

SEPTEMBER 2026

CANADIANS CONTINUE TO WAIT TWO YEARS FOR ACCESS TO NEW MEDICINES: NEW DATA REPORT

New medicines aren't always available through public drug plans when Canadian patients need them. After Health Canada approves a new medicine as safe and effective, Canadians still wait an average of two years for access. These delays have existed for many years, yet little progress was made in 2025, with the notable exception of the Ontario government's Funding Accelerated for Specific Treatments (FAST) Program.

WHY ARE THERE DELAYS?

Many factors contribute to delays in access to innovative medicines in Canada:

- 1 Structural underfunding of new medicines:** Canada contributes less in pharmaceutical innovation than most G7 countries. (See Share of GDP – 2026.)
- 2 Health technology assessments (HTAs) that can undervalue innovation:** More than half of Canada's Drug Agency (CDA) recommendations in the last five years have called for price reductions of 73% or more, causing protracted negotiations and insufficient provincial budgeting for new medicines. (See CDA Reimbursement Trends – 2026.)
- 3 Red tape:** Complex and sequential medicine-access processes.¹

NEW DATA

Methodology: IMC worked with leading data supplier IQVIA to assess the time taken at each step of the pharmaceutical system and compare each province's performance on time to patient access. IMC also compared cancer and non-cancer medicines.²

Findings: Two years is too long

- On average, it takes two years from Health Canada's Notice of Compliance (NOC) to provincial listing.
- Provincial listing delays increased from 2024 to 2025 in all provinces except Quebec.
- Most provinces took over six months, on average, to reimburse products even after a pan-Canadian Pharmaceutical Alliance (pCPA) pricing agreement was finalized.
- Among the products reimbursed in 2025, most provinces were faster to reimburse oncology products than non-oncology products. (See Figure 4.)

THE OPPORTUNITY

Canadian governments can take immediate action to implement recommendations from the Pharmaceutical and Life Sciences Sector Task Force report.

1. **Federal:** The federal government must support provincial funding of new medicines with significant new investments. The mandate and methodologies of CDA and the pCPA must be revised to better reflect the value of new medicines.
2. **Provinces and territories:** Provinces and territories can immediately take two steps to significantly reduce delays:
 - a. Eliminate the four-month delay between CDA and pCPA.
 - b. Commit to listing new medicines on public drug plans within 60 days of a completed pCPA negotiation.

DATA TABLES

FIGURE 1: **Public Reimbursement Timelines, 2024-2025 (All Products)**

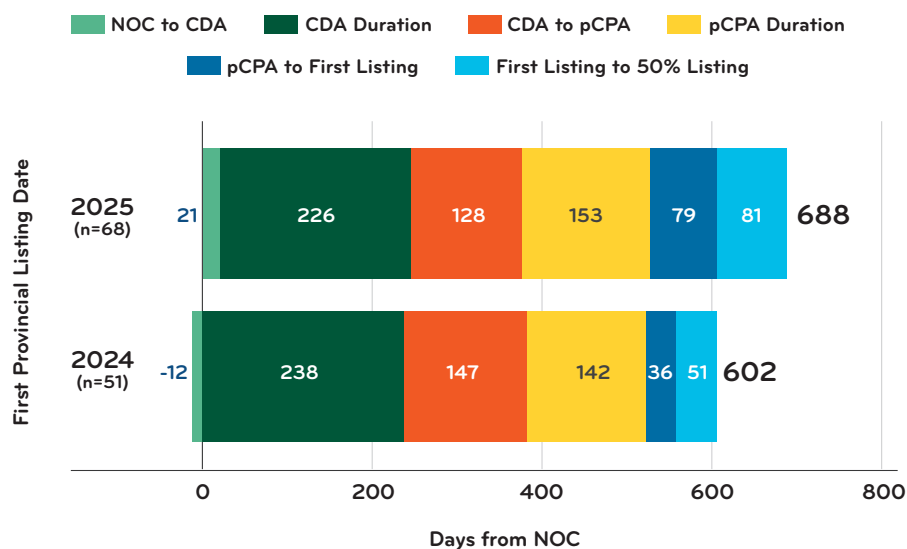


FIGURE 2: **pCPA to Provincial Listings, 2025 (All Products)**

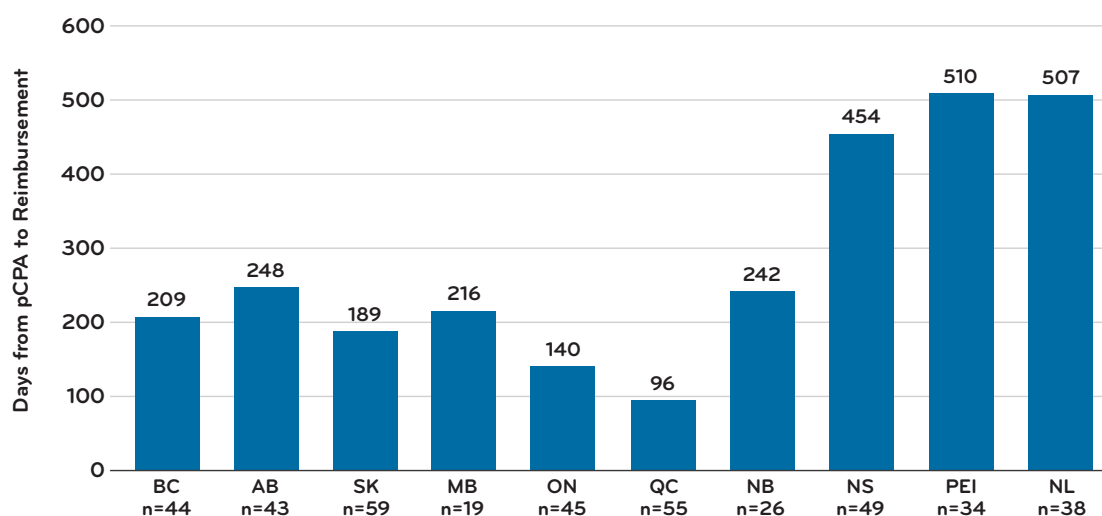


FIGURE 3: **pCPA to Provincial Listings, 2025**

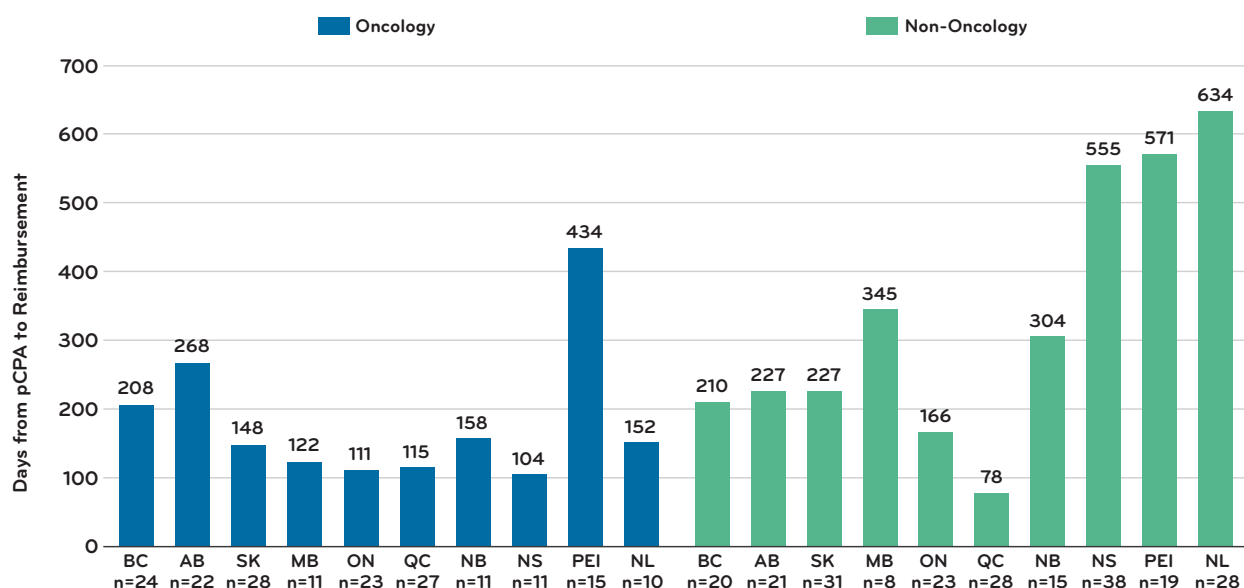
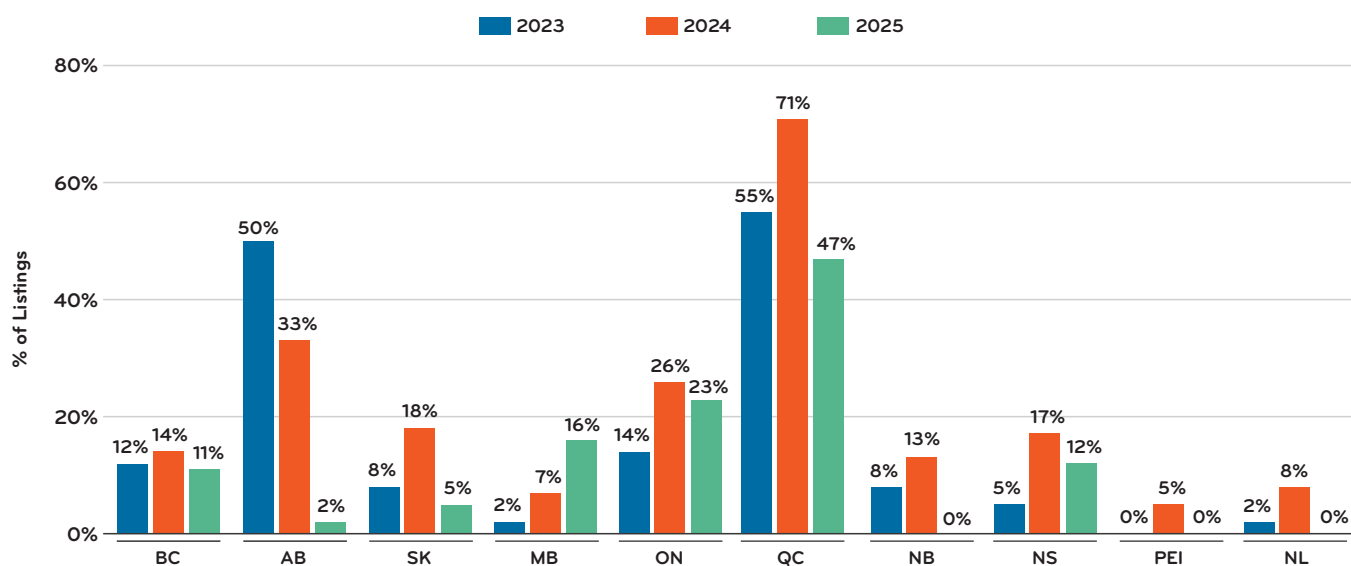


FIGURE 4: **Percentage of Listings within 60 Days of pCPA Conclusion (All Products)**



Most provincial reimbursement decisions occurred more than two months after a concluded pCPA negotiation.

¹ Health Canada evaluates a drug's safety, efficacy, and manufacturing quality. Canada's Drug Agency conducts health technology assessments and provides funding recommendations for provincial public drug plans. The pan-Canadian Pharmaceutical Alliance conducts pricing negotiations on behalf of provincial and territorial public drug plans. After negotiations are completed, provincial and territorial drug plans may reimburse a drug, with timelines varying significantly. Some provinces choose not to reimburse products even after concluding the lengthy process.

² Data source: IQVIA Market Access Metrics database, Jan. 1, 2012, to March 31, 2026. Analysis by IMC. IQVIA Market Access Metrics database: Products/indications which received NOC Jan. 1, 2012 to March 31, 2026 and were submitted to CDA and/or INESSS as of March 31, 2025. Products/indications that have not received NOC but were submitted to CDA as pre-NOC submissions as of March 31, 2025. Metrics analysis: HTA excludes resubmissions, reassessments, non-sponsored submissions, and requests for advice; pCPA excludes subsequent negotiations after the first negotiation (at the product/indication level).