



**Ontario
Health**

Digital Health Drug Repository (DHDR): Guide for Patients

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Purpose and audience

This guide is intended for use by those who will access and/or view information in the Digital Health Drug Repository (DHDR):

- patients
- organizations providing access to patients through an authorized patient viewing application (such as a hospital patient portal)
- providers and vendors whose patient viewing application is integrated with the DHDR.

This guide aims to support patients in understanding and interpreting information in the DHDR. Refer to [Appendices](#) for explanation of terms.

Organizations and vendors are advised to use the information provided within this guide to prepare organization/application-specific education and on-boarding artifacts. Do not modify content without approval from Ontario Health.

Scope

This guide describes information that is currently accessible in the DHDR, which is limited to information from the Ministry of Health's Health Network System.

Beginning in 2026, the DHDR will start receiving medication and pharmacy service information directly from community pharmacies and hospitals. Access to this information is not yet available to patients or health care providers and is outside the scope of this guide.

Introduction

The Electronic Health Record (EHR)

Many details of your personal health information are electronically available in the secure provincial electronic health record (EHR). This means authorized health care providers can access information about care you received from other providers or locations across Ontario.

The provincial EHR is a secure and private record of your health history. It is available electronically to authorized health care providers in Ontario. Information in the provincial EHR is contributed by health care providers who have provided you care. There are different types of information available, such as lab results, medication and pharmacy service information, diagnostic imaging reports, and clinical health information from hospitals, family doctors, nurse practitioners, community health centres and other health care providers.

The Digital Health Drug Repository (DHDR)

The Digital Health Drug Repository (DHDR) is a part of the provincial EHR. It is a source of medication and pharmacy service information about people in Ontario. The DHDR is a system (also known as a repository) that stores medication information electronically. It also manages and provides access to this information.

Currently, the DHDR includes information from only the Ministry of Health about certain types of medication and pharmacy service information and it is available only for people who have an Ontario Health Number. This guide reflects Ministry of Health information that you can access in the DHDR.

The long-term goal for the DHDR is to become a more complete record of medications and pharmacy services for everyone in Ontario. Starting in 2026, the DHDR will begin receiving information directly from community pharmacies and hospitals. Patients and health care providers do not yet have access to this new information and it is not covered in this guide. For more information, see [Ontario Health – Dispensed Medications](#).

Information currently available in the DHDR

Medication and pharmacy service information in the DHDR currently comes from the Ministry of Health's Health Network System. The ministry receives this information from community pharmacists across Ontario who submit claims and/or required information to the ministry. Since the ministry requires an Ontario Health Number for these submissions, the DHDR contains only information where an Ontario Health Number is provided to the ministry. See Figure 1.

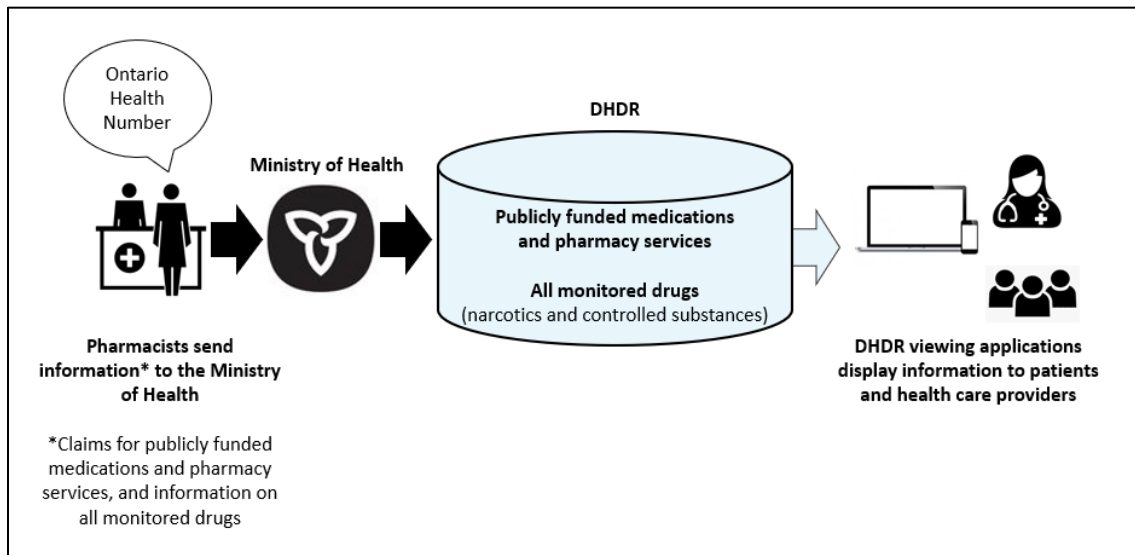


Figure 1. The capture, storage, and display of information in the Digital Health Drug Repository (DHDR)

The information from the Ministry of Health includes:

- publicly funded medications (for example, medications for seniors, some children and youth aged 24 years and under, Trillium Drug Program recipients)
- monitored drugs, include narcotics and controlled substances, both publicly and privately paid
- publicly funded pharmacy services (for example, MedsCheck Program, Pharmacy Smoking Cessation Program, pharmacy influenza vaccine administration, pharmacy COVID-19 vaccine administration).

See [Information Available to Health Care Providers through the Digital Health Drug Repository](#) for full details.

Date range of information available in the DHDR

Medication and pharmacy service information in the DHDR date back to:

- April 2012 for publicly funded medications and pharmacy services
- July 2014 for monitored drugs (narcotics and controlled substances) dispensed in Ontario regardless of payor
- March 2026 for COVID-19 vaccinations performed in community pharmacies.

Information not available in the DHDR

Information in the DHDR has limitations. It may not provide a complete list of all the medications you are taking. It does not provide information on:

- non-publicly funded medications and pharmacy services (such as those funded by private insurance or paid for by cash), except for monitored drugs
- over-the-counter medications purchased directly from the pharmacy or store
- natural health products (including herbal products and vitamins) purchased directly from the pharmacy or store
- medication samples provided by health care providers
- medications provided in a hospital.

If an individual does not have or does not provide an Ontario Health Number or the medication or pharmacy service does not require the pharmacist to ask for an Ontario Health Number, then the information will not be available in the DHDR.

Individuals with access to your information in the DHDR

People who can be authorized to access your information in the DHDR include you and members of your health care team.

You and members of your health care team (such as doctors, nurses, and pharmacists) access the DHDR through a secure and electronic method. This could be through a viewing application (such as a portal or viewer) for patients or health care providers. Anyone who accesses the DHDR must be authorized. All individuals are required by law to protect personal health information and keep it private and secure. This includes protecting your medication and pharmacy service information in the DHDR.

Access to information in the DHDR supports you and your health care team in making informed decisions about the care you need. When health care providers access the DHDR, they are advised to partner with you or your SDM to clarify information in the DHDR and to get a full understanding of your medication history.

See [Accessing the DHDR](#) section for more information about how to get access.

Benefits of the DHDR

As a person who receives health care in Ontario, you are an important partner in deciding how your care is delivered. Having direct access to medication and pharmacy service information in the DHDR:

- allows you to make informed decisions about your care and to manage your health in a way that prevents problems before they happen
- gives you power to be meaningfully involved in conversations and decisions with your health care team and support network
- allows your SDM to view your medication and pharmacy service information when they need to make health care decisions on your behalf
- reduces your risk of experiencing harmful drug events (for example, by supporting the assessment of drug interactions by health care providers)
- allows you to tell the appropriate people to address errors or missing information; refer to [Requesting corrections to your DHDR and other information in the EHR](#) section.

Understanding medication and pharmacy service information

This section will help you understand and interpret medication and pharmacy service information in the DHDR. It will provide examples, define terms, and highlight items that are important to understand correctly.

Information in the DHDR is available to support you and your health care team in making informed decisions about your care. This information should not be used as the only source for your medication and pharmacy service history.

Speak with the person who prescribed your medication and/or your pharmacist if you have questions or concerns about your medications.

Description of important terms

This section provides definitions and descriptions of important terms. You may see these terms when viewing medication and pharmacy service information from the DHDR.

The application you use to view DHDR information may display information differently from the mockups or examples in this guide. The terms will be very similar.

See [Appendices](#) for a list of terms and their descriptions.

The table below represents the type of information available in the DHDR. Each row represents one medication record. Refer to this table for examples used in the term descriptions.

Dispensed date	Generic name	Brand name	Strength	Form	Quantity	Estimated days supply	Pharmacy	Prescriber
25 Apr 2025	ATORVASTATIN	Apo-Atorvastatin	20 mg	Tablet	30	30	Green Life Pharmacy 807-539-5532	Ehsan, Sara
25 Mar 2025	ATORVASTATIN	Lipitor	10 mg	Tablet	45	30	Green Life Pharmacy 807-539-5532	Ehsan, Sara
20 Feb 2025	OXYCODONE & ACETAMINOPHEN	Endocet	5 mg & 325 mg	Tablet	30	10	Green Life Pharmacy 807-539-5532	Hild, Ibrahim

Figure 2. Mockup of medication information in the Digital Health Drug Repository (DHDR) (actual display may be different)

Dispensed date: The date when the pharmacist submits the claim/record of the medication or pharmacy service to the Ministry of Health. This is often the date that the pharmacist prepares the medication or provides the pharmacy service. It is not necessarily the date when the medication was handed over to you.

- Example: For atorvastatin (Apo-Atorvastatin) 20 mg tablets, the dispensed date was April 25, 2025. This is the date when the pharmacist submitted the claim to the ministry.
- You may have picked up this medication on the dispensed date, on a later date or you may not have picked it up at all. The DHDR does not have a date of pick up or delivery at this time.

Generic name: Non-trade name of the medication. It is the name of the active ingredient in the medication. It is always the same no matter which manufacturer makes the medication.

- Example: Atorvastatin is the generic name or active ingredient for both Apo-Atorvastatin and Lipitor.

Brand name: Trade name of the medication. It is the name chosen by the manufacturer that makes the medication.

- Example: The brand names of atorvastatin include Apo-Atorvastatin and Lipitor. Each manufacturer will have its own brand name.

Strength: Amount of active ingredient in the medication. For creams, lotions, and liquid medications, it may show as a percentage or ratio. It is different from the **dose**, which is the amount of active ingredient that the prescriber has instructed you to take.

- Example: You picked up your prescription for atorvastatin (Lipitor) 10 mg tablets. The strength of the atorvastatin tablets is 10 mg per tablet. The instruction from your doctor is to take a dose of 15 mg (one and a half tablets) once per day. In this example, the **strength** is 10 mg per tablet and the **dose** is 15 mg.

Dose information is available in very limited situations. See **Quantity** 'Note on compound medications'.

Form: The physical form of a medication. Medications can come in a variety of forms, including tablet, capsule, suppository, or liquid. It is also known as the dosage form.

- Example: In Figure 2, all medications are tablets.

Quantity: Amount of medication prepared for the prescription. This may represent the number of items (such as tablets or capsules) dispensed. For creams, lotions and liquid medications, it may refer to total volume or weight. In some instances, a quantity of "1" may represent a pack or an item that cannot be divided into smaller units, like a pack of 5 syringes or a 200-dose inhaler.

- Example: For atorvastatin (Lipitor), the quantity of 45 is the total number of tablets provided.
- **Note on compound medications (not shown):**
 - If ingredient(s) that make up a compound medication are available, this information is listed under the Generic Name, Strength and Form fields

- The quantity represents the total amount of the final compound medication (such as total volume or weight)
- In rare instances, the quantity represents the dose. The dose is the amount of active ingredient that the prescriber has instructed you to take. For example, a quantity of “50” for compounded methadone may represent a dose of 50 mg, instead of a quantity of 50 mL.

Estimated days supply: The number of days a quantity of medication is estimated to last. The pharmacist may calculate this based on the directions for use on the prescription. It is not always possible to get an accurate number. Medications used on an as needed basis and creams are difficult to estimate.

- Example: Endocet was prescribed after surgery with the directions “take 1 to 2 tablets by mouth every four hours as needed for pain”. Based on professional judgement and the quantity of 30 tablets on the prescription, the pharmacist puts in an Estimated Days Supply of 10 days.

Pharmacy: Name of the pharmacy where a medication was dispensed or a pharmacy service was provided.

- Example: All three medications were dispensed at Green Life Pharmacy.

Prescriber: Name of the health care provider that provided the prescription. This may be your primary health care provider (family doctor, nurse practitioner), a specialist or other health care providers who prescribe medications.

- Example: Dr. Ibrahim Hild prescribed Endocet.

For a list of terms and descriptions that you may see in the DHDR, refer to [Appendix A](#) (for patient demographics information), [Appendix B](#) (for medication information) and [Appendix C](#) (for pharmacy service information).

Key interpretation notes

This section will help you interpret information in the DHDR. Refer to Figures 3 and 4 as you go through this section.

Figure 3 shows an example of a prescription written by a prescriber. Note that prescriptions are not available in the DHDR.

When the pharmacist receives the prescription, they will prepare the medication and submit information to the ministry. A record is then available in the DHDR. Figure 4 shows an example of medication records available in the DHDR.

Dr. Isaac Newton Family Medicine Clinic 123 Toronto Road, Cambridge ON 519-321-4567	Patient: Jane Smith Birthdate: January 23, 1967 Ontario Health Number: 123457891-WY Address: 21 Woods Drive, Cambridge ON
April 20, 2023	
Metoprolol 75 mg twice daily *NEW*	
Ramipril discontinued (she experienced swelling of the lips and tongue)	
Dispense 30 days No refills	
Signature: Isaac Newton, CPSO #12345	

Figure 3. Example of a prescription written by a prescriber (not available in the DHDR)

Dispensed Date	Generic Name	Brand Name	Strength	Form	Quantity	Estimated Days Supply	Pharmacy	Prescriber
25 Apr 2023	METOPROLOL	Apo-Metoprolol	50 mg	Tablet	90	30	Joy's Pharmacy 519-321-4432	Newton, Isaac
04 Apr 2023	RAMIPRIL	Altace	2.5 mg	Capsule	30	30	Joy's Pharmacy 519-321-4432	Newton, Isaac

Figure 4. Mockup of medication records available in the DHDR (actual display may be different). The pharmacist prepares metoprolol from the prescription in Figure 3. They submit the information to the Ministry of Health on April 25. A medication record for metoprolol dispensed on April 25 is now in the DHDR.

1. **Benefit or reactions to medications:** The DHDR provides records of medication and pharmacy service information. It does not indicate if a medication worked or if it was tolerated. It also does not have information about side effects or allergies to a medication.
 - Example: In the prescription (Figure 3), Dr. Newton notes that Jane experienced a negative reaction to ramipril (swelling of her lips and tongue). Information about this reaction is not available in the DHDR.

2. **Medication changes:** Changes to a patient’s medication regimen are not available in the DHDR. There is no method for medications to be marked as new, modified, or discontinued. The DHDR provides records only from a single point in time. Specifically, when information is submitted to the ministry at the time of preparing the medication at the pharmacy.
 - Example: Dr. Newton instructs Jane to stop ramipril and start metoprolol. The DHDR has records of when ramipril and metoprolol were prepared at the pharmacy (April 4 for ramipril and April 25 for metoprolol). The DHDR does not show that ramipril should be stopped. It also does not show that metoprolol is a new medication for Jane.

3. **Direction for use:** Be careful about making assumptions on the directions for use for a medication using Quantity and Estimated Days Supply. The DHDR does not provide directions for use for medications. When viewing medication information in the DHDR, it is not possible to know how someone takes the medication or how someone was instructed to take the medication.
 - Example: Dr. Newton prescribes metoprolol 75 mg twice a day. Metoprolol is not available in 75 mg tablets. The pharmacist provides 50 mg tablets and instructs Jane to take 1.5 tablets twice a day.
 - 50mg (1 tablet) + 25mg (0.5 tablet) = 75 mg (1.5 tablets)

Medication record of metoprolol in the DHDR:

Dispensed Date	Generic Name	Brand Name	Strength	Form	Quantity	Estimated Days Supply	Pharmacy	Prescriber
25 Apr 2023	METOPROLOL	Apo-Metoprolol	50 mg	Tablet	90	30	Joy’s Pharmacy 519-321-4432	Newton, Isaac

An individual viewing only DHDR information could interpret the strength, quantity, and estimated days supply in different ways, such as:

- 50 mg three times a day OR 75 mg twice a day OR another variation

It is necessary to verify the directions for use with Jane, the pharmacist, or the prescriber.

How your health care provider uses information in the DHDR

There are many reasons why your health care provider may need to view your medication and pharmacy service information in the DHDR.

One common reason is to gather a Best Possible Medication History (BPMH). The BPMH is an accurate, up-to-date, and comprehensive list of medications you are currently taking. This may include prescription medications, over-the-counter medications, herbal products, and vitamins.

The BPMH is used by you and your health care provider to make informed decisions about your care. It is especially important to have an accurate BPMH during transitions of care to reduce the risk of harmful drug events. Transitions of care happen when you move from one setting or level of care to another. For example, when you are admitted to the hospital or when you are discharged from the hospital to home.

Information in the DHDR may not include all medications you are currently taking or all pharmacy services you have received. It also does not include all medications you may have used in the past. It is recommended that your health care provider partner with you to build an accurate BPMH. It is also recommended that your health care provider communicate with your pharmacy and other members of your health care team for additional information or clarification.

DHDR consent directive

If you do not want to share your medication and pharmacy service information in the DHDR with your health care team, you have the right under the *Personal Health Information Protection Act, 2004* (PHIPA) to restrict their access. You can do this by adding a consent directive to your record in the DHDR.

See [Managing access to your EHR](#) if you require information on consent directives, including:

- How to request that a consent directive be applied to your health information
- Situations where a health care provider may be permitted to access records under a consent directive (known as overriding a consent directive)
- The steps a health care provider must follow to override a consent directive

Accessing the DHDR

You can access the DHDR through DHDR patient viewing applications (Figure 1). These applications are also known as patient portals. For information on how to access the DHDR,

contact the patient application vendor or support contact. You can also refer to application-specific guides on how to access information in the DHDR.

Only authorized health care providers (such as doctors, nurses, and pharmacists) have access to the DHDR. Your health care provider may access the DHDR through provincial clinical viewers, electronic medical record systems (EMRs) and other health information systems (Figure 1). Your health care provider must complete mandatory DHDR training before they can access the DHDR. See the [DHDR Guide for Clinical Use](#) for further information.

Requesting corrections to your DHDR and other information in the EHR

You have the right under PHIPA to request corrections to your information in the EHR if you think it is wrong, out-of-date, or not complete. See [Accessing Your Information – Electronic Health record \(EHR\) and Digital Health Identifier \(DHI\)](#) for the process on requesting corrections.

Where to get more information

- [Ministry of Health's my drug information](#)
- [What's an EHR?](#) (website is former eHealth Ontario, now part of Ontario Health)
- ServiceOntario INFOLine: 1-800-291-1405 (TTY 1-800-387-5559)
- Ontario Health Support Desk:
 - Toll free: 1-866-250-1554
 - Email: OH-DS_servicedesk@ontariohealth.ca

Appendices

Appendix A: Patient demographic information

Term	Description
Patient First Name	First name of patient
Patient Last Name	Last name of patient
Patient Gender	Gender of patient (patient's gender for administrative purposes)
Patient Date of Birth	Date of birth of patient
Health Number	The number on an Ontario Health Card that uniquely identifies a patient

Appendix B: Medication information terms and descriptions

Term	Description
Dispensed Date	The date when the pharmacist submits the claim/record of the medication or pharmacy service to the Ministry of Health. This is often the date that the pharmacy prepares the prescription.
Generic Name	Non-trade name or active ingredient of the medication dispensed (e.g., diclofenac sodium)
Brand Name	Brand name or trade name of the prescription medication dispensed (e.g., Voltaren)
Strength	Strength of the prescription medication; the amount of active ingredient in the prescription medication dispensed (e.g., 100 mg)
Dosage Form	The physical form of a dose of a medication product (e.g., suppository)
Quantity	Quantity of medication dispensed
Estimated Days Supply	Estimated number of days of treatment based on the directions for use on the prescription and/or the pharmacist's judgment on usage
Drug Identification Number (DIN) / Product Identification Number (PIN)	Drug Identification Number (DIN) assigned by Health Canada to every medication (e.g., Voltaren – DIN 00514012), Product Identification Number (PIN) assigned by the Ministry of Health to every pharmacy service (e.g., MedsCheck – PIN 93899981) and some medications
Current Prescription Number	The number assigned by the pharmacy that appears on the label of the dispensed prescription
Prescriber Name	Name of the prescriber that provided the prescription
Prescriber Phone Number	Phone number of the prescriber that provided the prescription
Prescriber Fax Number	Fax number of the prescriber that provided the prescription
Prescriber ID	License/registration number of the prescriber, issued by their licensing college
Prescriber Issuing College	Identifies the registration authority (i.e., regulatory college – College of Physicians and Surgeons of Ontario [CPSO], etc.) which issued the license/registration number to the prescriber of the medication
Pharmacist Name	Name of the pharmacist or dispensing physician that dispensed the prescription
Pharmacist ID	License/registration number of the dispenser, issued by their licensing college

Pharmacist Issuing College	Identifies the registration authority (i.e., regulatory college) which issued the license/registration number to the dispenser of the medication. This is the Ontario College of Pharmacists (OCP) in most cases but may be CPSO in the case of a dispensing physician.
Pharmacy Name	Name of the pharmacy that dispensed the prescription
Pharmacy Phone Number	Phone number of the pharmacy that dispensed the prescription
Pharmacy ID	Registration number of the dispensary which provided the medication. Typically, for an accredited pharmacy, this will be the National Pharmacy Identification Code, in alignment with the Canadian Pharmacists Association v3 claim standard. Will be a ministry-assigned number for other dispensary locations (e.g., dispensing physicians).
Pharmacy Fax Number	Fax number of the pharmacy that dispensed the prescription
Count	The numerical count of dispensed drug records in the dispensed drug record grouping

Appendix C: Pharmacy service information terms and descriptions

Term	Description
Service Date	Represents the date when the claim for a pharmacy service was submitted to the Ministry of Health
Pharmacy Service Description	Description of the pharmacy service rendered by a pharmacist (e.g., Medication review for diabetes follow-up)
Pharmacy Service Type	The category of pharmacy service that was rendered (e.g., MedsCheck)
Pharmacist Name	Name of the pharmacist or dispensing physician that rendered the pharmacy service
Pharmacist ID	License/registration number of the dispenser, issued by their licensing college that rendered the pharmacy service
Pharmacist Issuing college	Identifies the registration authority (i.e., regulatory college) which issued the license/registration number to the dispenser of the pharmacy service. This is OCP in most cases but may be CPSO in the case of a dispensing physician.
Pharmacy Name	Name of the pharmacy that rendered the pharmacy service
Pharmacy Phone Number	Phone number of the pharmacy that rendered the pharmacy service
Pharmacy ID	Registration number of the dispensary which provided the pharmacy service. Typically, for an accredited pharmacy, this will be the National Pharmacy Identification Code, in alignment with the Canadian Pharmacists Association v3 claim standard. Will be a ministry-assigned number for other dispensary locations (e.g., dispensing physicians).
Pharmacy Fax Number	Fax number of the pharmacy that rendered the pharmacy service
Count	The numerical count of the pharmacy service events in each grouping

Appendix D: Glossary

Authorized Access: Definition is pending.

Best Possible Medication History (BPMH): The BPMH is an accurate, up-to-date, and comprehensive list of medications you are currently taking. This may include prescription medications, over-the-counter medications, herbal products, and vitamins.

Claim: A claim is a request for payment for a dispensed medication or pharmacy service. A claim is typically submitted by the pharmacy on your behalf. Information in the DHDR is based on claim submissions to the Ministry of Health.

Compound medication: A compound medication is a medication that is made by your pharmacy or a specialty compounding pharmacy because there is no similar manufactured product available. It is made to address the unique and specific needs that you may have.

Consent: Definition is pending.

Consent directive: Definition is pending.

Consent override: Definition is pending.

Dispensed: This term describes actions and items related to preparing a medication or performing a pharmacy service. A dispensed date represents the date when a claim for a medication or pharmacy service was submitted to the Ministry of Health. A dispensed medication represents a medication that was prepared by the pharmacy based off a prescription.

Electronic health record (EHR): The EHR is a secure and private record of an individual's health history and is available electronically to authorized health care practitioners in Ontario, anywhere, anytime. The EHR contains your EHR data, which consists of lab requisitions and results, prescription drug records, diagnostic imaging reports, and clinical health information from hospitals, family doctors, nurse practitioners, community health centres and other health care providers. Your EHR data is contributed by your health care providers so they can access and share the information they need – when and where they need it – to provide you with the best care experience that is possible.

Monitored drug: Any controlled substance under the federal *Controlled Drugs and Substances Act*. Examples of these include narcotic analgesics (e.g., codeine, morphine, oxycodone) and controlled drugs (e.g., methylphenidate and barbiturates) as well as benzodiazepines and targeted substances.

Personal health information (PHI): Definition is pending.

Publicly funded: A publicly funded drug program may pay for certain medications if you qualify for funding. This funding is made available through the government. In Ontario, there are six provincial drug programs, the largest one being the Ontario Drug Benefit (ODB) Program. More information is available on the [Ontario Ministry of Health website](#).

Substitute decision maker (SDM): Definition is pending.

Viewing application: The application software that is used to access DHDR information or the provincial EHR. This application may come in different forms, such as a secure website or an application on your phone or tablet.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

Document disponible en français en contactant info@ontariohealth.ca