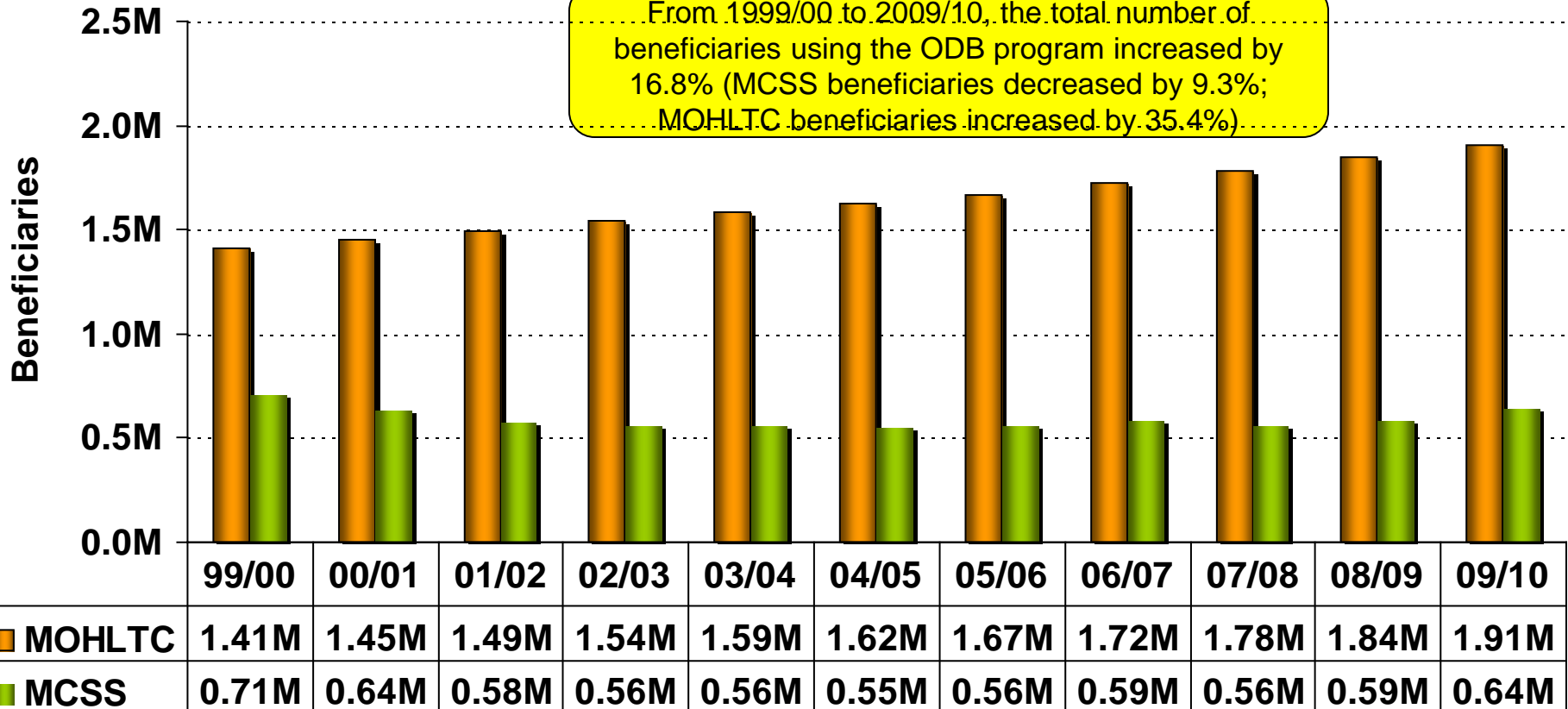
Source: Ontario Public Drug Programs calculation based on data from Applied Management, NIHB, Veteran's Affairs Programs and internal OPDP statistics

ODB Utilizing Beneficiaries & Claims: 1999/00 – 2009/10

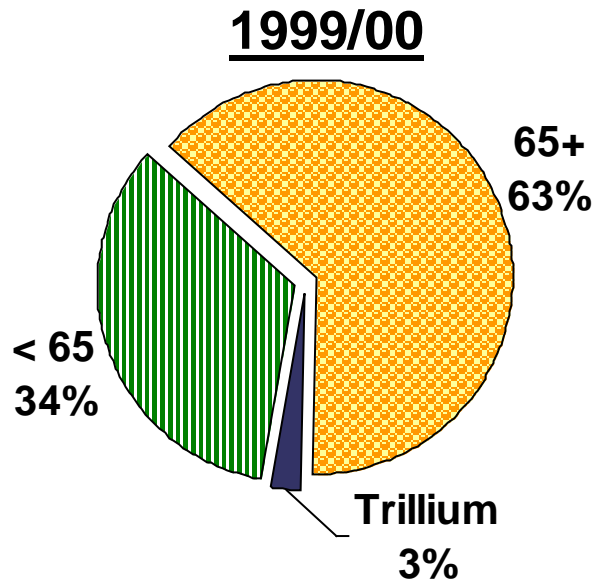


ODB Utilizing Beneficiaries by Ministry: 1999/00 – 2009/10

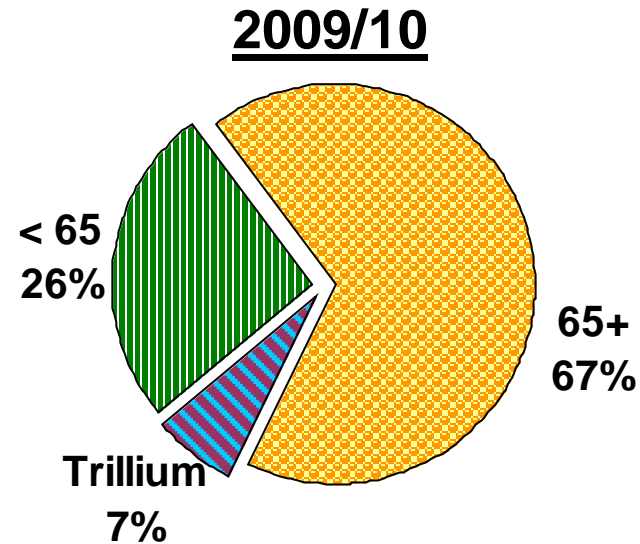
From 1999/00 to 2009/10, the total number of beneficiaries using the ODB program increased by 16.8% (MCSS beneficiaries decreased by 9.3%; MOHLTC beneficiaries increased by 35.4%).



Age Breakdown of ODB Utilizing Beneficiaries 1999/00 vs. 2009/10

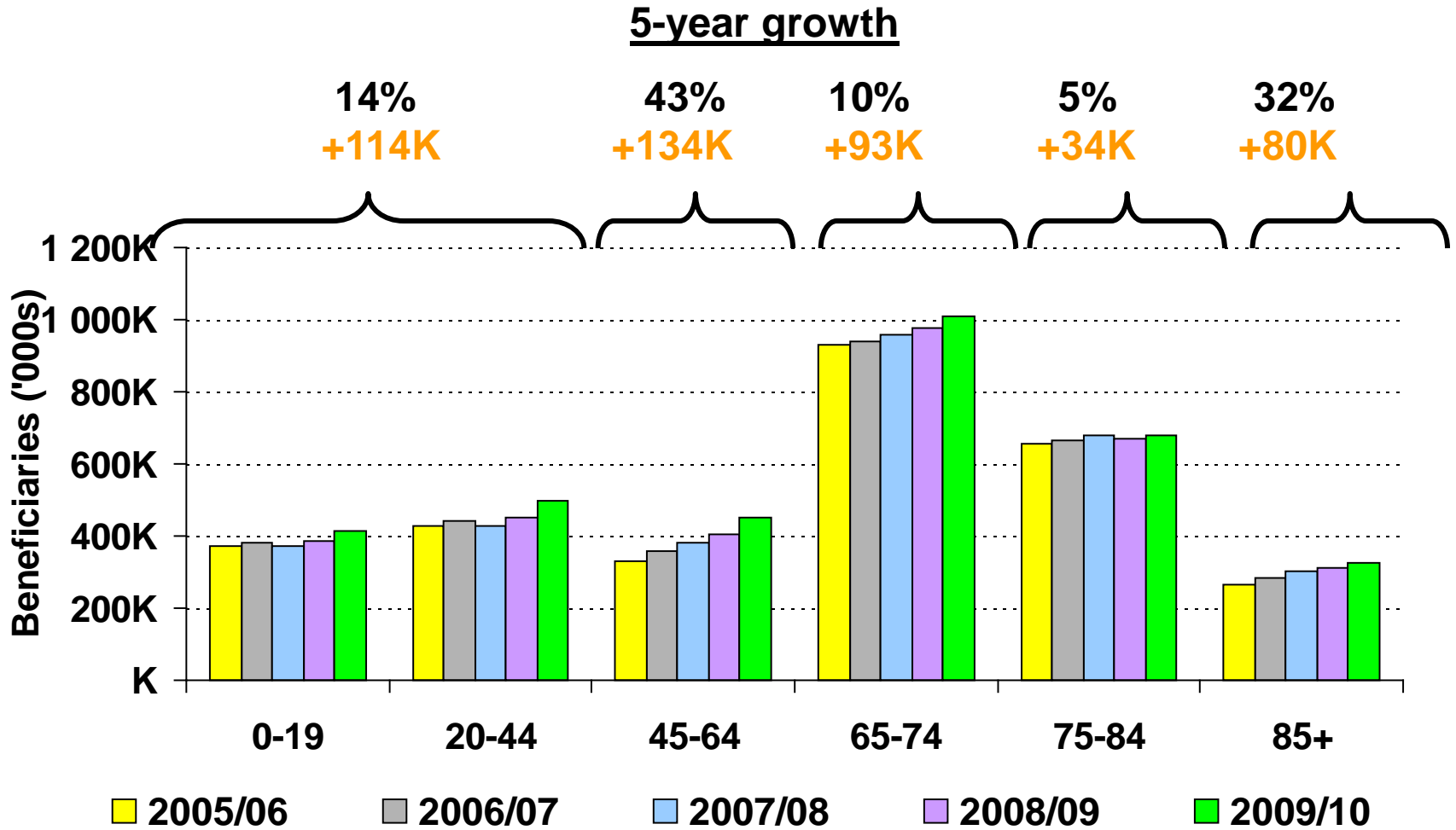


<65	715K
Trillium	54K
65+	1,333K
Total	2,107K



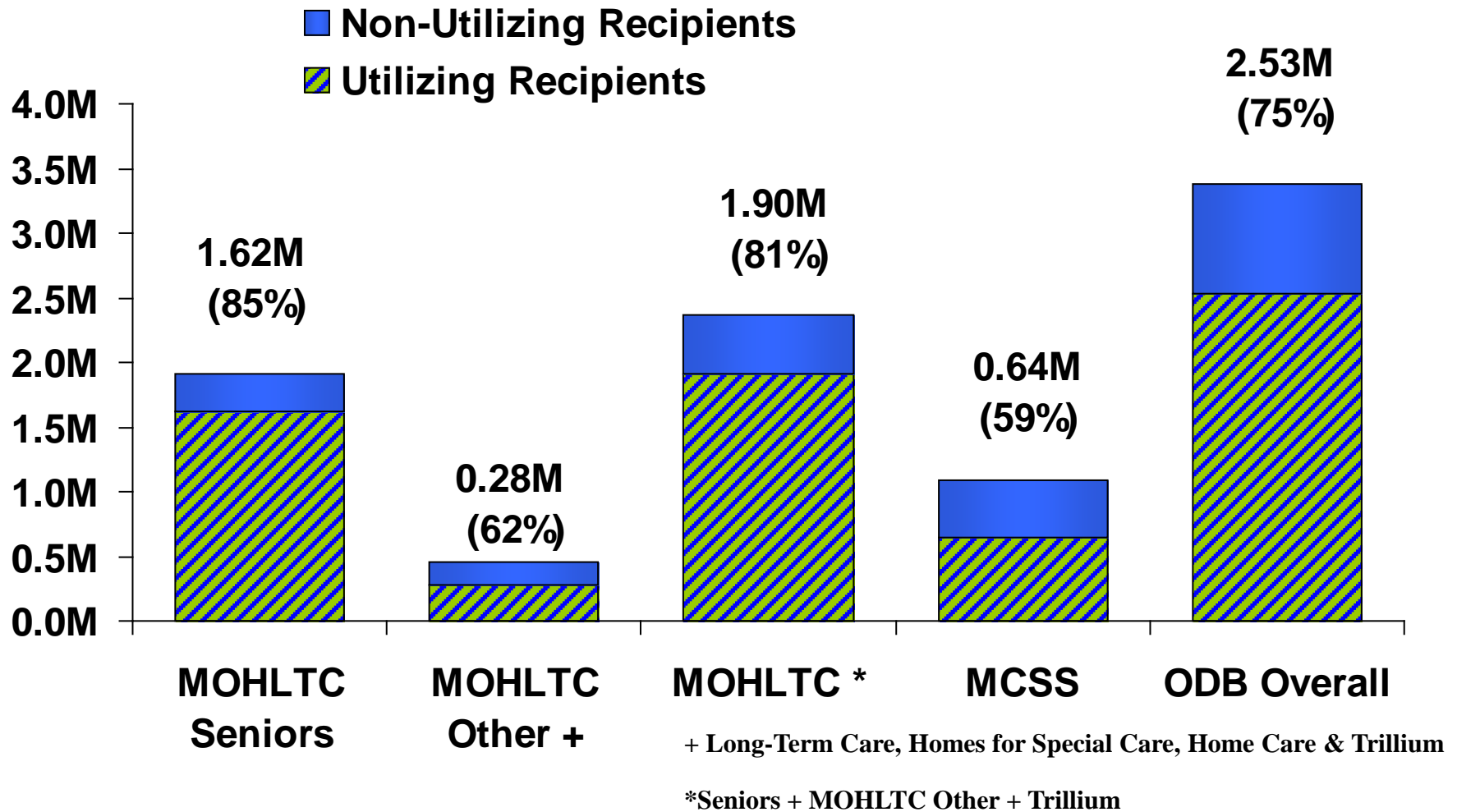
<65	654K
Trillium	166K
65+	1,713K
Total	2,533K

Age Distribution of Eligible Beneficiaries*: 2005/06-2009/10



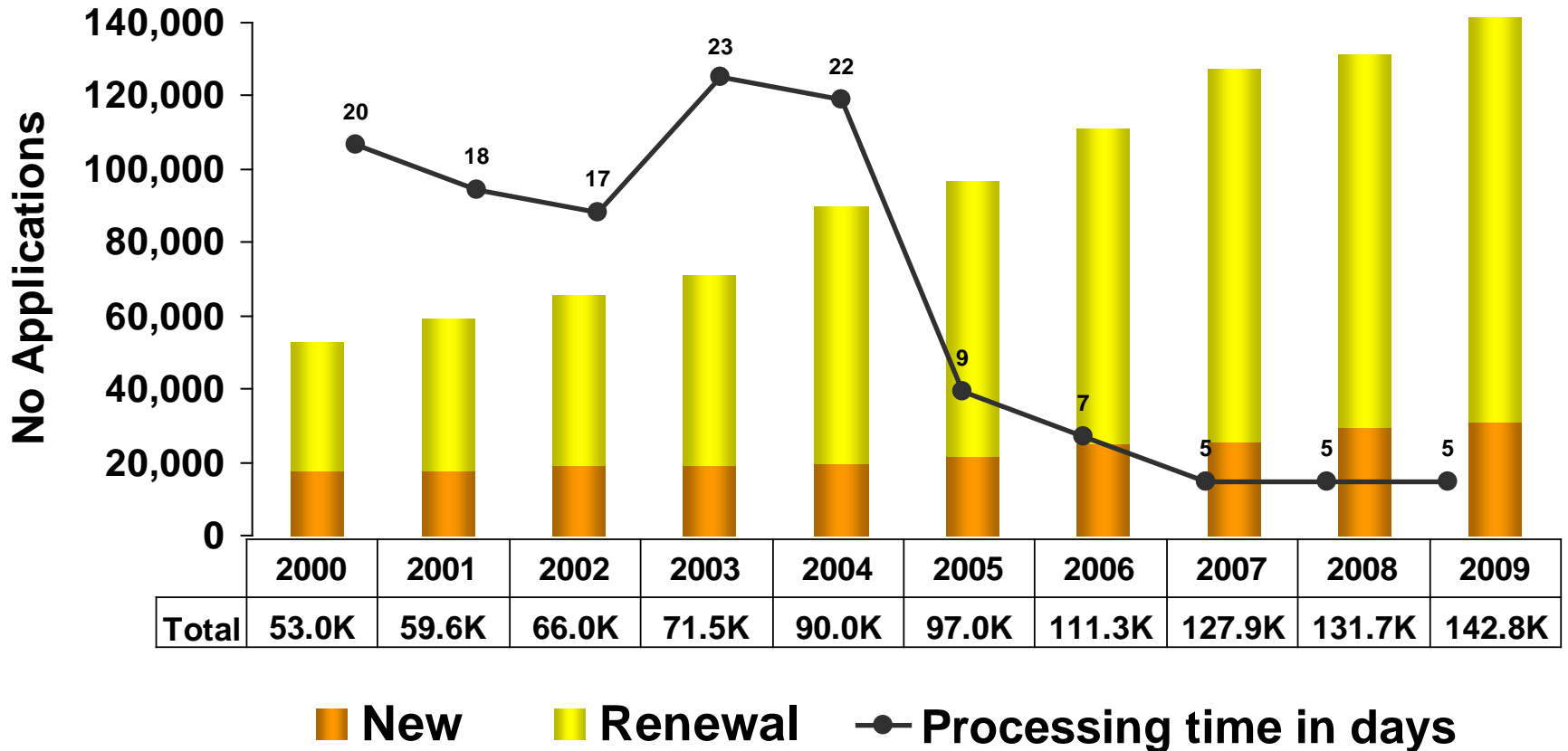
*Includes all ODB programs

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,

Trillium Applications* & Processing Time: 2000 – 2009 Benefit Years**

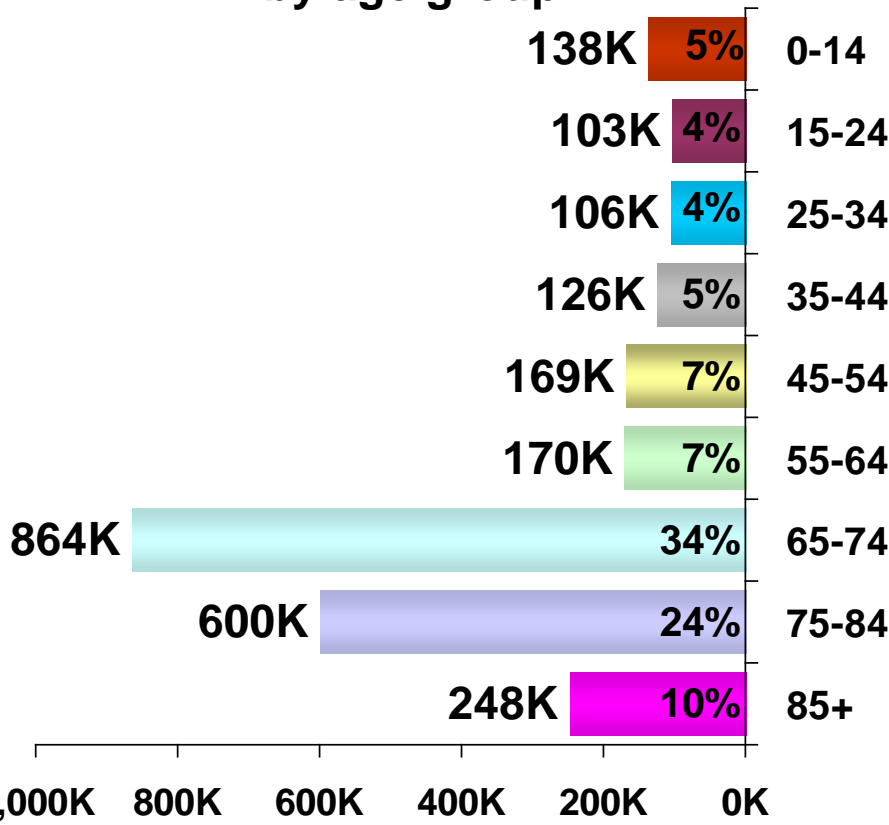


* Number of applications represents households, not individuals

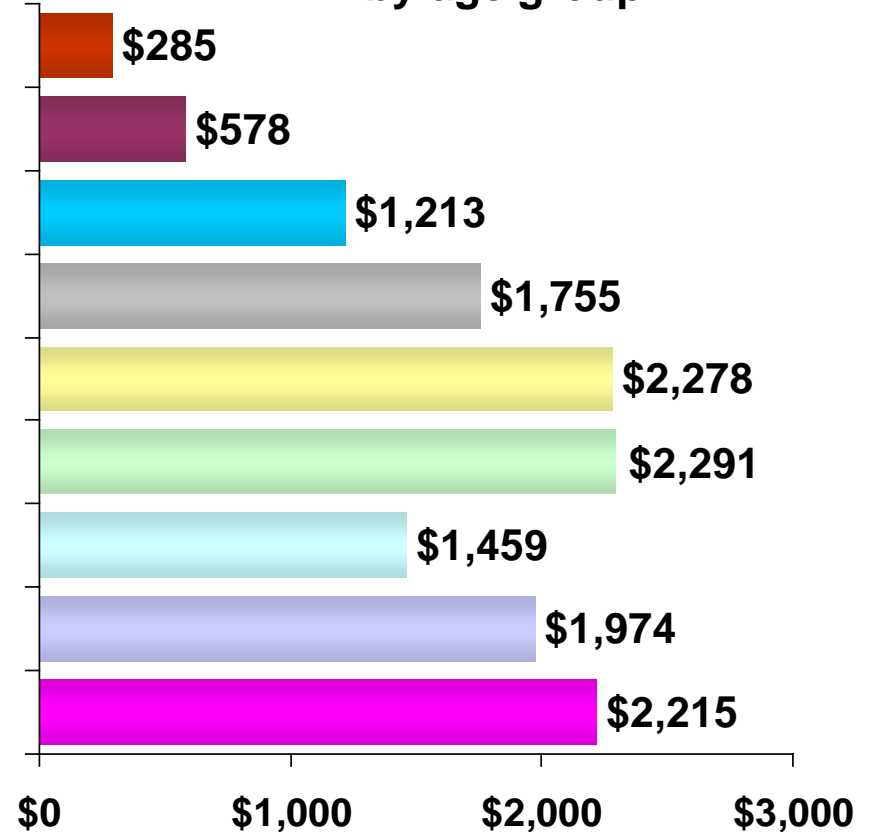
** Trillium benefit year starts August 1 and ends July 31 the following year

Beneficiary Distribution & Government Cost by Age: FY 2009/10

Distribution of beneficiaries by age group



Government cost per beneficiary by age group

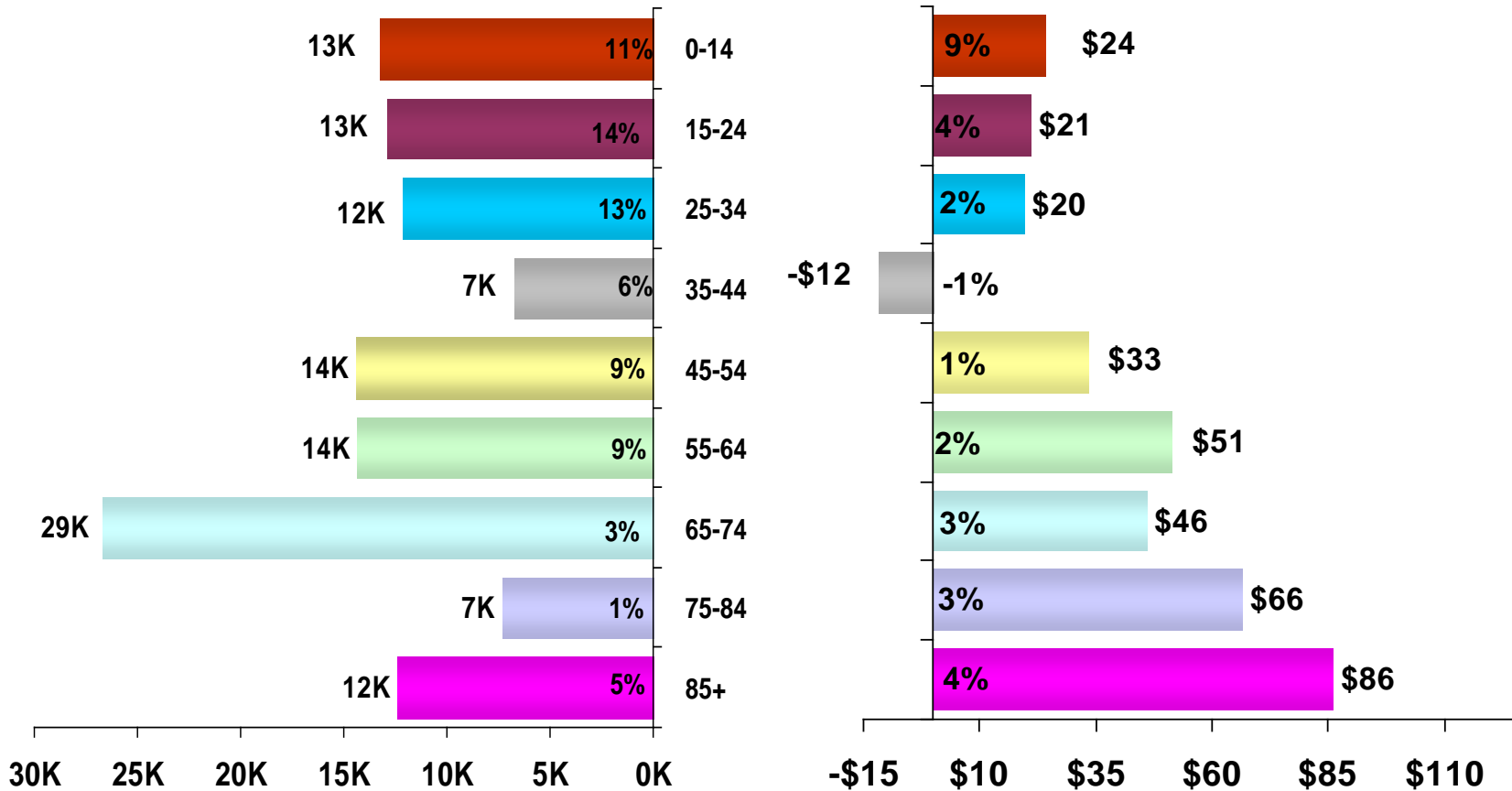


NB: Percentages represent number of beneficiaries per age group over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Age: 2008/09 – 2009/10

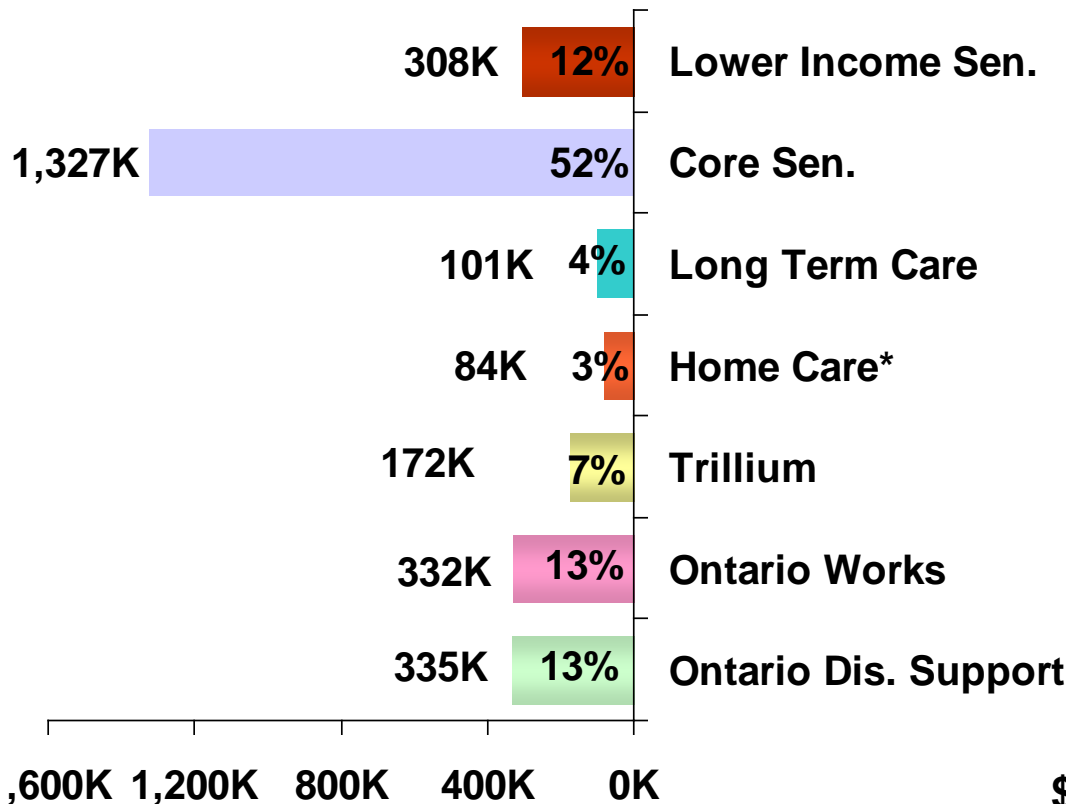
Change in beneficiaries by age group

Change in government cost per beneficiary by age group

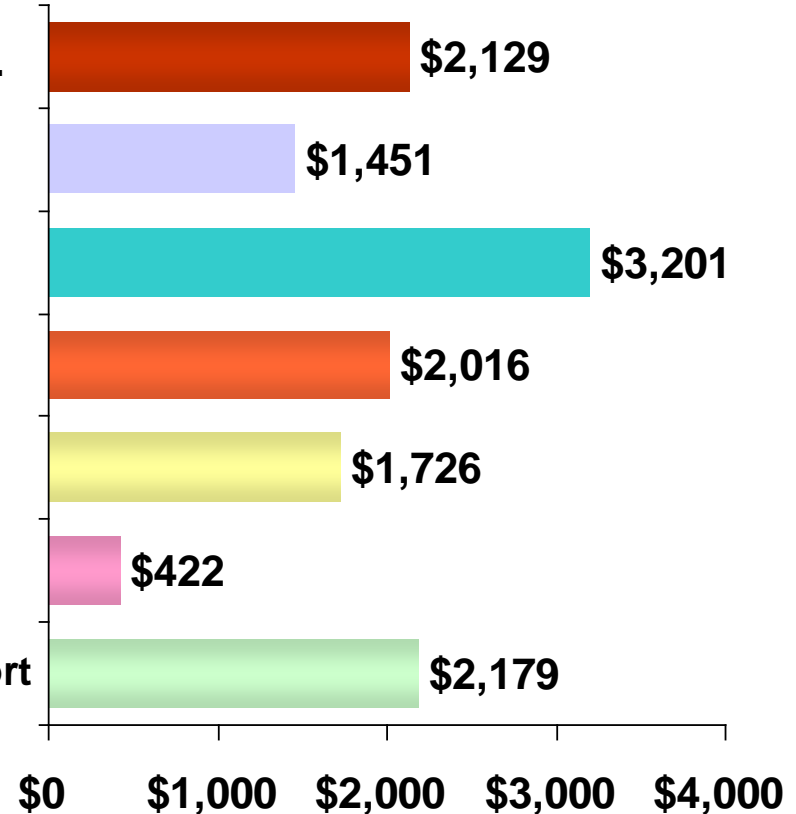


Beneficiary Distribution & Government Cost by Program: 2009/10

Distribution of beneficiaries by program



Government cost per beneficiary by program

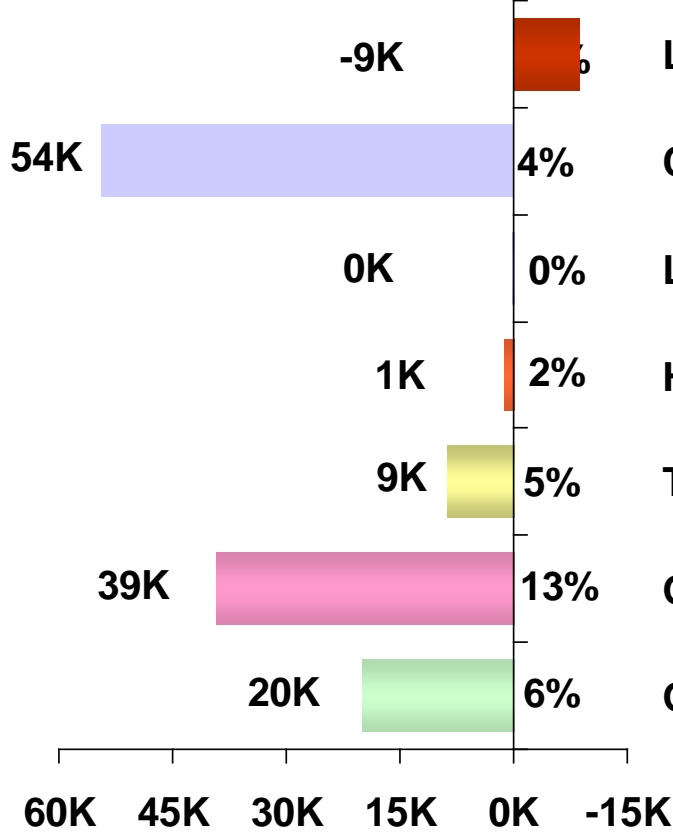


*Home Care & Homes for Special Care

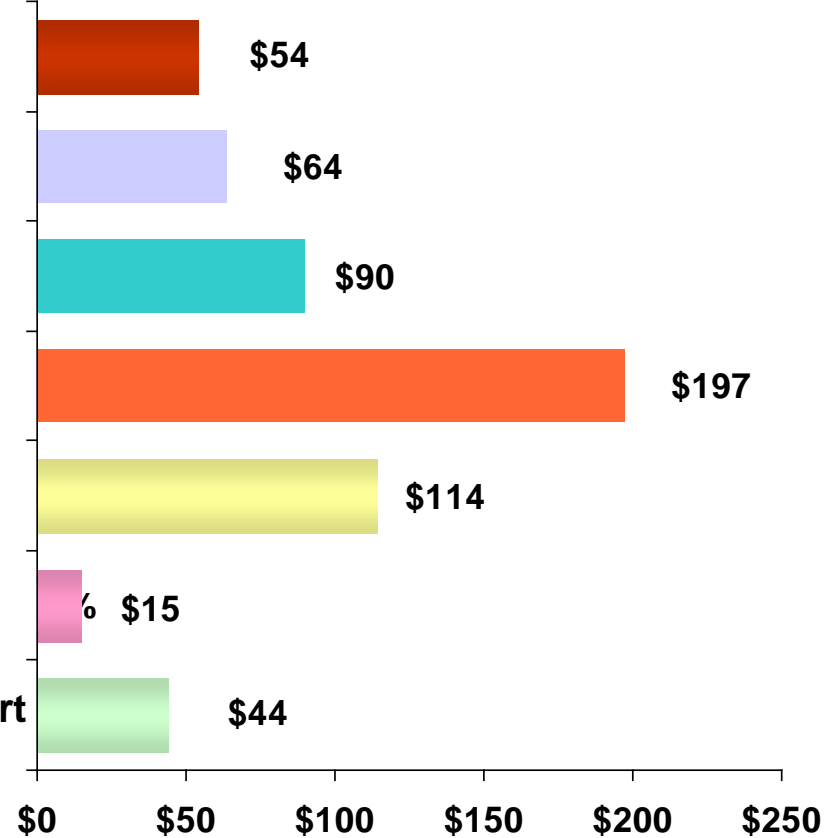
NB: Percentages represent number of beneficiaries per program over total number of utilizing beneficiaries.

Change in Beneficiaries & Government Cost by Program: 2008/09 – 2009/10

Change in beneficiaries by program

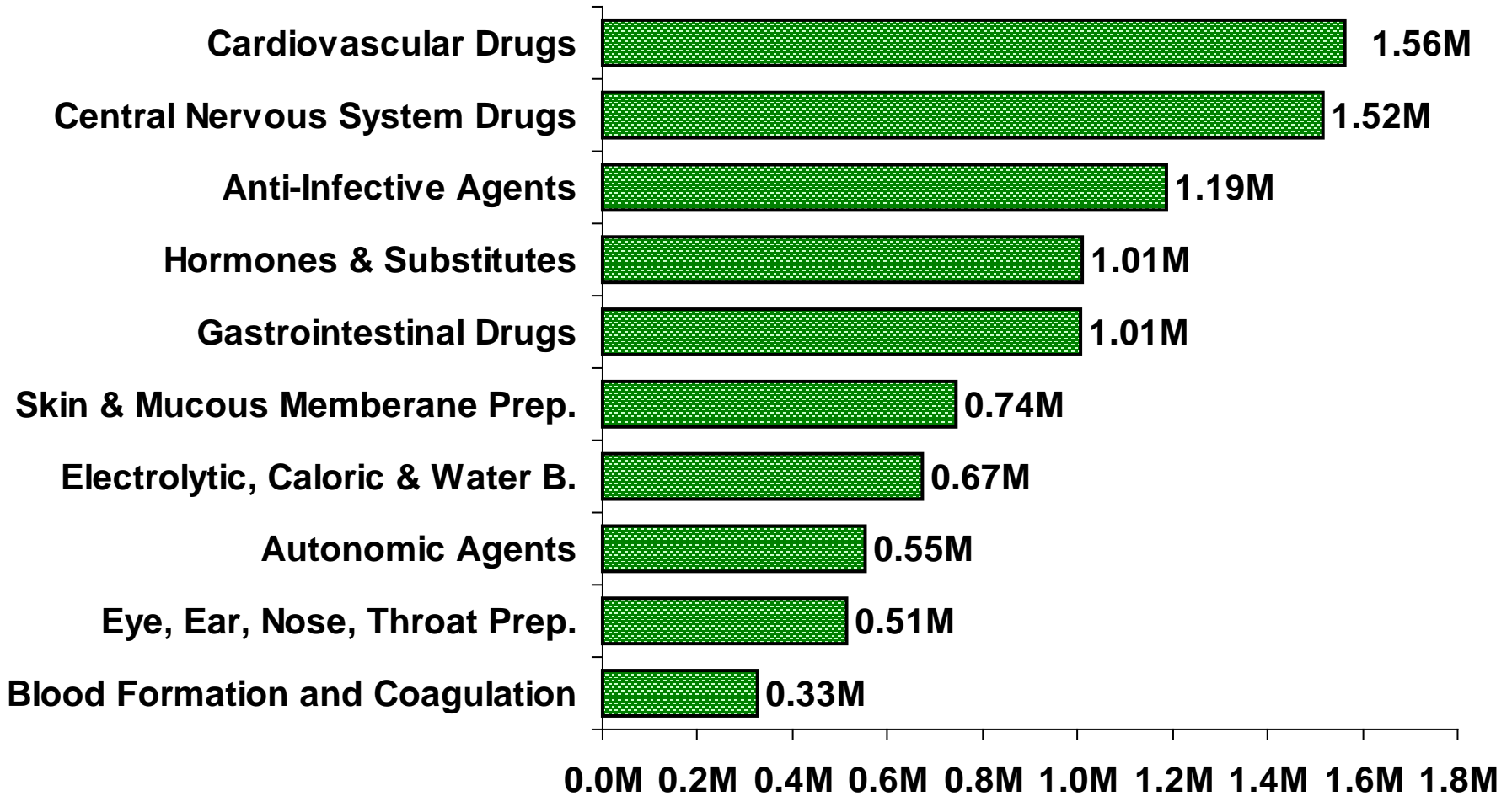


Change in government cost per beneficiary by program



*Home Care & Homes for Special Care

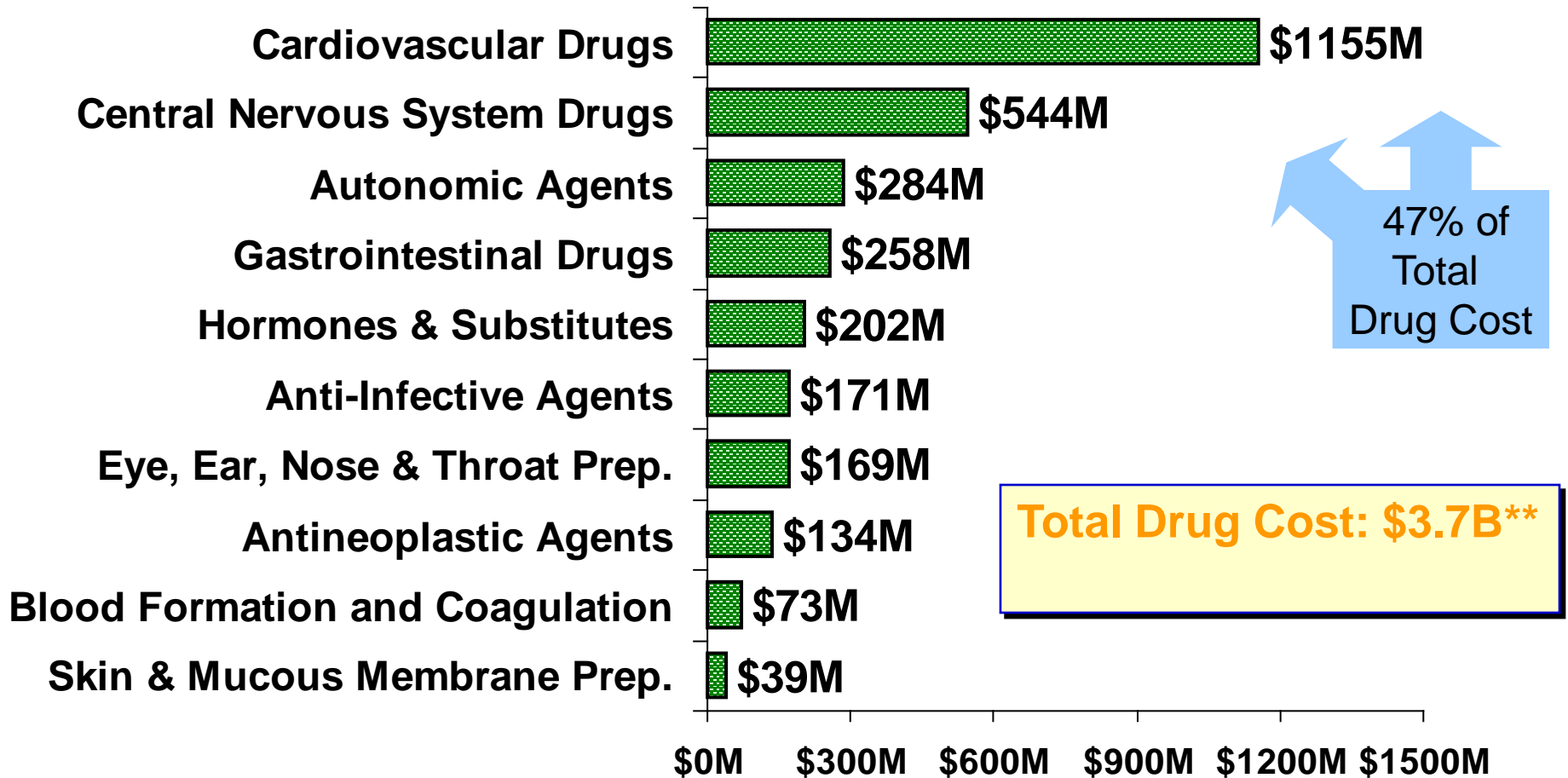
Top 10 Therapeutic Classes* by Number of Users: FY 2009/10**



* 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.

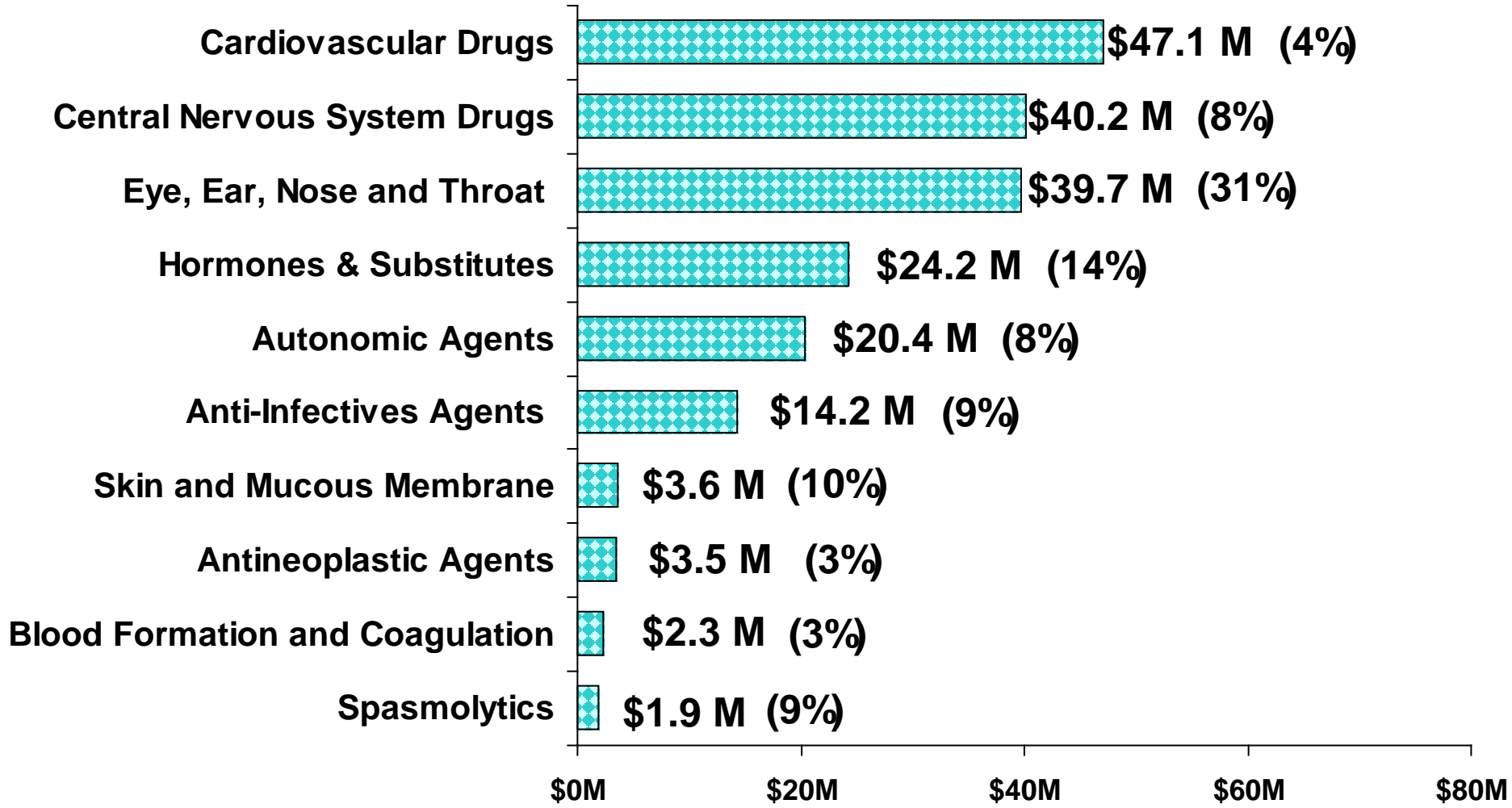
Top 10 Therapeutic Classes by Drug Cost*: FY 2009/10



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

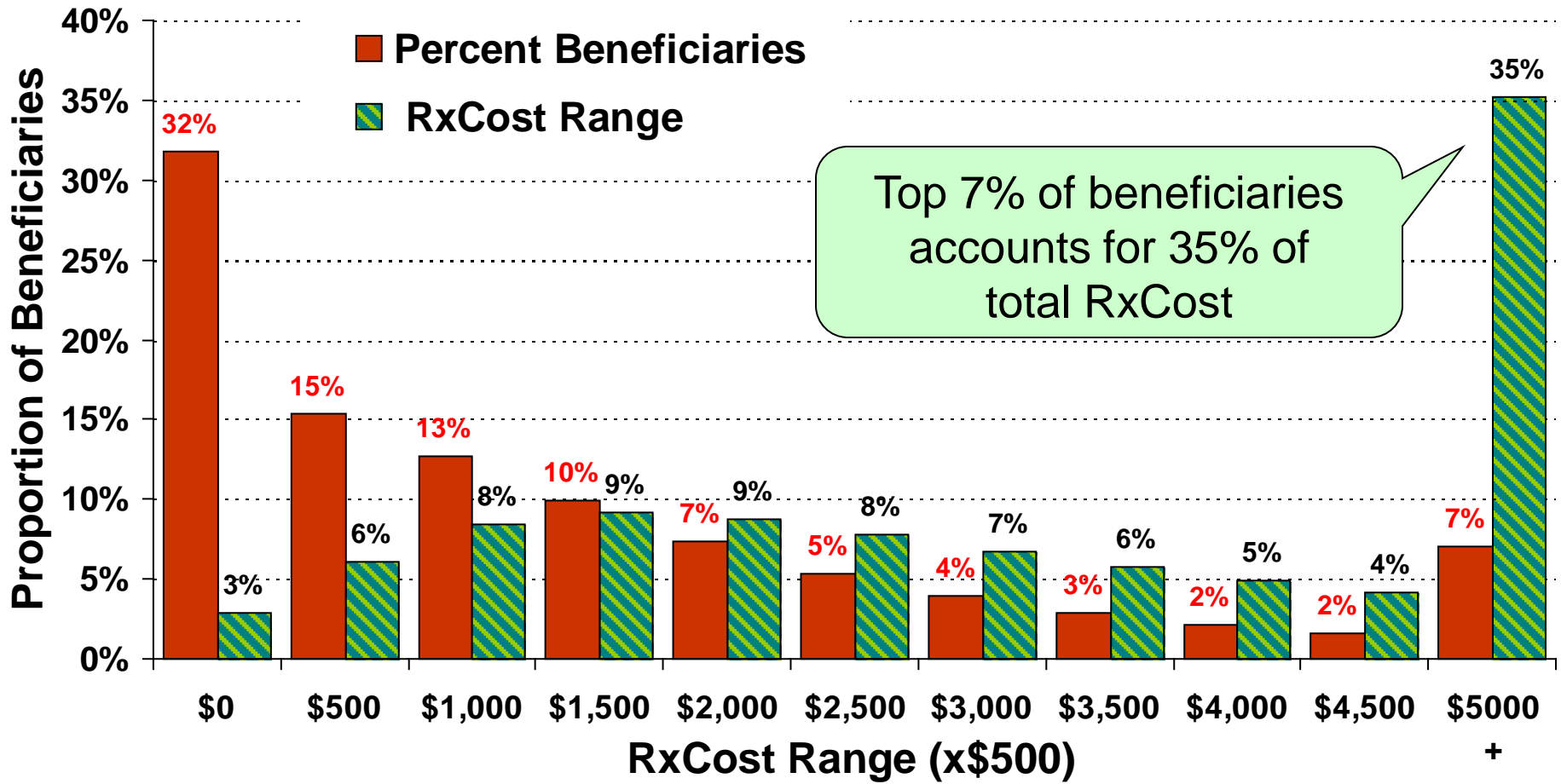
** Includes all drugs, not just top 10

Fastest Growing Classes by Drug Cost: 2008/09 – 2009/10



Total increase over previous year: \$197.2M

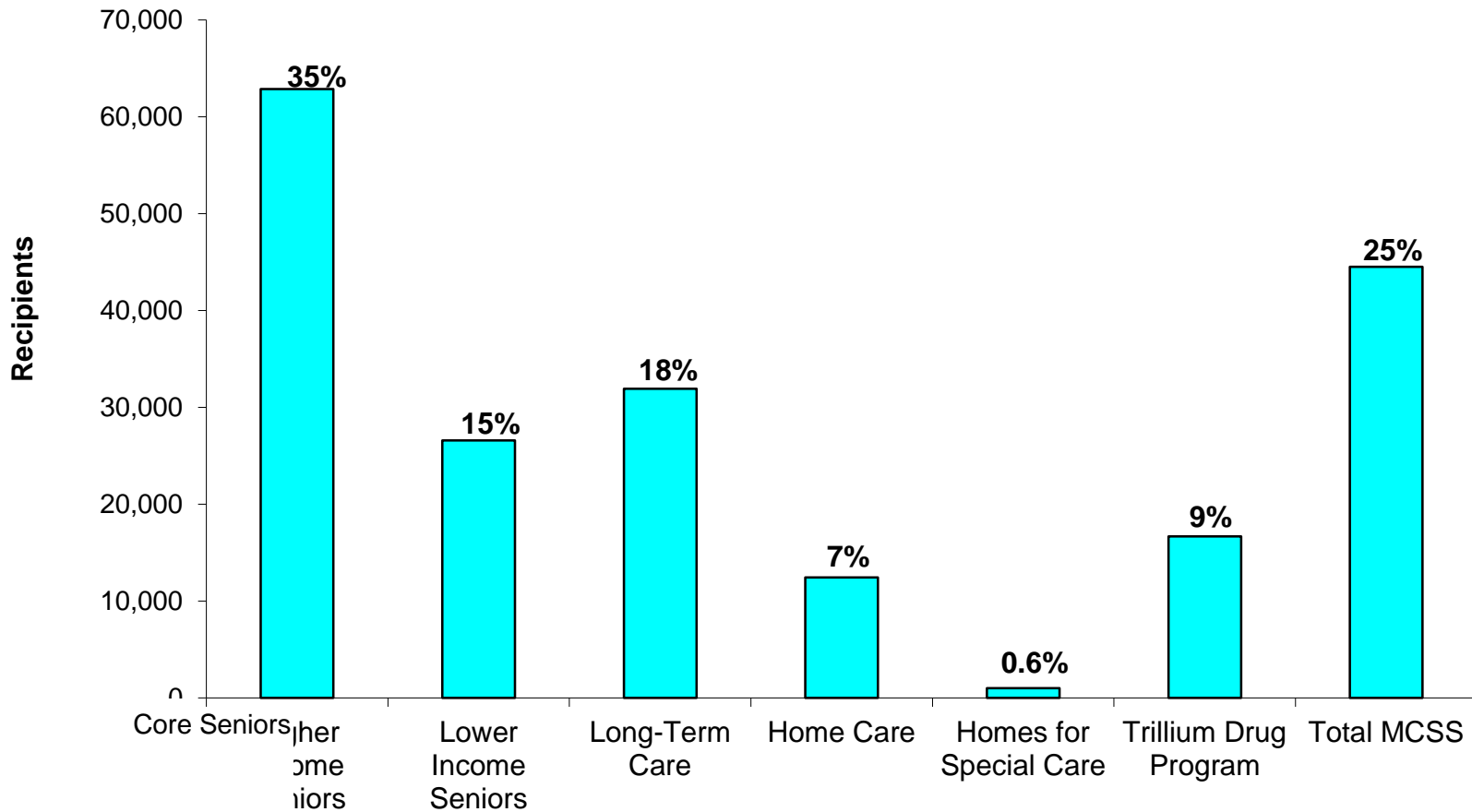
Cost Concentration From Least to Most Costly Beneficiary: FY 2009/10



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

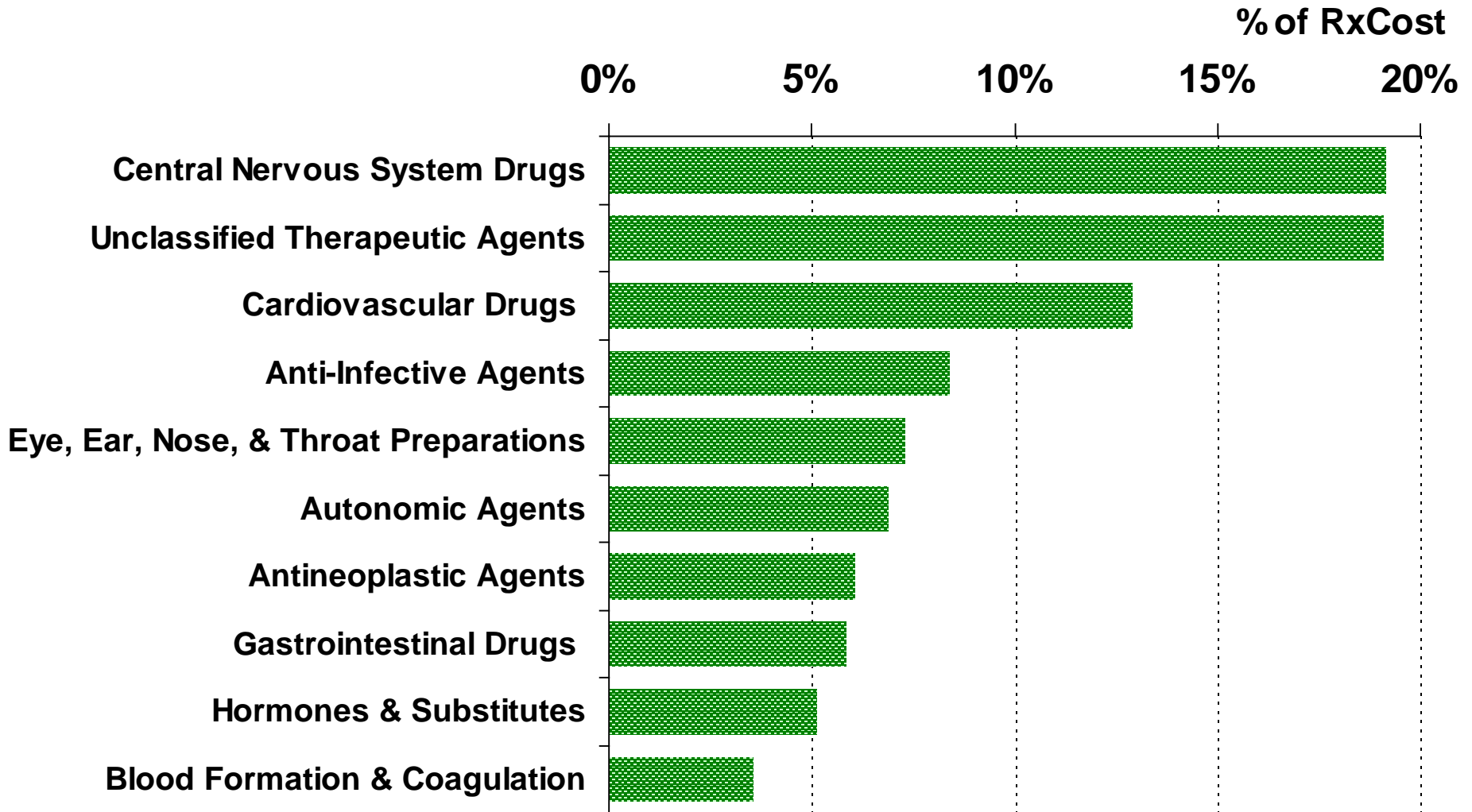
Breakdown of Top Beneficiaries by Program: 2009/10



Beneficiaries means persons eligible for coverage under the public drug programs

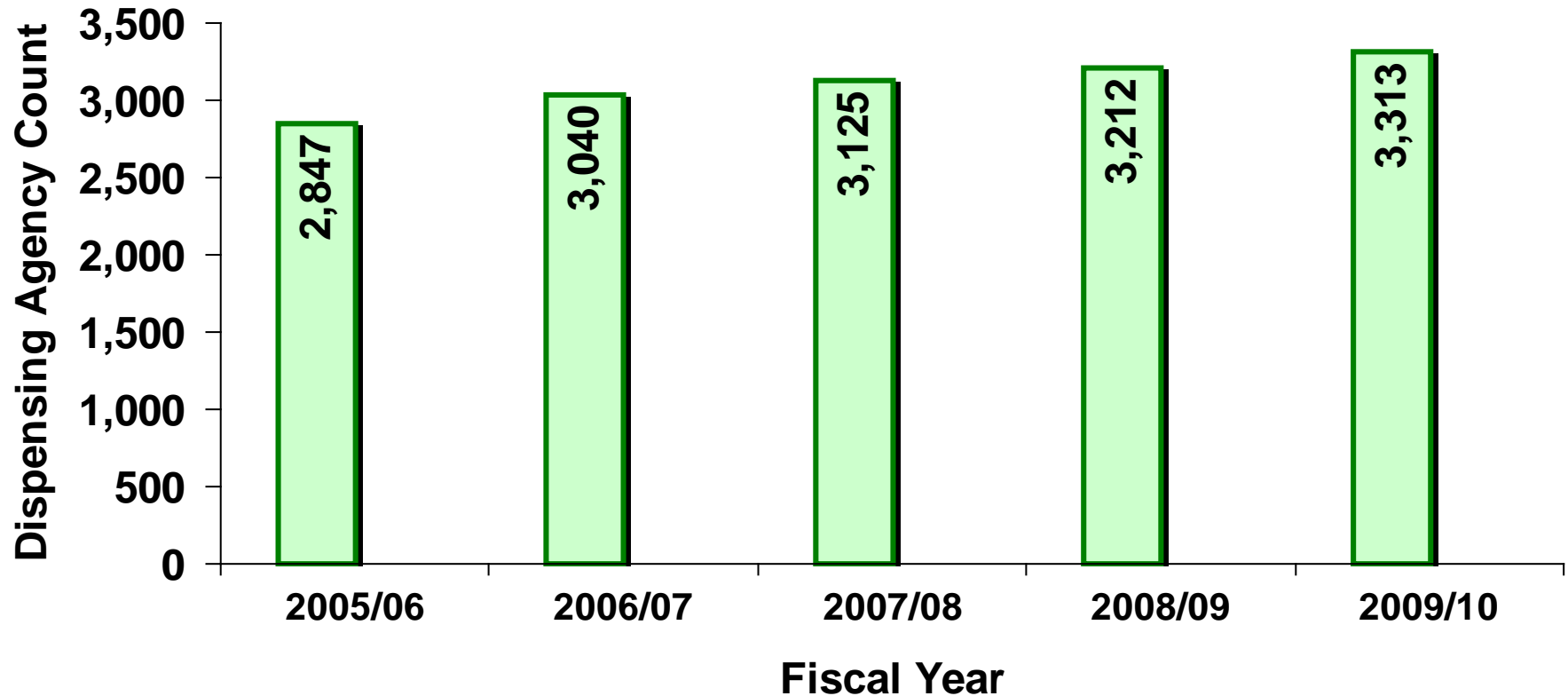
NB: Beneficiaries may be double counted if they moved between programs in the same fiscal year

Top Therapeutic Classes for High Cost Claimants (>\$5,000): FY 2009/10

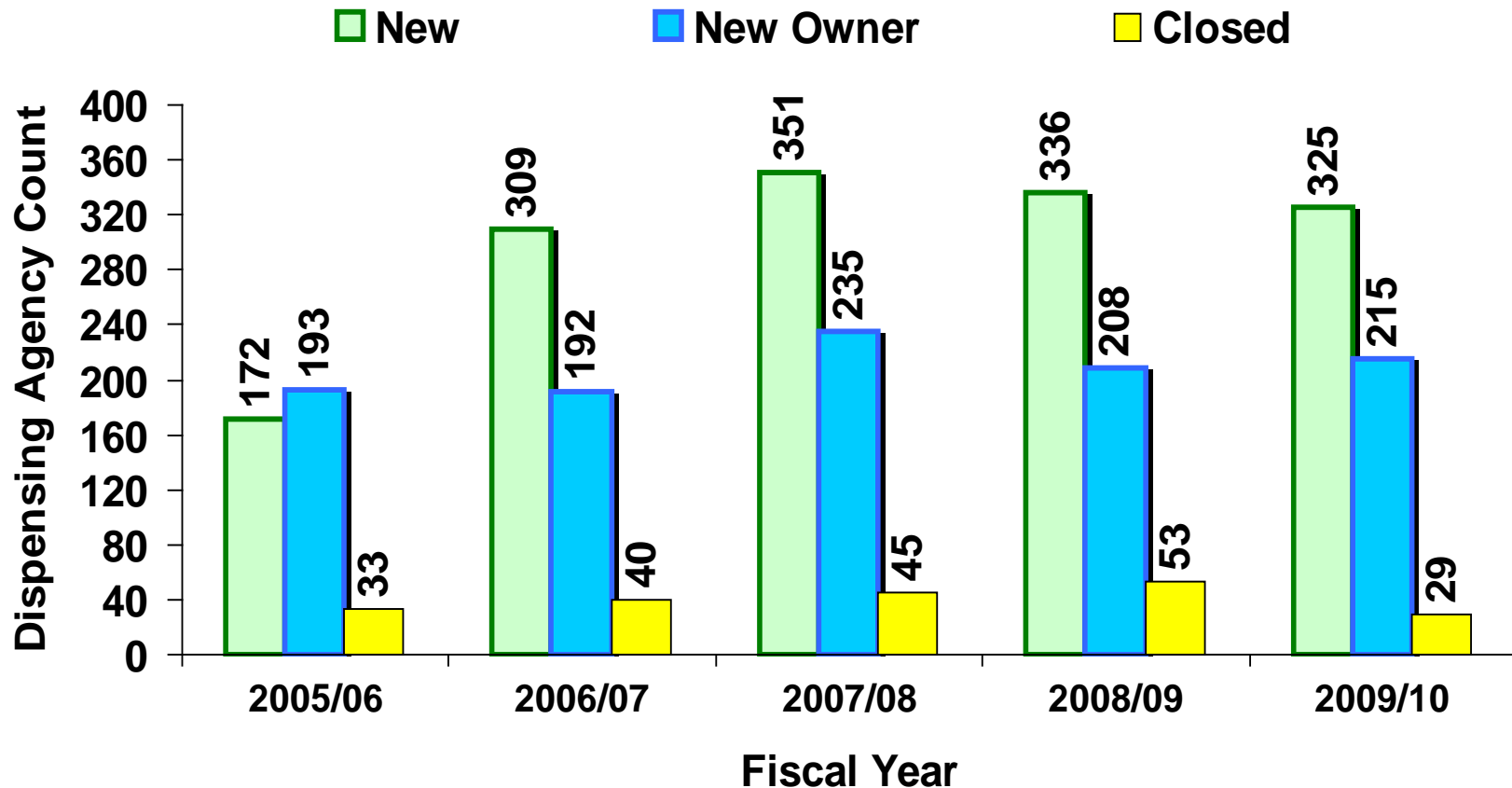


Active Dispensing Agencies in Ontario: 2005/06 – 2009/10

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



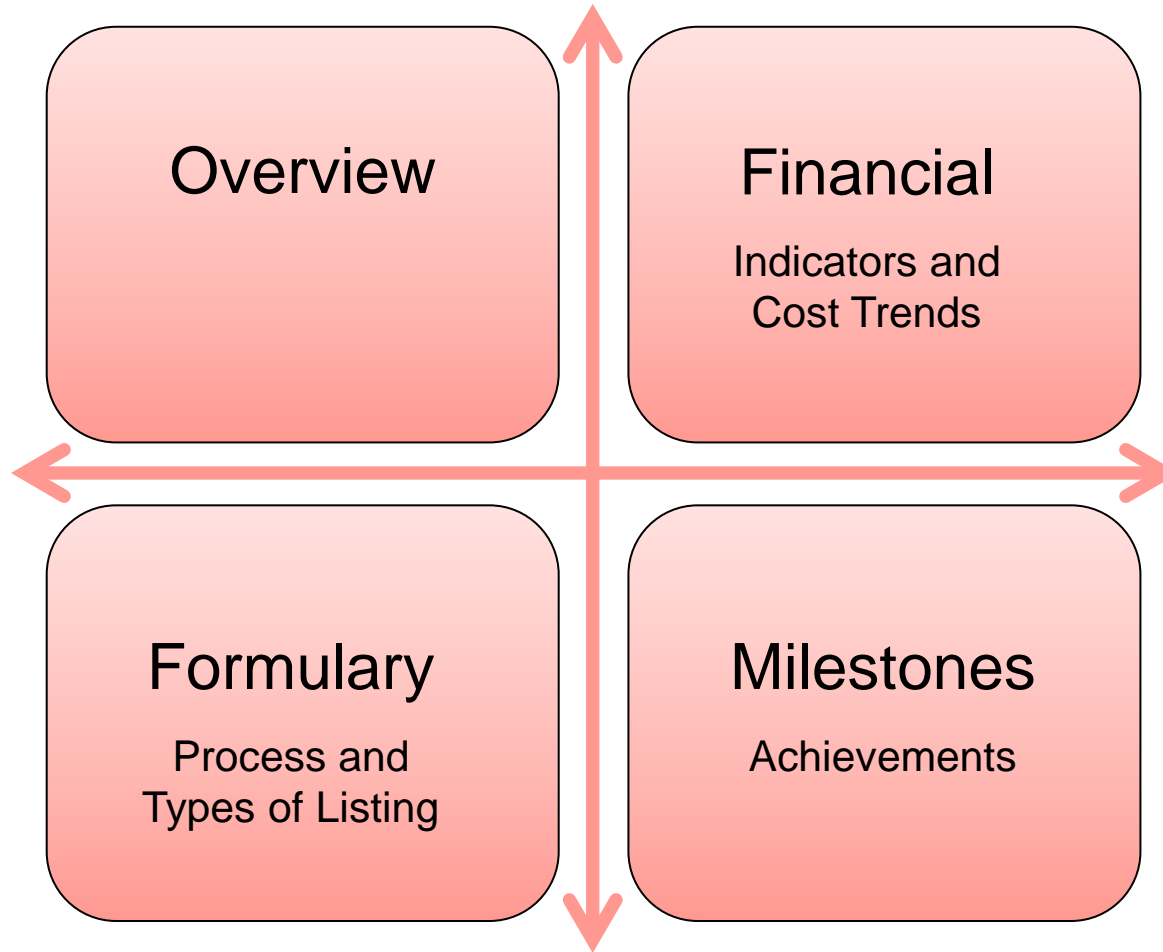
NB: Agencies may be double counted in a fiscal year if they experienced multiple changes.
Data includes all changes (new, new owner and/or closed) over an entire fiscal year.

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



ODB Financial Statistics: 2008/09 vs. 2009/10

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

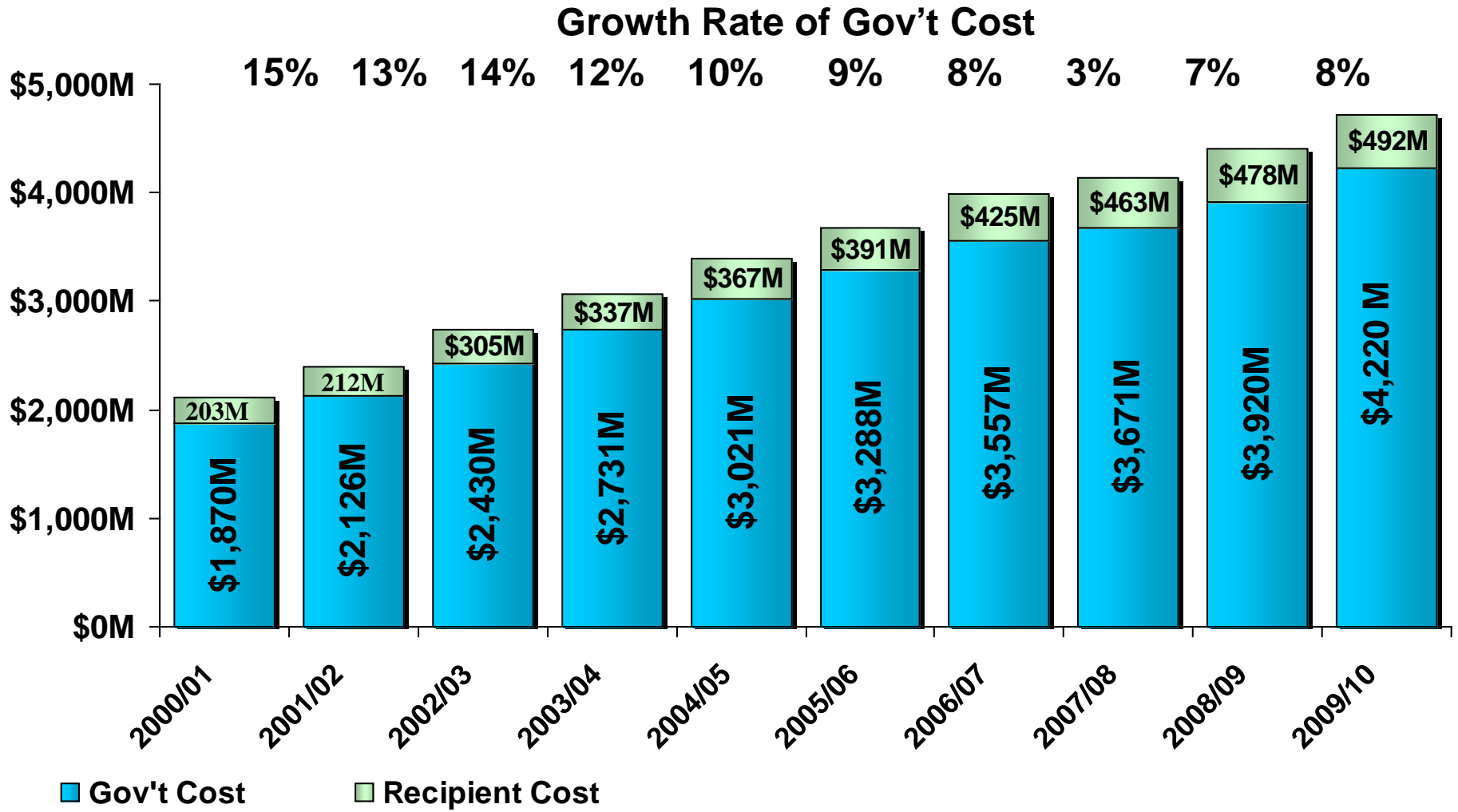
*Rounded to the nearest whole number

ODB Financial Statistics: 2008/09 vs. 2009/10

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

*Rounded to the nearest whole number

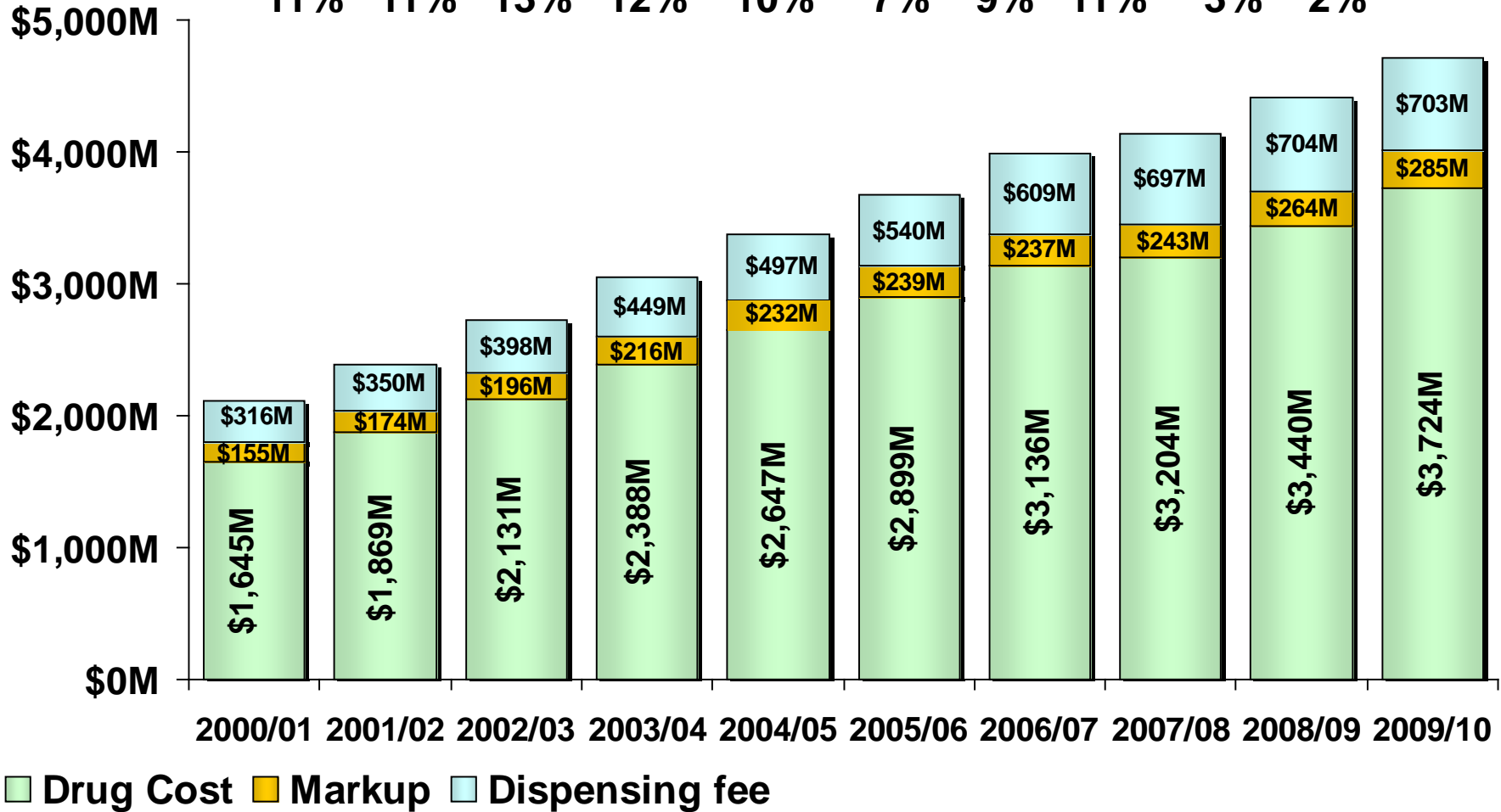
Government & Beneficiary Cost: 2000/01 – 2009/10



RxCost by Type of Spending: 2000/01 - 2009/10

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

11% 11% 13% 12% 10% 7% 9% 11% 3% 2%

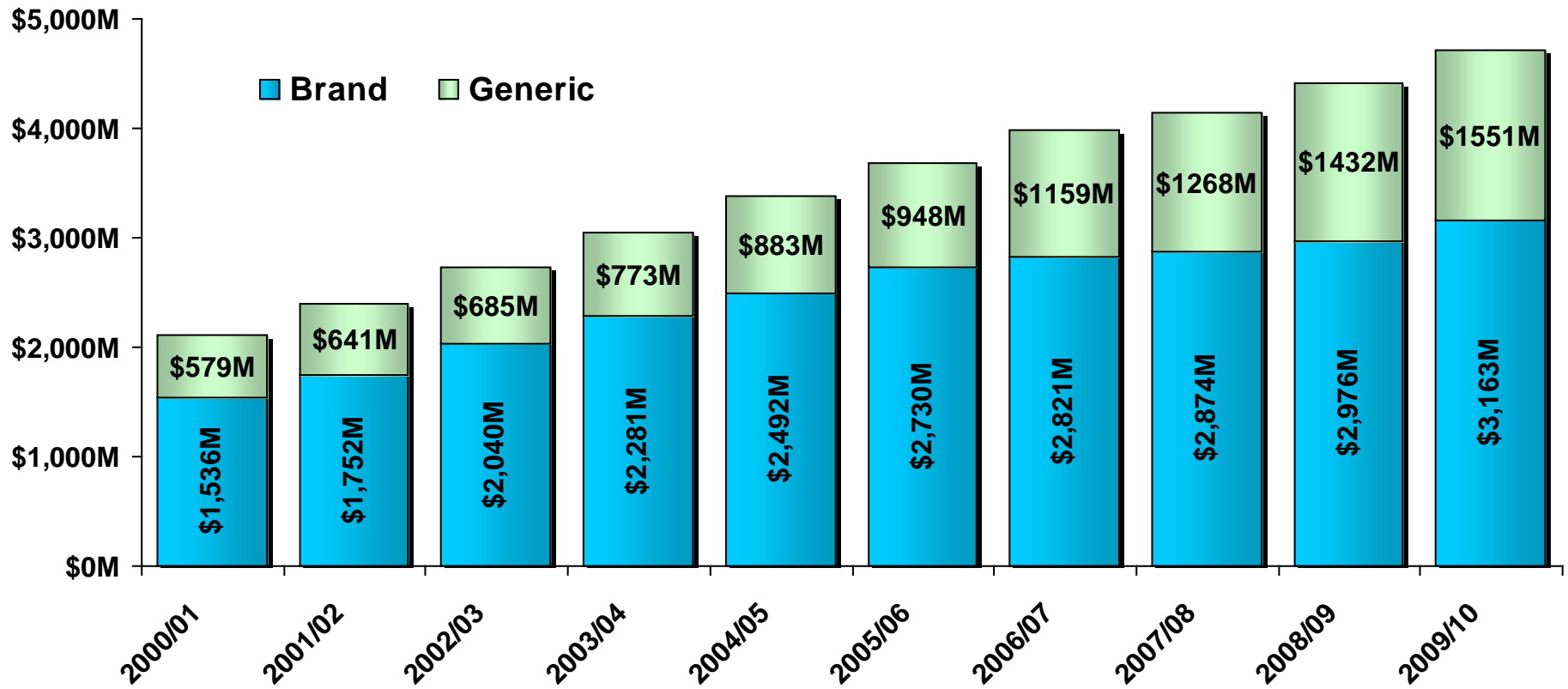


*Does not include drug cost in growth rate.

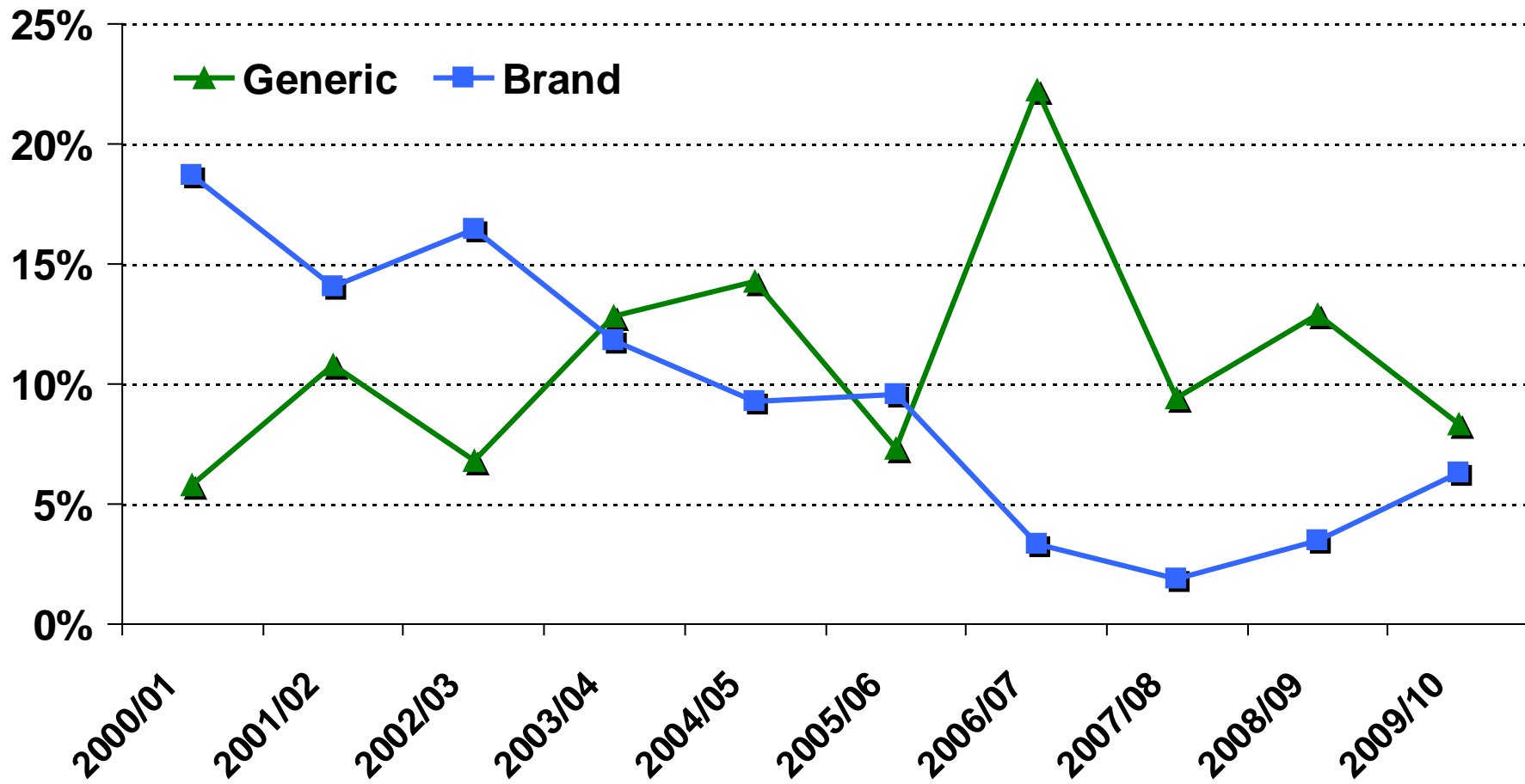
Brand vs. Generic RxCost: 2000/01 – 2009/10

Growth Rate of RxCost

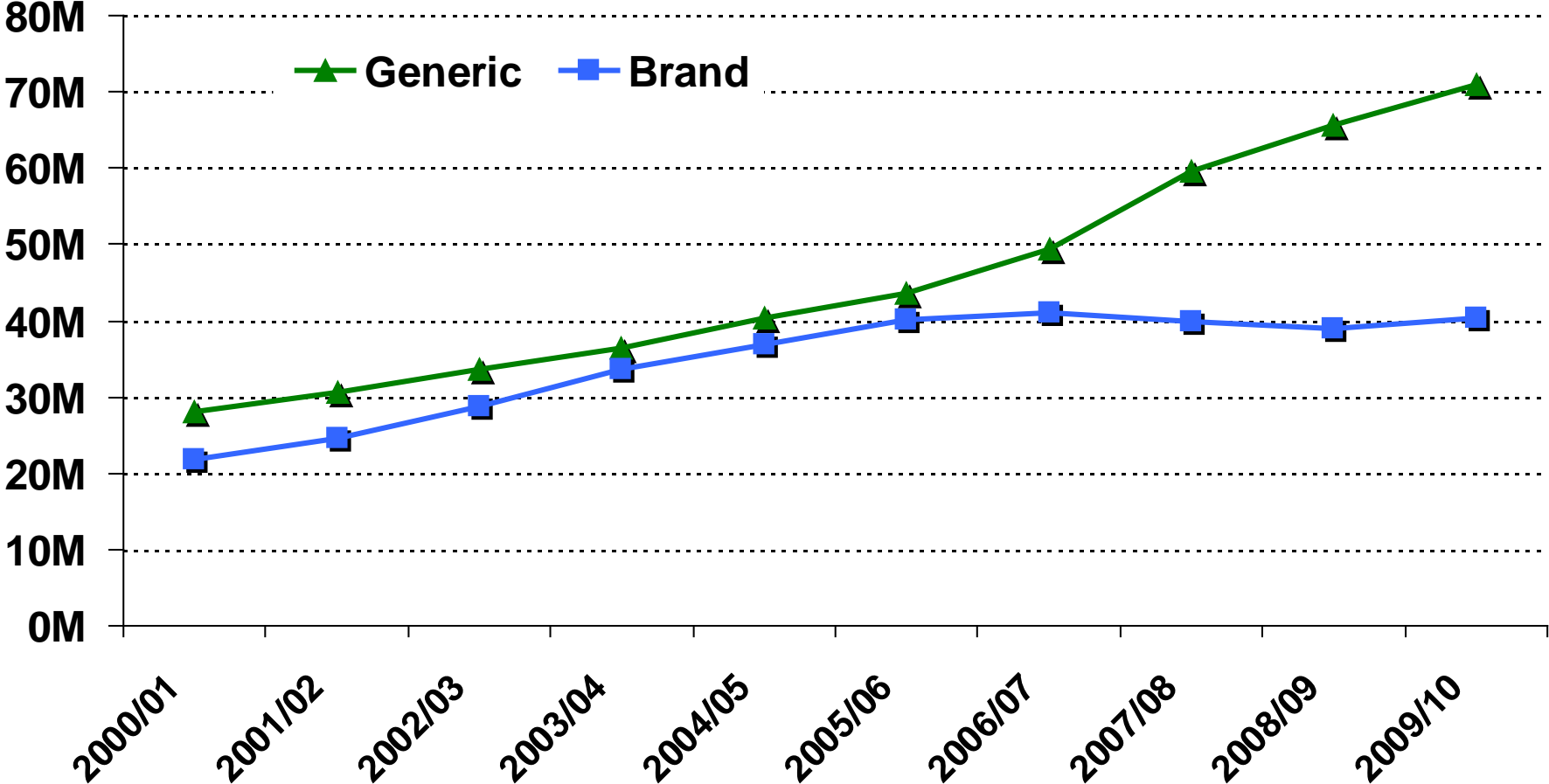
15% 13% 14% 12% 11% 9% 8% 4% 6% 7%



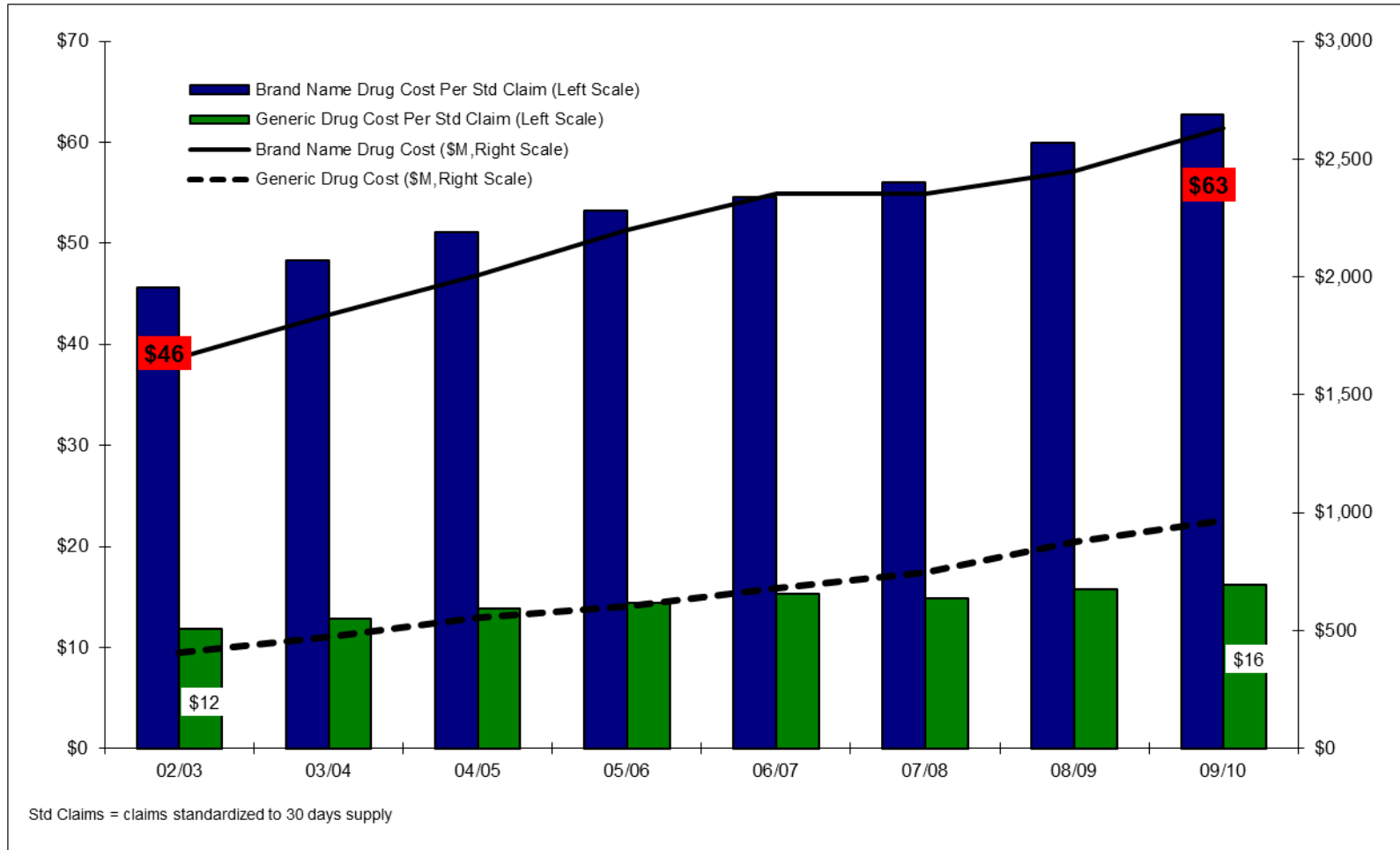
Brand vs. Generic RxCost Annual Growth: 2000/01 – 2009/10



Brand vs. Generic Claim Count: 2000/01 – 2009/10



Comparison of Brand and Generic Drug Cost



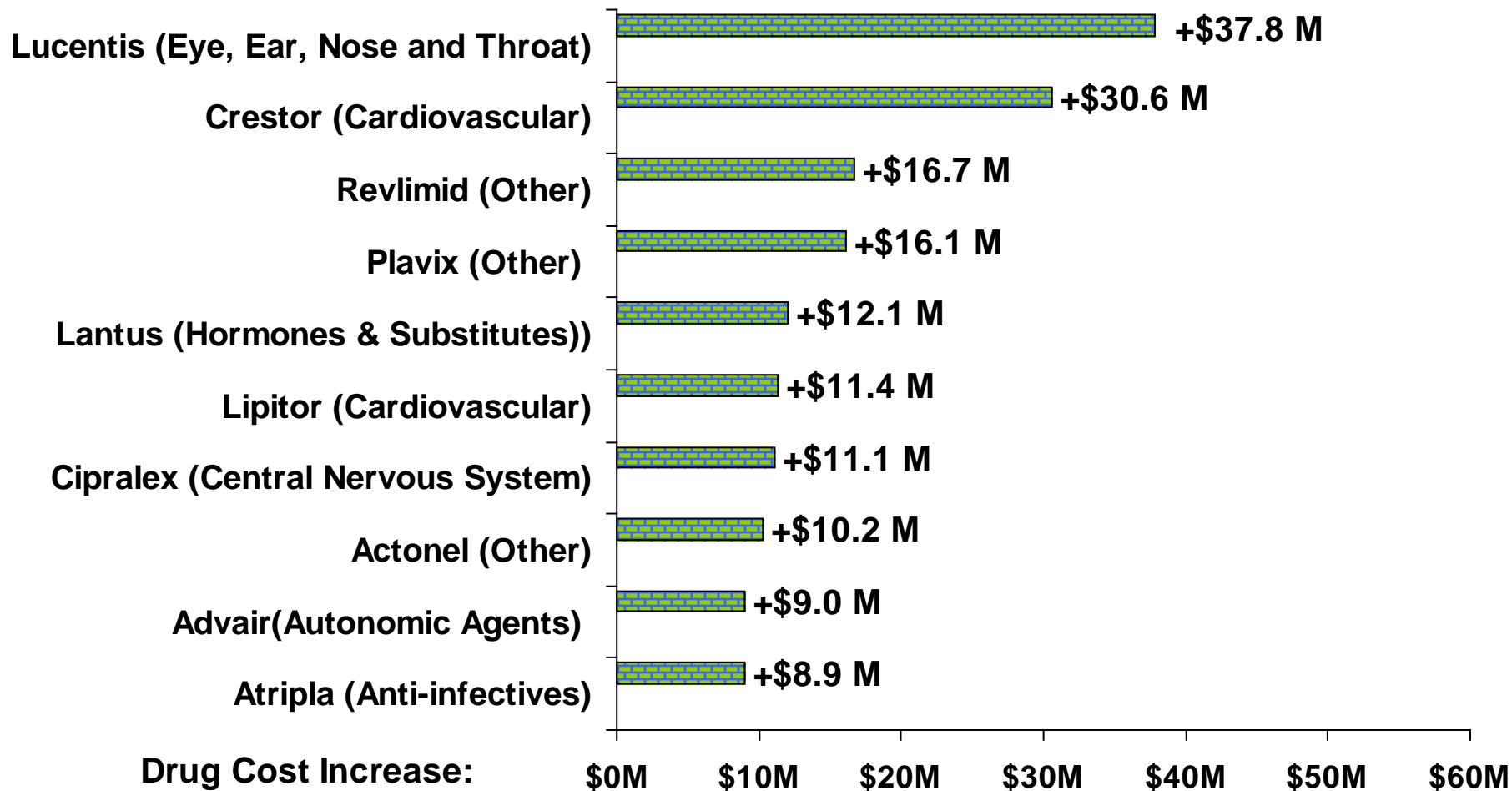
Top 10 Chemicals by Number of Utilizing Beneficiaries (thousands): FY 2009/10

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

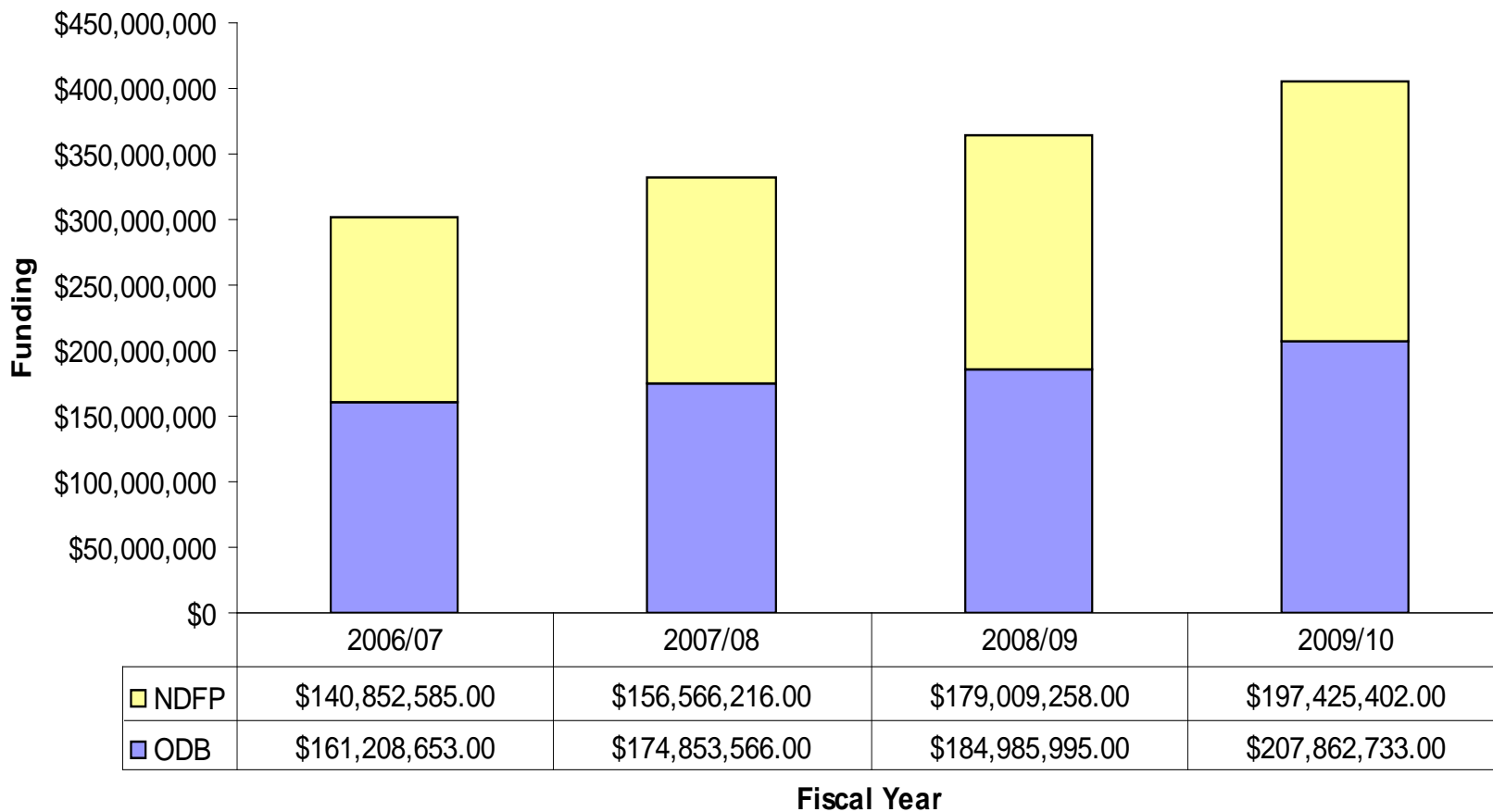
Top 10 Chemicals by Drug Cost: FY 2009/10

Rk	Drug Name	Class	Drug Cost	% Total Drug Cost
1	Atorvastatin (Lipitor)	Cardiovascular	\$316M	9.2%
2	Diagnostic Agent - Diabetes	Diagnostic Agents	\$126M	3.7%
3	Rosuvastatin Calcium (Crestor)	Cardiovascular	\$122M	3.5%
4	Amlodipine Besylate (Norvasc)	Cardiovascular	\$112M	3.3%
5	Ranibizumab (Lucentis)	Eye, Ear, Nose & Throat	\$105M	2.2%
6	Salmeterol Xinafoate & Fluticasone Propionate (Advair) - LU	Autonomic Agents	\$75M	1.9%
7	Olanzapine (Zyprexa)	Central Nervous System	\$69M	2.0%
8	Risedronate Sodium (Actonel)	Unclassified	\$67M	2.0%
9	Oxycodone (Oxycontin) - LU	Central Nervous System	\$66M	1.9%
10	Clopidogrel (Plavix)	Unclassified	\$64M	1.9%
TOTAL Top-10			\$1,123M	32.7%

Fastest Growing Brand Products by Drug Cost: 2008/09 vs 2009/10

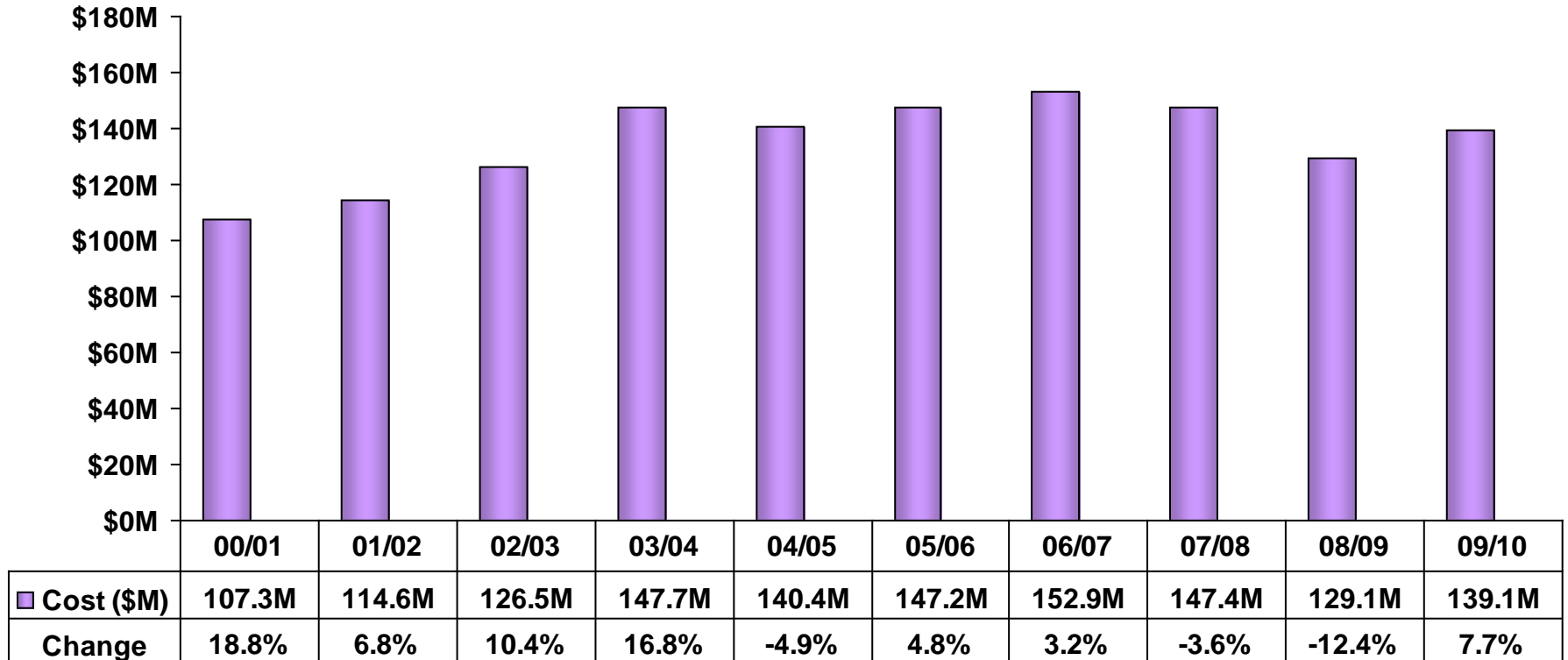


Government Cost for Cancer Drugs Under NDFP* and ODB: 2006/07 – 2009/10



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

Special Drugs* Program Cost: 2000/01 - 2009/10

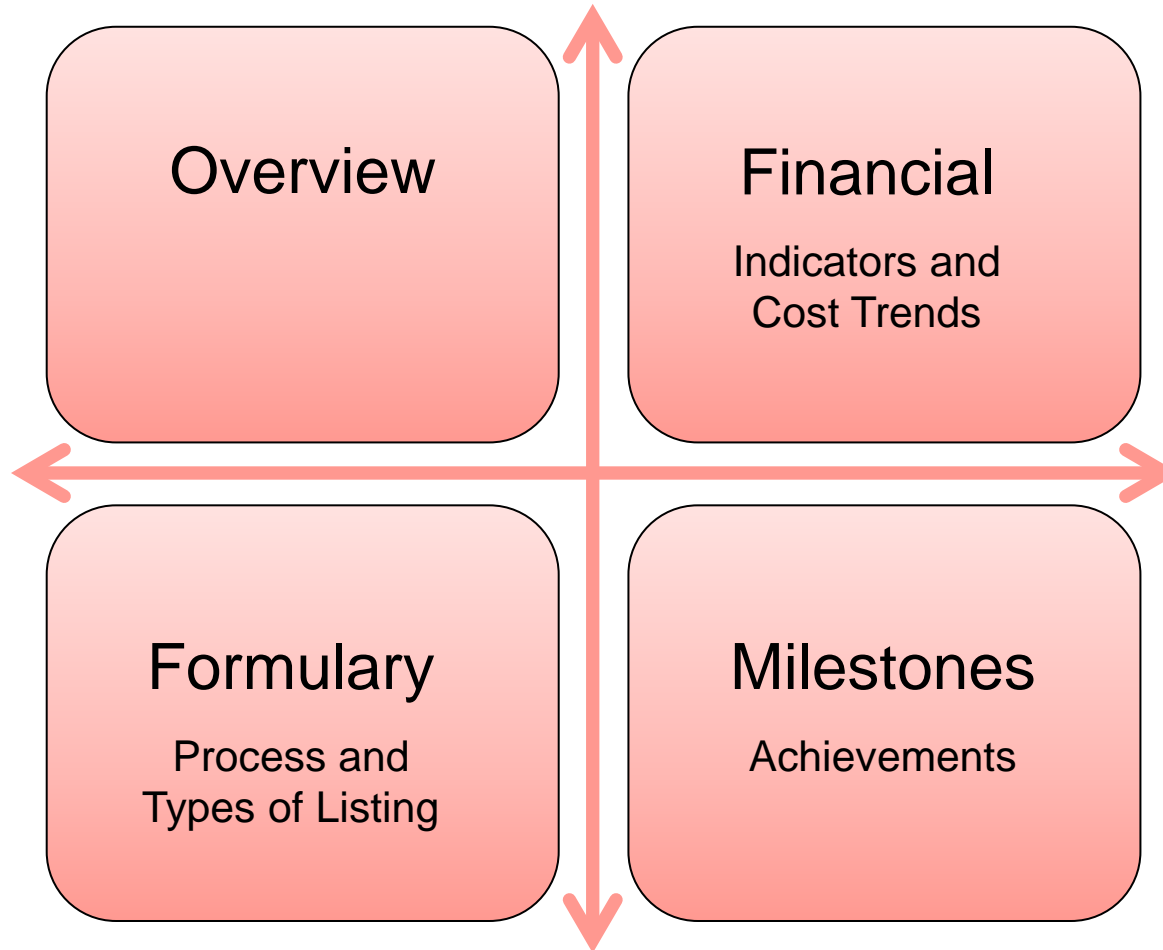


*The Special Drugs Program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.

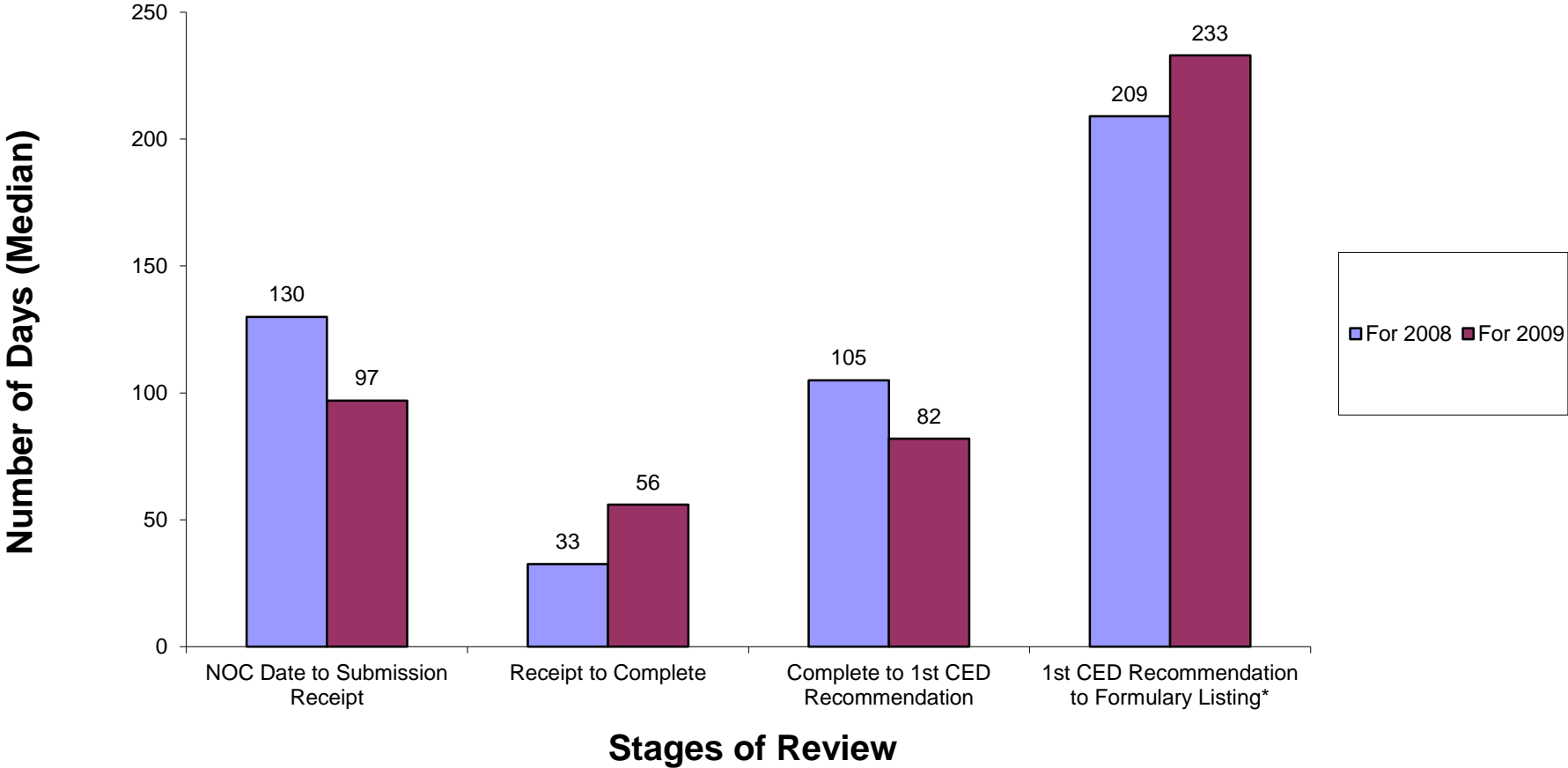
Highlights of Financials

- 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).

Report Card Framework



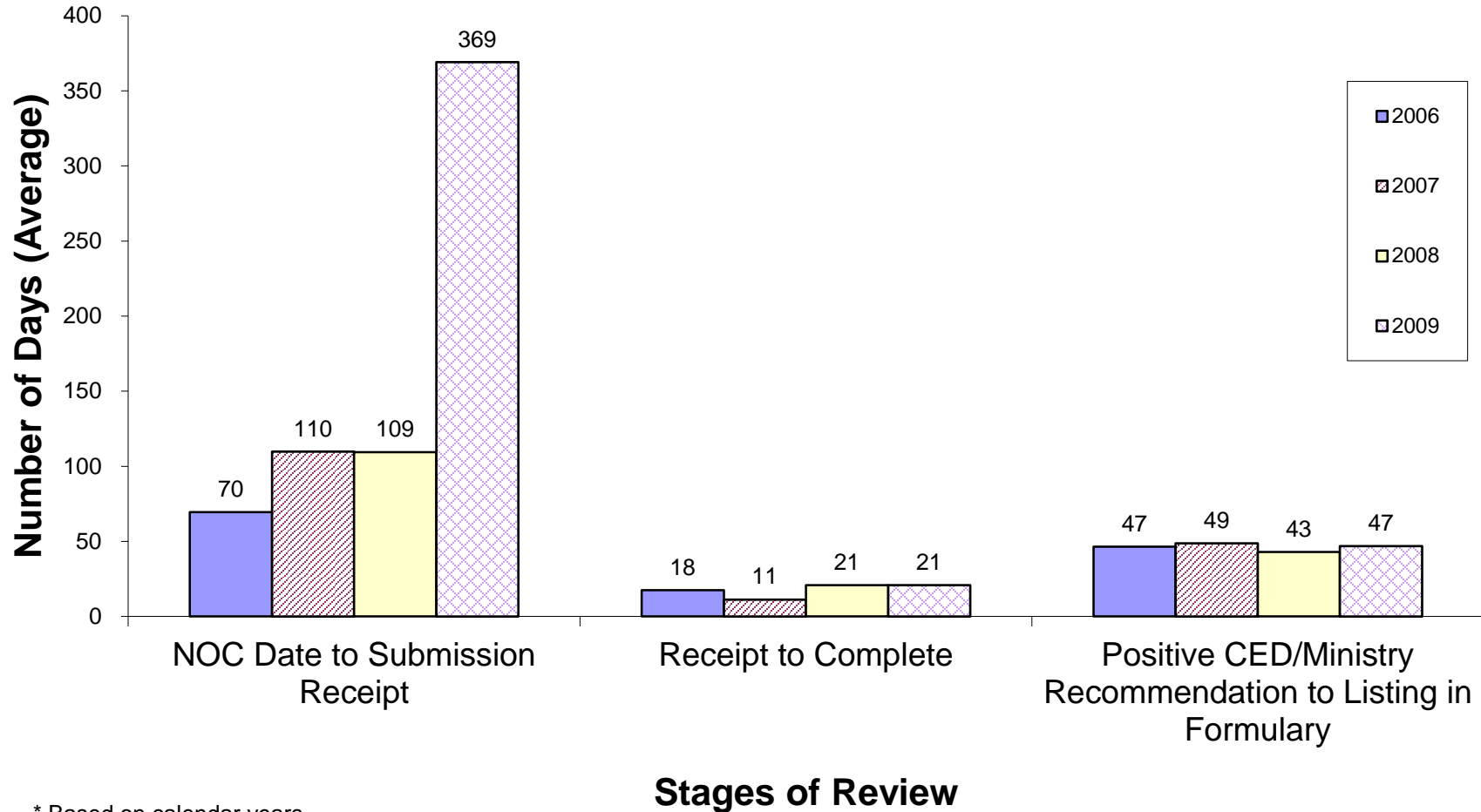
Median Review Timelines for All Single Source Drug Products Listed: 2008*-2009



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

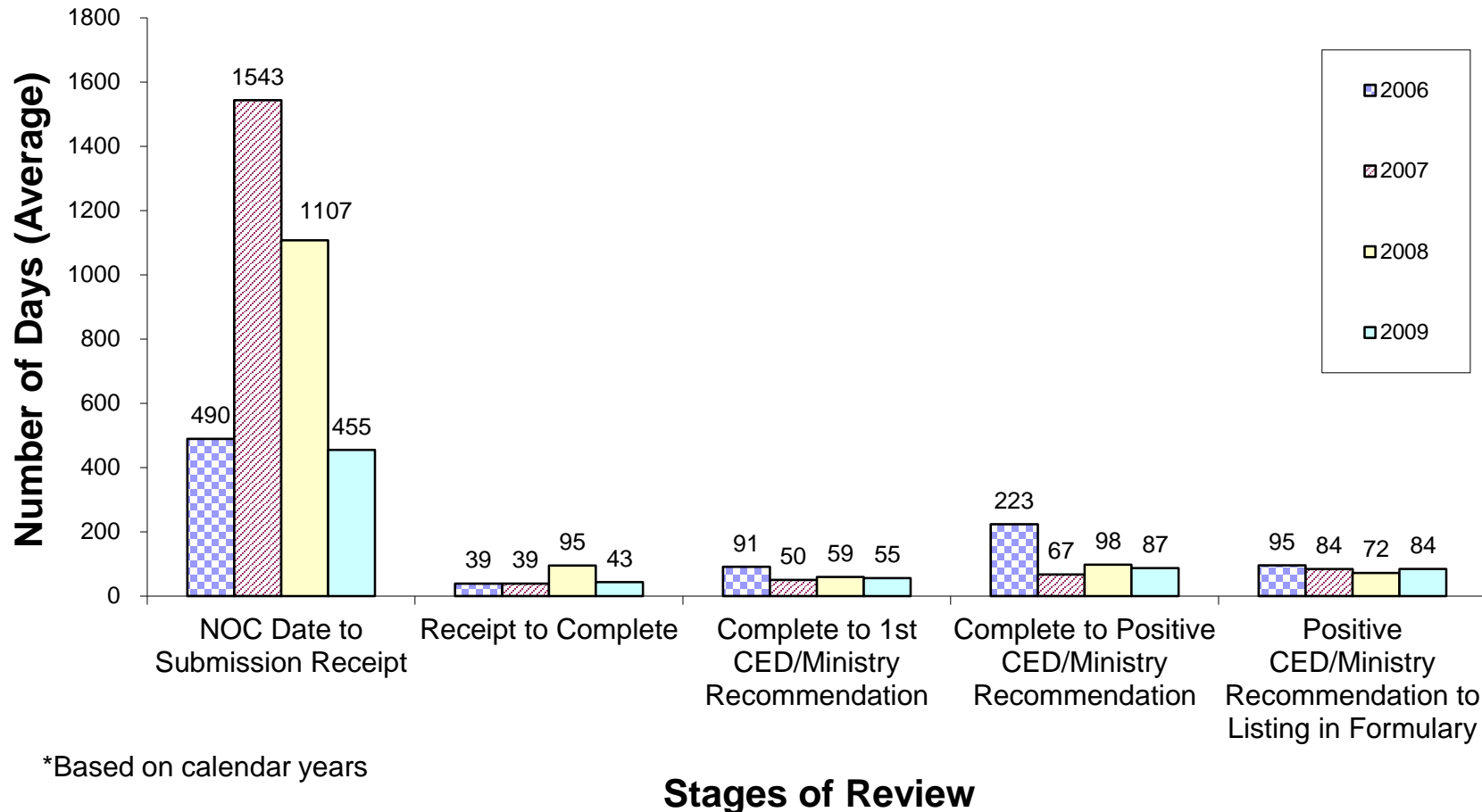
* Based on calendar years

Average Review Timelines for Streamlined Multiple Source Drug Products Listed: 2006* to 2009

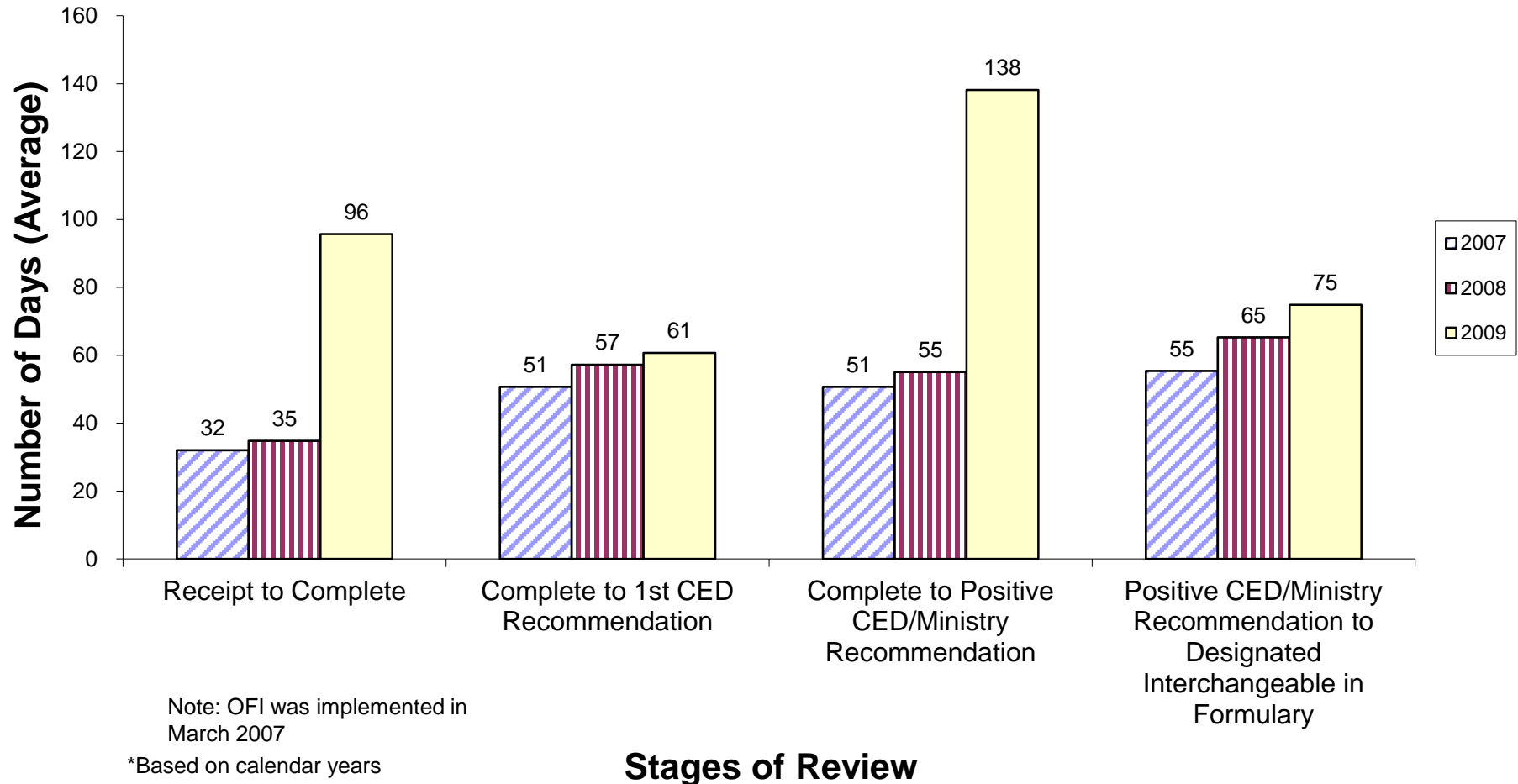


* Based on calendar years

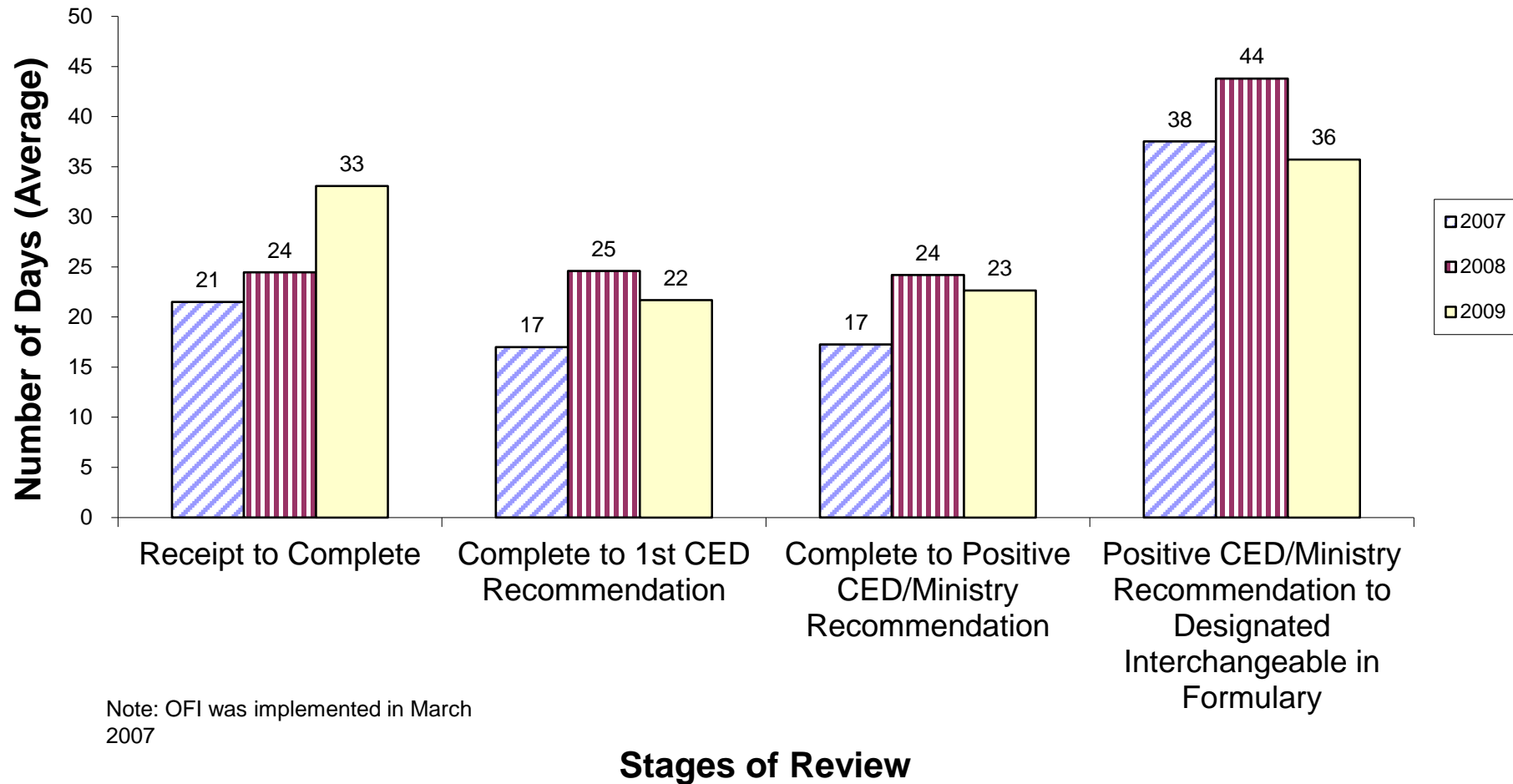
Average Review Timelines for Non-Streamlined Multiple Source Drug Products Listed: 2006* to 2009



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



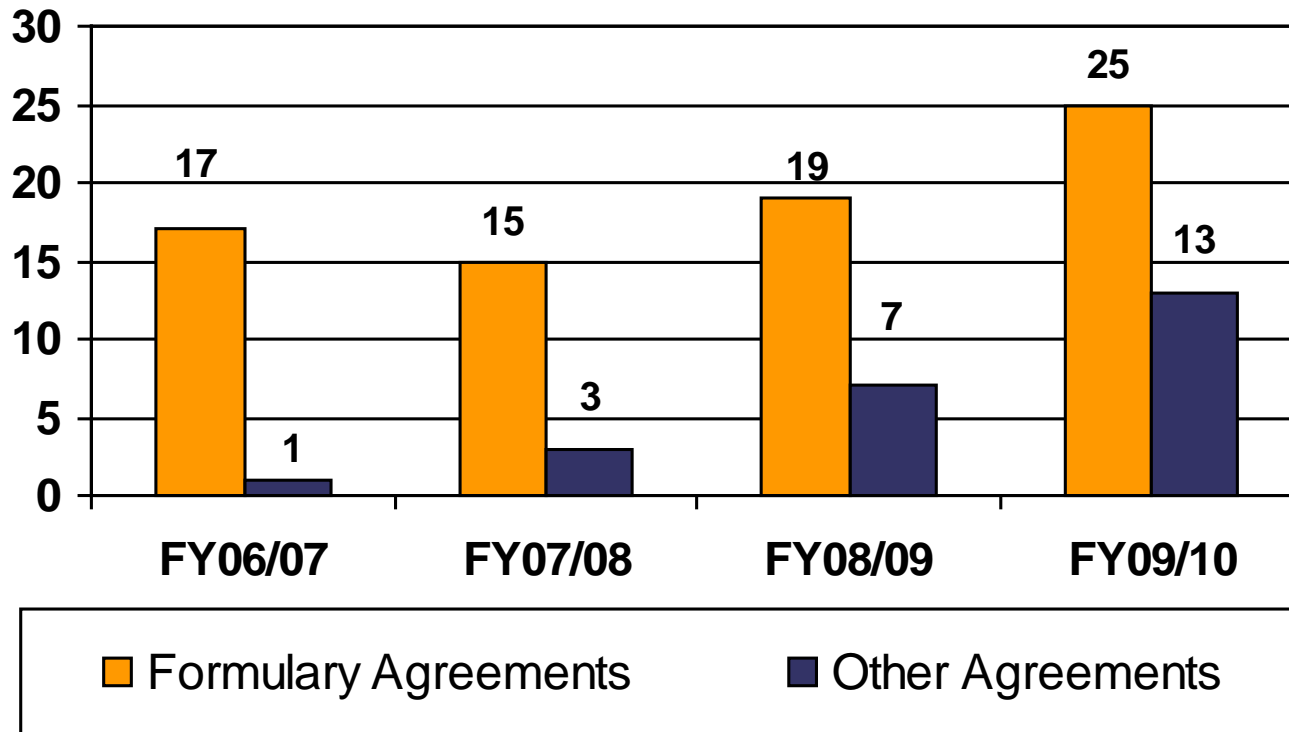
Average Review Timelines for OFI Streamlined Multiple Source Drug Products Designated Interchangeable: 2007* to 2009



*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

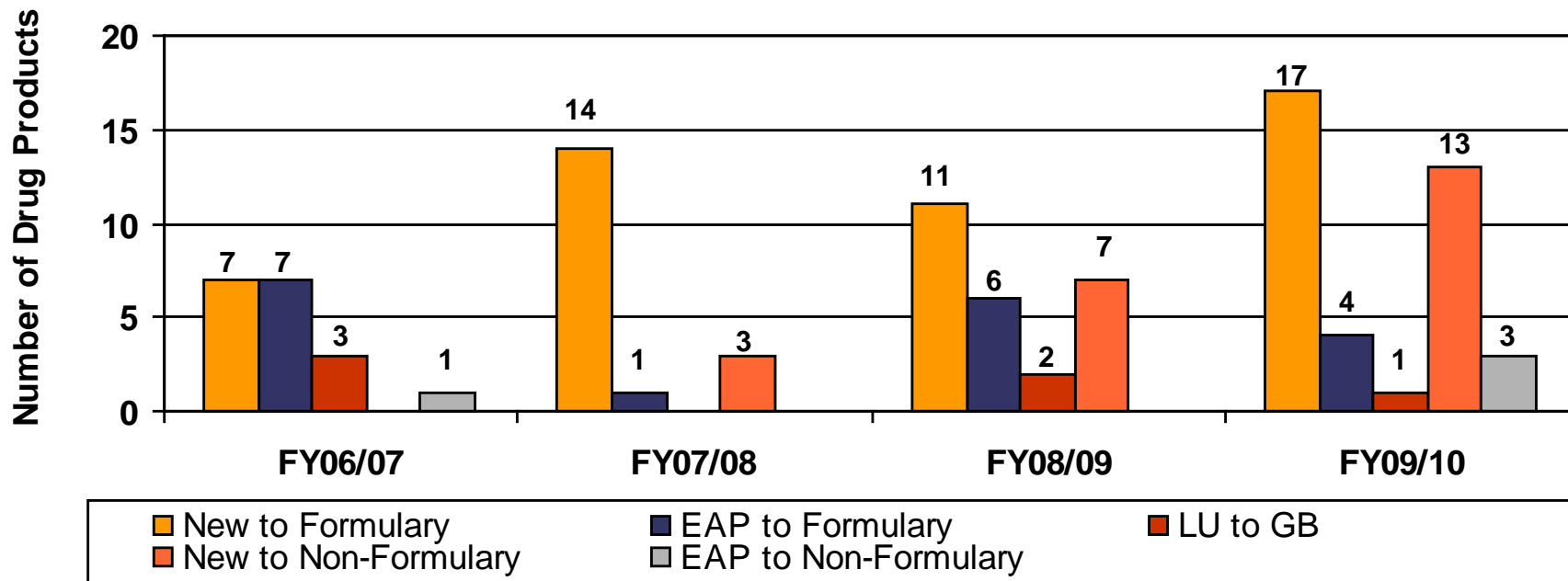
Funding of new indications are counted as new agreements

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

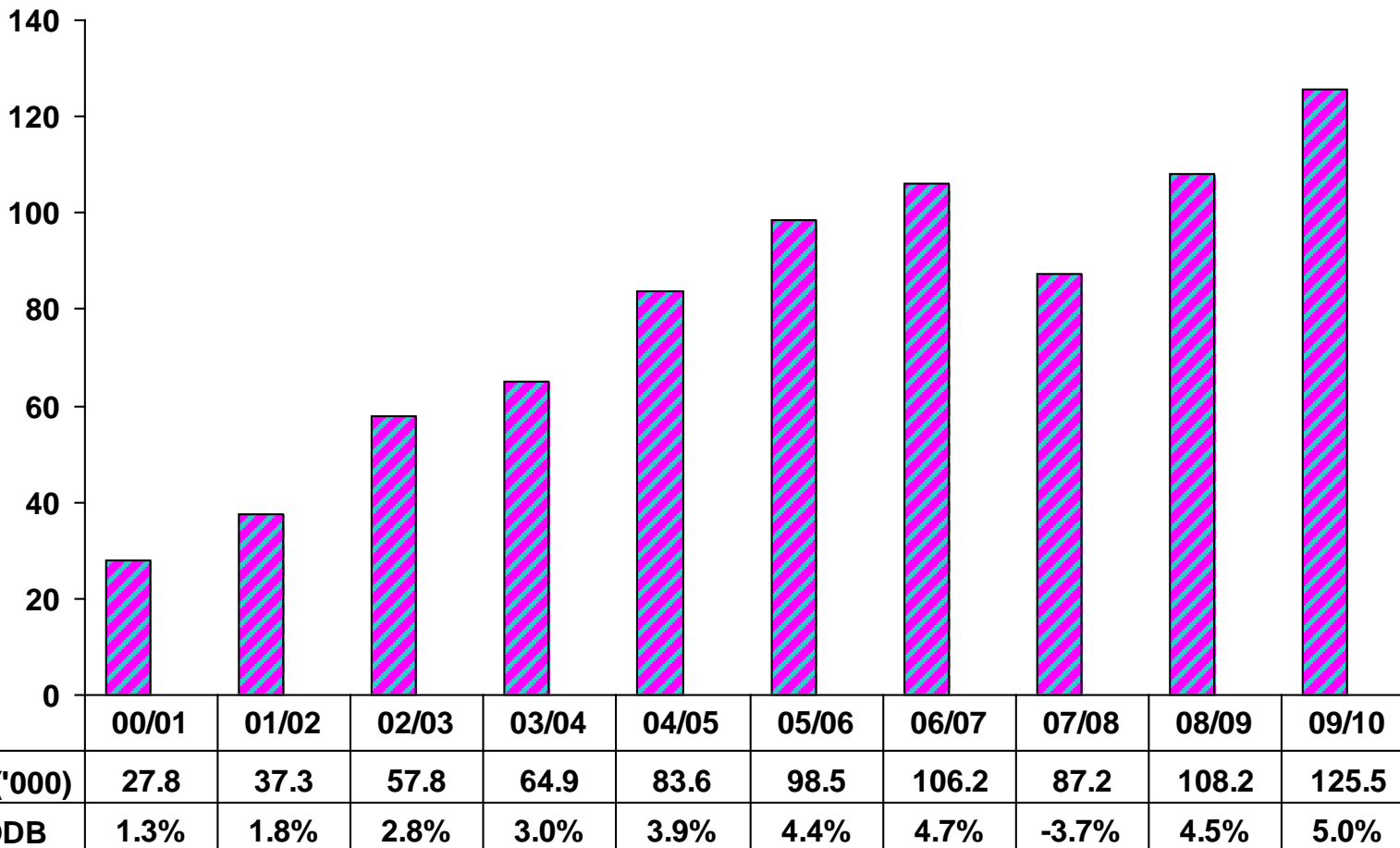


* FY 2006/07 = October 1, 2006 – March 31, 2007

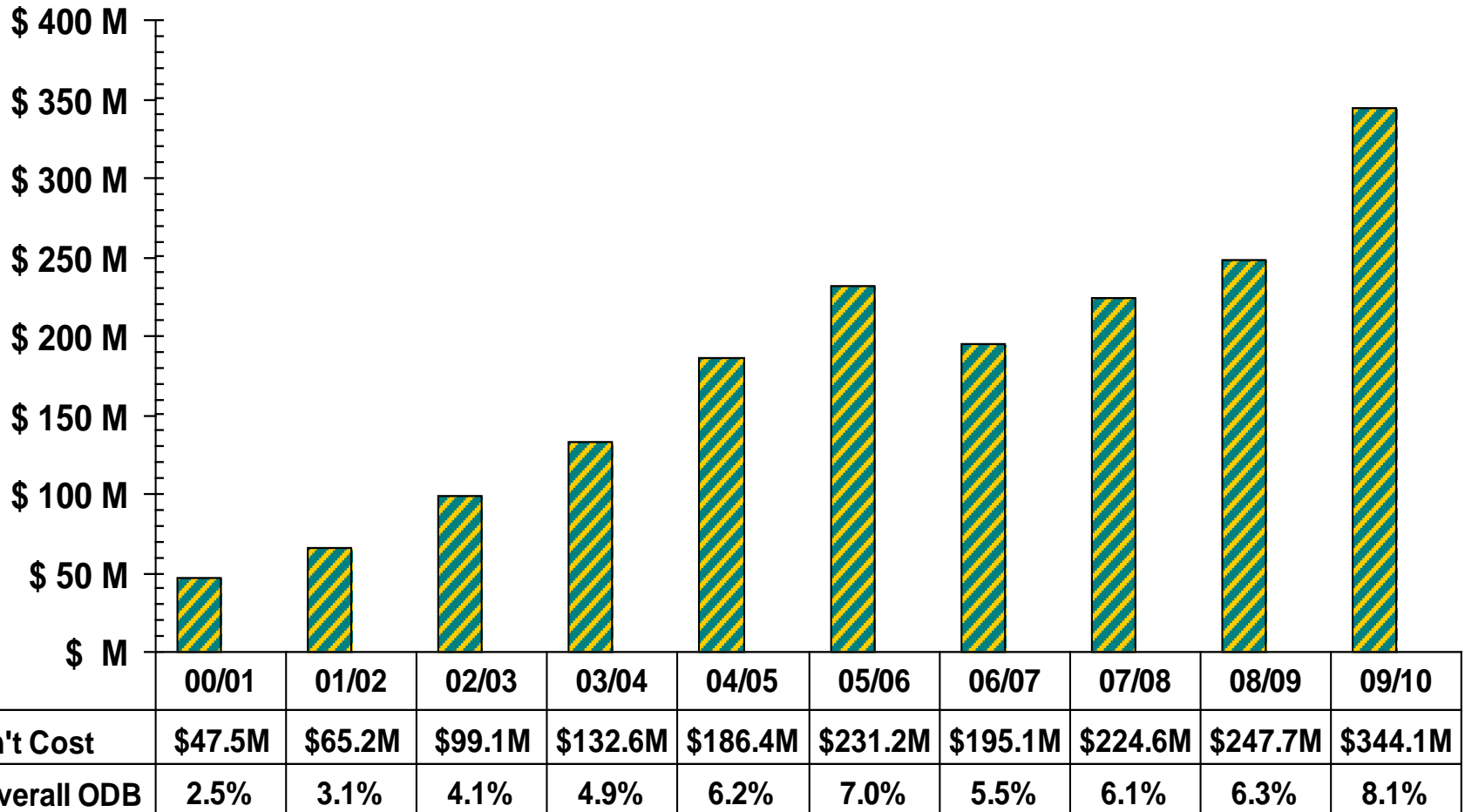
Funding of new indications are counted as new agreements

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.

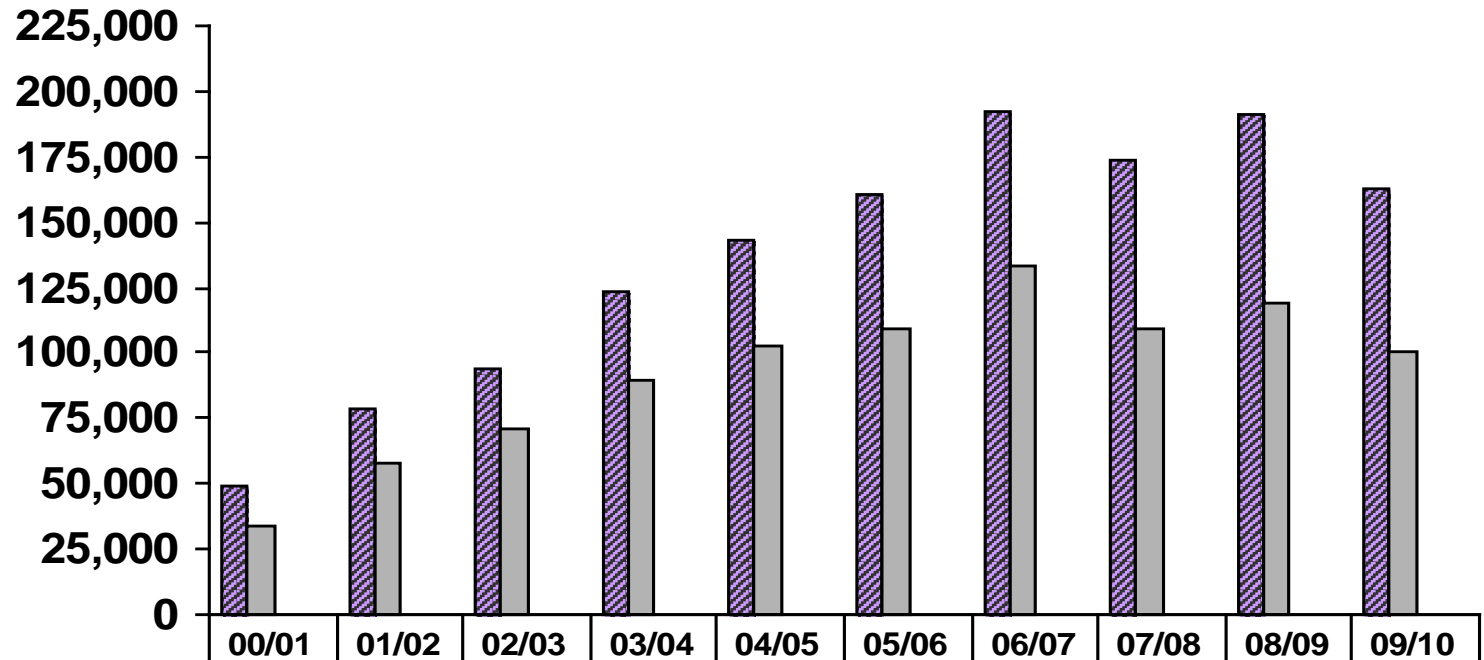
Exceptional Access Program Beneficiaries: 2000/01 – 2009/10



Exceptional Access Program Government Cost: 2000/01 – 2009/10



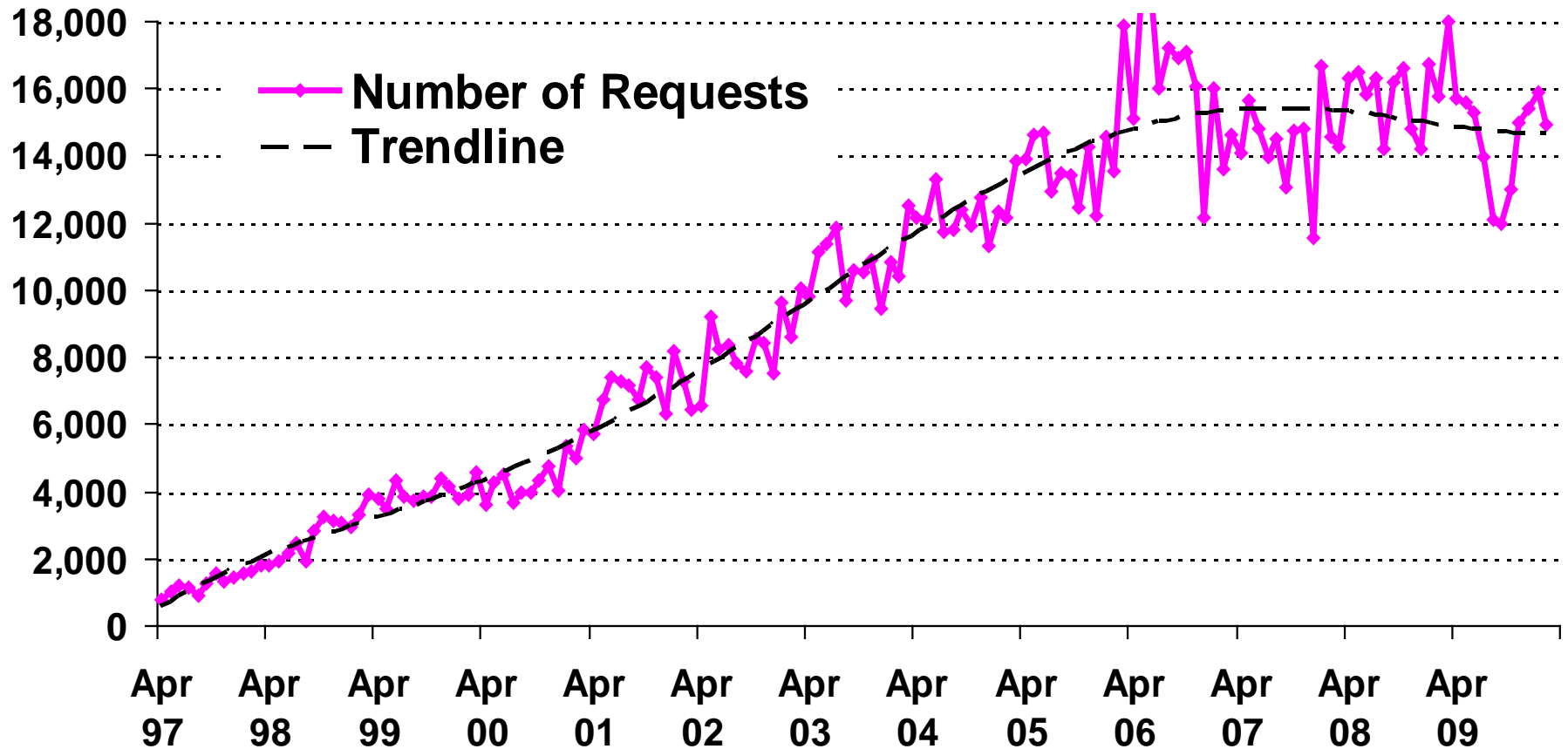
Exceptional Access Program Requests & Approval Rate: 2000/01 – 2009/10



	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10
Received	49,518	78,855	94,212	123,515	143,370	160,405	192,629	173,306	191,406	163,072
Approved*	34,110	57,628	70,907	90,095	102,512	109,506	133,204	109,124	118,976	100,985
% Increase in Requests	12%	58%	19%	28%	15%	14%	15%	-10%	10%	-15%
% Approved	69%	75%	75%	74%	70%	68%	69%	63%	62%	62%

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

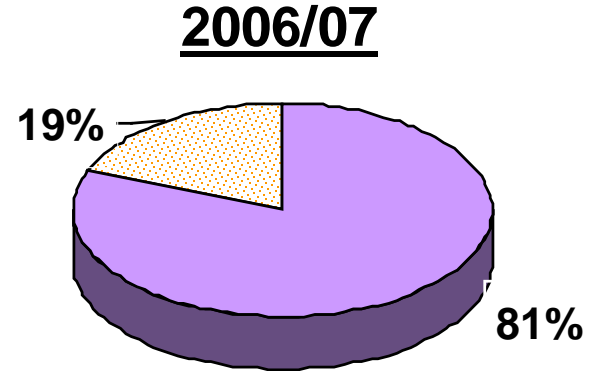
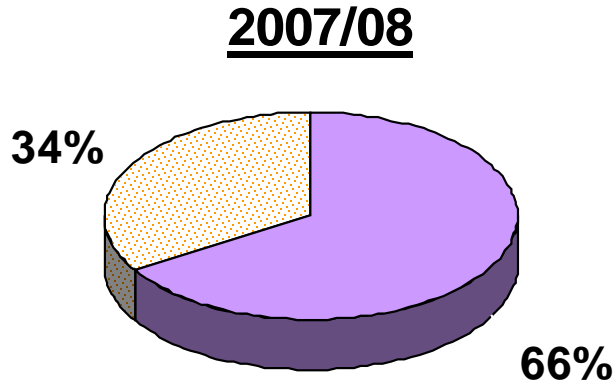
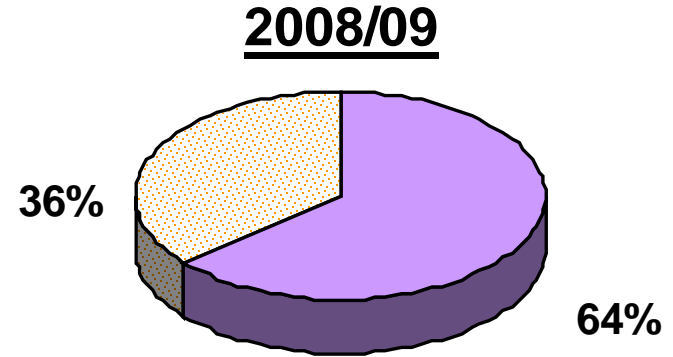
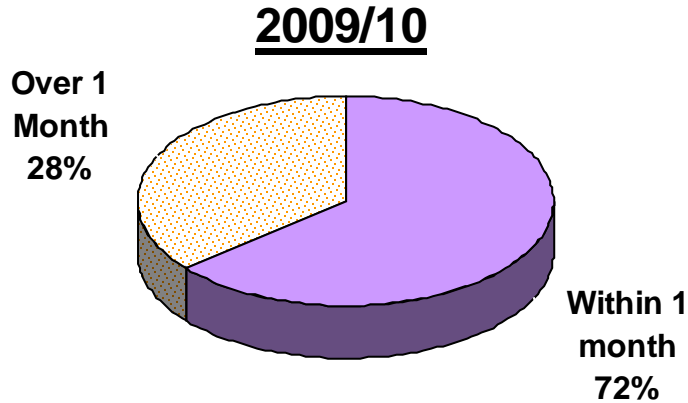
Monthly Exceptional Access Program Requests*: April 1997 – March 2010



*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.

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



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

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

*Approved on first review

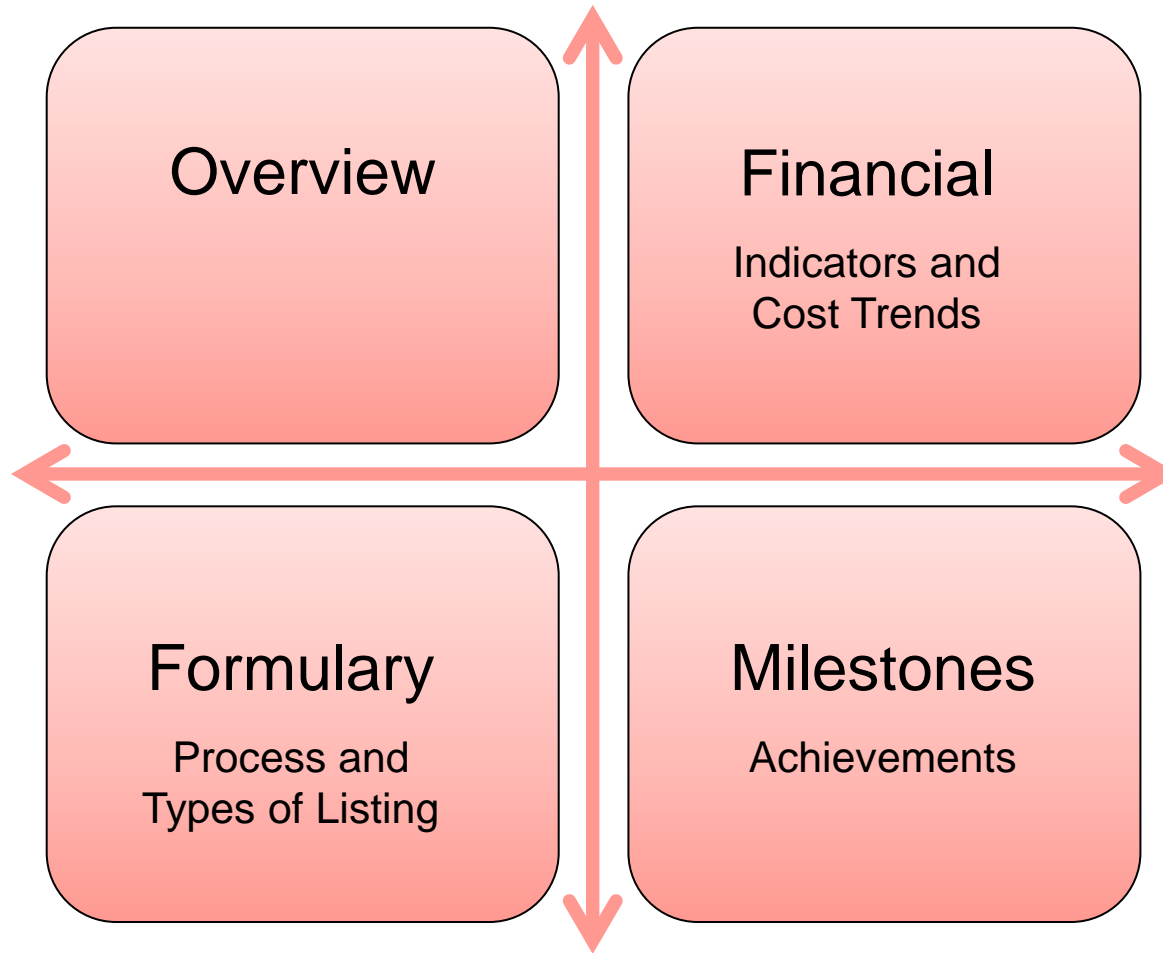
Exceptional Access Program Top 10 Requested Drugs by Government Costs: FY 2009/10

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

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



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 (April 1, 2007 – March 31, 2010)			
	Year 1 (2007/08)	Year 2 (2008/09)	Year 3 (2009/10)
# of Ontarians who received a MedsCheck (Annual/Follow Up)	195,772	204,545	258,764
Total # of MedsCheck (Annual/Follow Up) Claims	201,101	216,678	275,808
Total Government Cost (payment to pharmacies)	\$12.9M*	\$10.5M	\$13M
Avg. # of Annual Reviews conducted per pharmacy	65	69	82
Avg. # of Follow Up reviews conducted per pharmacy	6	12	16

*Includes \$2.9M in transition payments to pharmacies provided in the first year of the program.

MedsCheck Follow-Up by Type: Number of Claims from November 30, 2007 – March 31, 2010

Type: <i>MedsCheck</i> Follow-Up (November 30, 2007 – March 31, 2010)	ODB	Non-ODB	Total
Hospital Discharge (17%)	6,254	901	7,155
Pharmacist's Decision (49%)	17,936	2,917	20,853
Physician / RN (EC) Referral (27%)	9,362	2,307	11,669
Planned Hospital Admission (7%)	2,445	668	3,113
Totals:	35,997	6,793	42,790

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.