Patented Medicine Prices Review Board Canada

Conseil d'examen du prix des médicaments brevetés Canada

Patented Medicine Prices Review Board 2024–25 Departmental Plan

The Honourable Mark Holland
Minister of Health

Canada

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The Patented Medicine Prices Review Board's 2024-25 Departmental plan at a glance

A departmental plan describes a department's priorities, plans and associated costs for the upcoming three fiscal years.

- Vision, mission, raison d'etre and operating context
- Minister's mandate letter

[Read the full departmental plan]

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Key priorities

- **Develop and implement new PMPRB Guidelines that respond to feedback from consulted groups**

  The PMPRB is focused on consulting with interested groups to inform the development and implementation of new price review Guidelines. Transparency and responsive engagement will be prioritized in this process to ensure that the final Guidelines are reflective of the PMPRB's mandate and any changes to the price review process are effectively communicated.

- **Support access to high-quality information on the pharmaceutical market in Canada**

  The PMPRB will draw on its expertise and resources to provide Canadians with accurate, neutral information on the pharmaceutical market, publishing analytic reports on relevant pharmaceutical trends in Canada and internationally.

Refocusing Government Spending

In Budget 2023, the government committed to reducing spending by $14.1 billion over the next five years, starting in 2023–24, and by $4.1 billion annually after that.

While not officially part of this spending reduction exercise, the PMPRB will respect the spirit of this exercise by doing the following:

- Reviewing contract and travel expenditures to assess appropriate allocation of spending;
- Implementing new guidance on procurement decision-making for cost centre managers; and
- Encouraging responsible travel planning by promoting alternative options.

The figures in this departmental plan reflect these efforts.

Highlights

A Departmental Results Framework consists of an organization's core responsibilities, the results it plans to achieve, and the performance indicators that measure progress toward these results.

It should be noted that the language used in this Departmental Plan regarding the PMPRB's mandate should be understood in the context of the PMPRB's legal authorities as set out by the Patent Act and the recent jurisprudence.

Namely, while the PMPRB has the power to order that the price of a medicine be reduced to a non-excessive level following a public hearing, the PMPRB cannot set or mandate prices for patented medicines. Rather, the PMPRB can review the prices of patented medicines and, where it has reason to believe that those prices may be excessive, initiate public hearings to determine whether the prices are, in fact, excessive. The PMPRB publishes non-binding Guidelines which explain the procedures used to determine whether the price of a patented medicine warrants a more in-depth review in the form of an investigation which may lead to a public hearing. The PMPRB has minimal capacity to hold hearings that would lead to binding price reduction orders and while the Guidelines influence pricing behaviour in Canada, they cannot mandate it.

Consequently, the majority of the "results" related to Canadian pricing reported herein are not within the PMPRB's ability to control directly. Similarly, because the determination of whether a price is excessive must be done on a case-by-case basis in the context of a public hearing, the "target" reported herein (median Canadian price in the PMPRB comparator countries) is for comparative purposes only and does not presuppose that Canadian prices above the median price in the comparator countries are excessive or vice-versa.

Regulate Patented Medicine Prices

Departmental results:

Affordable[1] patented drug prices

Planned spending: $14,316,813

Planned human resources: 58

To meet its core responsibility and key priorities for 2024-25, the PMPRB will be working to operationalize recent changes to the Patented Medicine Regulations through the consultation on and development of final price review Guidelines.

The PMPRB will continue to build its library of analytic reporting on pharmaceutical trends by exploring new research areas that respond to the needs and interests of Canadian and international readers. The PMPRB will also leverage its analytic expertise and data to support partners in the healthcare sector across Canada as they work to advance federal government priorities and initiatives.

More information about Regulate Patented Medicine Prices can be found in the full departmental plan.

[1] In this document, "affordable patented drug prices" means "patented medicine prices that are not excessive".

Patented Medicine Prices Review Board 2024-25 Departmental plan

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From the Chairperson

It is my pleasure to present the 2024-25 Departmental Plan for the Patented Medicine Prices Review Board (PMPRB).

The PMPRB is an independent quasi-judicial body established by Parliament in 1987 under the *Patent Act* (the "Act"). The PMPRB has a dual price review and reporting mandate: our price review mandate is to ensure that the prices of patented medicines sold in Canada are not excessive, and our reporting mandate is to provide decision-makers with pharmaceutical trends information to help them make informed choices.

In pursuit of fulfilling this mandate to the best of our ability, the PMPRB is working to develop new Guidelines for reviewing the prices of patented medicines, bringing them up to date with the needs of Canadians and the realities of those impacted by these policies. These Guidelines will provide direction to PMPRB Staff on how to operationalize the recently amended *Patented Medicine Regulations*, which came into force in July 2022.

In 2024-25, the PMPRB intends to release and finalize new Draft Guidelines informed by our recent conversations with interested groups from across the country. We are grateful for the collaborative and

productive discussions we have been a part of in our consultation process and look forward to sharing Draft Guidelines that are reflective of and responsive to this engagement.

The PMPRB continues to build our library of data-based analytic reports and resources that provide Canadians with information on pharmaceutical trends, primarily under the banner of the National Prescription Drug Utilization Information System (NPDUIS) initiative. As we explore new and relevant areas of reporting, we will be scoping opportunities to capture the impacts of high pharmaceutical prices on underreported groups in 2024-25.

Internally, the PMPRB will be dedicating new resources to the development and implementation of government-wide initiatives in the coming year, including our Accessibility Plan and the Call to Action on Anti-Racism, Equity, and Inclusion in the Public Service. This work is a priority for the PMPRB as we work to support Staff through a period of great change and exemplify the values of equity, diversity, inclusion, and transparency at the heart of the public service.

The PMPRB enters 2024-25 under the guidance of a full Board, with a new Vice-Chairperson and two new members appointed since the release of our last Departmental Plan. We also expect to welcome a new Executive Director in calendar year 2024. I look forward to the path ahead of us as we work with relevant groups from across the healthcare sector to ensure we can effectively and responsibly deliver on our mandate.

Thomas J. Digby
Chairperson

Plans to deliver on core responsibilities and internal services

Core responsibilities and internal services:

- Regulate Patented Medicine Prices
- Internal services

Regulate Patented Medicine Prices

In this section

Description

The PMPRB regulates the prices of patented medicines by setting non-excessive price ceilings and taking enforcement action before the Board in the event of non-compliance.[1]

Quality of life impacts

The Quality of Life Framework for Canada identifies "Cost-related non-adherence to prescription medication" as an indicator of the quality of life of Canadians under the domain of "Health". The PMPRB contributes to improving quality of life under this indicator in its work reviewing the prices of patented medicines to ensure that they are not excessive. As many prescription medicines do not have less expensive generic versions available, monitoring the prices of patented medicines and intervening where the price is excessive can improve the affordability of medicines for Canadian patients, minimizing cost-related non-adherence to these prescriptions.

This impact overlaps with household financial indicators of quality of life listed under the framework's domain of "Prosperity" and pertains to the "Sustainability and Resilience lens" aimed at promoting achieving and maintaining the longevity of these indicators in coming years.

Results and targets

The following tables show, for each departmental result related to Regulate Patented Medicine Prices, the indicators, the results from the three most recently reported fiscal years, the targets and target dates approved in 2024–25.

Table 1: Indicators, results and targets for departmental result

Indicator	2020–21 result	2021–22 result	2022–23 result	Target	Date to achieve
% of patented drug prices in Canada below the median price of the PMPRB's comparator countries	58.2%	59.5%	43.9%*	At least 50% †	March 31, 2025
% of patented drug prices in Canada are within the thresholds set out in the PMPRB's Excessive Price Guidelines	86.3%	84.6%	80.6% §	At least 95% ‡	March 31, 2025

Note: Results and targets identified in this section are not a factor in the Board's discretion in the exercise of its quasi-judicial powers.

* The result for 2022-23 compares patented medicine prices in Canada to the PMPRB11 schedule countries, reflecting a July 1, 2022, change in the allowable data collected by the PMPRB for price review under the *Patented Medicine Regulations*. As a result of this change, the result for 2022-23 is not directly comparable to those calculated for previous years, which used the PMPRB7 schedule countries for the calculation.

† This indicator was introduced in 2015-16, under the premise that the PMPRB would continue to conduct its price reviews without significant changes in its regulatory framework. Analysis in the PMPRB's 2015 Annual Report indicated that the percentage of patented medicines priced below the median price of the PMPRB's comparator

[1] The PMPRB has no statutory ability to set the prices of patented medicines in Canada outside of a hearing context, but does provide non-binding guidance through Guidelines which set out price thresholds above which pricing investigations, and eventual hearings, may be commenced.

countries was 51.8%, a decline from the previous two years. Based on these factors, it was determined that 50 % would be a reasonable target, primarily as a result of voluntary compliance with the non-binding Guidelines by patentees.

‡ This percentage is calculated as follows: the sum of the number of price reviews that were not subject to an investigation plus the number of Voluntary Compliance Undertakings, divided by the number of patented medicines for which the price review was completed at March 31 of the fiscal year.

§ Due to Interim Guidance in place during this period, a greater number of medicines had not been reviewed by the end of 2022-23. As of March 31, 2023, 105 patented medicines were still under review, 197 were under investigation, two were the subject of a Board Order and one was subject to a Settlement Agreement and Order.

The financial, human resources and performance information for the PMPRB's program inventory is available on GC InfoBase.

Plans to achieve results

Amendments to the *Patented Medicine Regulations* ("Regulations") brought into force in July 2022 modernize the PMPRB's approach to ensuring that prices of patented medicines are not excessive. The development and implementation of the PMPRB's new Guidelines are the final steps in a multi-year effort to give effect to the Government of Canada's 2017 commitment to improve access to prescription medications, lower drug prices, and support appropriate prescribing. Collectively, these efforts work to improve the affordability of patented medicine prices for Canadians.

In 2024-25, the PMPRB intends to develop and finalize new Guidelines, which provide guidance to PMPRB Staff on how to conduct reviews for patented medicines under the 2022 amendments to the Regulations. Draft Guidelines are expected to be proposed by end of June 2024, following consultations held in late 2023 through early 2024. Further consultations and engagement with health system partners will be conducted on the proposed draft to ensure that the final Guidelines effectively operationalize the amended Regulations and can be implemented as seamlessly as possible.

The PMPRB is also in the process of developing a plan to monitor trends in the pharmaceutical market before and after the implementation of the new framework. The intent of this work is to assess whether the new pricing framework is functioning as intended, and to inform the need for any future adjustments.

In the course of carrying out its price review and reporting mandate, the PMPRB has developed considerable policy and analytical capacity that is used as a resource to support broader efforts by the federal Health Portfolio and pan-Canadian partners towards a sustainable health system. The PMPRB will continue to leverage its resources and expertise in 2024-25 to provide analytical support and expertise to F/P/T health partners, as appropriate, in efforts to advance pan-Canadian initiatives to improve the pricing and reimbursement of pharmaceuticals in Canada.

Through the Pharmaceutical Trends program, the PMPRB aims to deliver timely information on the pharmaceutical ecosystem in Canada through multiple formats, including published reports, public webinars, journal articles, and conference participation, both in Canada and internationally. Work will be underway to continue to build the relevance, value, and reach of analytic reporting by focusing on key areas for achieving greater savings for the healthcare system and on gaps in the available information on underreported groups.

It should be noted in the context of these efforts that the indicators and targets laid out in Table 1 do not have a direct cause-and-effect relationship with the price factors measured under the Guidelines. As set

out above, the PMPRB Guidelines are non-binding and the PMPRB cannot dictate price ceilings outside of the hearing context, which is a process that cannot be fettered by the Guidelines or the PMPRB's Departmental Results Framework. Given this, the departmental targets and actual results should be considered as a comparative indicator of where pricing stands relative to a set metric, and not as a statement of cause-and-effect or a definition of what an "excessive price" may be for any particular medicine.

Key risks

The primary risk to the achievement of planned results for the PMPRB's core responsibility is related to uncertainty surrounding the final form of the PMPRB's new Guidelines. As the PMPRB consults, and continues to develop its Guidelines, communication and engagement with affected groups and other agencies and departments within the Health Portfolio will be a priority to mitigate the effects of the long-term development process. This work will also help to ensure that the implementation of the final Guidelines smoothly integrates PMPRB processes into the complexities of the healthcare system.

Delays in the Guidelines development have also created a backlog of medicines that have not been reviewed, raising a risk of compounded uncertainty for rights holders and a greater demand on PMPRB Staff. While new Guidelines are under development, Interim Guidance has been put in place to provide transparency and direction on price reviews for new and existing patented medicines. This Guidance, first published in August 2022, was amended in September 2023 to respond to the extended period of Guideline consultations. The amendments responded to this risk by providing an expedited assessment for prices of new medicines while affording more time to advance a fulsome consultation process on the new Guidelines.

Disruptions in the data available to the PMPRB during the regulatory reform process are likely to continue to have an impact on the indicators and targets set out in Table 1. The amended Regulations stipulate that rights holders file pricing information for a group of 11 schedule countries ("PMPRB11") in place of the previous group of seven countries ("PMPRB7"). The United States and Switzerland were included in the PMPRB7 but are no longer included in the PMPRB11. As these two countries have some of the highest prices for patented medicines in the Organisation for Economic Co-operation and Development (OECD), their removal from the data means that the result for the percentage of patented medicine prices below the median of the PMPRB comparator countries in 2024-25 will not be directly comparable to the methodology used to determine the target. Similarly, the result for medicines priced within the Guidelines is expected to be unstable in the coming years as new Guidelines are developed and operationalized. Targets and indicators will be reassessed to reflect the new conditions of the price review process and the available data.

Snapshot of planned resources in 2024–25

- Planned spending: $14,316,813
- Planned full-time resources: 58

Related government priorities

Gender-based analysis plus

The PMPRB recognizes that sex and gender differences, race, ethnicity, age, and mental or physical disability are factors to consider in the accessibility, affordability and appropriate use of prescription medicines and medical devices. Differences in sex and gender+ roles, income and utilization of health

care services can affect access to medicines and health insurance, as well as prescribing patterns and medicine use, and may have important repercussions for health and well-being.

Since the price of a patented medicine does not vary for the sex or gender+ of the user, the PMPRB's price review process does not take explicit account of the diversity of user groups or their economic situation. Lower patented medicine prices, and associated savings for all payers, will benefit all populations directly through lower out-of-pocket costs and indirectly through health system reinvestments and improved access to better care.

Through the Pharmaceutical Trends program, the PMPRB is exploring the use of supplementary data sources to report on analytic research topics informed by GBA Plus. In 2024-25, work will be underway to incorporate GBA Plus into reports on new medicines entering the market, demographic-driven cost analyses for public drug plan spending, and the market for medicines treating cardiovascular diseases. These reports are being produced under the National Prescription Drug Utilization Information System (NPDUIS) initiative.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals

The Sustainable Development Goals (SDGs) set out in the UN 2030 Agenda reflect the interconnectedness of the social, economic, and environmental facets of sustainability. The PMPRB contributes to three SDGs:

- SDG 10: Reduce inequality within and among countries
- SDG 12: Ensure sustainable consumption and production patterns
- SDG 13: Take urgent action to combat climate change and its impacts

While the majority of the PMPRB's contribution to the UN 2030 Agenda is conducted at an Internal Services level, the PMPRB's Patented Medicine Price Regulation program indirectly benefits those most affected by wealth inequality, contributing to a more equitable access to pharmaceuticals for all Canadians. Similarly, as health system payers look to find flexibility in their budgets and policy options to respond to the changing needs of Canadians, the PMPRB's analytic reporting can support informed decision making towards the development of a sustainable healthcare system, particularly as it provides public and private federal, provincial, territorial, and program-level information on pharmaceutical pricing, spending, and beneficiaries.

More information on the PMPRB's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in our Departmental Sustainable Development Strategy.

Program inventory

Regulate Patented Medicine Prices is supported by the following programs:

- Patented Medicine Price Regulation Program
- Pharmaceutical Trends Program

Supporting information on planned expenditures, human resources, and results related to the PMPRB's program inventory is available on GC Infobase.

Internal services

In this section

Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- management and oversight services
- communications services
- legal services
- human resources management services
- financial management services
- information management services
- information technology services
- real property management services
- materiel management services
- acquisition management services

Plans to achieve results

In 2024-25, the PMPRB will be dedicating new resources to the implementation of government-wide initiatives, including the implementation of the Clerk of the Privy Council's Call to Action on Anti-Racism, Equity, and Inclusion in the Public Service as well as the PMPRB's Accessibility Plan released in December 2022.

With the support of these new resources, planned actions include setting organizational targets for promotion of employees with disabilities, as well as employees in equity-deserving groups, increasing participation in Mentorship and Sponsorship programs, consulting and communicating with employees, assessing accessibility in program delivery, and integrating an equity lens in all internal decisions to reduce and address barriers to equity. The PMPRB is also engaged in efforts to best support employee wellness during a period of organizational change, engaging the services of the Mental Health Ombudsperson for Small Departments to encourage a healthy work-life balance, identify signs of burnout, and provide tools for managers and employees on stress and workload management. Updates to the PMPRB Accessibility Plan will be published at the end of each calendar year to track progress.

To adapt to its new conditions of work under the revised regulatory framework, the PMPRB also intends to start the process for the development a new Strategic Plan in 2024-25 and will engage in a review of its Departmental Results Framework to ensure that results indicators and targets accurately reflect the impact of its programs in future years.

Snapshot of planned resources in 2024-25

- Planned spending: $3,429,234
- Planned full-time resources: 23

Related government priorities

Table 2: Planning for contracts awarded to Indigenous businesses

In compliance with Indigenous Services Canada requirements, the PMPRB has implemented a strategy to ensure procurement from Indigenous businesses and suppliers meets or exceed a minimum of 5.0% of the value of all contracts. To meet this target, Indigenous suppliers have been sourced for information technology (IT) equipment such as tablets and monitors, IT services, graphic design, and contracted web development services.

Procurement from Indigenous suppliers has been incorporated into the budget planning and monitoring cycle, as well as in the Operational Plan cycle, to ensure that the minimum 5.0% target continues to be met or exceeded in coming years.

5% reporting field	2022-23 actual result	2023-24 forecasted result	2024-25 planned result
Total percentage of contracts with Indigenous businesses	18.4%	25.3%	8.1%

Planned spending and human resources

This section provides an overview of the PMPRB's planned spending and human resources for the next three fiscal years and compares planned spending for 2024–25 with actual spending from previous years.

In this section

Spending

Table 3: Actual spending summary for core responsibilities and internal services ($ dollars)

The following table shows information on spending for each of the PMPRB's core responsibilities and for its internal services for the previous three fiscal years. Amounts for the current fiscal year are forecasted based on spending to date.

Core responsibilities and internal services	2021–22 actual expenditures	2022–23 actual expenditures	2023–24 forecast spending
Regulate Patented Medicine Prices	8,999,721	8,660,081	10,660,501
Subtotal	8,999,721	8,660,081	10,660,501
Internal services	3,339,688	3,333,947	3,848,186
Total	12,339,409	11,994,028	14,508,687

Explanation of table 3

The forecast spending for 2023–24 is based on actual spending and anticipated spending to year end, which does not anticipate full use of the Special Purpose Allotment (SPA). At the time of preparing this report, forecast spending of the SPA amounted to approximately $0.5 million of the $4.5 million allotted. This accounts for the variance in 2023–24 forecast spending and 2024–25 planned spending shown in Table 4.

Table 4: Budgetary planning summary for core responsibilities and internal services (dollars)

The following table shows information on spending for each of the PMPRB's core responsibilities and for its internal services for the upcoming three fiscal years.

Core responsibilities and internal services	2024-25 budgetary spending (as indicated in Main Estimates)	2024-25 planned spending	2025-26 planned spending	2026-27 planned spending
Regulate Patented Medicine Prices	14,316,813	14,316,813	14,372,296	14,386,577
Subtotal	14,316,813	14,316,813	14,372,296	14,386,577
Internal services	3,429,234	3,429,234	3,465,170	3,472,370
Total	17,746,047	17,746,047	17,837,466	17,858,947

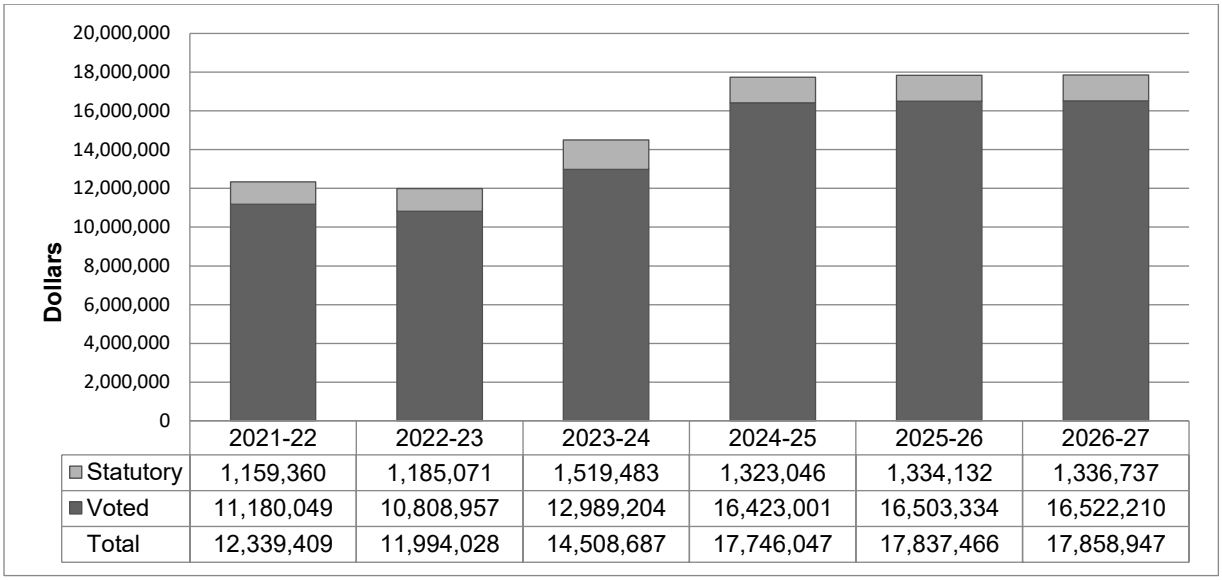
Explanation of table 4

For purposes of forecasting Planned Spending for 2024-25 and future years, it is necessary to assume that the entire SPA funding for hearings will be spent because these expenditures are dependent on the number of hearings, and the length and complexity of the hearings held, which are difficult to predict. The amount of the SPA for 2024-25 and beyond is $4,463,361.

Funding

Figure 1: Departmental spending 2021–22 to 2026–27

The following graph presents planned spending (voted and statutory expenditures) over time.



	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Statutory	1,159,360	1,185,071	1,519,483	1,323,046	1,334,132	1,336,737
Voted	11,180,049	10,808,957	12,989,204	16,423,001	16,503,334	16,522,210
Total	12,339,409	11,994,028	14,508,687	17,746,047	17,837,466	17,858,947

As announced in Budget 2017, the PMPRB received additional funding for future years: $7.7 million in 2021–22 and $5.7 million in 2022–23 and ongoing, including Employee Benefit Package (EBP) and increased funding for the SPA.

It is necessary to assume that SPA funding will be required in its entirety for planned spending in future years. However, forecast spending on the SPA in 2023–24 is only $0.5 million, with a projected lapse of $4.0 million.

Estimates by vote

Information on the PMPRB's organizational appropriations is available in the 2024–25 Main Estimates.

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of the PMPRB's operations for 2023–24 to 2024–25.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on the PMPRB's Future-Oriented Condensed Statement of Operations page.

Table 5: Future-oriented condensed statement of operations for the year ending March 31, 2025 (dollars)

Financial information	2023–24 forecast results	2024–25 planned results	Difference (2024–25 planned results minus 2023–24 forecast results)
Total expenses	16,174,413	19,359,746	3,185,333
Total revenues	23	-	(23)
Net cost of operations before government funding and transfers	16,174,390	19,359,746	3,185,356

Explanation of table 5

The PMPRB is projecting $19.4 million in expenses based on 2024-25 Main Estimates and accrued information. This amount does not include future supplementary estimates. It represents an increase of $3.2 million from 2023-24 projections, primarily attributable to a lapse in SPA funding for hearings in 2023-24. The PMPRB assumes the entire SPA funding for hearings will be spent. This is because these expenditures are dependent on the number of hearings and the length and complexity of the hearings held, which are difficult to predict.

The 2024–25 planned expenses by core responsibility are as follows:

- Regulate Patented Medicine Prices: $15.7 million; and,
- Internal Services: $3.7 million.

The PMPRB receives most of its funding through annual Parliamentary appropriations.

Human resources

Table 6: Actual human resources for core responsibilities and internal services

The following table shows a summary of human resources, in full-time equivalents (FTEs), for the PMPRB's core responsibilities and for its internal services for the previous three fiscal years. Human resources for the current fiscal year are forecasted based on year to date.

Core responsibilities and internal services	2021–22 actual FTEs	2022–23 actual FTEs	2023–24 forecasted FTEs
Regulate Patented Medicine Prices	55	55	57
Subtotal	55	55	57
Internal services	23	22	26
Total	78	77	83

Explanation of table 6

The slight increase in forecast FTEs for 2023-24 is a result of backfilling staff departures and fulfilling postponed staffing actions resulting from the regulatory reform process over the last several years.

Table 7: Human resources planning summary for core responsibilities and internal services

The following table shows information on human resources, in full-time equivalents (FTEs), for each of the PMPRB's core responsibilities and for its internal services planned for 2024–25 and future years.

Core responsibilities and internal services	2024–25 planned fulltime equivalents	2025–26 planned fulltime equivalents	2026–27 planned fulltime equivalents
Regulate Patented Medicine Prices	58	58	58
Subtotal	58	58	58
Internal services	23	23	23
Total	81	81	81

Explanation of table 7

Planned FTE levels are expected to be consistent with current levels for each of the next three years.

Corporate information

Organizational profile

Appropriate minister(s): The Honourable Mark Holland

Institutional head: Thomas J. Digby, Chairperson

Ministerial portfolio: Health

Enabling instrument(s): *Patent Act* and *Patented Medicines Regulations*

Year of incorporation / commencement: 1987

Other: The Minister of Health is responsible for the pharmaceutical provisions of the *Patent Act* set out in sections 79 to 103. Although the PMPRB is part of the Health Portfolio, because of its quasi-judicial responsibilities the PMPRB carries out its mandate at arm's length from the Minister. It also operates independently of Health Canada, which approves drugs for safety, efficacy and quality; other Health Portfolio members, such as the Public Health Agency of Canada, the Canadian Institutes of Health Research, and the Canadian Food Inspection Agency; federal, provincial, and territorial (F/P/T) public drug plans, which approve the listing of drugs for their respective formularies for reimbursement purposes; and the Common Drug Review, administered by the Canadian Agency for Drugs and Technologies in Health (CADTH), which recommends drugs that should qualify for reimbursement purposes by participating public drug plans.

Organizational contact information

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Website(s): https://www.canada.ca/en/patented-medicine-prices-review.html

Supplementary information tables

The following supplementary information tables are available on the PMPRB's website:

- Gender-based analysis plus

Information on the PMPRB's departmental sustainable development strategy can be found on the PMPRB's website.

Federal tax expenditures

The PMPRB's Departmental Plan does not include information on tax expenditures.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government wide tax expenditures each year in the Report on Federal Tax Expenditures.

This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

[Expand/collapse sections]

Definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

departmental result (résultat ministériel)

A change that a department seeks to influence. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

gender-based analysis plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography, language, race, religion, and sexual orientation.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2024–25 Departmental Plan, government-wide priorities are the high-level themes outlining the government's agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just, and equitable world.

horizontal initiative (initiative horizontale)

An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

Indigenous business

As defined on the Indigenous Services Canada website in accordance with the Government of Canada's commitment that a mandatory minimum target of 5% of the total value of contracts is awarded to Indigenous businesses annually.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

plan (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

Individual or groups of services, activities or combinations thereof that are managed together within a department and that focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

result (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead, they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The vote wording becomes the governing conditions under which these expenditures may be made.