

## NDP Delivers Pharmacare

On February 29, 2024, history was made for healthcare in Canada with the introduction of Bill C-64 to Parliament. This legislation marks the first step towards a universal, single-payer pharmacare system.

### *What Bill C-64 does:*

Bill C-64 sets the foundation for a universal, single-payer pharmacare plan, starting with free access to contraception and diabetes medications, and related devices.

The bill provides the Minister of Health with the authority to make payments to provinces and territories for the purpose of providing universal, single-payer, first-dollar coverage for prescription drugs and related products intended for contraception or the treatment of diabetes.

The legislation also sets the stage for the next steps towards universal, single-payer pharmacare by:

- Forcing the government to develop a list of essential medicines and a bulk purchasing plan, no later than a year after the adoption of the bill.
- Requiring that the Minister of Health initiate discussions based on the essential medicines list with provinces, territories, and Indigenous peoples with the aim of continuing to work toward the implementation of national universal pharmacare.
- Requiring that the Minister of Health consider *Canada Health Act* principles in negotiations with the provinces and territories on the implementation of national universal pharmacare.
- Establishing an expert committee to make recommendations on the operation and financing of national, universal, single-payer pharmacare.
- Enshrining in law that the step-by-step implementation of national universal pharmacare is to be guided by the *Canada Health Act* and carried out in accordance with the recommendations of the Hoskins Advisory Council, which recommended the implementation of comprehensive, universal, single-payer pharmacare.

### *When does coverage begin under the first stage of the NDP pharmacare plan?*

- We expect deals with some provinces and territories will be reached in 2024 and coverage will start in the same year.
- We believe this bill should be passed quickly and will use our power in Parliament to make sure that it does.

## *What's covered under the first stage of the NDP pharmacare plan?*

### **Diabetes medication, devices, and supplies**

Following agreement with provinces and territories, people living with diabetes in Canada will have access to first-line treatments for diabetes that lower blood glucose levels, including:

- Insulin, which is used by patients with type 1 and type 2 diabetes. Insulin can cost in the range of \$900-\$1,700 per year, depending on the type and dosage required.
- Metformin, which is used by patients with type 2 diabetes. Metformin can cost about \$100 per year.
- Medications often used in combination with insulin and metformin by patients with type 2 diabetes, including Sulfonylureas, and SGLT-2 inhibitors. The cost of these medications can range from approximately \$100 to over \$1,000 per year.

Improving access to diabetes medications will help improve the health of 3.7 million Canadians living with diabetes and reduce the risk of serious life-changing health complications such as blindness or amputations. One in four Canadians with diabetes have reported not following their treatment plan due to cost.

This legislation also provides for diabetes devices and supplies to be covered on the same terms as prescription medications. The federal government has announced that it will establish a Diabetes Devices Access Fund with annual funding of \$275 million.

The federal government will be launching discussions with the provinces and territories on providing universal, single-payer coverage based on the list of diabetes drugs, devices and supplies attached below.

### **Contraceptives**

Following agreement with the provinces and territories, people in Canada will have access to a comprehensive suite of contraceptive drugs and devices to choose from according to their medical suitability and personal circumstances.

This includes oral contraceptives, copper and hormonal IUDs, injections, implants, rings, and morning-after pills.

Coverage for contraceptives will mean that 9 million Canadians of reproductive age will have better access to contraception and reproductive autonomy, reducing the risk of unintended pregnancies and improving their ability to plan for the future.

The federal government will be launching discussions with the provinces and territories on providing universal, single-payer coverage based on the list of contraceptive drugs and devices attached below.

## Diabetes Medication

Drug Class	Brand Names	Generic Names
Combination Formulas	Snyjardy	Empagliflozin & metformin
	Jentaduetto	Linagliptin & metformin
	Komboglyze	Saxagliptin & metformin
Insulins	Trurapi, Kirsty	Aspart biosimilar
	Apidra	Glulisine
	Admelog	Lispro biosimilar
	Humulin R, Novolin ge Toronto	Regular, Human
	Entuzity	Concretrated Regular, Human
	Hypurin Regular Insulin Pure	Pork regular insulin
	Hypurin Nph Insulin Isphane Pork	Insulin Isophane, Pork Pure
	Humulin-N, Novolin GE NPH	Isophane Human, NPH
	Levemir	Detemir
	Basaglar	Glargine biosimilar
	Semglee	Glargine biosimilar
	Humulin 30/70, Novolin 30/70	Reg-Isophane, NPH Human
	Insulin Secretagogues	Diamicron MR
	-	Glyburide
Biguanides	Glucophage	Metformin
SGLT2 Inhibitors	Forxiga	Dapagliflozin
	Jardiance*	Empagliflozin*

\*May be covered pending Health Canada approval

## Diabetes Devices

Devices or Supplies
Glucometers, test strips and lancets, as well as flash and continuous glucose monitoring devices (CGM).
Blood Glucose testing strips.
Insulin pumps and supplies such as insertion sets and insulin cartridges.
Needles, syringes, insulin pens and pen tips.

## Oral Contraceptives

Brand	EE (µg)	Generic (mg)	Brand	EE (µg)	Generic (mg)
Alesse	20	L 0.1 (21/28)	Mirvala	30	D 0.15 (21/28)
Alysenia	20	L 0.1 (21/28)	Movisse	-	N 0.35
Apri	30	D 0.15 (21/28)	Mya	20	DR 3
Audrina	20	L 0.1 (21/28)	Ovima	30	L 0.15 (21/28)
Aviane	20	L 0.1 (21/28)	Portia	30	L 0.15 (21/28)
Brevicon	35	N 0.5/1 (21/28)	Synphasic	35	N 0.5/1
Drosp.EE	20/30	DR 3 (21/28)	Tri-Cira	35	Tri-C
Freya	30	D 0.15 (21/28)	Tricira-Lo	25	Tri-C
Jencycla	-	N 0.35	Triquilar	30	L var.
Linessa	25	D 0.1-0.15	Yasmin	30	DR 3 (21/28)
Marvelon	30	D 0.15 (21/28)	Yaz	20	DR 3
Min-Ovral		L 0.15 (21/28)	Zamine	30	DR 3 (21/28)

Key: EE = Ethinyl Estradiol, L = Levonorgestrel, D = Desogestrel, N = Norethindrone, DR = Drospirenone, Tri-C = Tri-Cira (various mg)

## IUDs and Other Contraceptives

Devices or Medication	Brand Name	Generic Name
Copper IUD	Flexi-T 300, +300, 380	NA
	Liberte UT 380 Short, Standard	NA
	Liberte TT 380 Short, Standard	NA
	Liberté UT 380 Silver-Copper Standard, Short	NA
	Mona Lisa 10, 5 Mini, 5 Standard, N	NA
Hormonal IUD	Kyleena	Levonorgestrel 19.5 mg
	Irena	levonorgestrel 52 mg
Contraceptive Injection	Depo-Provera	Medroxyprogesterone acetate 150 mg
Hormonal Implant	Nexplanon	Etonogestrel 68 mg
Hormonal Vaginal Ring	Haloette	Etonogestrel / ethinyl estradiol 11.7 mg / 2.7 mg
Emergency Contraceptives	Contingency One	Levonorgestrel 1.5mg
	Backup Plan One-Step	Levonorgestrel 1.5mg
	Plan B	Levonorgestrel 1.5mg

## *Why did you choose these drugs and devices?*

- For contraception, this has been the NDP's commitment for many years. It is a cost that disproportionately falls to women and gender-diverse people.
- For diabetes, we know that using medication to manage diabetes not only results in better health for people, it also saves money from reduced hospitalizations and other preventable health care costs.

## *Why much will this save in out-of-pocket costs?*

- Cost has been identified by Canadian contraceptive care providers as a significant barrier to access to these medications. Oral contraceptives cost approximately \$300 per year and Intrauterine Devices cost up to \$500 per unit.
- According to Diabetes Canada, out-of-pocket costs for Canadians living with type 1 diabetes can reach up to \$18,306 per year. For type 2 diabetes, out-of-pockets costs can reach up to \$10,014 per year.

## *How much will this cost the federal government?*

- Health Minister Mark Holland has noted that the program will cost approximately \$1.5 billion, but this figure could change depending on negotiations with the provinces and territories.
- However, it's important to note that the Hoskins Advisory Council has found that, once fully implemented, single-payer pharmacare will reduce Canada's total annual spending on prescription drugs by \$5 billion overall by increasing our leverage to negotiate lower drug prices.
- Moreover, by eliminating cost barriers to prescription medications and devices, single-payer pharmacare will ensure patients receive the optimal treatment for their health conditions. This will result in reduced strain on emergency departments and lower health care costs in the long-run. Further long-term savings from pharmacare can be reaped through streamlined administration

## *Is this really universal, single-payer coverage?*

- Absolutely. The first drugs to ever be covered by the NDP's pharmacare plan – contraception and diabetes medications medication and devices – will be covered through universal, single-payer, first-dollar coverage.
- In other words, it will cover everyone, through our public health care system, without any copayment or out-of-pocket expenses required.
- New Democrats also insisted that this legislation include a framework for expanding to a comprehensive, single-payer pharmacare program developed in accordance with the *Canada Health Act* and the recommendations of the Hoskins report.