



Pharmacare in Canada

Pan-Canadian PharmAccord

Introduction

The Canadian Pharmacists Association (CPhA) represents 45,000 pharmacists across Canada who see first-hand the critical role that access and optimal use of prescription medications plays in ensuring the health and wellness of Canadians.

As the federal government looks to implement a version of pharmacare that ensures every Canadian has access to the prescription medications they need, pharmacists believe that a mixed-payor model, similar to the models in Prince Edward Island and Quebec, presents the best solution for Canadians. Beyond coverage, there are also many barriers to access that must be considered as part of improving pharmacare across the country, including drug shortages, drug recalls and time to listing. This document focuses on the key elements that pharmacists believe are needed to improve coverage and optimal drug use, in the context of the national pharmacare discussion.

Existing drug coverage in Canada, through public and private programs, provides 88% of Canadians with comprehensive prescription drug coverage. However, according to a 2017 PBO report, *Federal Costs of National Pharmacare Program*, an estimated 2% of Canadians lack drug insurance coverage and 10% of Canadians who have coverage lack the financial means to pay for their prescriptions.

CPhA believes that we can build on the successful mix of public and private programs to address the gaps and provide best in class coverage to those with insufficient or no coverage, ensuring universal coverage for all Canadians. And, given Canada's constitutional make-up and provincial and territorial jurisdiction in health care, we believe that a pan-Canadian approach to drug coverage is more feasible, will face fewer barriers to implementation and can be achieved more quickly than through a complete overhaul of public drug plans across the country. A complete overhaul of public drug plans throughout the country has a high degree of volatility, which could lead to a de-stabilizing effect both in terms of access to medications and in the system overall.

A mixed public-private model that fills the gaps in coverage and capitalizes on the negotiating power of the well-established provincial and territorial programs provides the framework for a long-lasting pan-Canadian PharmAccord that allows each province and territory to tailor their programs to their unique needs, while achieving universal drug coverage for all Canadians.



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Key priorities for a pan-Canadian PharmAccord

Federal, provincial and territorial governments have made considerable progress in establishing a pan-Canadian approach to address collective health priorities. This has been achieved through funding transfers for targeted areas including mental health, surgical backlogs, data sharing and more. CPhA believes that this model provides a great starting point for discussion with the jurisdictions and that we can build on these successes to address the gaps associated with drug coverage and programs that may be leaving some Canadians behind.

Given each province's unique populations, existing drug coverage programs and health-care systems, allowing provinces and territories to tailor their programs as they see fit, while working towards achieving agreed upon targets would provide the most tangible benefit to Canadians. A mixed public-private model would minimize disruption for Canadians and for pharmacists, reduce the need for additional government revenue, and Canadians would continue to benefit from innovation in both public and private plans.

In December 2021, the federal government announced an agreement with the government of PEI to provide funding to expand PEI public formulary and reduce co-pays. CPhA believes the PEI model can serve as an example for the expansion of coverage across Canada, that is both affordable and sustainable. Further, this bilateral approach works well in the context of pharmacare and can achieve universality by incorporating the following components:



Providing predictable and permanent funding to provinces and territories to expand their formularies and address their gaps in coverage;



Increasing catastrophic coverage for individuals who are using high-cost drugs or who are experiencing high out of pocket costs as a result being on multiple medications, ensuring that no one pays more than 3% of their household income in out-of-pocket drug costs;



Supporting provincial and territorial efforts to harmonize formularies to reduce discrepancies across the country;



Supporting provinces and territories in enabling pharmacists to conduct medication reviews, deprescribing and other services promoting the optimal use of prescription drugs.

Conclusion

Tangible progress is possible to achieve universal drug coverage. As the federal government begins to work with the provinces to identify potential policy options and solutions to address prescription drug coverage in Canada, it is critical that pharmacists be included in these discussions. Pharmacists and pharmacies can provide real-world advice on the practicability of various solutions, and ensure that the implementation of any new programs meets the needs of Canadians.