

Attaining universal access to necessary prescription medications in Canada

What needs to be done

Heart & Stroke recommends the development and implementation of an equitable and universal pharmacare program, designed to improve access to cost-effective medicines for all people in Canada regardless of geography, age, or ability to pay. This program should include a robust common formulary for which the public payer is the first payer.

Why we need to do this

- People in Canada are proud of our world class healthcare system, but Canada is the only developed country that does not include prescription medications as part of its universal health program.
- Our multi-payer prescription drug system, with a patchwork of more than 100 public and 100,000 private plans is among the most expensive in the world, and costs are expected to continue to rise.¹⁻³
- Some people face greater barriers to accessing medications including women, Indigenous people, younger people, and part-time workers.^{4,5}
- 7.5 million people have no or inadequate prescription drug coverage.³
- 22% of drugs are paid for out of pocket.⁶
- 16% of Canadians went without medication for heart disease, cholesterol or hypertension because of cost.⁷
- In 2017, 94 million prescriptions were dispensed for cardiovascular disease – more than any other category.⁸
- 1 in 5 households report difficulty paying for medications.⁹
- According to a Heart & Stroke public opinion poll, of people in Canada:¹⁰
 - 93% feel it is important that everyone in Canada has equal access to prescription drugs.
 - 88% believe it is the federal government's responsibility to ensure equitable drug coverage.
 - 25% report someone in their household has hesitated about quitting or changing jobs to prevent losing prescription drug coverage.
 - 35% have financial household stress due to the cost of prescription drugs.

Key aspects of a universal pharmacare program:

- Based on the following principles: **Equitable** and **timely** access to a comprehensive range of evidence-based, **high quality** and **affordable** medications, ongoing **sustainability** of federal and provincial/territorial health systems, and in **partnership** with patients, health organizations and Indigenous organizations.
- A hybrid/mixed system that allows for the participation of both public and private payers. The public payer should always be the first payer for drugs on the common formulary to ensure cost efficiencies, contain drug costs, increase buying and negotiating power and reduce administration. Supplementation should be allowed by private payers to the common formulary with brand name or other medications not available on the public plan.
- A comprehensive publicly-funded common formulary of the most necessary medications with a robust floor of base coverage that should be covered by all provinces/territories.
- The federal government should take a leadership role in the development of the national pharmacare program.
- Provinces and territories, Indigenous communities, patients, health care professionals, health charities and industry should be involved in the development process, including the development of the common formulary.
- Provinces and territories should be responsible for implementing the pharmacare program and they should be afforded flexibility in how the program is implemented provided they adhere to key elements (e.g., a common formulary and acting as the first payer for drugs on the common formulary).
- The federal government should provide funding to the provinces/territories for the implementation of the national pharmacare plan.

References

1. Morgan SG, Martin D, Gagnon M-A, Mintzes B, Daw JR, Lexchin J. The Future of Drug Coverage in Canada. :23.
2. Government of Canada. Budget 2019: Home. <https://www.budget.gc.ca/2019/docs/themes/pharmacare-assurance-medicaments-en.html>. Published March 19, 2019. Accessed April 18, 2019.
3. Hoskins E. *Interim Report of the Advisory Council on the Implementation of National Pharmacare.*; 2019:8.
4. Barnes S, Anderson L. *Low Earning, Unfilled Prescriptions: Employer-Provided Health Benefit Coverage in Canada.* Toronto, ON: Wellesley Institute; 2015:40.
5. Assembly of First Nations. *The First Nations Health Transformation Agenda.*; 2017:137. https://www.afn.ca/uploads/files/fnhta_final.pdf.
6. Canadian Institute for Health Information. *Prescribed Drug Spending in Canada, 2017: A Focus on Public Drug Programs.* Ottawa, Ont.; 2017:49. https://secure.cihi.ca/free_products/pdex2017-report-en.pdf.
7. Law MR, Cheng L, Kolhatkar A, et al. The consequences of patient charges for prescription drugs in Canada: a cross-sectional survey. *CMAJ Open.* 2018;6(1):E63-E70. doi:10.9778/cmajo.20180008
8. IQVIA. Top 10 therapeutic classes in Canada 2017. 2018. https://www.iqvia.com/-/media/iqvia/pdfs/canada-location-site/top10therapeuticclasses_en_17.pdf?la=en&hash=4A6DDE3B1F477986AAD05CDB0D3150233D150EF2.
9. Angus Reid Institute. Prescription drug access and affordability an issue for nearly a quarter of all Canadian households. *Angus Reid Institute.* July 2015. <http://angusreid.org/prescription-drugs-canada/>. Accessed March 19, 2019.
10. Environics. Heart & Stroke public opinion polling. August 2019.

The information contained in this position statement is current
as of: November 2019