



Patented Medicine
Prices Review Board
Canada

Conseil d'examen du prix
des médicaments brevetés
Canada

The Patented Medicine Prices Review Board's 2024-25 Departmental Results Report

The Honourable Marjorie Michel
Minister of Health

Canada

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The Patented Medicine Prices Review Board's 2024-25 Departmental results report

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At a glance

This departmental results report details the Patented Medicine Prices Review Board's (PMPRB) actual accomplishments against the plans, priorities and expected results outlined in its [2024–25 Departmental Plan](#).

- [Vision, mission, raison d'être](#) and [operating context](#)

Key priorities

The PMPRB identified the following key priorities for 2024-25:

- Develop and implement new PMPRB Guidelines that respond to feedback from consulted groups.
- Support access to high-quality information on the pharmaceutical market in Canada.

Highlights for the PMPRB in 2024-25

- Total actual spending (including internal services): \$13,687,100
- Total full-time equivalent staff (including internal services): 78

For complete information on the PMPRB's total spending and human resources, read the [Spending and human resources section](#) of its full departmental results report.

Summary of results

The following provides a summary of the results the department achieved in 2024-25 under its main areas of activity, called “core responsibilities.”

Core responsibility 1: Regulate Patented Medicine Prices¹

Actual spending: \$9,780,417

Actual full-time equivalent staff: 54

The PMPRB prepared draft Guidelines in 2024-25 to address 2022 amendments to the *Patented Medicines Regulations*. The draft Guidelines, issued in December 2024, were developed with feedback from multiple rounds of engagement with interested parties, and they form the basis for final Guidelines released in summer 2025. In 2024-25, the PMPRB monitored medicine prices based on Interim Guidance.

Under its reporting function, the PMPRB delivered three analytic reports to the Minister of Health on trends in the pharmaceutical market, alongside five research briefs and presentations at four conferences. This information is gathered through the National Prescription Drug Utilization Information System (NPDUIS) initiative by request of the Minister of Health.

For more information on the PMPRB’s [Regulate Patented Medicine Prices](#) read the ‘Results – what we achieved’ section of its departmental results report.

Internal services

Actual spending: \$3,906,683

Actual full-time equivalent staff: 24

The PMPRB built its capacity and resilience through staffing, planning, information sharing, modernizing systems, and supporting Staff in 2024-25. New resources were dedicated to the implementation of inclusion, diversity, equity, and accessibility (IDEA) initiatives this year, and the PMPRB reached all workforce availability targets for equity-deserving groups by December 2024.

The PMPRB also revised its Departmental Results Framework in 2024-25 to reflect important clarifications to the PMPRB’s mandate, as acknowledged in July 2022 amendments to the *Patented Medicine Regulations*.

For more information on the PMPRB’s [Internal services](#) read the ‘Results – what we achieved’ section of its departmental results report.

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.

From the Acting Chairperson

The PMPRB is an independent, quasi-judicial body with the mandate to monitor the price at which Rights Holders sell their patented medicines in Canada to ensure that this price is not excessive. We are also responsible for reporting annually to Parliament through the Minister of Health on our activities for the previous year, pricing trends of all patented medicines, and research and development expenditures reported to the PMPRB by pharmaceutical Rights Holders.

This past year has been formative in deciding the PMPRB's direction forward. We have been focused on clear and frequent communication and engagement as we worked through a three-step process to develop and consult on draft Guidelines, which address a 2022 amendment to the *Patented Medicines Regulations*. This approach towards final Guidelines has allowed us to create more predictability and to engage more fully in their development, with a keen attention to the impact of our decisions on all those affected by the process. The most recent round of consultations on the draft Guidelines closed in March 2025 and included 54 written submissions, which we have carefully reviewed and incorporated into our final Guidelines.

On the reporting side, our analysts explored new avenues to deliver relevant, objective, and credible information on the pharmaceutical market in Canada in 2024-25. The resulting reports and research briefs reflect these priorities. We invite you to visit the [library of analytic findings](#) on our website.

Internally, the PMPRB continues to strengthen its capacity, operational efficiency, and long-term planning. In 2024-25, we dedicated new resources to government-wide initiatives on inclusion, diversity, equity, and accessibility (IDEA), and invested in modernizing and securing our IT network infrastructure and information management systems. We also sought approval for revisions to our Departmental Results Framework to reflect important clarifications to the PMPRB's mandate. These changes were incorporated into our [2025-26 Departmental Plan](#) and will apply for results reporting going forward.

I was appointed as Acting Chairperson for the PMPRB at the close of the fiscal year, as Mr. Thomas Digby stepped aside to pursue other opportunities. As we review our results for 2024-25 as a department, I am most proud of the productive relationships and dialogues we opened this past year. I look forward to carrying over this experience into our future work as we cultivate respect, transparency, and excellence in all we do.

Anie Perrault
Acting Chairperson, PMPRB

Results – what we achieved

Core responsibilities and internal services

- [Core responsibility 1: Regulate Patented Medicine Prices](#)
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Core responsibility 1: Regulate Patented Medicine Prices²

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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.³

Quality of life impacts

Canada's [Quality of Life Framework](#) uses 84 indicators to measure what matters most to Canadians and to help drive evidence-based budgeting and decision-making at the federal level. The PMPRB's core responsibility, though limited, overlaps indirectly with several of these indicators, including household finances indicators listed under the framework's domain of "Prosperity" and the indicator "Cost-related non-adherence to prescription medication" under the domain of "Health".

As many prescription medicines do not have less expensive generic versions available, monitoring the prices of patented medicines and intervening where the price appears to be excessive can have an indirect impact on the affordability of medicines for Canadian patients, which in turn can minimize cost-related non-adherence to these prescriptions. This is particularly relevant through the framework's "Sustainability and Resilience lens", which is aimed at building resilience and maintaining the longevity of policies and quality of life in the years to come.

² 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. Note that the language for the core responsibility has been revised for 2025-26 onward to better reflect the PMPRB's mandate (see the PMPRB's [2025-26 Departmental Plan](#)).

³ 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. Note that the language for the core responsibility description has been revised for 2025-26 onward to better reflect the PMPRB's mandate (see the PMPRB's [2025-26 Departmental Plan](#)).

Progress on results

This section details the department’s performance against its targets for each departmental result under Core responsibility 1: Regulate Patented Medicine Prices.

Table 1: Affordable⁴ patented drug prices

Table 1 shows the target, the date to achieve the target and the actual result for each indicator under Affordable patented drug prices in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% of patented drug prices in Canada below the median price of the PMPRB’s comparator countries	At least 50% ⁱ	March 31, 2025	2022–23: 43.9% 2023–24: 39.1% 2024–25: 37.0% ⁱⁱ
% of patented drug prices in Canada are within the thresholds set out in the PMPRB’s Excessive Price Guidelines	At least 95% ⁱⁱⁱ	March 31, 2025	2022–23: 80.6% 2023–24: N/A 2024–25: N/A ^{iv}

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.

ⁱ 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 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 rights holders. This indicator and target has been revised for 2025-26 onward (see the PMPRB’s [2025-26 Departmental Plan](#)).

ⁱⁱ The results for 2022–23 onward compare 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, these results are not directly comparable to those calculated for previous years, which used the PMPRB7 schedule countries for the calculation.

ⁱⁱⁱ 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 Undertakings, divided by the number of patented medicines for which the price review was completed at March 31 of the fiscal year.

^{iv} In the absence of PMPRB Guidelines, this result was not calculable for 2023–24 or 2024–25. Price reviews were conducted under Interim Guidance pending the release of new Guidelines.

The [Results section of the Infographic for the PMPRB on GC Infobase page](#) provides additional information on results and performance related to its program inventory.

Details on results

The following section describes the results for Regulate Patented Medicine Prices in 2024–25 compared with the planned results set out in the PMPRB’s departmental plan for the year.

It should be noted that the indicators and targets listed in Table 1 are not a reflection of how a medicine’s price is reviewed or whether a price is considered “excessive” and have no impact on the draft or final Guidelines for Staff. The PMPRB does not set price ceilings and hearings in the case of a potentially excessive price cannot be fettered by the PMPRB’s Departmental Results Framework.

⁴ In this document, “affordable patented drug prices” means “patented medicine prices that are not excessive”.

Available results for 2024-25 should only be considered as an indicator of where pricing stands relative to a set metric. The PMPRB's results, indicators, and targets have been revised for 2025-26 onward to better reflect the PMPRB's mandate and jurisdiction. See the [PMPRB's 2025-26 Departmental Plan](#) for more information.

Affordable patented drug prices

Results achieved

- The PMPRB set out to develop and finalize new Guidelines in 2024-25, which provide guidance to Staff on how to conduct reviews for patented medicines under the 2022 amendments to the *Patented Medicines Regulations*. These Guidelines are non-binding and provide transparency on the process used to identify potential candidates for hearings, which are brought forward to the Chairperson for consideration.
- Following a Discussion Guide issued June 26, 2024, and subsequent engagement with health system partners and other interested parties, the PMPRB released Draft Guidelines on December 19, 2024. The release was followed by 90 days of consultation. Feedback received by the March 2025 deadline, which included 54 written submissions, has informed the development of final Guidelines released on June 30, 2025, and will lay the groundwork for their effective and seamless operationalization.
- Over 1,100 patented medicines for human use are reported to the PMPRB in a given year, including new and existing medicines. In the absence of active Guidelines, the PMPRB monitored prices under terms of the [Interim Guidance](#) issued September 2023.
- Through the Pharmaceutical Trends program, the PMPRB delivered three analytic reports on the pharmaceutical market to the Minister of Health in 2024-25, including a new report on spending by private drug plans in Canada and new analysis that sheds light on the use of select medicines across demographics. The PMPRB also shared five research briefs related to the reports to the Minister and presented related findings at four conferences over the course of the fiscal year. This analysis is generated by the PMPRB's National Prescription Drug Utilization Information System (NPDUIS) initiative group for the Minister of Health pursuant to requests through s.90 of the *Patent Act*. The [library of reports](#) is available on the PMPRB's website.

Key risks

The PMPRB identified three key risks to the achievement of its planned results in 2024-25.

- Uncertainty in the lengthy process to develop final Guidelines posed a risk to the achievement of the PMPRB's mandate, both in maintaining transparency and predictability for affected groups and in planning for a smooth integration of the Guidelines. To mitigate this risk, the PMPRB prioritized engagement with health system partners and other interested groups in 2024-25, as well as clear and frequent communication on the status of the Guidelines development process.
- Delays in the Guidelines development have also created a backlog of medicines that have not been reviewed, presenting 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 existing patented medicines and an expedited assessment for new medicines.

- As identified in the “Results achieved” section, the outdated Departmental Results Framework in place in 2024-25 meant that the PMPRB’s impact and achievements under its mandate were not captured in a relevant or meaningful capacity. Moreover, the data filed with the PMPRB and used to calculate the current results has changed under the amended Regulations, making some measures unreportable and other measures less comparable to previous year’s results. The PMPRB proposed a new Departmental Results Framework for 2025-26 onward, which has been accepted by Treasury Board and is reflected in the PMPRB’s [2025-26 Departmental Plan](#).

Resources required to achieve results

Table 2: Snapshot of resources required for Regulate Patented Medicine Prices

Table 2 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	\$14,316,813	\$9,780,417
Full-time equivalents	58	54

[The Finances section of the Infographic for the PMPRB on GC Infobase page](#) and the [People section of the Infographic for the PMPRB on GC Infobase page](#) provide complete financial and human resources information related to its program inventory.

Related government priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-based Analysis Plus

Sex and gender differences, race, ethnicity, age, and mental or physical disability are all factors 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 an individual patented medicine does not vary for the sex or gender+ of the user, the PMPRB’s price monitoring process cannot take explicit account of the diversity of user groups or their economic situation. The PMPRB’s mandate to ensure non-excessive patented medicine prices can benefit all populations indirectly through health system reinvestments and improved access to better care. However, the benefits are greater for those who pay out of pocket for their medicine, who do not have adequate drug coverage, who have a greater need for prescription medications, or whose socioeconomic status makes it more difficult to afford their medication.

An [intersectional study](#) published by Statistics Canada in 2024 found that prescription drug insurance coverage varied for men and women across factors such as marital status, immigrant status, racialized group, sexual orientation, household income, number of chronic conditions, and employment-related factors. The findings showed:

- lower levels of employer-sponsored drug insurance coverage among both recent and established immigrant men and women;
- lower levels of employer-sponsored drug insurance coverage among almost all racialized groups;
- lower proportions employer-sponsored drug insurance plan among bisexual men and women than heterosexual men and women; and
- more women than men skipping filling prescription drugs because of cost.

Through the Pharmaceutical Trends program, the PMPRB is leveraging data from the National Prescription Drug Utilization Information System (NPDUIS) database hosted by the Canadian Institute for Health Information (CIHI) to report on analytic research topics informed by GBA Plus.

As part of this initiative, the 8th edition of the PMPRB's [Meds Entry Watch](#) report included an analysis age and sex differences in patients using semaglutide, based on public drug plan claims for 2022. Semaglutide was the top-selling medicine for public drug plans between 2017 and 2022 and is primarily indicated for the treatment of type 2 diabetes. In 2022, female claimants were slightly more likely to use semaglutide, making up 56% of claims. Age was also a factor in utilization for both sexes, with claimants aged 65 and older more likely to be male. These trends may be explained in part by off-label use and the prevalence of diabetes by age across sexes, and they may shift going forward as the approved use semaglutide expands to include weight management without diabetes.

Demographic-driven analyses were also included in a new report on [Private Drug Plans in Canada](#), highlighting expenditure trends for specific groups of claimants. These reports are being produced by the NPDUIS initiative group of the PMPRB as a result of a request from the Minister of Health under s. 90 of the *Patent Act*.

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

Additional information related to the program inventory for Regulate Patented Medicine Prices is available on the [Results page on GC InfoBase](#).

Internal services

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Description

Internal services refer to the activities and resources that support a department in its work to meet its corporate obligations and deliver its programs. The 8 categories of internal services are:

- Management and Oversight Services
- Human Resources Management
- Financial Management
- Information Management
- Information Technology
- Real Property
- Materiel
- Acquisitions

Note that the PMPRB includes communications services and legal services under its core responsibility.

Progress on results

This section presents details on how the department performed to achieve results and meet targets for internal services.

In 2024-25, the PMPRB was engaged in strengthening long-term capacity and resilience for the department. This included stabilizing the organizational chart, biannual management-level prioritization exercises, interbranch information sessions, and revising its Departmental Results Framework to reflect important clarifications to the PMPRB's mandate, as acknowledged in July 2022 amendments to the *Patented Medicine Regulations*.

The PMPRB also dedicated new resources to government-wide initiatives on Inclusion, Diversity, Equity, and Accessibility (IDEA), 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](#). Work is underway to integrate the lens of these efforts into all aspects of the PMPRB's programs and operations. As of December 2024, the PMPRB meets workforce availability targets for employees with disabilities as well as those in equity-deserving groups.

Internal services teams made improvements to modernize and secure the IT network infrastructure, information management systems, Staff code of conduct, and proactive disclosure process this year. The PMPRB also engaged the services of the Mental Health Ombudsperson for Small Departments, for 2024-25 onward, to support Staff and encourage healthy work-life balance.

Resources required to achieve results

Table 3: Resources required to achieve results for internal services this year

Table 3 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	\$3,429,234	\$3,906,683
Full-time equivalents	23	24

[The Finances section of the Infographic for the PMPRB on GC Infobase page](#) and the [People section of the Infographic for the PMPRB on GC Infobase page](#) provide complete financial and human resources information related to its program inventory.

Contracts awarded to Indigenous businesses

Government of Canada departments are required to award at least 5% of the total value of contracts to Indigenous businesses every year.

The PMPRB’s results for 2024-25:

Table 4: Total value of contracts awarded to Indigenous businessesⁱ

As shown in Table 4, the PMPRB awarded 8.15% of the total value of all contracts to Indigenous businesses for the fiscal year.

Contracting performance indicators	2024-25 Results
Total value of contracts awarded to Indigenous businesses ⁱⁱ (A)	\$92,739.89
Total value of contracts awarded to Indigenous and non-Indigenous businesses (B)	\$1,137,631.67
Value of exceptions approved by deputy head (C)	\$0.00
Proportion of contracts awarded to Indigenous businesses $[A / (B - C) \times 100]$	8.15%
<p>ⁱ “Contract” is a binding agreement for the procurement of a good, service, or construction and does not include real property leases. It includes contract amendments and contracts entered into by means of acquisition cards of more than \$10,000.00.</p> <p>ⁱⁱ For the purposes of the minimum 5% target, the data in this table reflects how Indigenous Services Canada (ISC) defines “Indigenous business” as either:</p> <ul style="list-style-type: none"> • owned and operated by Elders, band and tribal councils • registered in the Indigenous Business Directory • registered on a modern treaty beneficiary business list. <p>The result for 2024–25 may include the value of subcontracts with Indigenous businesses.</p>	

The PMPRB has responded to the Government of Canada’s Indigenous procurement targets by prioritizing contracting areas with competitive availability for Indigenous suppliers, such communications or other professional services and information technology equipment. These areas have relatively consistent internal and program requirements year over year, allowing for long-term planning towards meeting or exceeding these targets.

In its 2025–26 Departmental Plan, the PMPRB estimated that it would award 5.30% of the total value of its contracts to Indigenous businesses by the end of 2024–25. The PMPRB included contracts and acquisition card purchases with a value less than \$10,000 in its total value of contracts awarded to Indigenous businesses. These purchases, which were commodities of office supplies and communication, resulted in a total of 8.15% by year-end.

The PMPRB is a micro-organization that uses the Indigenous Business Database to find eligible businesses. Internal consultations have taken place where we encouraged business owners outreach activities through Industry Days. This remains a challenge for our organization due to our size and resources available.

Spending and human resources

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Spending

This section presents an overview of the department's actual and planned expenditures from 2022–23 to 2027–28.

Refocusing Government Spending

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

While not officially part of this spending reduction exercise, to respect the spirit of this exercise, the PMPRB undertook the following measures in 2024-25:

- Reviewing spending on translation and the tools available to support these services; and
- Reviewing the provision of IT equipment as part of investment planning.

Budgetary performance summary

Table 5: Actual three-year spending on core responsibilities and internal services (dollars)

Table 5 shows the money that the PMPRB spent in each of the past three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2024–25 Main Estimates	2024–25 total authorities available for use	Actual spending over three years (authorities used)
Regulate Patented Medicine Prices	14,316,813	14,368,724	<ul style="list-style-type: none"> • 2022–23: 8,687,581 • 2023–24: 10,223,542 • 2024–25: 9,780,417
Subtotal	14,316,813	14,368,724	<ul style="list-style-type: none"> • 2022–23: 8,687,581 • 2023–24: 10,223,542 • 2024–25: 9,780,417
Internal services	3,429,234	4,141,430	<ul style="list-style-type: none"> • 2022–23: 3,333,947 • 2023–24: 3,820,603 • 2024–25: 3,906,683
Total	17,746,047	18,510,154	<ul style="list-style-type: none"> • 2022-23: 12,021,528 • 2023-24: 14,044,145 • 2024-25: 13,687,100

Analysis of the past three years of spending

Actual spending increased between 2022-23 and 2023-24 as a result of compensation adjustments from collective agreements signed in 2023-24, an increase in the number of full-time equivalents (FTEs), and a corresponding rise in Employee Benefits Payments (EBP). Spending on information technology equipment, health science consultants, and language training also contributed to this difference.

For planning purposes, it is assumed that the full Special Purpose Allotment (SPA) for hearings will be used. As the PMPRB is currently conducting price reviews under Interim Guidance, which did not contemplate hearing-prioritization measures, spending on hearings has been lower than normal. Spending on the SPA in 2024-25 was only \$262,337, with a projected lapse of \$4.2 million, which accounts for the variance in 2024-25 Main Estimates and actual spending shown in Table 5. Unspent amounts are returned to the Consolidated Revenue Fund.

The [Finances section of the Infographic for the PMPRB on GC Infobase](#) offers more financial information from previous years.

Table 6: Planned three-year spending on core responsibilities and internal services (dollars)

Table 6 shows the PMPRB’s planned spending for each of the next three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2025–26 planned spending	2026–27 planned spending	2027–28 planned spending
Regulate Patented Medicine Prices	14,628,709	14,644,786	14,644,786
Subtotal	14,628,709	14,644,786	14,644,786
Internal services	3,500,223	3,507,506	3,507,506
Total	18,128,932	18,152,292	18,152,292

Analysis of the next three years of spending

The difference in actual spending for 2024-25 and planned spending for 2025-26 can be attributed to SPA funding for hearings. For purposes of forecasting planned spending, it is necessary to assume that the entire SPA funding 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.

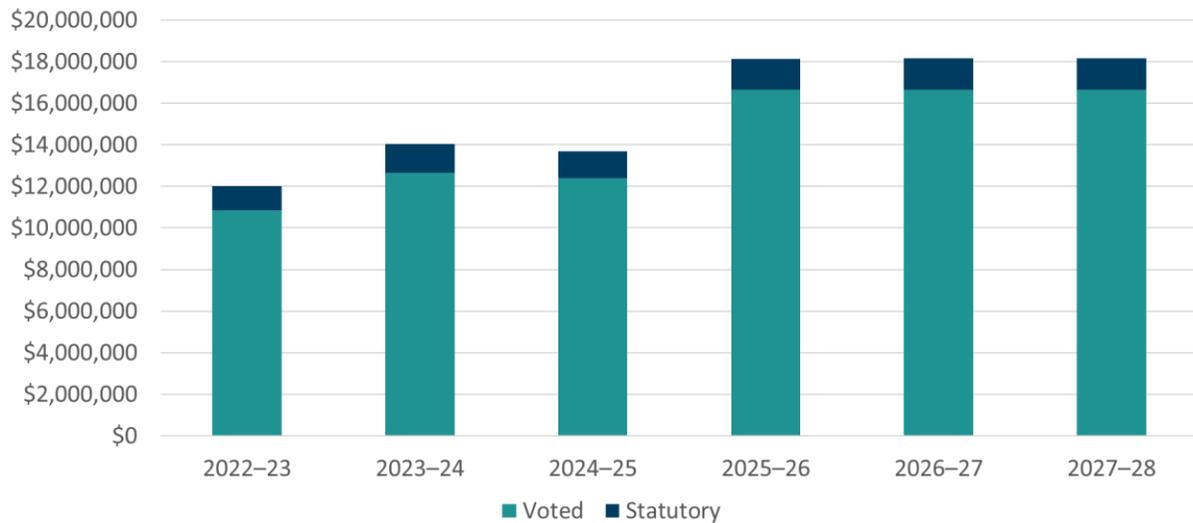
The Finances section [of the Infographic for the PMPRB on GC Infobase](#) offers [more detailed financial information related to future years](#).

Funding

This section provides an overview of the department's voted and statutory funding for its core responsibilities and for internal services. Consult the [Government of Canada budgets and expenditures](#) for further information on funding authorities.

Graph 1: Approved funding (statutory and voted) over a six-year period

Graph 1 summarizes the department's approved voted and statutory funding from 2022-23 to 2027-28.



Text version of graph 1

Graph 1 includes the following information in a bar graph:

Fiscal year	Statutory	Voted	Total
2022-23	\$1,185,071	\$10,836,457	\$12,021,528
2023-24	\$1,387,286	\$12,656,859	\$14,044,145
2024-25	\$1,289,099	\$12,398,001	\$13,687,100
2025-26	\$1,498,580	\$16,630,352	\$18,128,932
2026-27	\$1,501,680	\$16,650,612	\$18,152,292
2027-28	\$1,501,680	\$16,650,612	\$18,152,292

Analysis of statutory and voted funding over a six-year period

It is necessary to assume that SPA funding will be required in its entirety for planned spending in future years. Spending on the SPA in 2024-25 was only \$262,337, with a projected lapse of \$4.2 million. This accounts for the difference between total forecast spending in 2024-25 and planned spending for 2025-26.

Actual spending increased between 2022-23 and 2023-24 as a result of compensation adjustments from collective agreements signed in 2023-24, an increase in the number of full-time equivalents (FTEs), and a corresponding rise in Employee Benefits Payments (EBP).

Consult the [Public Accounts of Canada](#) for further information on the PMPRB's departmental voted and statutory expenditures.

Financial statement highlights

The [PMPRB’s Financial Statements \(Unaudited\) for the Year Ended March 31, 2025](#).

Table 7: Condensed Statement of Operations (unaudited) for the year ended March 31, 2025 (dollars)

Table 7 summarizes the expenses and revenues for 2024–25 which net to the cost of operations before government funding and transfers.

Financial information	2024–25 actual results	2024–25 planned results	Difference (actual results minus planned)
Total expenses	15,337,895	19,359,746	(4,021,851)
Total revenues	1,504	–	(1,504)
Net cost of operations before government funding and transfers	15,336,391	19,359,746	(4,023,355)

Analysis of expenses and revenues for 2024-25

The net cost of operations before government funding and transfers decreased by \$4.0 million due to the SPA funding being fully forecasted for 2024-25 and ending up with a lapse of \$4.2 million.

The 2024–25 planned results information is provided in the PMPRB’s [Future-Oriented Statement of Operations and Notes 2024–25](#).

Table 8: Condensed Statement of Operations (unaudited) for 2023-24 and 2024-25 (dollars)

Table 8 summarizes actual expenses and revenues and shows the net cost of operations before government funding and transfers.

Financial information	2024–25 actual results	2023–24 actual results	Difference (2024-25 minus 2023-24)
Total expenses	15,337,895	15,800,215	(462,320)
Total revenues	1,504	320	184
Net cost of operations before government funding and transfers	15,336,391	15,799,895	(463,504)

Analysis of differences in expenses and revenues between 2023-24 and 2024-25

The decrease of the net cost of operations before government funding and transfers from 2023-24 and 2024-25 is primarily due to a court award of approximately \$400,000 in 2023-24.

Table 9: Condensed Statement of Financial Position (unaudited) as at March 31, 2025 (dollars)

Table 9 provides a brief snapshot of the amounts the department owes or must spend (liabilities) and its available resources (assets), which helps to indicate its ability to carry out programs and services.

Financial information	Actual fiscal year (2024–25)	Previous fiscal year (2023–24)	Difference (2024–25 minus 2023–24)
Total net liabilities	2,593,940	1,830,443	763,497
Total net financial assets	1,673,922	953,947	719,975
Departmental net debt	920,018	876,496	43,522
Total non-financial assets	166,782	86,061	80,721
Departmental net financial position	(753,236)	(790,435)	37,199

Analysis of department’s liabilities and assets since last fiscal year

The increase in total net liabilities and total net financial assets is due to an increase in accounts payable that can vary significantly from year to year depending on the timing of invoice receipt and payment at year-end, as well as a payable at year-end (PAYE) for amounts owed to employees following the signing of collective agreements.

Human resources

This section presents an overview of the department’s actual and planned human resources from 2022–23 to 2027–28.

Table 10: Actual human resources for core responsibilities and internal services

Table 10 shows a summary in full-time equivalents of human resources for the PMPRB’s core responsibilities and for its internal services for the previous three fiscal years.

Core responsibilities and internal services	2022–23 actual full-time equivalents	2023–24 actual full-time equivalents	2024–25 actual full-time equivalents
Regulate Patented Medicine Prices	55	58	54
Subtotal	55	58	54
Internal services	22	24	24
Total	77	82	78

Analysis of human resources for the last three years

Actual FTEs increased for 2022-23 to 2023-24 as a result of backfilling staff departures and fulfilling postponed staffing actions. FTE levels have stabilized for 2024-25 onward.

Table 11: Human resources planning summary for core responsibilities and internal services

Table 11 shows the planned full-time equivalents for each of the PMPRB’s core responsibilities and for its internal services for the next three years. Human resources for the current fiscal year are forecast based on year to date.

Core responsibilities and internal services	2025–26 planned full-time equivalents	2026–27 planned full-time equivalents	2027–28 planned full-time equivalents
Regulate Patented Medicine Prices	58	58	58
Subtotal	58	58	58
Internal services	23	23	23
Total	81	81	81

Analysis of human resources for the next three years
Planned FTE levels are expected to be consistent through 2027-28.

Supplementary information tables

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

- [Gender-based Analysis Plus](#)

Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the [Report on Federal Tax Expenditures](#). This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA Plus of tax expenditures.

Corporate information

Departmental profile

Appropriate minister(s): The Honourable Marjorie Michel

Institutional head: Anie Perrault, Acting 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.

The PMPRB also operates independently of

- Health Canada, which approves medicines for marketing in Canada based on their safety, efficacy, and quality;

- Canada’s Drug Agency, which performs health technology assessment and assembles expert committees to make recommendations on which medicines should qualify for reimbursement under publicly funded drug programs;
- the Institut national d’excellence en santé et en services sociaux (INESSS), which evaluates medicines to make recommendations on reimbursement by public plans in Quebec;
- the pan-Canadian Pharmaceutical Alliance (pCPA), which negotiates the list prices on behalf of the publicly funded drug programs across Canada; and
- federal, provincial, and territorial public drug plans and private drug plans, which approve the listing of medicines on their respective formularies for reimbursement purposes.

Departmental contact information

Mailing address:

The Patented Medicine Prices Review Board

Box L40

Standard Life Centre

333 Laurier Avenue West

Suite 1400

Ottawa, Ontario

K1P 1C1

Telephone: 1-877-861-2350

TTY: 613-288-9654

Email: PMPRB.Information-Renseignements.CEPMB@pmprb-cepmb.gc.ca

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

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, departments or individuals; and payments to Crown corporations.

core responsibility (responsabilité essentielle)

An enduring function or role of a department. The departmental results listed for a core responsibility reflect the outcomes that the department seeks to influence or achieve.

Departmental Plan (plan ministériel)

A report that outlines the anticipated activities and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament in spring.

departmental priority (priorité)

A plan, project or activity that a department focuses and reports on during a specific planning period. Priorities represent the most important things to be done or those to be addressed first to help achieve the desired departmental results.

departmental result (résultat ministériel)

A high-level outcome related to the core responsibilities of a department.

departmental result indicator (indicateur de résultat ministériel)

A quantitative or qualitative measure that assesses progress toward a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that connects the department's core responsibilities to its departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report outlining a department's accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

full-time equivalent (équivalent temps plein)

Measures the person years in a departmental budget. An employee's scheduled hours per week divided by the employer's hours for a full-time workweek calculates a full-time equivalent. For example, an employee who works 20 hours in a 40-hour standard workweek represents a 0.5 full-time equivalent.

Gender-based Analysis Plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool that helps to understand the ways diverse individuals experience policies, programs and other initiatives. Applying GBA Plus to policies, programs and other initiatives helps to identify the different needs of the people affected, the ways to be more responsive and inclusive, and the methods to anticipate and mitigate potential barriers to accessing or benefitting from the initiative. GBA Plus goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.

government priorities (priorités pangouvernementales)

For the purpose of the 2024–25 Departmental Results Report, government priorities are the high-level themes outlining the government's agenda as announced in the [2021 Speech from the Throne](#).

horizontal initiative (initiative horizontale)

A program, project or other initiative where two or more federal departments receive funding to work collaboratively on a shared outcome usually linked to a government priority, and where the ministers involved agree to designate it as horizontal. Specific reporting requirements apply, including that the lead department must report on combined expenditures and results.

Indigenous business (entreprise autochtones)

For the purposes of a Departmental Result Report, this includes any entity that meets the Indigenous Services Canada's criteria of being owned and operated by Elders, band and tribal councils, registered in the [Indigenous Business Directory](#) or registered on a modern treaty beneficiary business list.

interested parties (parties intéressées)

For the purposes of the PMPRB, any group or individual who is impacted by or takes interest in matters under the PMPRB's jurisdiction. In the context of consultations, interested parties might include pharmaceutical Rights Holders, patient and health groups, public and private payers, distributors, and researchers and academics, among others.

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

performance indicator (indicateur de rendement)

A qualitative or quantitative measure that assesses progress toward a departmental-level or program-level result, or the expected outputs or outcomes of a program, policy or initiative.

plan (plan)

The articulation of strategic choices, which provides information on how a department 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 to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to the amounts presented in Main Estimates. Departments must determine their planned spending and be able to defend the financial numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

An Individual, group, or combination of services and activities managed together within a department and focused on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

A listing that identifies all the department's programs and the resources that contribute to delivering on the department's core responsibilities and achieving its results.

result (résultat)

An outcome or output related to the activities of a department, policy, program or initiative.

statutory expenditures (dépenses législatives)

Spending approved through legislation passed in Parliament, other than appropriation acts. The legislation sets out the purpose and the terms and conditions of the expenditures.

target (cible)

A quantitative or qualitative, measurable goal that a department, program or initiative plans to achieve within a specified time period.

voted expenditures (dépenses votées)

Spending approved annually through an appropriation act passed in Parliament. The vote also outlines the conditions that govern the spending.