

INTERPROVINCIAL DISPARITIES IN ACCESS TO DERMATOLOGY TREATMENTS IN CANADA

BACKGROUND

- Following Health Technology Assessment (HTA) reviews conducted by Canada's Drug Agency (CDA-AMC) for jurisdictions outside Quebec and by and/or Institut national d'excellence en santé et en services sociaux (INESSS) in Quebec, a drug product proceeds to the pan-Canadian Pharmaceutical Alliance (pCPA) for negotiation of confidential pricing agreements.
- The decision to publicly fund drugs in Canada are subsequently made by federal, provincial, or territorial drug plans following the completion of pCPA negotiations.
- Despite a well-established national reimbursement framework, variation in provincial formulary listing decisions after completed pCPA negotiations can create inequitable access to innovative therapies based on patients' province of residence.

OBJECTIVES

- The objective of this analysis was to evaluate the public drug plan listing status of innovative dermatology products in Canada following completed pCPA negotiations, and to assess interprovincial variation in public reimbursement.

METHODS

Product Identification

- All dermatology products that underwent a CDA-AMC review or entered a pCPA negotiation between January 1, 2016, and December 31, 2025, were identified. Biosimilars were excluded from the analysis.
- Included indications: plaque psoriasis, atopic dermatitis, acne vulgaris, actinic keratosis, hidradenitis suppurativa, alopecia areata, generalized pustular psoriasis, prurigo nodularis, vitiligo, and chronic hand eczema.

Data Extraction

- For each product, the following data elements were captured: Notice of Compliance (NOC) date and indication, CDA-AMC recommendation date and outcome, pCPA negotiation status, and Letter of Intent (LOI) date, where applicable.

Provincial Listings

- For all products with a signed pCPA LOI, listing status was recorded for all public drug plans regardless of coverage type (e.g., full benefit or limited use/special authorization).
- Listing status was updated as of May 1, 2026.
- Products with pCPA negotiations that remain active, were under consideration, concluded without a pCPA agreement, or had not yet resulted in a formulary listing were excluded from listing rate calculations.

- The following public drug plans were included: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and NIHB.

Listing Rate Calculation

- Listing rates were calculated as the proportion of products with a signed pCPA LOI that were publicly listed in each jurisdiction.
- The national median listing rate across jurisdictions was used as the benchmark comparator.

RESULTS

- Twenty-nine (29) innovative dermatology products were identified between January 1, 2016, and December 31, 2025. Of these, six (6) received a negative recommendation from CDA-AMC, and three did not receive a recommendation but concluded with a pCPA LOI (i.e. line extensions) (Table 1).
- Among the identified drug products, nineteen (19) had a signed pCPA LOI. Three (3) products concluded pCPA without an agreement, two (2) did not pursue negotiations, one (1) was on hold and four (4) remained under active negotiation or consideration (Table 1).
- Three (3) identified products with a signed pCPA LOI were excluded from the analysis. See note below Table 1.

Table 1. Public Reimbursement Milestones for Innovative Dermatology Products in Canada

Product	Indication	NOC Date	CDA-AMC Recommendation Date	pCPA LOI Date
Actikerall	Actinic Keratosis	31-Jul-2014	22-Mar-17	22-Aug-18
Cimzia	Plaque Psoriasis	13-Nov-19	20-Nov-19	No agreement
Enstilar	Plaque Psoriasis	13-Sep-2016	N/A	27-Aug-18
Taltz	Plaque Psoriasis	25-May-2016	25-Oct-16	29-Dec-17
Otezla	Plaque Psoriasis	12-Nov-2014	26-Oct-16	No agreement
Tremfya	Plaque Psoriasis	10-Nov-2017	21-Feb-18	21-Aug-23
Siliq	Plaque Psoriasis	6-Mar-2018	20-Jun-18	14-Dec-18
Skyrizi	Plaque Psoriasis	17-Apr-2019	28-May-19	28-Nov-19
Dupixent	Atopic Dermatitis (≥6 yrs)	30-Nov-2017	22-Apr-20	25-Feb-21
Duobrii	Plaque Psoriasis	10-Jun-2020	28-Oct-20	30-Nov-21
Adtralza	Atopic Dermatitis	13-Oct-2021	7-Mar-22	Negotiations not pursued
Ilumya	Plaque Psoriasis	19-May-2021	21-Jun-21	20-Dec-21
Arazlo	Acne Vulgaris (topical)	8-Jul-2021	N/A	29-Aug-22
Bryhali	Plaque Psoriasis (topical)	13-Apr-2021	N/A	27-Sep-22
Bimzelx	Plaque Psoriasis	14-Feb-2022	30-Mar-22	9-Dec-22
Rinvoq	Atopic Dermatitis	3-Jun-2021	8-Jun-22	19-Sep-23
Cibinqo	Atopic Dermatitis	29-Jun-2022	19-Aug-22	21-Jul-23
Sotyktu ¹	Plaque Psoriasis	14-Feb-2023	8-Aug-23	17-Jul-24
Zoryve	Plaque Psoriasis	28-Apr-2023	16-Aug-23	No agreement
Cabtreo	Acne Vulgaris (topical)	14-Aug-2024	5-Nov-24	4-Apr-25
Cosentyx	Hidradenitis Auppurativa	17-May-2024	12-Sep-24	1-May-25
Ebglyss ¹	Atopic Dermatitis	24-Jun-2024	15-Nov-24	28-Aug-25
Olumiant ²	Alopecia Areata	26-Jan-2024	2-Oct-24	10-Nov-25
Wintevi	Acne Vulgaris	15-Jun-2023	25-Feb-25	Negotiations not pursued
Spevigo	Generalized Pustular Psoriasis	17-Jun-2024	7-Jan-25	Negotiations on hold
Opzelura	Atopic Dermatitis	11-Oct-2024	23-May-25	Active negotiation
Dupixent	Prurigo Nodularis	12-Jul-2023	5-Aug-25	Active negotiation
Opzelura	Vitiligo	11-Oct-2024	25-Aug-25	Under consideration
Anzupgo	Hand Eczema	25-Aug-2025	1-Dec-25	Active negotiation

¹ Sotyktu and Ebglyss received a negative CDA-AMC recommendation, but a positive INESSS recommendation. Both were excluded from the analysis.
² Olumiant concluded with an LOI recently (Nov 10, 2025) and was excluded from the analysis.

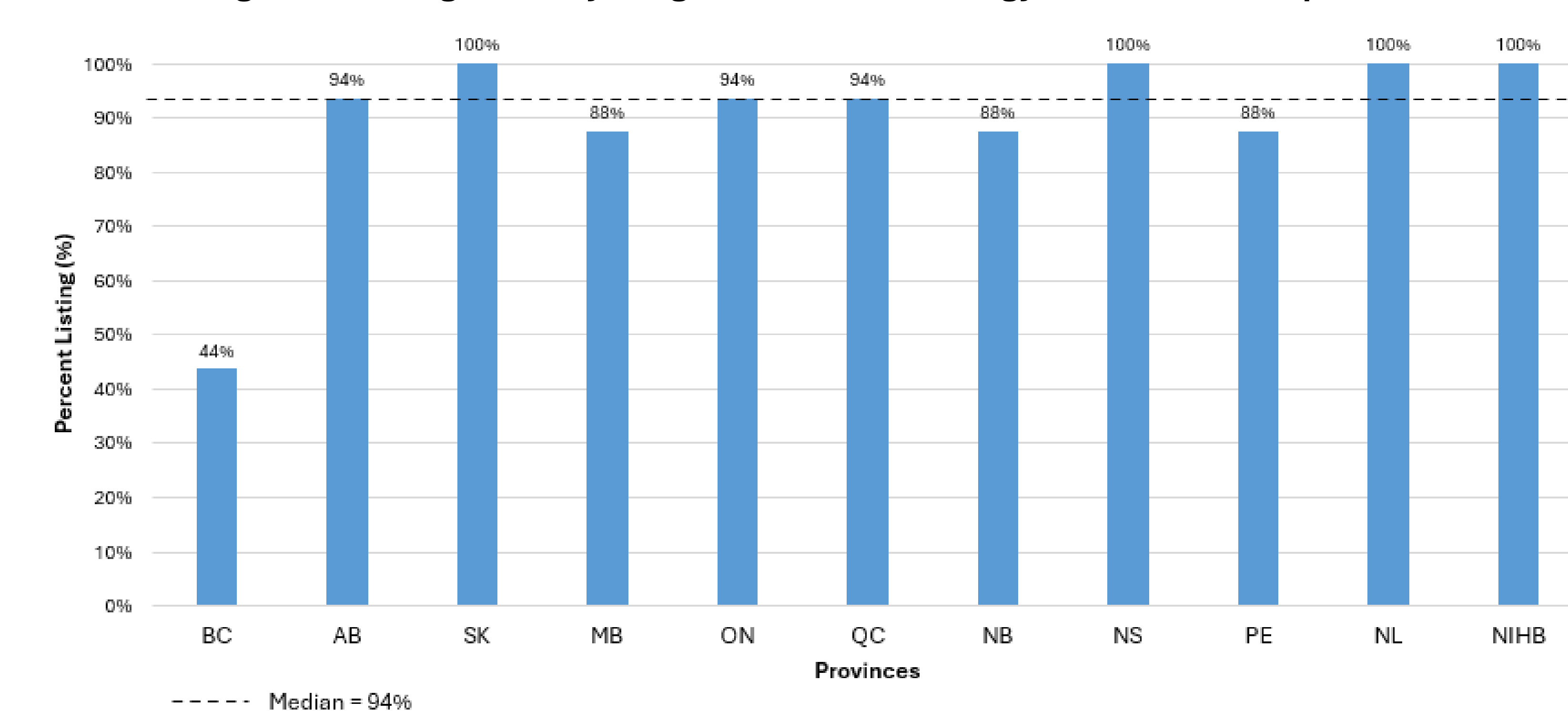
Table 2. Provincial Public Coverage of Dermatology Products with a pCPA LOI

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB
Ilumya											
Dupixent											
Skyrizi											
Siliq											
Tremfya											
Actikerall											
Taltz											
Duobrii											
Enstilar											
Arazlo											
Bryhali											
Rinvoq											
Bimzelx											
Cibinqo											
Cabtreo											
Cosentyx											

RESULTS

- Among products included in the analysis with a signed pCPA LOI (n=16), public reimbursement listing rates ranged from 44% to 100% across participating drug plans. Saskatchewan, Nova Scotia, Newfoundland and Labrador, and the Non-Insured Health Benefits (NIHB) program listed 100% of eligible products (Table 2; Figure 1).
- British Columbia demonstrated the lowest listing rate, with only 44% (7/16) of products with a signed pCPA LOI publicly reimbursed. The next lowest listing rates were observed in Manitoba, New Brunswick, and Prince Edward Island, each listing 88% (14/16) of eligible products (Table 2; Figure 1).

Figure 1. Listing Rates by Drug Plan for Dermatology Products with a pCPA LOI



- While all of dermatology products with a signed pCPA LOI were listed on the NIHB formulary, only 44% were listed on BC PharmaCare (Table 2; Figure 1).
- Consequently, First Nations in British Columbia, who access public drug coverage through BC PharmaCare (Plan W) rather than NIHB, may face comparatively reduced access to innovative dermatology therapies than First Nations populations in other Canadian jurisdictions.

CONCLUSION

- Among innovative dermatology products with a signed pCPA LOI (n=16), listing rates across public drug plans ranged from 44% to 100%.
- While the national median listing rate was 94%, British Columbia listed only 44% (7/16) of eligible products with a signed LOI, representing the lowest listing rate among of all jurisdictions analyzed. Manitoba, New Brunswick, and Prince Edward Island had the next lowest listing rates at 88% (14/16).
- Several provinces demonstrated consistently high listing rates, whereas others showed delayed or limited adoption despite completed pCPA negotiations
- Overall, these findings demonstrate that, although most innovative dermatology products that successfully complete pCPA negotiations achieve public reimbursement in Canada, significant interprovincial disparities in access persist.
- British Columbia exhibits markedly lower listing rates relative to the national median, suggesting inequitable access to innovative dermatology therapies across provinces.

REFERENCES

- CDA-AMC Drug Access in Canada: Understanding the System. https://www.cda-amc.ca/sites/default/files/pdf/htis/2025/DS0101-Drug_System101_e.pdf
- CDA-AMC Reimbursement Review Reports. (n.d.). <https://www.cadth.ca/reimbursement-review-reports>
- Health Canada Drug Product Database. <https://health-products.canada.ca/dpd-bdpp/>
- pCPA Brand Name Drug Negotiation Status. <https://www.pcpacanada.ca/negotiations>

Abbreviations: AB = Alberta, BC = British Columbia; CDA-AMC = Canada's Drug Agency/L'Agence des médicaments du Canada, HTA = Health Technology Assessment, LOI = Letter of Intent; MB = Manitoba; NB = New Brunswick; NL = Newfoundland & Labrador; NS = Nova Scotia; NIHB = Non-insured Health Benefits; ON = Ontario; pCPA = pan-Canadian Pharmaceutical Alliance; PE = Prince Edward Island; QC = Quebec; SK = Saskatchewan