CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

September 28, 2018

Dr. Eric Hoskins
Chair of the Council
Federal Advisory Council on the Implementation of National Pharmacare
Brooke Claxton Building
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By email: pharmacare-assurancemedicaments@canada.ca

Dear Dr. Hoskins:

NATIONAL PHARMACARE CONSULTATION

The Canadian Pharmacists Association (CPhA) greatly appreciates the opportunity to participate in the national discussion on the implementation of pharmacare. We are honoured to represent Canada's 42,000 pharmacists in a process that will complete the vision of Thomas Douglas and Emmett Hall and result in drug coverage for all Canadians.

Pharmacists across Canada share the belief that all Canadians should have access to the medications and pharmaceutical care they need, regardless of their social, health, geographic or economic status. Pharmacists spend considerable time as intermediaries between patients and their drug plans, and they see firsthand how the current system of drug coverage is both supporting many patients while also failing some Canadians. We know that patients with no or inadequate drug coverage must often make the difficult choice to cut back on their dosages, share their medications with friends or family or fail to fill a prescription because of the cost of their medications. These outcomes may result in deteriorated health for patients, increased use of physician and hospital services and, consequentially, higher costs for the health care system.

Given our role in the frontline delivery of pharmacare, we believe that any pharmacare plan must be patient-centered and address the key principles of access, coverage, equity, sustainability and quality. Our recommendations for the implementation of pharmacare therefore include the following:

Access: Complete drug coverage for Canadians by building on the strengths of our existing mix of public and private coverage.

Coverage: Support Canadians who are currently underinsured by harmonizing catastrophic drug programs across Canada to a common threshold of 3% of household income.

Equity: Improve equitable access to medications by developing standards for a minimum national formulary, with an initial focus on new drugs to market.

Sustainability: Ensure medication affordability, value and long-term sustainability by maintaining a role for private coverage and patient contributions.

Quality: Support the optimal use of drug therapy through pharmacist-delivered medication management support services, which promote safe and appropriate drug utilization.

The following submission expands on our overall recommendations and attempts to answer the questions as outlined in the consultation document.

WHO SHOULD BE COVERED UNDER NATIONAL PHARMACARE?

As drug experts, we know that the health of Canadians depends on quality pharmaceutical care. Prescription drugs and vaccines can prevent and manage disease, reduce hospital stays, replace surgical treatment, and enable patients to function productively in their communities. When taken appropriately, prescription medicines are often the best and most cost-effective treatment for both acute and chronic health conditions.

As we move forward, it is important that we recognize and address the gaps that exist in the current system for both the uninsured and the underinsured. According to a recent Conference Board of Canada report, the percentage of Canadians who are ineligible for public or private prescription drug insurance is about 1.8% since the introduction of OHIP+ in Ontario.[1] Among those without access drug coverage, 26.5% cannot afford their prescription medicines.[2] This includes older Canadians, especially those between the ages of 55 and 64; one in eight of whom cannot afford their medications and are not old enough to qualify for public drug benefit plans aimed at seniors.[3] Additionally, 11% of Canadians who are eligible for public drug coverage are not, in fact, enrolled in a program.[4] And while less definitive, some studies have shown that 10% of Canadians who have drug coverage still lack the financial means to pay for their medications.[5]

All Canadians should have access to necessary medications regardless of their ability to pay, and as such we believe that all Canadians should have access to some form of drug coverage.

CPhA recommendation: That all Canadians have access to necessary medications regardless of their ability to pay, by completing drug coverage across Canada.

HOW SHOULD PHARMACARE BE DELIVERED?

CPhA believes that the delivery of pharmacare in Canada would be best achieved by completing the coverage for Canadians who are uninsured and underinsured while building on the strengths of the current mix of private and public coverage. This approach would achieve coverage for all Canadians in a way that is both feasible to implement

and fiscally sustainable for governments. It would recognize provincial and territorial jurisdiction over the delivery of health care, allow provinces to opt-in as needed, and provide provinces with the flexibility to adapt their programs to meet the unique needs of their populations. From a patient-centered perspective, this framework would also ensure that the benefits of the private system of coverage are preserved by providing Canadians with continued access to comprehensive formularies, which are essential to individualized care, as well as new and innovative medicines.

Completing the Coverage

While most Canadians support the objectives of pharmacare, there is less public consensus on the specific model that would best meet the needs of all Canadians.[6] However, we have heard from Canadians that 79% are satisfied with their current drug plan, which includes both public and private drug plans.[7]

Given the high level of satisfaction with the drug plans currently available across the country, and data showing that roughly 12% of Canadians are currently excluded from, or have inadequate drug insurance, through these plans,[8] our belief is that a national pharmacare program should be targeted to those who need it by building on the current mixed system of drug coverage and expanding this system to complete drug coverage in Canada.

As a large part of pharmacists' day to day activities involve explaining drug coverage to patients and working with drug plans to identify drug coverage solutions for patients, we are concerned that shifting patients from private plans to primarily public plans would cause unnecessary disruptions in treatment. Private plans offer patients significantly more drug therapy options than do public plans and they provide faster access to drugs approved on the Canadian market. Community pharmacists also tell us that the administrative burden and hurdles that exist in public plans far surpass those of private plans, which can delay access to treatment for patients. This is predominantly found in cases where patients require access to drugs not covered within their respective public formularies or that are unavailable for sale in Canada, such as through provincial and federal special access programs.

From an implementation perspective, an additional benefit of completing the coverage through a mix of private and public plans would be in our ability to leverage the existing insurance infrastructure required to manage these plans. This infrastructure is already firmly in place and aligns with provincial and territorial sovereignty in the area of health. Building on this infrastructure to expand coverage to all Canadians would be more feasible and sustainable than dismantling what is already in place to re-construct an entirely new system, which would certainly incur significant upstart costs.

In order to expand the current system of public and private coverage to all Canadians, each provincial or territorial government could be required to meet certain standards as set out by the federal government in exchange for an increase in federal transfer, including the requirement that their residents have access to some form of public or private drug coverage for routine expenses. This would allow governments to tailor their respective programs as they see fit for their populations. Existing full population coverage models in British Columbia or Quebec could provide a starting point for other jurisdictions to scale up their programs.

CPhA recommendation: That a national pharmacare program should build on the successes of the current mixed system of drug coverage available across Canada and evolve this system to address barriers and achieve an adequate level of drug coverage for all Canadians.

Catastrophic drug coverage

Beyond expanding drug coverage to Canadians who currently lack any form of coverage, pharmacare must also ensure that all Canadians have adequate levels of drug coverage. It is estimated that 10% of Canadians are underinsured,[9] meaning they have drug coverage but that it is inadequate for their health needs and requires them to pay unsustainable out-of-pocket costs for their medications. These costs can be attributed to insurance premiums, co-payments, deductibles, and even formulary restrictions that leave patients without coverage for a particular drug they need.

Therefore, additional income-tested safety nets should be included within any national pharmacare program. While most provinces currently provide additional protection to their residents in the form of catastrophic coverage, there is considerable variation in terms of eligibility criteria and the amount of out-of-pocket costs patients must take on before catastrophic coverage takes over. We recommend that a uniform catastrophic drug coverage program be implemented across Canada to ensure that patients with inadequate coverage for their drug therapy needs have a universal safety net that caps their out-of-pocket spending at 3% of household income each year.

To ensure the universality of the catastrophic coverage program, we support the creation of a federal catastrophic drug transfer to provinces on the condition that that they comply with the limit of 3% of household income for annual out-of-pocket drug costs. This transfer could allow provincial drug programs to expand and improve coverage for their residents, offset the cost of provincial, territorial and employer drug plans, and reduce disparities in coverage across the country. It would also help improve access and alleviate cost burdens for the 1 million Canadians with more than 3% of after tax income spent on drug costs. It is estimated that such a transfer would cost the federal government approximately $1.4B a year, and would provide financial support to over 5% of Canadians who currently face high out-of-pocket costs (i.e. beyond 3% of their income).

CPhA recommendation: That a uniform catastrophic drug coverage program be implemented across Canada through a federal catastrophic drug transfer with the requirement that all provinces limit annual out-of-pocket costs to 3% of household income.

Enhancing optimal drug utilization

Regardless of the pharmacare model that is ultimately chosen for Canada, it is critical that patients receive the appropriate medication services and supports to accompany their drug therapy. Not only do these supports improve patient health outcomes but they also reduce medication waste and ensure that governments and private payers receive the best possible value for drug spending.

Medication non-adherence is a well-known barrier to patients' improved health and one that pharmacare must strive to overcome. It results in 5% of hospital admissions and 5% of physician visits in Canada. Non-adherence to

cardiovascular medications alone is responsible for 12,500 Canadian deaths and contributes to $4 billion in health care costs every year.[10,11] Medication non-adherence is also a leading cause of medication wastage. In 2017 alone, pharmacies recorded 725 tonnes of unused or expired medications returned by patients for safe disposal.[12]

While many health providers play a role in ensuring appropriate medication use, as drug experts and the most accessible health care providers, pharmacists are uniquely positioned to support optimal drug therapy through safe and appropriate drug utilization. They do this by formulating and implementing medication care plans, educating patients about their medications, monitoring patient outcomes, adjusting therapies and often recommending lower cost alternatives. Pharmacists also prevent patients from starting inappropriate therapies, help them maintain adherence to needed therapies, and assist patients in stopping, reducing, or slowly withdrawing from medications that are inappropriate, unsafe, or ineffective.

When pharmacists are empowered to practice to the full extent of their scope, they can also help achieve substantial health system savings. For example, new research shows that pharmacist-delivered medication management supports for patients with hypertension, which include prescribing and adapting medications, could save Canada's health care system more than $15.7 billion over the next 30 years.[13]

Medication services provided by pharmacists are essential to the establishment of a sustainable pharmacare system. They are especially needed as 40% of Canadians have difficulty contacting a nurse or physician for health information or advice, and a further 48% have difficulty making an appointment for on-going care.[14]

CPhA recommendation: That governments and private insurers include medication services in a pan-Canadian pharmacare program and ensure that pharmacists in every jurisdiction have the ability, funding and support to provide a comparable level of optimal drug therapy to all Canadians.

WHICH DRUGS SHOULD BE COVERED AS PART OF A NATIONAL PHARMACARE PLAN?

Pharmacare must achieve a balance between providing a broad scope of medications with good evidence of value for money as well as individualized care. Formularies available to Canadians under a national pharmacare strategy should be comprehensive and provide treatment options that recognize the genetic diversity of Canadians, the growing number of rare diseases and rare-disease medications, and the importance of patient choice in achieving optimal health outcomes. No Canadian should see a reduction in their drug coverage as a result of Canada's move towards pharmacare.

Comprehensive minimum national formulary

Currently, each province and territory has a list of prescription drugs that are covered under their public drug plans. Layered onto this are the federal and private drug plans, each with their own formularies. While there is often some alignment of the formularies, there is more discrepancy for certain specialized and oncology drugs. This leads to inequitable access, for example, when a patient in Quebec can receive public coverage for a drug that a patient in Alberta is required to pay for out of pocket. A critical building block to improve equitable access to drugs across Canada would be the establishment of certain standards that would guide the minimum listing decisions of all public

and private plans. An initial step could be the development of a national formulary for new drugs to market, as was acknowledged by Minister Philpott as a consideration when announcing the government's next steps on the PMPRB consultations.[15]

A critical aspect of any minimum national formulary is its comprehensiveness. CPhA strongly believes that Canadians would be poorly served by the creation of an essential medicines list of only a few hundred medications. While a common national formulary should include safe and effective drugs with good evidence of value for money, it is imperative that this formulary also facilitate access to innovative drugs and drugs for rare diseases, as well as recognize biologic and genetic diversity, patient choice and provider autonomy.

Canada is currently challenged by long wait times for the approval of new and innovative medicines because of prolonged review and decision-making processes by various regulatory, negotiation and reimbursement bodies. It takes an average of 449 days from initial national marketing approval to the public launch and reimbursement of new drugs, which positions Canada 15th out of 20 comparator OECD countries.[16] This is a significant barrier to drug access and optimal care. A common formulary, particularly focused on new drugs to market, could have a positive impact on timeliness of access by reducing duplication in drug approval processes as well as the costs associated with these reviews. [i]

It is essential that a pharmacare program should not revert to the lowest common denominator. Patients whose health is stable on a particular medication through a public or private plan should not lose access to that effective therapy. A minimum national formulary should, therefore, meet or exceed the coverage available under Canada's most comprehensive provincial plan (Quebec).

CPhA recommendation: That pan-Canadian pharmacare include a comprehensive minimum national formulary to end the existing patchwork of drug coverage through public and private plans and provide patients with access to the full scope of medications needed to be healthy.

HOW MUCH VARIABILITY SHOULD THERE BE IN THE LIST OF DRUGS COVERED BY DIFFERENT DRUG PLANS OR JURISDICTIONS UNDER PHARMACARE?

A pan-Canadian pharmacare program should be built on cooperation and collaboration between public and private plans. While CPhA supports the adoption of a common minimum national formulary across Canada to provide more equitable access to necessary medications, we must also identify strategies to address the needs of patients with more significant medication needs, such as those with rare diseases. This is why we continue to believe that there

[i] The Canadian Agency for Drugs and Technologies in Health (CADTH) and the Institut national d'excellence en santé et en services sociaux (INESSS) already conduct reviews of the clinical and cost-effectiveness of new drugs and provide recommendations to publicly funded drug plans in Canada. Participating drug plans are in agreement with these recommendations more than 90% of the time.[ii] However, even with the creation of these programs, there is potential for replications of secondary evaluations at the level of each province or plan, and public drug plans sometimes opt to cover or not cover different drugs.[iii] With CADTH's and INESSS's existing programs and services, relationships with public drug plans, and partnerships with health care organizations, they are well-positioned to close the gap on a common national formulary. Pharmacists' drug therapy expertise should be leveraged as part of the review process.

[ii] Canadian Agency for Drugs and Technologies in Health. *The CADTH Common Drug Review: Myths Versus Facts*. 2011. Retrieved: https://www.cadth.ca/media/cdr/cdr-pdf/cdr_myths_facts_e.pdf

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should be a role for private plans to provide broader access to medications not included on public formularies, and that patients across Canada should not lose access to the extensive drug coverage currently available to them through private plans.

There are a multitude of benefits associated with private drug coverage and these should not be lost to the implementation of a single-payer universal pharmacare system. One example of these benefits can be seen in patient access to new, innovative and orphan medications. These drugs that are available through private plans can be life-saving treatment options for patients who would otherwise not receive coverage through public formularies due lengthy drug review processes, high costs or lack of evidence for approval. While it can take years for public plans to complete formulary listing decisions for new drugs, private plans often include new drugs within their formularies as soon as possible once approved for sale by Health Canada. A recent study found that between 2008 and 2017, private drug plans took 142 days to cover new drugs compared to 449 days for public drug plans.[17]

Private drug plan formularies also provide access to a much greater number of drugs than public formularies. These comprehensive formularies allow for individualized care in the event that patients cannot tolerate a drug or find particular medicines ineffective. To provide a comparison, the number of Drug Identification Numbers (DINs) covered across Canadian private formularies varies considerably but falls between 10,000 and 19,000 DINs. Despite the variation, this is significantly greater than the number of DINs covered by public drug plans, which range from 4,169 DINs in Alberta to 7,792 DINs in Quebec. Further, of the 479 new drugs approved by Health Canada from 2008 to 2017, 87% (419) are included on at least one private drug formulary compared to 46% (218) that are covered through at least one public formulary.

To further illustrate the value of private drug plan formularies, the Parliamentary Budget Officer calculated that if we overlay the Quebec formulary on existing drug expenditures in Canada, it would cover $24B out of the $28B that Canadians spend on drugs.[18] Therefore, roughly $4B worth of medications that Canadians currently use would not be covered under a universal plan using the Quebec formulary. Without private plans to provide coverage for these medications, it is unlikely patients could afford them.

Maintaining private drug plans as part of a pharmacare program would further support the long-term sustainability of pharmacare by eliminating the need for an entire cost shift from the private sector to the public purse. Such a shift would amount to the government taking on an additional 54% of total drug spending (37% of drug spending under private insurance and 17% in out-of-pocket drug spending),[19] which would inevitably require additional government revenue in the form of taxation. With a mixed system of drug coverage, the government could continue to rely on private insurers to provide coverage for 70% of the population,[20] which would allow it to invest in other areas of the health system in need of funding, including home care, surgical wait times, access to diagnostics and mental health programs.

CPhA recommendation: That a pan-Canadian pharmacare program be built on collaboration between public and private plans, and allow patients to continue to access the extended drug formularies offered through private plans.

WHO SHOULD PAY FOR PHARMACARE?

Patient contributions

Patient contributions can be an important component of drug coverage in Canada in order to promote the responsible use of medication, reduce overuse of medication, limit diversion and reduce overall wastage within the system. While patient contributions should not exceed a patient's ability to pay or compromise access to needed medication, premiums and other cost-sharing mechanisms will assist provinces and territories in ensuring the long-term sustainability of their drug programs. It should also be noted that other leading countries with complete coverage (England, France, Australia, the Netherlands, New Zealand) all make use of cost-sharing mechanisms, with many applying exemptions to vulnerable populations.[21] In Canada, the income-tested provincial and territorial drug programs currently in place, as well as catastrophic drug coverage, can be used to exempt or protect the most vulnerable from cost-sharing.

CPhA recommendation: While patient contributions should be considered in order to promote the responsible use of medications and to ensure the sustainability of the pharmacare system, they should not exceed a patient's ability to pay or compromise access to needed medication.

Employers' role in funding pharmacare

A public-private mix of drug coverage would allow Canadian employers to continue to play a significant role in providing drug coverage for employees, and it would relieve governments of the burden of bearing the entire cost of providing comprehensive coverage to the entire population.

According to the Canadian Institute for Health Information, of the almost $34B in prescription drug spending in Canada in 2017, it is estimated that 43% was paid for by public plans, 36% was financed by private plans and 22% was paid for out-of-pocket by patients.[22] If employers and their private insurance benefits are replaced by public coverage, governments will be required to assume the additional 58% of drug spending in Canada, amounting to almost $20B in additional costs to the federal government per year, or an incremental cost of anywhere from $7.3B to $12B in new public spending. This level of coverage will be unattainable without an increase in government revenues through taxation, spending cuts in other areas or by reducing the availability of drug options on the public formulary.[23] The former will, in turn, lead to a loss of access for patients not only to new medicines and those for rare diseases, but also to the variety of medications that provide patients with different treatment options based on their individual biologic and genetic responses to a drug.

The costs of completing drug coverage for the Canadian population can be more equitably distributed and sustained through a continued role for employers in pharmacare, which would help to ensure that a portion of drug costs continue to be financed by private plans. The sustainability of pharmacare could be even further enhanced by examining the potential for an expanded role for employers. This could include regulations that make it obligatory for all employers of a certain size to provide drug coverage to employees.

Private drug plans, the majority of which are available through employer-paid drug benefits, are valued by patients for their comprehensive formularies and the speed at which new drugs are made available. They provide drug coverage for 70% of Canadians and are an essential component of any sustainable pharmacare program.[24]

CPhA recommendation: That a pan-Canadian pharmacare program include comprehensive private drug coverage available through employer-sponsored plans and evaluate the possibility of an expanded role for employers in funding full population coverage.

CONCLUSION

While the current system of drug coverage in Canada is working well for the vast majority of Canadians, pharmacists see first-hand the burden that no or inadequate drug coverage can have on the health and wellbeing of their patients. It is critical that we recognize the value in the current system but that we address the gaps in order to complete the system of drug coverage and ensure that no Canadian is forced to forgo necessary medication therapy due to cost.

CPhA's recommendations on pharmacare have been developed through extensive consultations with our member associations and the pharmacy and patient community. Our vision to complete pharmacare coverage in Canada is based on the key principles of access, equity, coverage, sustainability and quality. We believe these principles can be best attained by building on the existing mix of public and private coverage and leveraging the strengths of both systems to achieve complete and sustainable drug access. Key pillars of this approach include the implementation of a comprehensive minimum national formulary, uniform catastrophic drug coverage across Canada, and medication management support services by pharmacists to ensure the safety, effectiveness and value of drug therapy.

Once again, we would like express our gratitude for the opportunity to participate in the momentous process toward pharmacare in Canada, and we thank Dr. Eric Hoskins and members of the Advisory Council on the Implementation of National Pharmacare for their dedication and leadership on this important issue.

Yours sincerely,

Glen Doucet
Interim Chief Executive Officer and Vice President, Public & Professional Affairs

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