

# **Patented Medicine Prices Review Board**

**2011-12**

**Report on Plans and Priorities**

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**The Honourable Leona Aglukkaq**  
Minister of Health



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## Vice-Chairperson's Message

I am pleased to present the 2011-2012 Report on Plans and Priorities for the Patented Medicine Prices Review Board (PMPRB).

The PMPRB is an independent, quasi-judicial body established by Parliament in 1987 under the *Patent Act*. Its mandate is two-fold: Regulatory — to ensure that prices charged by patentees for patented medicines sold in Canada are not excessive; and Reporting — to report on pharmaceutical trends of all medicines, and on R&D spending by pharmaceutical patentees.

The PMPRB makes an important contribution to the health of Canadians by ensuring that prices of patented medicines are not excessive. Through its studies and analysis of pharmaceutical price trends, the PMPRB also contributes to inform health policy making at the federal and provincial levels.

The PMPRB provides Canada's health system with comprehensive information on prescription drug trends and cost drivers. Through the National Prescription Drug Utilization Information System (NPDUIS) initiative, the PMPRB collaborates with federal, provincial and territorial stakeholders and the Canadian Institute for Health Information (CIHI) to produce critical analyses of price, utilization and cost trends.

The PMPRB's ability to carry out its statutory mandate is dependent on relevant and effective excessive price guidelines (Guidelines) and on its ability to conduct hearings, when required. New Guidelines were adopted in 2009, following extensive consultations with the industry and other stakeholders. In 2011-2012, the PMPRB's focus will be on assessing and evaluating the impact of the new Guidelines and on cultivating a broader understanding of the role and mandate of the PMPRB among various stakeholders.

An evaluation framework has been developed to measure PMPRB performance against expected program outcomes. An evaluation will be conducted in 2011-2012 with the final report expected in the spring of 2012.

The PMPRB is increasingly challenged to respond to new demands from an ever changing pharmaceutical environment and to act in the public interest by holding public hearings into specific matters of potential excessive pricing. In recent years, the PMPRB has seen an increase in the number of hearings to determine whether the price of a patented drug product is excessive. A number of matters are ongoing and new hearings on other matters are likely in 2011-2012. As part of assessing the impact of the new Guidelines, the PMPRB will be monitoring the number and nature of matters that are investigated and that may involve a hearing.

The commitment, dedication and expertise of Board members and staff will ensure our ability to effectively meet these challenges, to serve Canadians, and to contribute to the health care system.

Mary Catherine Lindberg  
Vice-Chairperson

# Section 1 — Board Overview

## Raison d’être and Responsibilities

The Patented Medicine Prices Review Board (PMPRB) is an independent, quasi-judicial body created by Parliament as a result of revisions to the *Patent Act* (Act) in 1987 (Bill C-22). The Act was further amended in 1993 (Bill C-91). The revisions were intended to balance the extension of patent protection with the need to protect consumers from possible excessive patented drug prices.

The PMPRB has a dual role:

**Regulatory** — To ensure that prices charged by patentees for patented medicines sold in Canada are not excessive.

**Reporting** — To report on pharmaceutical trends of all medicines, and on R&D spending by pharmaceutical patentees.

## Regulatory Role

The PMPRB is responsible for regulating the factory-gate prices that patentees charge for prescription and non-prescription patented drug products sold in Canada to wholesalers, hospitals, pharmacies or others, for human and veterinary use, to ensure that they are not excessive. The PMPRB regulates the price of each patented drug product (each strength of an individual, final dosage form of a drug). This is normally the level at which Health Canada assigns a Drug Identification Number (DIN) as part of the Notice of Compliance process. However, the Board’s mandate also includes drug products available under the Special Access Programme; drug products available through a Clinical Trial Application; and Investigational New Drug Products. Over-the-counter (OTC) patented drugs and patented drugs for veterinary use are also under the Board’s jurisdiction but are dealt with on a complaints basis.

The Federal Court of Appeal articulated the legal requirement as to when a patent will “pertain” to the medicine. In this regard, the Court established the “merest slender thread” requirement, which is wide in scope. The Board’s jurisdiction is not limited to drug products for which the patent is on the active ingredient. Rather, the Board’s jurisdiction also covers drug products for which the patents relate, but are not limited, to the processes of manufacture, the delivery system, dosage form, indication/use, and/or any formulation. Patented drug products are not limited to brand name drug products. A number of generic companies fall under the Board’s jurisdiction by virtue of being licensees (i.e. authorized to sell the same drug product as the brand company is selling) or due to their own patents (e.g. related to processes of manufacture).

The PMPRB has no authority to regulate the prices of non-patented drug products and does not have jurisdiction over prices subsequently charged by wholesalers or retailers or

over pharmacists' professional fees. In addition, matters such as whether drugs are reimbursed by public or private drug plans, distribution channels and prescribing are outside the purview of the PMPRB.

Under the Act, patentees are required to inform the PMPRB of their intention to sell a new patented drug product. Upon the sale of such a patented drug product, as per the *Patented Medicines Regulations*, patentees are required to file price and sales information for the first day's sales and, thereafter, twice a year for six month periods (January to June and July to December) for each strength of each dosage form of each patented drug product sold in Canada for price review/regulation purposes, for the duration of the patent(s).

Although patentees are not required to obtain the PMPRB's approval of the price of a patented drug product before it is sold, they are required to comply with the Act to ensure that prices of patented drug products sold in Canada are not excessive. Advisory assistance is, however, provided to those patentees who wish to consult with Board staff prior to introduction of a patented medicine. If a patented drug product is sold before the patent issues, the PMPRB will review the price of the product as of date of first sale, as long as this is after the date on which the patent application was laid open for public inspection.

In the event that the Board finds, after a public hearing, that a price is or was excessive in any market, it may order the patentee to reduce the price and take measures to offset any excess revenues it may have received.

### **Reporting Role**

The PMPRB reports annually to Parliament, through the Minister of Health, on its activities, on pharmaceutical trends relating to all patented drug products, and on the R&D spending by pharmaceutical patentees. In addition to these reporting responsibilities, under section 90 of the Act, the Minister of Health has the authority to direct the PMPRB to inquire into any other matter. Under this provision, the Minister has directed the Board to undertake two initiatives: the National Prescription Drug Utilization Information System (NPDUIS), and monitoring and reporting on Non-Patented Prescription Drug Prices (NPPDP).

#### ***National Prescription Drug Utilization Information System (NPDUIS)***

Since 2001, pursuant to an agreement by federal, provincial and territorial Ministers of Health, the PMPRB has been conducting research under the NPDUIS initiative. The purpose of the NPDUIS is to provide critical analyses of price, utilization and cost trends so that Canada's health system has more comprehensive and accurate information on how prescription drugs are being used and on sources of cost drivers.

#### ***Non-Patented Prescription Drug Prices (NPPDP)***

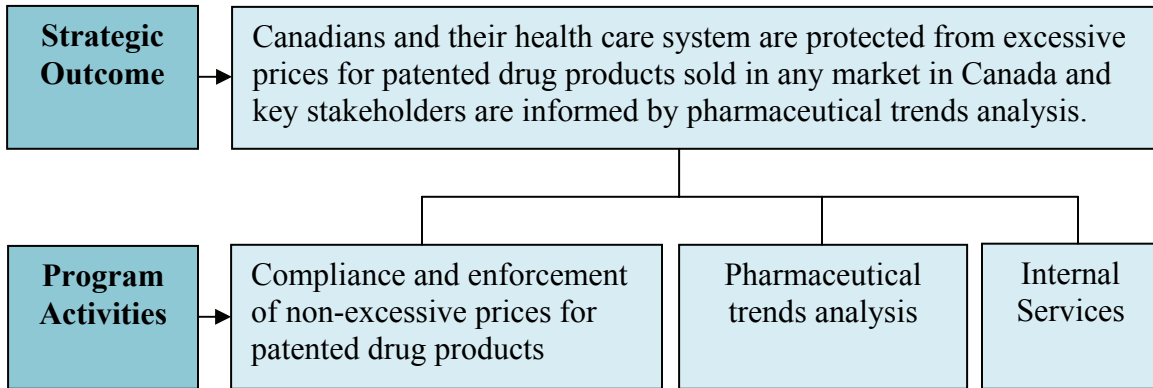
In 2005, the Minister of Health, on behalf of federal, provincial and territorial Ministers of Health, directed the PMPRB to monitor and report on non-patented prescription drug



prices. This function is aimed at providing a centralized credible source of information on non-patented prescription drug prices. Since April 2008, NPPDP studies are conducted under the umbrella of the NPDUIS initiative.

## Strategic Outcome and Program Activity Architecture

The PMPRB has one Strategic Outcome (SO) and three program activities (PAs), which are illustrated in the following chart:



## Planning Summary

### Financial Resources (\$ thousands)

2011-2012	2012-2013	2013-2014
\$11,855.0	\$11,855.0	\$11,855.0

### Human Resources (Full-time Equivalent — FTE)

2011-2012	2012-2013	2013-2014
76.0	76.0	76.0

**Planning Summary Table (\$ thousands)**

**Strategic Outcome: Canadians and their health care system are protected from excessive prices for patented drug products sold in any market in Canada and key stakeholders are informed by pharmaceutical trends analysis.**

<b>Performance Indicator</b> Canada's prices on average are in line with the seven comparator countries listed in the Regulations.		<b>Target</b> Canada's prices on average are at or below the median of international prices.			
<b>Program Activity<sup>1</sup></b>	<b>Forecast Spending 2010-2011</b>	<b>Planned Spending</b>			<b>Alignment to Government of Canada Outcomes</b>
		<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	
<b>PA 1:</b> Compliance and enforcement of non-excessive prices for patented drug products	\$5,195.2	\$7,464.8	\$7,464.8	\$7,464.8	Healthy Canadians
<b>PA 2:</b> Pharmaceutical trends analysis	\$1,184.9	\$1,438.7	\$1,438.7	\$1,438.7	Healthy Canadians
<b>Total Planned Spending</b>		\$8,903.5	\$8,903.5	\$8,903.5	

<b>Internal Services</b>	<b>Forecast Spending 2010-2011</b>	<b>Planned Spending</b>		
		<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
	\$3,781.3	\$2,951.5	\$2,951.5	\$2,951.5

<sup>1</sup> For program activity descriptions/summaries, please see Section II.

## Contribution of Priorities to Strategic Outcome

### Operational Priorities

Operational Priorities		
Monitoring and evaluation of the impact of the new Guidelines	Type: Previously committed to	Links <sup>2</sup> to Program Activity 1
<p><b>Why is this a priority?</b></p> <p>The Board's Excessive Price Guidelines (Guidelines) are intended to assist pharmaceutical patentees in establishing non-excessive prices by providing transparent and predictable information on how the price review will be undertaken. In order to ensure that the Guidelines remain appropriate and effective in the modern pharmaceutical environment, the Board, after extensive consultation with stakeholders, released revised Guidelines in June 2009.</p> <p>The PMPRB has developed a Guidelines monitoring and evaluation plan and will prepare its first annual report on the application and impact of the changes to the Guidelines by September 2011.</p> <p><b>Plans for meeting the priority</b></p> <ul style="list-style-type: none"> <li>• Update PMPRB IT systems to capture necessary indicators.</li> <li>• Complete the first Annual Report on the impact of revised Guidelines.</li> <li>• Perform ongoing review of issues.</li> </ul>		

Operational Priorities		
Increasing awareness and understanding of the PMPRB mandate and regulatory framework among a variety of stakeholders	Type: New	Links to Program Activities 1 and 2
<p><b>Why is this a priority?</b></p> <p>In order to effectively fulfill its mandate, the PMPRB must ensure that stakeholders are both informed and engaged. Stakeholders must understand and appreciate the PMPRB's role as a contributor to the health care system.</p>		

<sup>2</sup> The PMPRB has only one Strategic Outcome (SO), and all priorities are linked to that SO. Links to Program Activity (PA) are indicated in this column, for each operational and management priority.

### Plans for meeting the priority

- Develop and implement engagement strategy, including:
  - ✓ ongoing engagement plan;
  - ✓ networking and outreach activities to cultivate understanding of the PMPRB's mandate and regulatory framework;
  - ✓ enhancing Web site content;
  - ✓ enhancing reach of e-bulletins to advocacy and patient groups;
  - ✓ broadening distribution of research and access to research results, reports and papers.
- Ensure continued role in health policy agenda:
  - ✓ Increase engagement with partners.

### Management Priorities

Management Priorities		
Succession Planning and knowledge management	Type: New	Links to Program Activities 1, 2 and 3
<b>Why is this a priority?</b> <p>The process of planning and managing succession is a subcomponent of the broader integrated human resources and business planning process. Demographics show that a large proportion of the more experienced PMPRB staff will be eligible to retire in the next five years. Over 40% are above the age of 50. Managers must ensure that Human resources planning and knowledge management is performed so that there is a pool of employees ready to advance to more senior positions and corporate memory loss is minimized as the organization experiences this turnover.</p>		
<b>Plans for meeting the priority</b> <ul style="list-style-type: none"><li>• Identify key areas and key positions.</li><li>• Identify capabilities required, major processes used and information produced in key areas/positions.</li><li>• Conduct risk assessment.</li><li>• Develop and implement succession and knowledge transfer plans.</li><li>• Continue language training as resources permit, with emphasis on the feeder groups, in accordance with the PMPRB language training policy.</li></ul>		

<b>Management Priorities</b>		
Program evaluation	Type: Previously committed to	Links to Program Activities 1 and 2
<p><b>Why is this a priority?</b></p> <p>In conjunction with the provision of increased resources in 2008-2009 and ongoing, the PMPRB committed to an evaluation in 2011-2012 to assess the extent to which the increase in resources have helped the PMPRB achieve its objectives.</p> <p>The Logic Model, Evaluation Matrix and Performance Measurement Framework developed in 2009-2010 and 2010-2011 will provide the structure for evaluation activities that will assess performance against desired outcomes.</p> <p><b>Plans for meeting the priority</b></p> <ul style="list-style-type: none"> <li>• Collect and consolidate data to respond to the performance indicators developed in the evaluation framework, using <ul style="list-style-type: none"> <li>✓ Document review</li> <li>✓ Quantitative information — program documents</li> <li>✓ Qualitative information — interviews</li> <li>✓ Comparative analysis</li> </ul> </li> <li>• Conduct the evaluation.</li> <li>• Prepare the evaluation report.</li> </ul>		

## **Risk Analysis**

The PMPRB's capacity to carry out its statutory regulatory mandate is focused on its ability to conduct timely price reviews, investigations and, when needed, hearings. The new Excessive Price Guidelines adopted in June 2009 are intended to ensure the continuing effectiveness, fairness, transparency, predictability and relevance of the price review process in today's current and evolving pharmaceutical environment.

The PMPRB will likely continue to experience some challenges related to operationalization of the revised Guidelines, including increased complexity of scientific reviews (due to additional therapeutic improvement factors) and price reviews. This represents increased workload for Board Staff while they are also required to participate in a major information technology renewal project.

Provisions for increased resources were made in the 2009-2010 adjustment to the PMPRB's Annual Reference Level Update (ARLU). However, some adjustments to the allocation of these resources have been made, and may continue to be made, given the difficulty in projecting actual workload impacts arising from changes to the Guidelines and the implementation of economic measures introduced in the 2010 Budget.

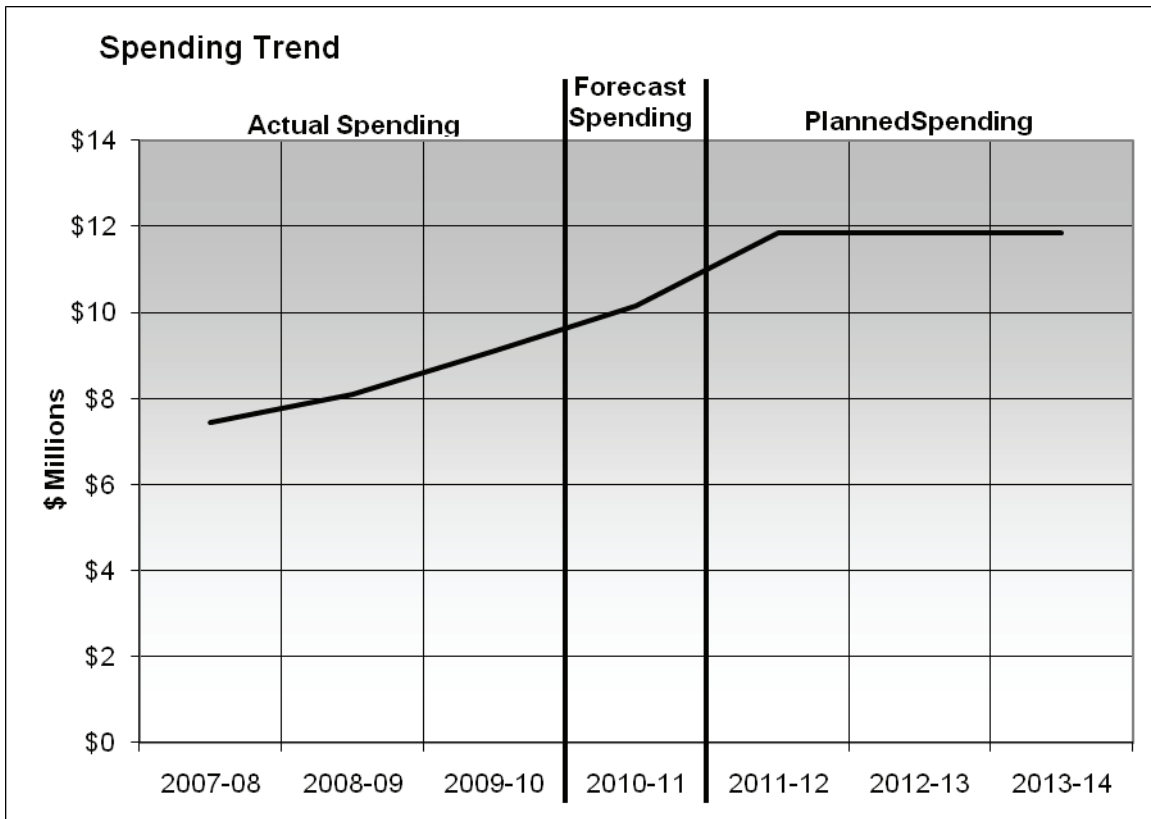
Monitoring and evaluating the application and impact of the revised Guidelines will mitigate risks to the organization through early identification and resolution of Guidelines-related issues. Board Staff will be better able to address challenges for pharmaceutical patentees and other stakeholders as they arise.

Emphasis and importance will be placed on data gathering and evaluation activities in 2011-2012, as per the Program Evaluation Framework. Because the organization has limited internal capacity in program evaluation, the PMPRB will engage external experts to assist with the development and implementation of the Performance Measurement Strategy as well as the conduct of the evaluation itself. The estimated cost of the evaluation, including data collection, administration of survey instruments and interview guides, data analysis and report writing, must be commensurate with the program costs themselves. The PMPRB may therefore be limited in the extent to which it can incorporate more costly methodologies but will ensure that the evaluation is appropriate to the program's scope, complexity and risks, and that the measurement plan is realistic considering the resources available.

Results of the evaluation may impact program design and administration. A tracking system will be put in place to follow up on Management Action Plans arising from the exercise.



## Expenditure Profile



In recognition of increasing workload pressures and the sunsetting of temporary program integrity funding, in 2008-2009 the PMPRB was granted permanent funding in the amount of \$4.7 million, in addition to the core A-base of \$5.8 million, to enable the PMPRB to meet its workload pressures and continue ongoing initiatives related to the delivery of its mandate.

Treasury Board approved authority to increase reference levels in Vote 35 (Program expenditures) by \$5.6 million for 2009-2010, \$6.2 million for 2010-2011, and \$5.8 million for 2011-2012 and future years (including EBP and excluding Public Works and Government Services Canada accommodation charges).

As part of these increased resources, authority was given to increase the Special Purpose Allotment (SPA) of \$300 thousand to conduct Public Hearings in Vote 35 (Program Expenditures) by \$1.9 million in 2008-2009, \$2.2 million in 2009-2010, \$2.8 million in 2010-2011, and \$2.8 million in 2011-2012 and future years. The ability to hold public hearings when needed is a core component of the Board's mandate and authority. Due to the difficulty in forecasting the number and complexity of hearings in any given year, the amounts related to external hearing costs (legal counsel, expert witnesses, etc.) are placed in the SPA so that they are reserved strictly for that purpose. Any unspent amount that

lapses at year end is returned to the Consolidated Revenue Fund (CRF). This is intended to provide assurance that the PMPRB has the necessary resources to hold hearings even in the most exceptional years.

Although expenditures (i.e. actual) rose each year from 2007-2008 to 2009-2010, there have been fewer hearings than anticipated. Some were settled through the submission of Voluntary Compliance Undertakings (VCUs). In addition, the staffing of some of the new positions presented a challenge. The PMPRB expects to report expenditures of \$10.2 million from an expected final reference level of \$12.8 million in 2010-2011.

### **Estimates by Vote**

For information on the PMPRB's organizational votes and/or statutory expenditures, please see the 2011-2012 Main Estimates publication. An electronic version of the Main Estimates is available at <http://www.tbs-sct.gc.ca/est-pre/20112012/me-bpd/toc-tdm-eng.asp>.

## Section II — Analysis of Program Activities by Strategic Outcome

### Strategic Outcome

The Patented Medicine Prices Review Board (PMPRB) has one strategic outcome: Canadians and their health care system are protected from excessive prices for patented drug products sold in any market in Canada and key stakeholders are informed by pharmaceutical trends analysis.

The performance indicator for the strategic outcome is: Canada's prices on average are in line with the seven comparator countries listed in the Regulations.

The target for the strategic outcome is: Canada's prices on average are at or below the median of international prices.

The strategic outcome is supported by three Program Activities.

### Program Activities

Program Activity 1: Compliance and enforcement of non-excessive prices for patented drug products					
Human Resources (FTEs) and Planned Spending (\$ thousands)					
2011-2012		2012-2013		2013-2014	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
44.0	\$7,464.8	44.0	\$7,464.8	44.0	\$7,464.8
Program Activity Expected Results		Performance Indicators		Targets	
Prices charged by patentees for patented drug products in Canada are not excessive according to the factors of the <i>Patent Act</i> .		Percentage of patented drug products that are within the Guidelines		95% of patented drug products are within Guidelines.	

### Summary of Program Activity

The Patented Medicine Prices Review Board (PMPRB) is responsible for regulating the non-excessive average prices for patented drug products sold in Canada for human or veterinary use. Through this program activity, the PMPRB reviews the prices that patentees charge for patented drug products, based on the price review factors in the *Patent Act*, to ensure that these prices are not excessive. In the event that the Board

finds, following a public hearing, that a price is excessive in any market, it may order the patentee to reduce the price and take measures to offset any excess revenues it may have received as a result of excessive prices.

### **Planning Highlights**

The PMPRB is responsible for ensuring that the prices that patentees charge, the “factory-gate” price, for patented drug products sold in Canada for human or veterinary use, are not excessive. The PMPRB relies on voluntary compliance whenever possible since it is less time consuming and less costly to all parties. Voluntary compliance by patentees is facilitated by published Guidelines, which are intended to assist patentees in setting prices that are not excessive by providing transparent and predictable information on how the price review will be carried out.

In order to ensure that the Guidelines remain appropriate and effective in the modern pharmaceutical environment, the Board, after extensive consultation with stakeholders, released revised Guidelines in June 2009.

The key priorities for the Compliance and Enforcement program over the planning period are:

- Monitor and evaluate the impact of the new Guidelines.
- Continue to provide proactive education and outreach to/with patentees.
- Assess current and evolving environment in the Compliance Program in order to identify what, if any, changes can be implemented to increase efficiency of the price reviews of new and existing patented drug products and the investigation process.
- Carry out a Foreign Price Verification study, which will provide an assessment of the trends in foreign prices of patented drug products.

### **Benefits for Canadians**

This program activity contributes to the Government of Canada outcome of Healthy Canadians by ensuring that prices of patented drug products are not excessive. Price reviews, investigations and, when necessary, hearings must be conducted in a transparent, effective and timely fashion so as to protect the interests of consumers and the Canadian health care system.

Policy and economic analysis ensures that the PMPRB’s regulatory activities remain relevant, appropriate and effective in the context of the evolving pharmaceutical environment.

Program Activity 2: Pharmaceutical trends analysis					
Human Resources (FTEs) and Planned Spending (\$ thousands)					
2011-2012		2012-2013		2013-2014	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
13.0	\$1,438.7	13.0	\$1,438.7	13.0	\$1,438.7
Expected Results		Performance Indicators		Targets	
Stakeholders are more aware of pharmaceutical trends and cost drivers.		Number of requests for PMPRB publications		5% increase in requests over previous year	
		Number of presentations by PMPRB at external meetings		10 events per year	

### Summary of Program Activity

The PMPRB conducts research and analysis on pharmaceutical trends and reports annually to Parliament through the Minister of Health on pharmaceutical trends and research and development spending by pharmaceutical patentees. Through the National Prescription Drug Utilization Information System (NPDUIS), the PMPRB also conducts research and provides critical analyses of price, utilization and cost trends for both patented and non-patented prescription drugs.

### Planning Highlights

Through this program activity, the PMPRB provides analysis of pharmaceutical price trends and research and development spending by pharmaceutical patentees. It also provides critical analyses of price, utilization and cost trends for prescription drugs, and information on non-patented prescription drug prices. The PMPRB reports on these analytical studies and its price review and enforcement activities as they relate to excessive pricing for patented drug products, annually to Parliament through the Minister of Health. The PMPRB also publishes specific NPDUIS reports based on the research and reporting priorities identified by the NPDUIS Steering Committee.

The PMPRB will enhance the relevance and timeliness of reporting, provide credible pharmaceutical trend information and contribute to the information needs of a variety of policy decision-makers by:

- developing a project management approach;
- developing an annual plan and incorporating it into the strategic planning process in the fall;
- responding to FPT information needs identified by the NPDUIS Steering Committee;
- reporting to the NPDUIS Steering Committee on the progress of NPDUIS activities;
- reporting on international Research and Development (R&D) Trends.
- reporting to the office of the Minister of Health before the end of April each year;
- developing and implementing a communications plan;

- publishing NPDUIS reports and/or providing the results of relevant research analysis.

### Benefits for Canadians

This program activity contributes to the Government of Canada outcome of Healthy Canadians by:

- reporting on pharmaceutical trends and on R&D spending by patentees; and
- providing critical analyses of price, utilization and cost trends so that Canada's health system has more comprehensive and accurate information on how prescription drugs are being used and on sources of cost pressures and to inform drug policy decision-making.

Program Activity 3: Internal services					
Human Resources (FTEs) and Planned Spending (\$ thousands)					
2011-2012		2012-2013		2013-2014	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
19.0	\$2,951.5	19.0	\$2,951.5	19.0	\$2,951.5

### Program Activity Summary

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; Acquisition Services; and Travel and Other Administrative Services. Internal Services include only those activities and resources that apply across an organization and not to those provided specifically to a program.

### Planning Highlights

This program activity will continue to be devoted largely to ongoing activities designed to support program areas in the provision of their programs.

The key priorities for the Internal Services program over the planning period are:

- Implementing the new Compliance Database.
- Ensuring continuing internal capacity of Board Staff by implementing a succession planning and knowledge management program.
- Co-ordinating the independent evaluation of PMPRB programs.

## Section III — Supplementary Information

### Financial Highlights

The future-oriented financial highlights presented within this Report on Plans and Priorities are intended to serve as a general overview of the PMPRB's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

Future-oriented financial statements can be found on the PMPRB's Web site at <http://www.pmprb-cepmb.gc.ca>.

<b>Future-oriented Condensed Statement of Operations</b> For the Year 2011-2012 (\$ thousands)	<b>% Change</b>	<b>Future-oriented 2011-2012</b>	<b>Future-oriented 2010-2011</b>
<b>EXPENSES</b>			
<b>Total Expenses</b>	5%	\$13,097,375	\$13,793,782
<b>REVENUES</b>			
<b>Total Revenues</b>	0%	\$0	\$13,414,158
<b>NET COST OF OPERATIONS</b>	(97%)	\$13,097,375	\$379,624

#### Total Expenses

The PMPRB is projecting \$13.1M in expenses based on 2011-2012 Main Estimates and accrued information. This amount does not include supplementary estimates. It represents a decrease of \$700 thousand from 2010-2011 projections.

The expenses are broken down as follows: Salaries and wages, \$7.6M; Utilities, materials and supplies, \$384 thousand; Professional and special services, \$3.7M; Accommodation, \$729 thousand; Travel and relocation, \$165 thousand; Amortization, \$4 thousand; Purchased repair and maintenance, \$171 thousand; Communication, \$207 thousand; Information, \$128 thousand; and Rentals, \$31 thousand.

#### Total Revenues

The money reported as non-responsible revenue does not represent revenues generated by the PMPRB. This money is a result of payments made by patentees to the Government of Canada through Voluntary Compliance Undertakings (VCUs) or Board Orders to offset excess revenues. The Minister may enter into agreements with any province or territory respecting the distribution to that province/territory of amounts received by the Receiver General, less any costs incurred in relation to the collection and distribution of those amounts.

## Supplementary Information Tables

All electronic supplementary information tables found in the 2011-2012 Report on Plans and Priorities can be found on the Treasury Board of Canada Secretariat's web site at <http://www.tbs-sct.gc.ca/rpp/2011-2012/info/info-eng.asp>

Greening Government Operations

Internal Audits and Evaluations

Sources of Non-Respendable Revenue

## Other Items of Interest

PMPRB Annual Report 2009 (<http://www.pmprb-cepmb.gc.ca/English/View.asp?x=91&mp=68>)

Quarterly *NEWSletter* (<http://www.pmprb-cepmb.gc.ca/english/View.asp?x=287&mp=68>)

Patentee's Guide to Reporting (<http://www.pmprb-cepmb.gc.ca/english/view.asp?x=146>)

Compendium of Guidelines, Policies and Procedures (March 2008)  
(<http://www.pmprb-cepmb.gc.ca/english/view.asp?x=1034>)

Compendium of Policies, Guidelines and Procedures, June 2009 (implementation January 1, 2010) <http://www.pmprb-cepmb.gc.ca/english/View.asp?x=1206&mp=808>

*Patent Act* (<http://laws.justice.gc.ca/en/P-4/index.html>)

*Patented Medicines Regulations* (<http://laws.justice.gc.ca/en/P-4/SOR-94-688/index.html>)