2025 EDITION

SAMPLE

MORSE CONSULTING'S

Canadian Reimbursement & Forecasting Timeline Report

A comprehensive source of reimbursement timelines and insights to inform forecasting and planning needs.

MORSE CONSULTING | DECIPHERING MARKET ACCESS

CRAFT REPORT OUTLINE

SAMPLE

Section

Executive Summary

Market Access Timelines

CDA-AMC Metrics

pCPA Metrics

- pCPA Initiation
- pCPA Completion
- pCPA Closed Files
- pCPA Not Negotiated
- TNP
- Subsequent Indication Negotiation
- pTAP

Jurisdictional Funding

- All Files
- Oncology Files
- Non-Oncology Files

Note that more detailed sections with volume and timeline metrics are included in the CRaFT Report and DRD sub-report

CRaFT 2025: EXECUTIVE SUMMARY

Average Time from CDA submission to First Provincial Listing

X Days — Oncology drugs

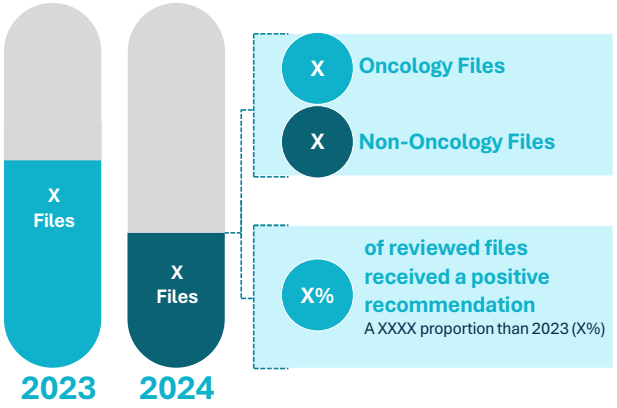
X Days — Non-oncology drugs

SAMPLE

While overall timelines have remained relatively stable, notable trends have emerged within each stage of the reimbursement process:

HTA Reviews

CDA reviewed X files in 2024 than 2023



Introduction of Time-Limited Reimbursement Recommendations

- Demonstrates...

Alignment between CDA and INESSS recommendations XXXX to X% in 2024

- May indicate .....

pCPA Negotiations

X Files

Concluded with a Letter of Intent (LOI)

X% reduction in average negotiation time since 2021

X Files

Closed by the pCPA Without an LOI

X were XXXX, a higher volume than seen in any prior year.

X Days

Average Time Under pCPA Consideration

X% increase since 2021

Time from Final CDA Recommendation to pCPA LOI Decreased

Based on MORSE's methodology and assumptions, **the Targeted Negotiation Process (TNP)**, while potentially expediting timelines, **demonstrated a lower success rate** (X%) compared to non-TNP files (X%) in terms of reaching an agreement.

Provincial Funding

Large Interprovincial Timing Variability

Average time to funding post-LOI ranged from X days (XX) to X days (XX) for files that Completed pCPA negotiations in 2024

XX & XX Consistently Fund Fewer Drugs

Only X% and X% of drugs Completed in 2024 were funded, respectively, compared to the national average of X%.

Certain Provinces Fund Non-Oncology Drugs Faster than Oncology Drugs

(XX, XX, XX), while others show no clear pattern or the opposite trend (e.g., XX).

Average Time to Funding Has Generally XXXX

For most provinces in recent years, although some variation exists based on drug type (oncology vs non-oncology).

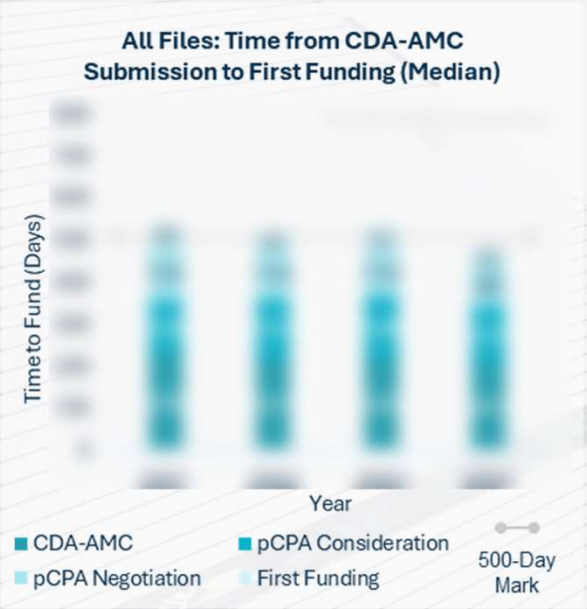
Minimum funding timelines demonstrate the potential for rapid provincial funding under optimal conditions.

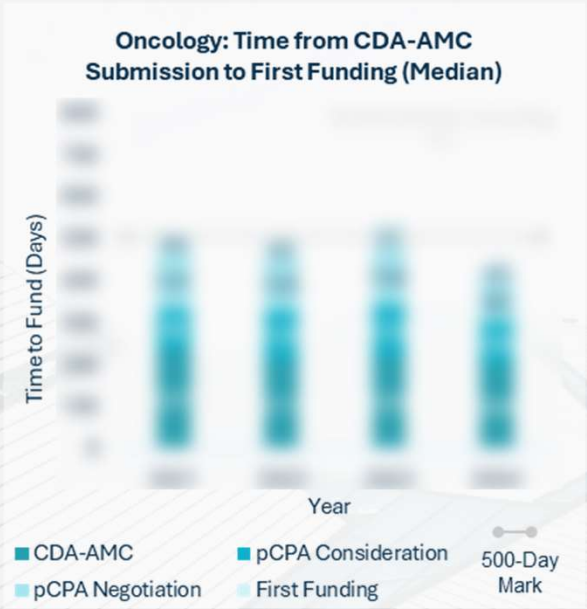
***CRaFT Report**: Note the current slide is for illustrative purposes. The executive summary includes multiple slides highlighting key report takeaways with data labels.*

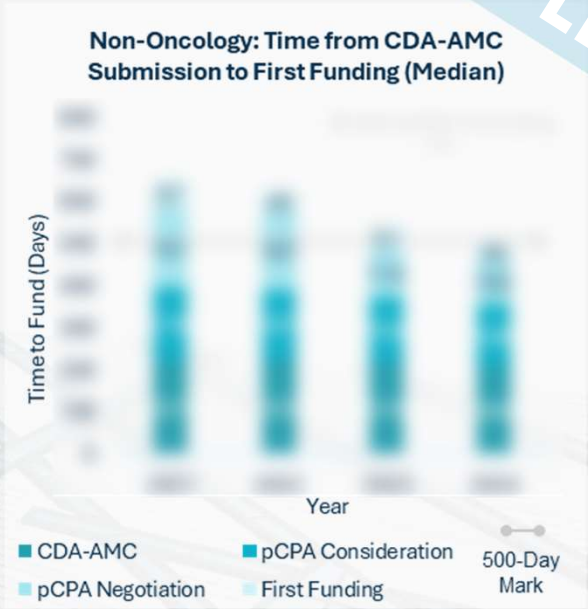
***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

MARKET ACCESS TIMELINES BY TYPE AND YEAR

SAMPLE







- The overall market access timeline for **Oncology** drugs was longest in XXXX, but improved in XXXX, with the median timeline shortening for every component (CDA-AMC, pCPA consideration, pCPA negotiation, and time to first funding).
- For **Non-Oncology** drugs, market access timelines were longest in XXXX, particularly during the pCPA XXXX phase. In contrast, XXXX saw the shortest median timelines across all components, resulting in the fastest overall market access compared to the previous XXXX years.

Note:

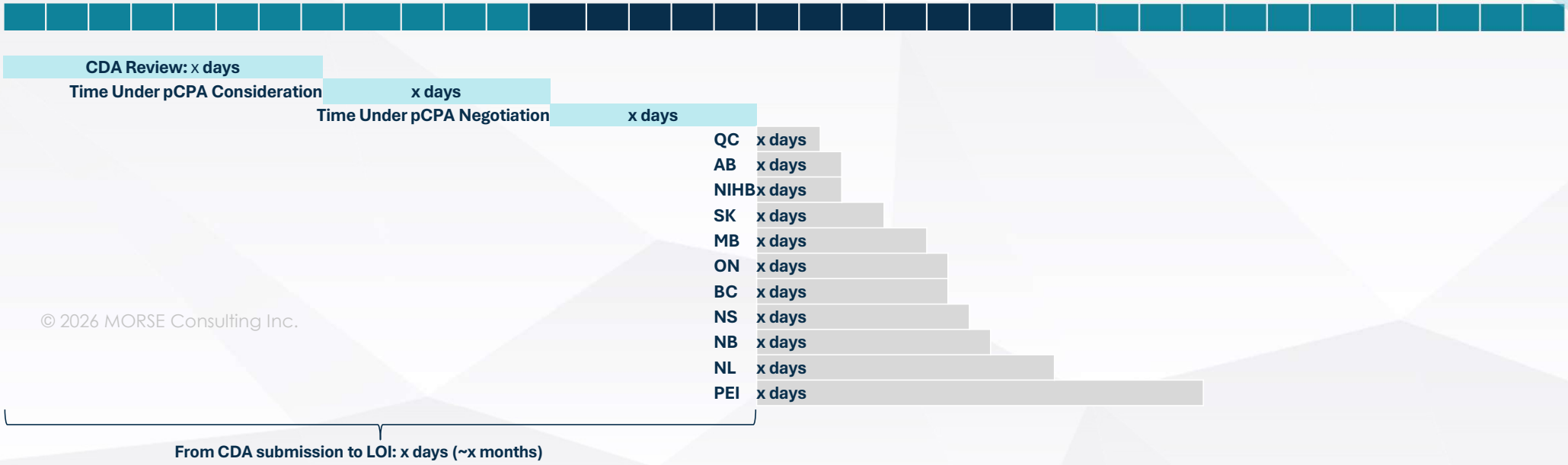
***CRaFT Report**: Note the current slide is for illustrative purposes. The executive summary includes multiple slides highlighting key report takeaways with data labels.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

MARKET ACCESS TIMELINE FOR ONCOLOGY DRUGS

The average time between CDA submission and first provincial funding is **x days (~x months)**.

SAMPLE



© 2026 MORSE Consulting Inc.

***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed for **Oncology** and **Non-Oncology** files with data labels in the CRaFT Report.*

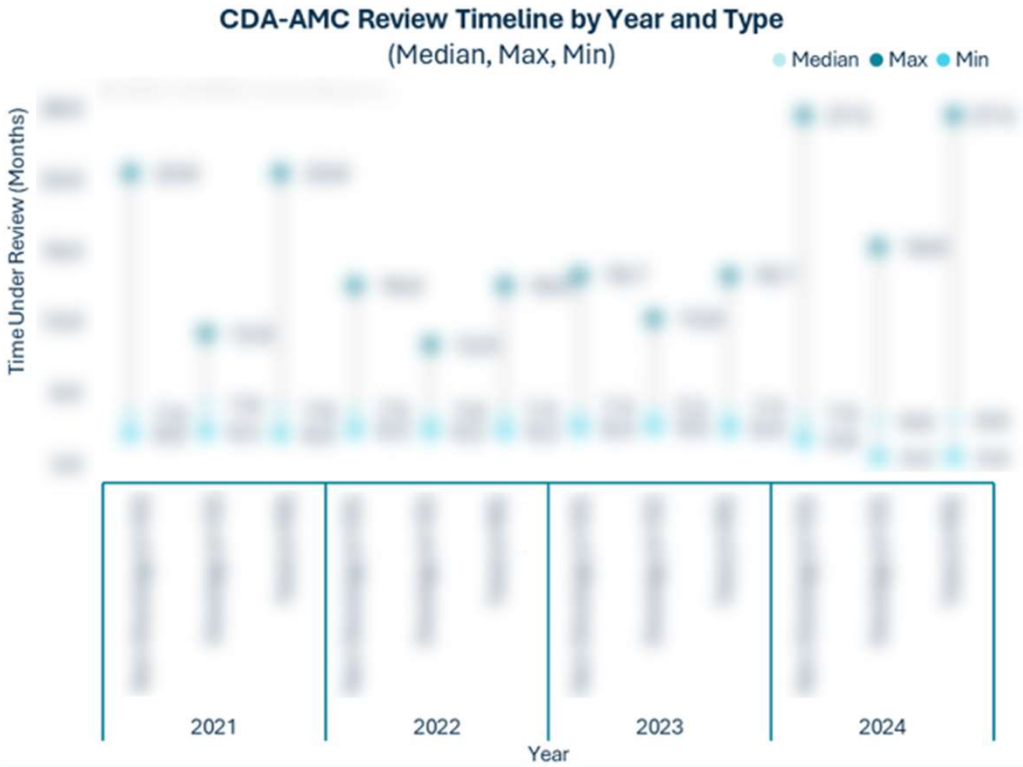
***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

CDA-AMC REVIEW: TIMELINE

Despite one outlier taking >XX months, the median time under CDA-AMC review in 2024 was lowest in the last XX years (X.X months).

SAMPLE



2024 OUTLIERS (Slowest X%, n=X)

Drug Name	Indication	Category	Recommendation	CDA-AMC Review Time (months)
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

2024 OUTLIERS (Fastest X%, n=X)

Drug Name	Indication	Category	Recommendation	CDA-AMC Review Time (months)
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

- The reviews of XX,XX, and XX were delayed due to temporary suspensions; all slowest outliers had major revisions requested by the sponsor following the initial draft recommendation.

***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed for **Oncology** and **Non-Oncology** files with data labels in the CRaFT Report.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

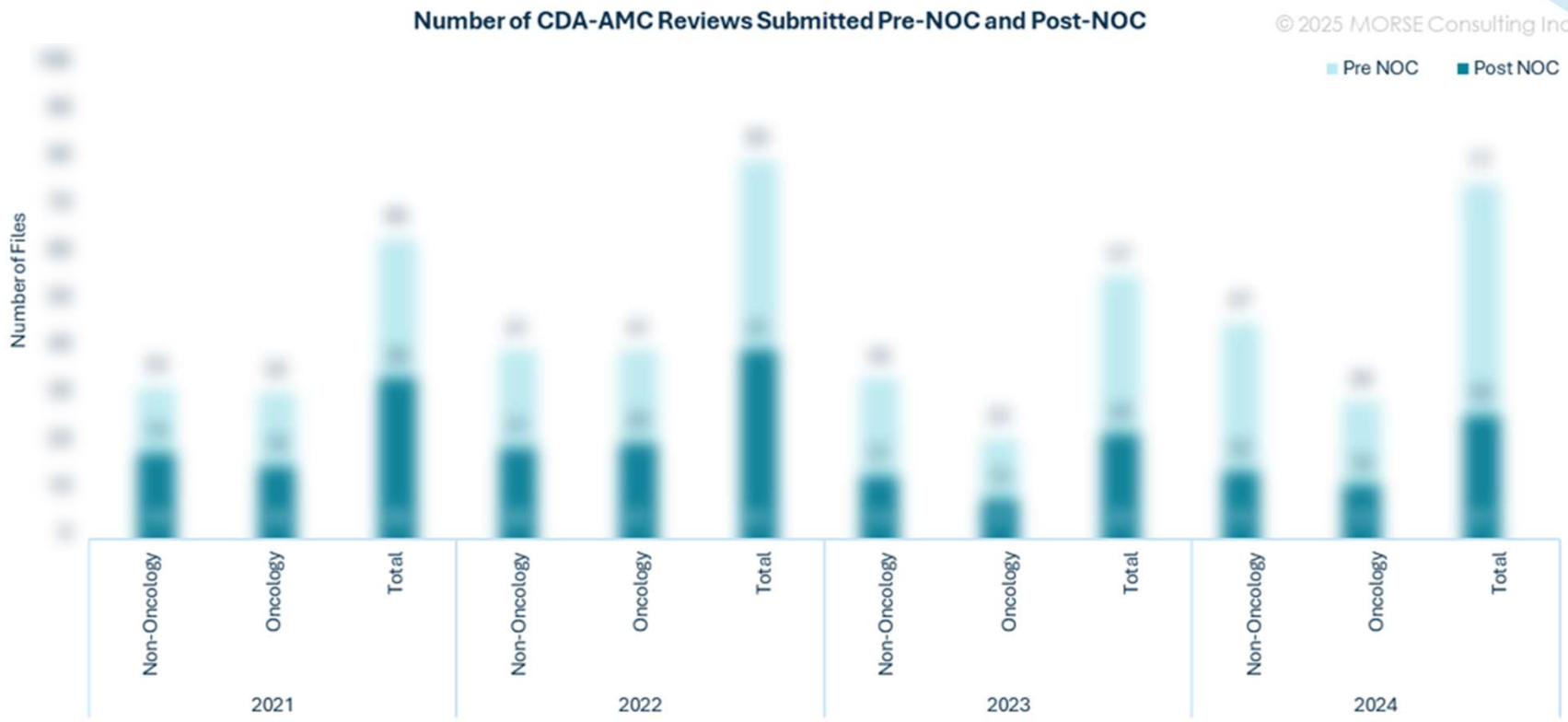
Note: CDA-AMC Review time is calculated as time from when a submission was received to when a final recommendation is issued, as per CDA-AMC website; assuming 1 month = 30 days.

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

CDA-AMC REVIEW: PRE- OR POST-NOC SUBMISSION

XX% of files were submitted to CDA-AMC pre-NOC in 2024, an increase from XX% in 2023 and XX% in 20[illegible]

SAMPLE



***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed with data labels in the CRaFT Report.*

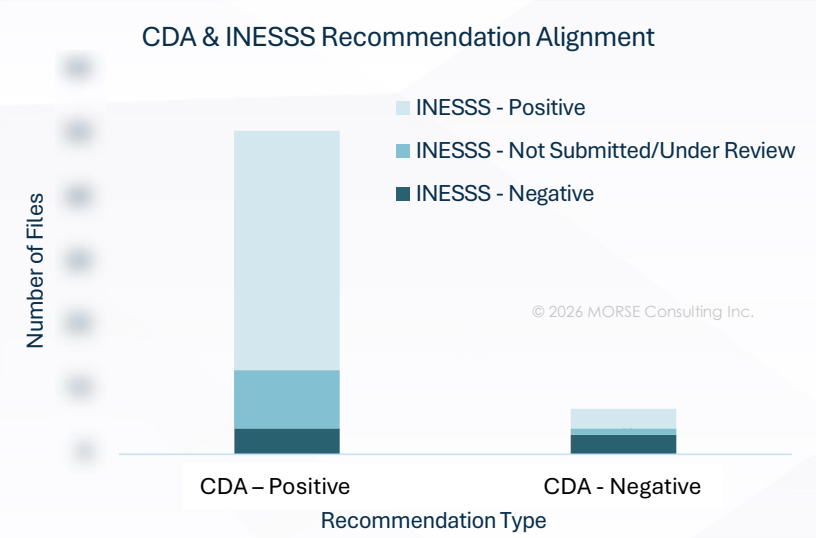
***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

CDA & INESSS ALIGNMENT

XX% of files reviewed by CDA-AMC and INESSS in 2024 had aligned recommendations, an increase compared to 2023 where XX% had aligned recommendations.

SAMPLE



Note:

- CDA-AMC – Positive includes files that received 'Reimburse with conditions' and 'Reimburse' recommendations; CDA-AMC – Negative includes files that received 'Do not reimburse' recommendations.
- INESSS – Positive includes files that received 'Registration - With conditions', 'Registration', and 'Refusal to list unless conditions were met'; INESSS – Negative includes 'Refusal of registration'.
- Excluding Plasma Protein and Related Products, Non-Sponsored Reimbursement Reviews, Request for Advice, files not submitted to INESSS, and files under review at INESSS as of December 31, 2024.

Files that received a positive recommendation from CDA-AMC and a negative recommendation from INESSS (n=5)

Drug Name	Indication	Type
[redacted]	[redacted]	Non-Oncology
[redacted]	[redacted]	Oncology
[redacted]	[redacted]	Non-Oncology
[redacted]	[redacted]	Non-Oncology
[redacted]	[redacted]	Non-Oncology

Files that received a negative recommendation from CDA-AMC and a positive recommendation from INESSS (n=2)

Drug Name	Indication	Type
[redacted]	[redacted]	Oncology
[redacted]	[redacted]	Non-Oncology

***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed with data labels in the CRaFT Report.*

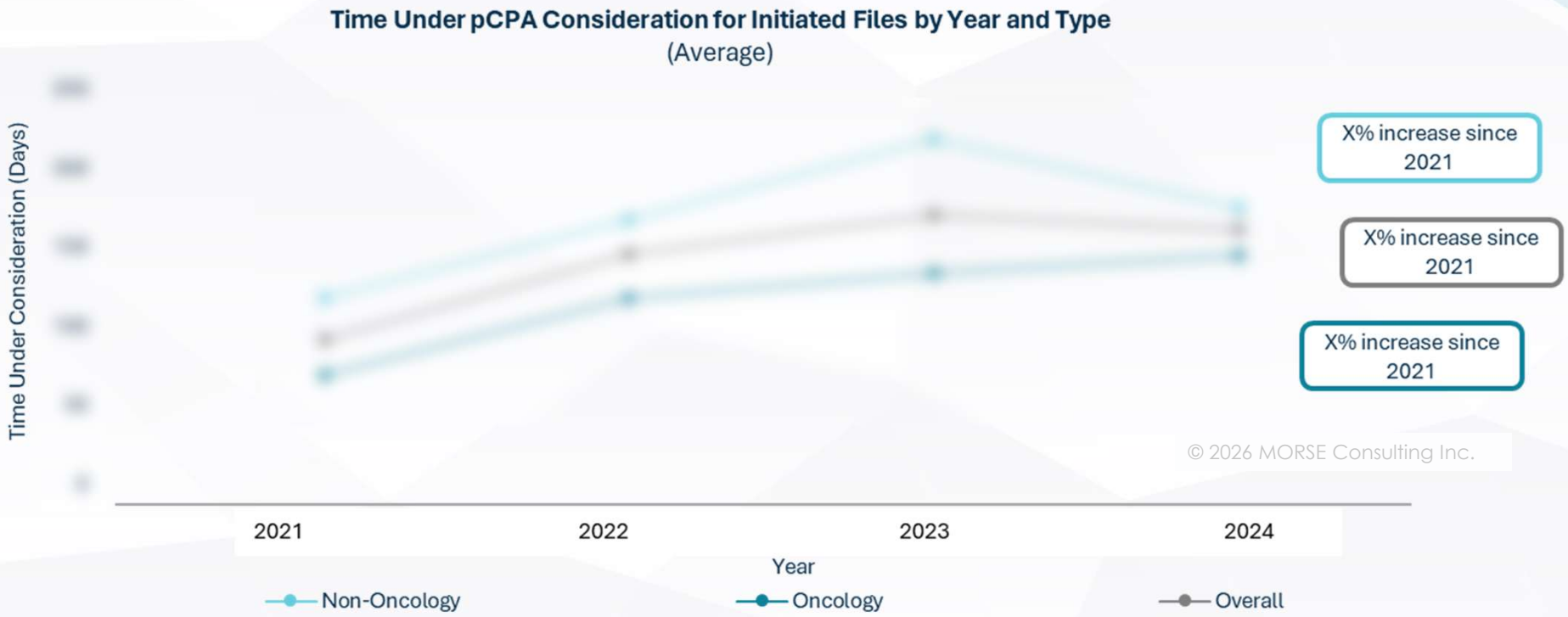
***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA INITATION: TIMELINE

The overall median time under consideration in 2024 was X days. The trend of Non-Oncology files taking longer to initiate than Oncology files continued, with the gap widening compared to 2023.

SAMPLE



***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed with data labels in the CRaFT Report.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA INITIATION: TIMELINE OUTLIERS

Similarities can be found among both the "Slow Outlier" and "Fast Outlier" categories.

SAMPLE

Slow Outliers (n=X, files with the XX% slowest TTI)			
Drug Name	**Indication**	**Type**	**TTI**
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]

Fast Outliers (n=XX, files with the XX% fastest TTI)			
Drug Name	**Indication**	**Type**	**TTI**
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Non-Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]
[redacted]	[redacted]	Oncology	[redacted]

- The majority of slow outliers are non-first entrants within their respective therapeutic areas, which may have contributed to their lower prioritization at pCPA and slower TTI.
- Several slow outliers (XX) have existing LOIs in place. Typically, files with existing LOIs are engaged more quickly.

- XX fast outliers were initiated ahead of the final CDA-AMC recommendation: **XX** was initiated under the pTAP process which begins upon availability of the CDA-AMC reviewers' reports; **XX** was initiated X days after the positive INESSS recommendation, potentially expedited due to timing associated with federal procurement agreements.

***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed with data labels in the CRaFT Report.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA COMPLETED WITH LOI: TIMELINE

The majority (XX%) of completed files were under pCPA negotiation for XX days.

SAMPLE

***CRaFT Report**: Note the current slide is for illustrative purposes. The same analysis is also performed for **pCPA Initiation** and **pCPA Closed** files, with outliers identified and payer insights included.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA COMPLETED WITH LOI: TIMELINE OUTLIERS

The XX fastest negotiated files were initiated and completed in the same day. The pattern amongst Slow Outliers is more r[illegible]ed

SAMPLE

Slow Outliers (n=7, files with the 10% slowest TTN)

Drug Name	Indication	Type	Time under Negotiation (days)
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]

Fast Outliers (n=10, files with the 10% fastest TTN)

Drug Name	Indication	Type	Time under Negotiation (days)
[illegible]	[illegible]	Other	[illegible]
[illegible]	[illegible]	Other	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Other	[illegible]
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Non-Oncology	[illegible]
[illegible]	[illegible]	Oncology	[illegible]
[illegible]	[illegible]	Other	[illegible]

***CRaFT Report**: Note the current slide is for illustrative purposes. The same analysis is also performed for **pCPA Initiation** and **pCPA Closed** files, with outliers identified and payer insights included.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA CLOSED WITHOUT LOI: TIMELINE

The median time under negotiation for files completed with an LOI decreased to XX calendar days in 2024, a XX% decrease compared to 2021 (XX calendar days).

SAMPLE

Time Under Negotiation for pCPA Closed Files by Year and Type
(Median)

	2021	2022	2023	2024	Compared to 2021
Non-Oncology					decrease
Oncology	-			-	-
Biosimilar	-		-	-	-
Other			-		increase
Total					decrease

- Median time under negotiation for Closed files (XX days, XX files) was XX days longer than Completed files (XX days, XX files) in 2024.
- The median negotiation time for Closed files decreased by XX% from 2021 to 2024, with the steepest decline occurring in 2023 (XX%). This could be due to the implementation of the Targeted Negotiation Process or to pCPA setting clearer mandates to conclude negotiations when progress stalls.

***CRaFT Report**: Note the current slide is for illustrative purposes. The analysis is performed with data labels in the CRaFT Report.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

Note: No Oncology files Closed in 2021 or 2024; no Other files Closed in 2023; no Biosimilar files Closed in 2021, 2023 or 2024.

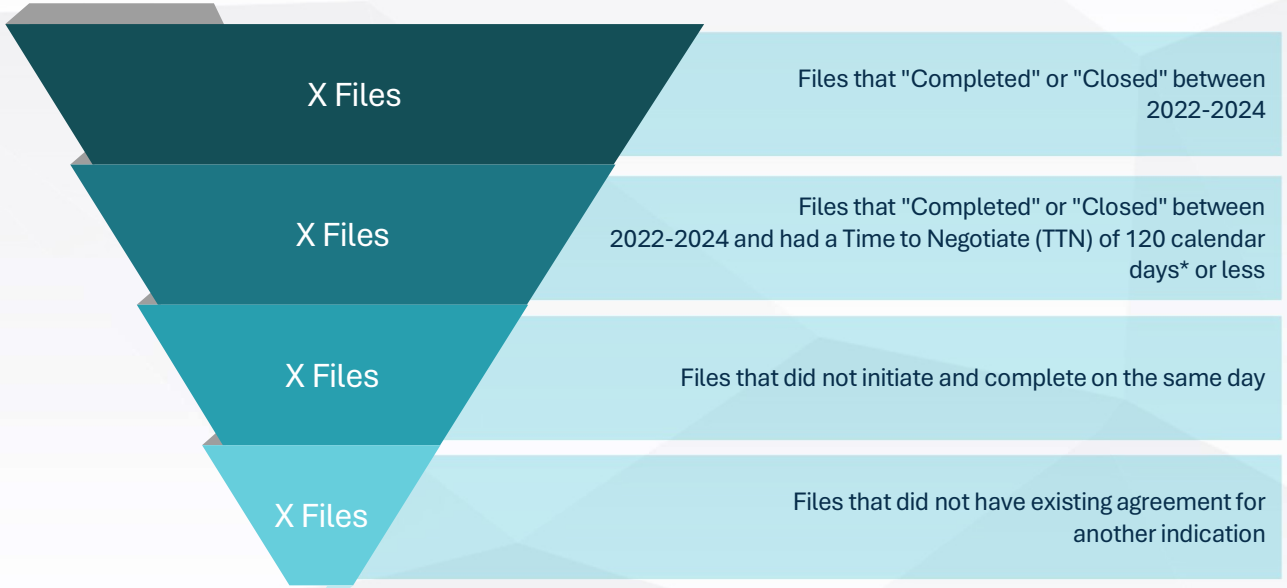
© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

TARGETED NEGOTIATION PROCESS (TNP) ANALYSIS

As a result of pCPA's prioritization of brand negotiations, a backlog of files began to develop. In January 2021, the pCPA introduced the five step Targeted Negotiation Process (TNP) to address selected files.

SAMPLE

MORSE METHODOLOGY:



LIMITATIONS:

- This analysis is purely speculative and there may be files included that did NOT go through TNP and conversely, files that did go through TNP that were not captured. Therefore, **these results are considered 'exploratory'** in nature.
- Certain files that met the methodology criteria were excluded based on MORSE's understanding of the TNP process.

***CRaFT Report**: Note the current slide is for illustrative purposes. The full report includes a list of the speculated TNP files, the timeline and volume of TNP vs. non-TNP files, TNP volume by year, as well as MORSE expert insights.*

*120 days was chosen based on the following considerations:

- There is no public disclosure of which files have gone through TNP; thus MORSE developed an internal methodology to identify such files.
- The entire TNP requires 45 business days to complete, which translates into 63 calendar days;
- Holidays and special occasions might impact timelines and introduce certain delays.
- There is some flexibility in deadlines for response.

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

SPECULATED TNP FILES: 2024

SAMPLE

Drug Name	Indication	Type	pCPA Status	Negotiation Start Date	Negotiation End Date	TTI*	T_N**
[redacted]	[redacted]	Biosimilar	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Other	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Biosimilar	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded without agreement	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Biosimilar	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Biosimilar	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Biosimilar	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Other	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	Non-Oncology	Concluded with an LOI	[redacted]	[redacted]	[redacted]	[redacted]

Note:

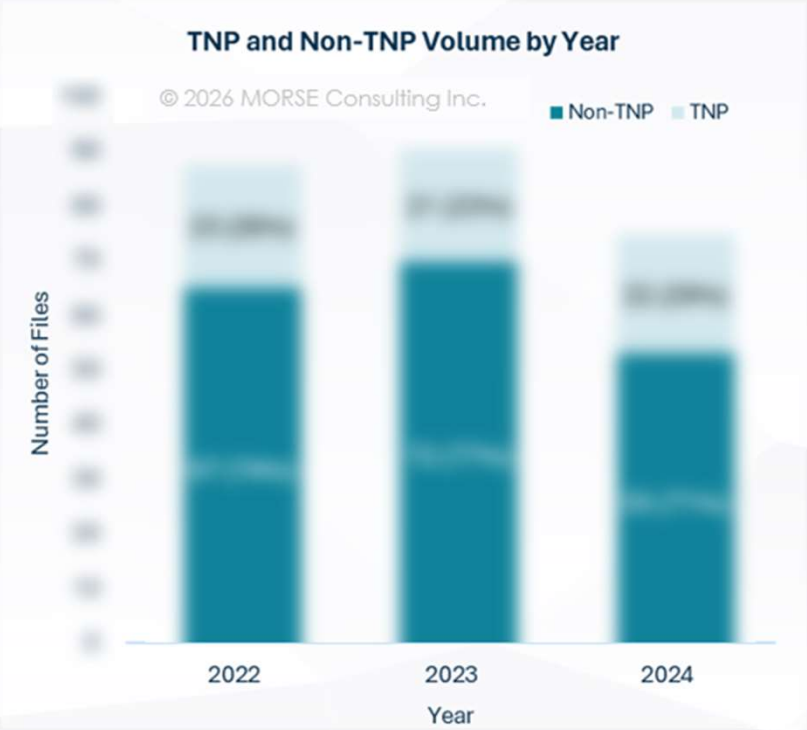
- Other/Biosimilar files include any file negotiated without a CDA-AMC project number referenced on the pCPA website, thus these files do not have a TTI.

***CRaFT Report**: Note the current slide is for illustrative purposes. The same analysis is also performed for **pCPA Initiation** and **pCPA Closed** files, with outliers identified and payer insights included.*

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

SPECULATED TNP FILES (2022-2024): VOLUME BY YEAR

SAMPLE



- The proportion of files speculated to have gone through the TNP process XXX slightly in 2024, but the overall volume remained consistent with prior years.
- In 2022-2023, relatively few XX files are speculated to have gone through TNP compared to XX and XX files; in 2024, it appears that an increasing number of XX files are going

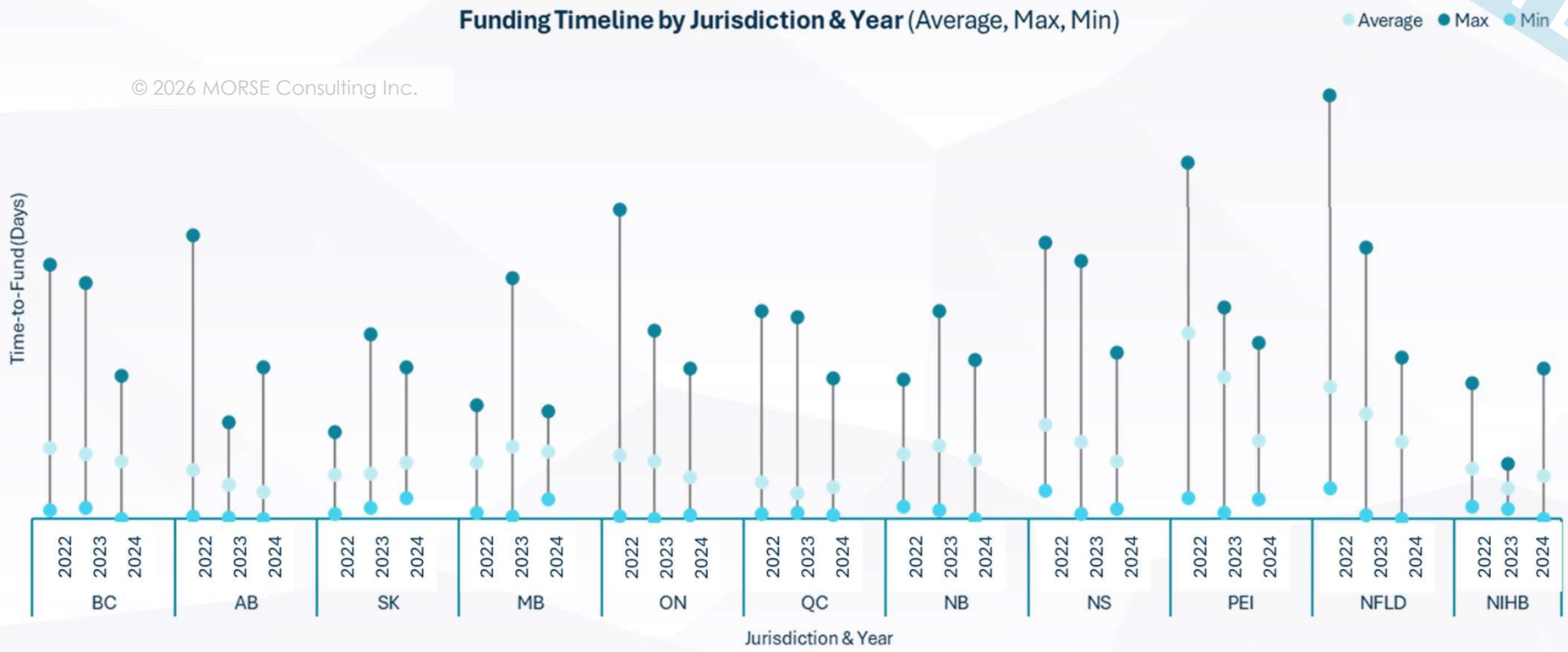
***CRaFT Report**: Note the current slide is for illustrative purposes. The same analysis is also performed for **pCPA Initiation** and **pCPA Closed** files, with outliers identified and payer insights included.*

Note: Other/Biosimilar includes any file negotiated without a CDA-AMC project number referenced on the pCPA website, thus these files do not have a TTI.

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

FUNDING TIMELINE BY JURISDICTION AND YEAR

SAMPLE



***CRaFT Report**: Note the current slide is for illustrative purposes. Analysis is also performed by **Oncology** files, **Non-Oncology** files, and **Overall** in the CRaFT Report, including funding volumes, identified outliers, payer insights, and data labels.*

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes and the same analysis is performed for **DRD** files in the DRD Sub-Report*

- Files that were funded but did not have a funding date were excluded from the timeline analysis.

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

2025 EDITION

SAMPLE

MORSE CONSULTING'S

Drugs for Rare Diseases Sub-Report

Addendum Report to Canadian Reimbursement & Forecasting Timeline Report (CRaFT)

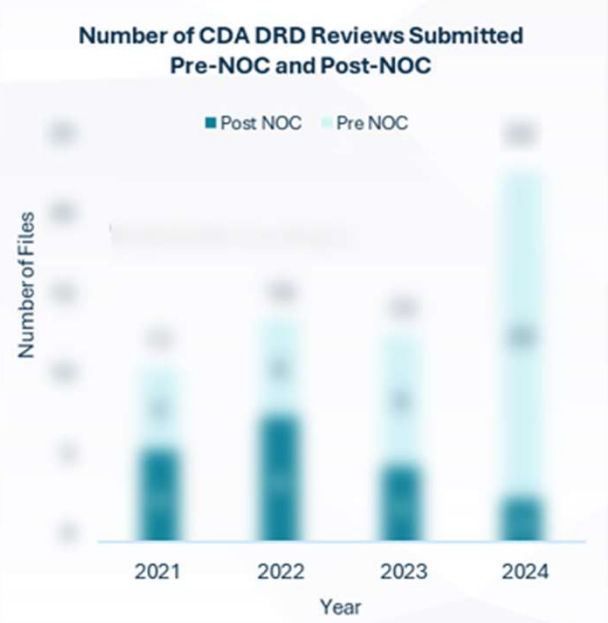
SAMPLE

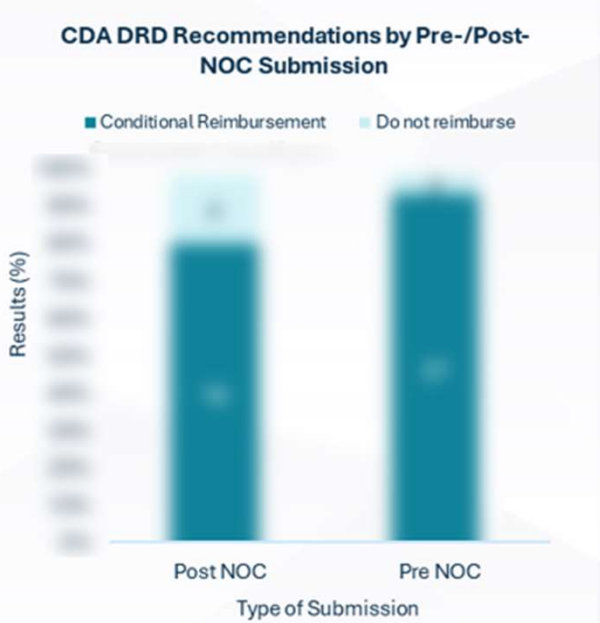
MORSE CONSULTING | DECIPHERING MARKET ACCESS

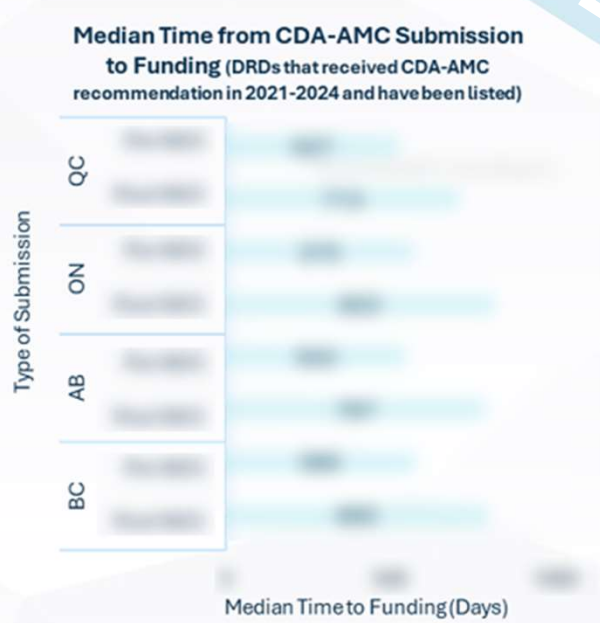
CDA-AMC SUBMISSION CHARACTERISTICS

XX% of DRDs were submitted pre-NOC over the past 4 years, with XX% (XX) submitted pre-NOC in 2024, inherently reducing the market access timeline in most cases.

SAMPLE







- A higher proportion of files submitted Pre-NOC received positive reimbursement recommendations (XX%) compared to Post-NOC submissions (XX%)

***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes*

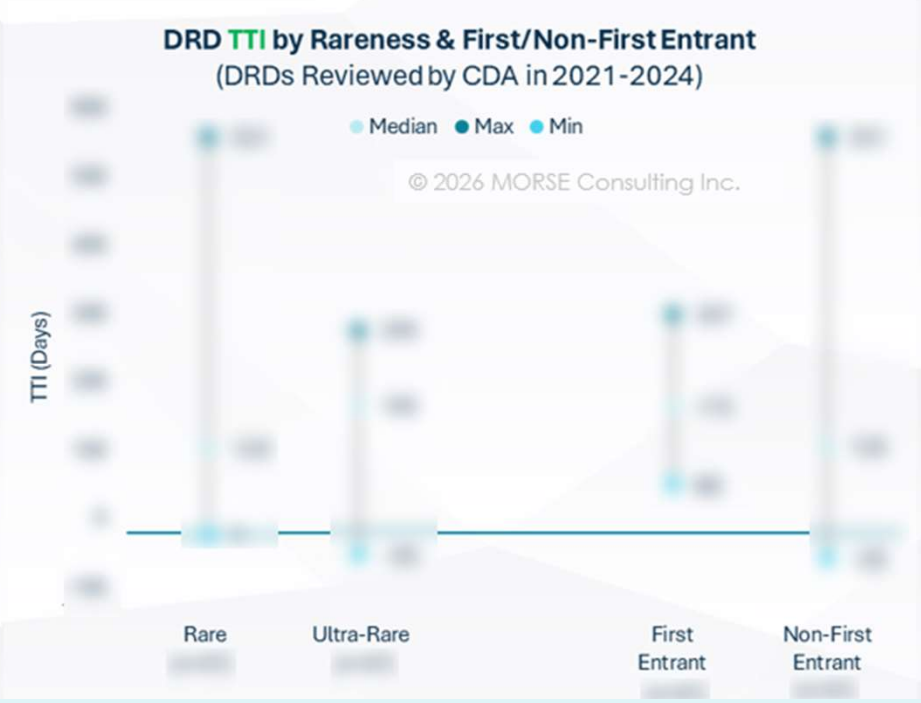
Note:
- Medians are analyzed through time-to-event analysis.

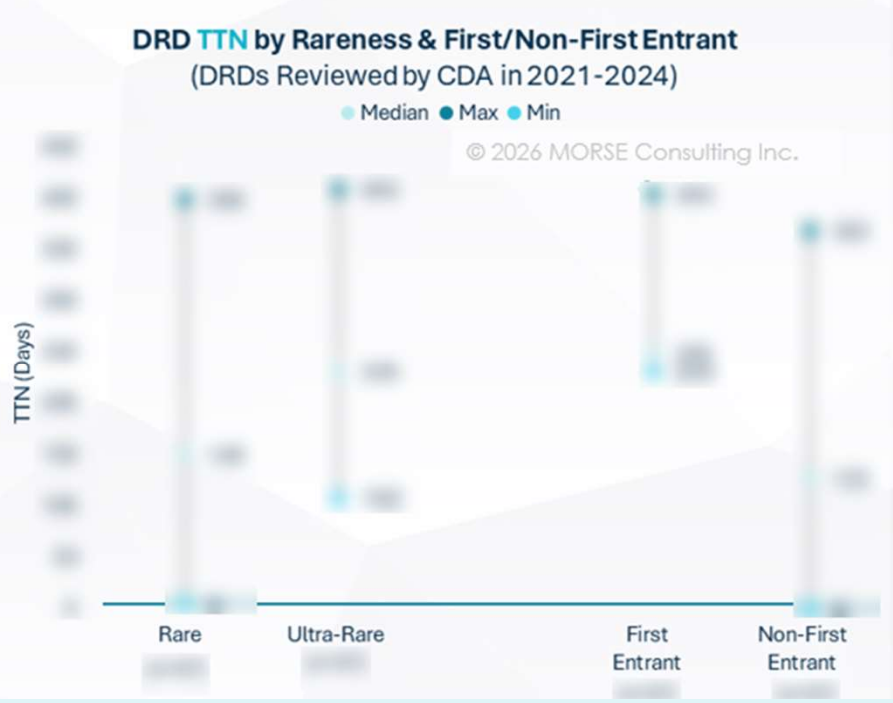
© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA TIMELINES: BY RARENESS AND FIRST OR NON-FIRST ENTRANT

Median time to initiate and to negotiate are xxxx for drugs for ultra-rare diseases compared to rare, and x, xx, for first entrants compared to subsequent entrants. The levels of uncertainty and complexity often associated with drug product types may be drivers of longer timelines.

SAMPLE





CRaFT DRD Sub-Report: *Note the current slide is for illustrative purposes*

- TTN: Time to negotiate (time from pCPA initiation to date of LOI).

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

pCPA TIMELINES OVERALL

The median overall timeline from the CDA-AMC recommendation to pCPA LOI has been fairly consisten . e r the past 4 years, with a median overall time of ~X year.

SAMPLE

Year	2021	2022	2023	2024	Grand Total
#Files Initiated	X	X	X	X	X
#Files					

- The median time under consideration for DRDs decreased by XX days in 2024, the first TTI decrease since 2020. Conversely, the time under negotiation increased by XX days, resulting in a longer overall median time at pCPA.
- The median overall time from CDA-AMC recommendation to pCPA LOI has ranged from XX days to XX days between 2021 to 2024.
- Negotiations for DRDs have seen large variability in timeliness both year over year as well as within year. If we look at best cases across the last 4 years, we see faster timelines are achievable

CRaFT DRD Sub-Report: *Note the current slide is for illustrative purposes*

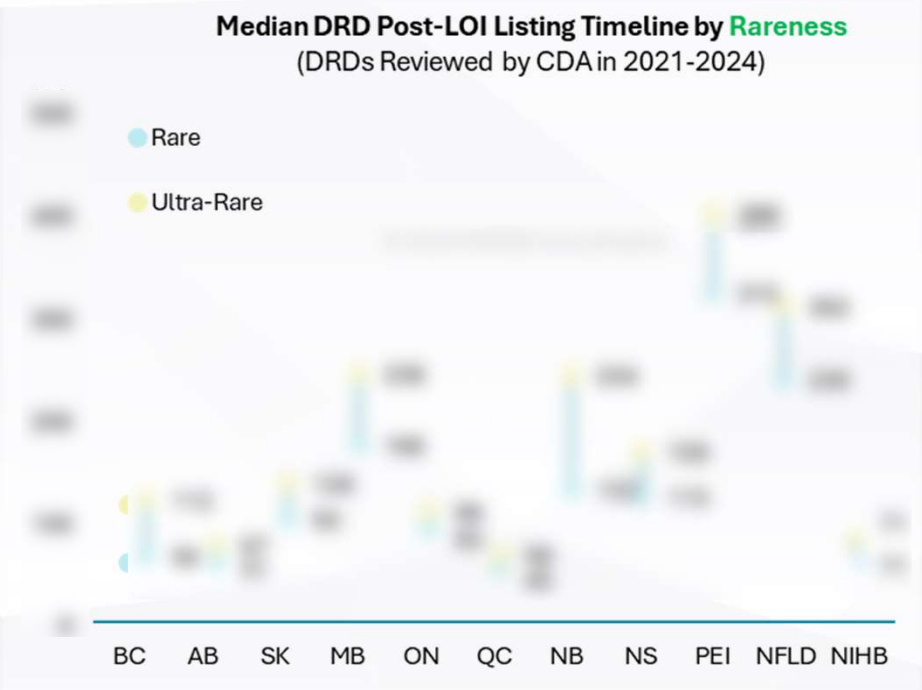
- TTI: Time to initiate (time from CDA-AMC final recommendation to pCPA initiation).
- TTN: Time to negotiate (time from pCPA initiation to date of LOI).

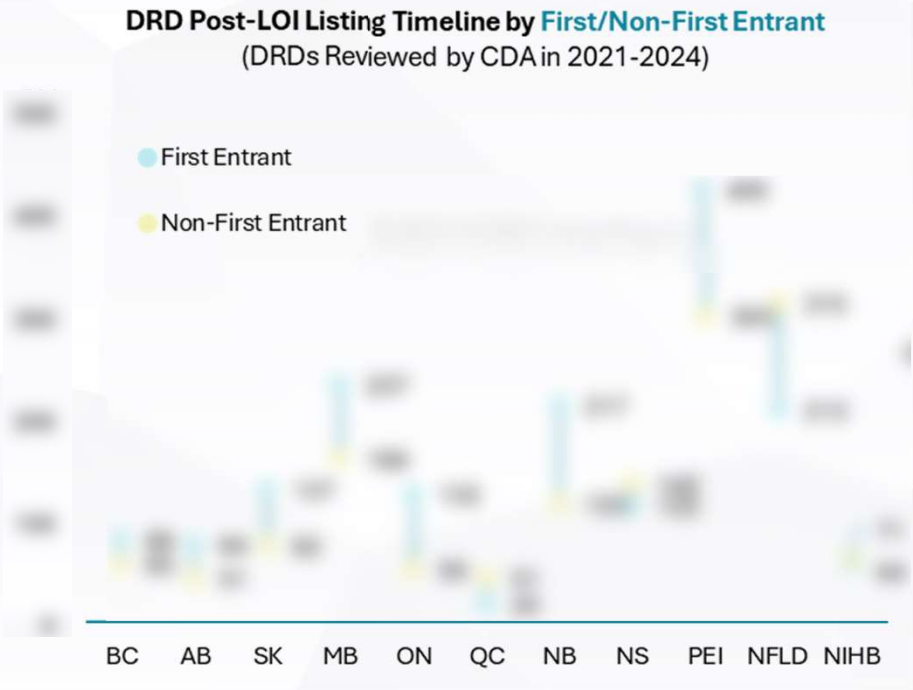
© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

JURISDICTIONAL FUNDING: TIMELINE

X jurisdictions funded ultra-rare drugs slower than rare drugs post-LOI, and X jurisdictions funded first entrants slower than subsequent entrants. As with pCPA negotiation timelines, this is likely due to potential implementation challenges and uncertainty associated with these types of products.

SAMPLE





***CRaFT DRD Sub-Report**: Note the current slide is for illustrative purposes*

- Medians are analyzed through time-to-event analysis.
- Listing status as of February 1, 2025.

© 2026 MORSE Consulting Inc. All rights reserved. | Morseconsulting.ca

MORSE CONSULTING'S

Monthly Market Access Update

For CRaFT Subscribers

Included in the CRaFT 2026 Subscription

MORSE CONSULTING | DECIPHERING MARKET ACCESS

January 2026 Edition

HEALTH CANADA

SAMPLE

In January 2026, there were **XX new drug submissions** posted as under review by Health Canada

MEDICINAL INGREDIENT(S)	THERAPEUTIC AREA	SUBMISSION ACCEPTED	MANUFACTURER	SUBMISSION CLASS (IF APPLICABLE)
[redacted]	Cardiac therapy	[redacted]	[redacted]	• New active substance
[redacted]	Antihemorrhagics	[redacted]	[redacted]	• New active substance
[redacted]	Immunosuppressants	[redacted]	[redacted]	• New active substance
[redacted]	Other hematological agents	[redacted]	[redacted]	• New active substance • Part of 'aligned review' with a health technology assessment organization
[redacted]	Immunosuppressants	[redacted]	[redacted]	• New active substance
[redacted]	Immunosuppressants	[redacted]	[redacted]	• New active substance • Part of 'aligned review' with a health technology assessment organization
[redacted]	Antineoplastic agents	[redacted]	[redacted]	• New active substance • Being reviewed under the Priority Review Policy • Part of 'aligned review' with a health technology assessment organization
[redacted]	Ophthalmologicals	[redacted]	[redacted]	• Biosimilar
[redacted]	Antibacterials for systemic use	[redacted]	[redacted]	• New active substance

CDA

Canada's Drug Agency
L'Agence des médicaments du Canada

SAMPLE

CDA posted* **XX final reimbursement recommendations** and **xx draft reimbursement recommendations** in January 2026.

HTA reviews were posted by CDA this month

XX Final Recommendations
XX Draft Recommendations

Files received a negative 'do not reimburse' recommendations

Files received positive 'reimburse with conditions' recommendations

*The month a recommendation is posted refers to the month it is posted on the CDA website.

CDA

Canada's Drug Agency
L'Agence des médicaments du Canada

SAMPLE

CDA **posted XX reimbursement reviews** in January 2026*

REIMBURSEMENT REVIEWS						
DRUG NAME	INDICATION	MANUFACTURER	RECOMMENDATION	RECOMMENDATION DATE	TYPE	STAGE
[redacted]	[redacted]	[redacted]	Conditional Reimbursement	2025-12-17	Non-oncology	Draft
[redacted]	[redacted]	[redacted]	Conditional Reimbursement	2026-01-06	Non-oncology	Draft
[redacted]	[redacted]	[redacted]	Conditional Reimbursement	2026-01-06	Non-oncology	Draft
[redacted]	[redacted]	[redacted]	Do not reimburse	2026-01-06	Non-oncology	Draft
[redacted]	[redacted]	[redacted]	Conditional Reimbursement	2026-01-08	Non-oncology	Draft
[redacted]	[redacted]	[redacted]	Conditional Reimbursement	2026-01-14	Oncology	Draft

*The month a recommendation is posted refers to the month it is posted on the CDA website. The Recommendation Date for draft recommendations refers to the date the draft recommendation was posted for stakeholder feedback; for final recommendations it refers to the date the final recommendation was issued to sponsor and drug plans.

CDA

Canada's Drug Agency
L'Agence des médicaments du Canada

SAMPLE

CDA released **XX provisional funding algorithm** in January 2026

PROVISIONAL FUNDING ALGORITHM		
DRUG(S) AND/OR THERAPEUTIC AREA	STAGE	SUBMIT FEEDBACK BY DATE
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

pCPA

pan-Canadian Pharmaceutical Alliance

SAMPLE

new files are under Active Negotiation

files Concluded with an LOI

files Concluded without an agreement

pCPA decided to not pursue negotiations for files

pCPA

SAMPLE

In January, there were **X new files under active negotiation** with the pCPA.

FILES UNDER ACTIVE NEGOTIATION					
DRUG NAME	INDICATION	MANUFACTURER	PRODUCT TYPE	ENGAGEMENT DATE	TTI*
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

*TTI: Time to Initiation, measured as the time from final CDA recommendation to pCPA Engagement (in days)

pCPA

In January, there were **XX new files under active negotiation** with the pCPA.

FILES UNDER ACTIVE NEGOTIATION					
DRUG NAME	INDICATION	MANUFACTURER	PRODUCT TYPE	ENGAGEMENT DATE	TTI*
[redacted]	[redacted]	[redacted]	Oncology	2026-01-29	[redacted]
[redacted]	[redacted]	[redacted]	Oncology	2026-01-29	[redacted]

Insights

- Of the X files initiated in January, X were oncology files, X were non-oncology biosimilars and X was a non-oncology non-sponsored review.
- There was variability in the TTI for the X oncology files, with the fastest being XX at XX days (LOI already in place) and the slowest being XX for relapsed or refractory multiple myeloma at XX days which received a negative CDA recommendation but a positive INESSS recommendation.
- A biosimilar for xxxxxx initiated negotiations, the first xxxxxxx through the pCPA process.
- The average time TTI was XX days for the X files with CDA recommendations (excludes the biosimilars). This is significantly longer than the average TTI in December which was XX days, mainly due to pCPA initiating X files that had been under consideration for ≥ 5 months.

SAMPLE

*TTI: Time to Initiation, measured as the time from final CDA-AMC recommendation to pCPA Engagement (in days)
**TTN: Time to Negotiate, measured as the time from pCPA Engagement to negotiation conclusion (in days)

pCPA

pan-Canadian Pharmaceutical Alliance

SAMPLE

In January, **X files successfully concluded negotiations** with an LOI.

FILES COMPLETED NEGOTIATION								
DRUG NAME	INDICATION	MANUFACTURER	PRODUCT TYPE	NEGOTIATION STATUS	NEGOTIATION START DATE	NEGOTIATION END DATE	TTI*	TTN**
[redacted]	[redacted]	[redacted]	Oncology	Completed	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	Oncology	Completed	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	Oncology	Completed	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	Oncology	Completed	[redacted]	[redacted]	[redacted]	[redacted]

MORSE CONSULTING | DECIPHERING MARKET ACCESS

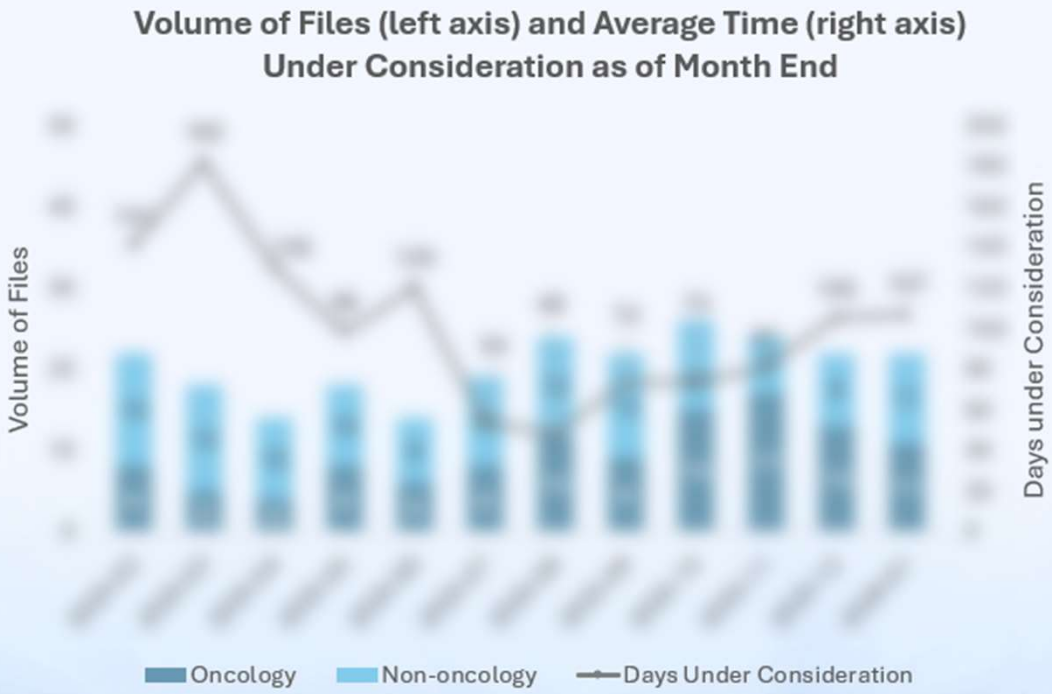
*TTI: Time to Initiation, measured as the time from final CDA recommendation to pCPA Engagement (in days)
**TTN: Time to Negotiate, measured as the time from pCPA Engagement to negotiation conclusion (in days)

pCPA

Files Under Consideration

SAMPLE

pan-Canadian Pharmaceutical Alliance



MORSE Insights

- In January 2026, pCPA initiated negotiations for XX oncology files, reducing the number of oncology files in queue to XX, coming down from highs of XX and XX in Oct/Nov.
- The average TTI for files engaged in January was XX days, higher than the average in December (XX days).
- The average TTI for files remaining under consideration was XX days as of January 31st. Average time under consideration for files in queue continued to XXX since August, due to the initiation of newer files while older files remain in queue.

MORSE CONSULTING | DECIPHERING MARKET ACCESS

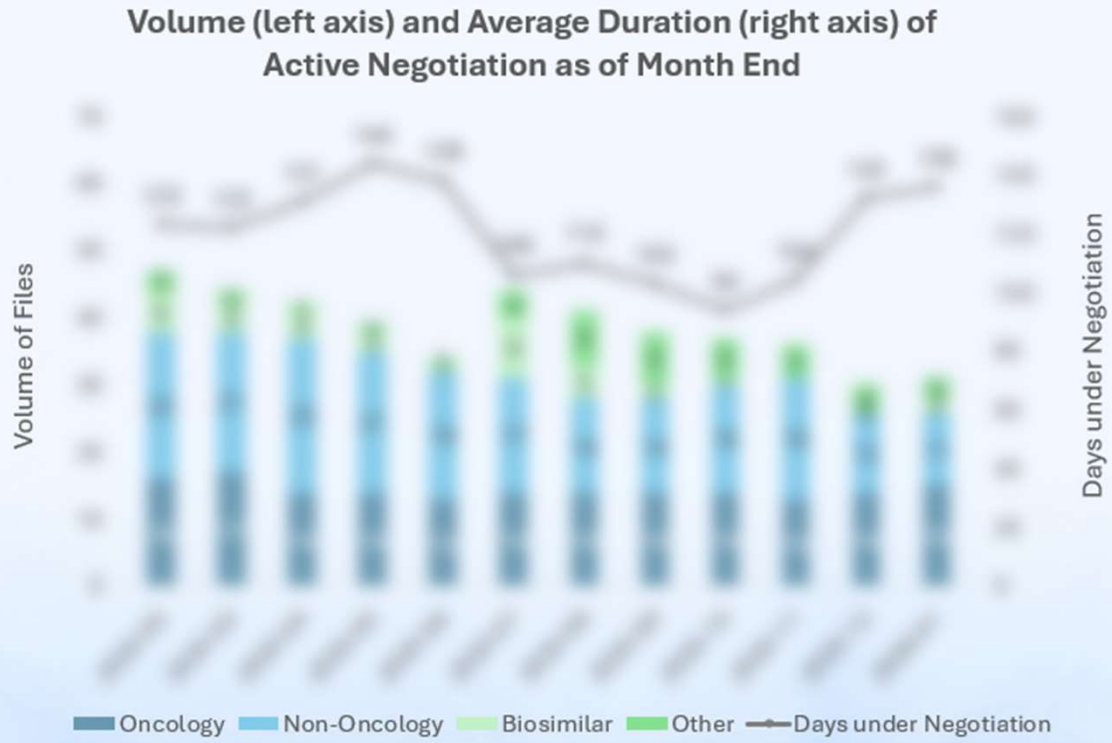
Note:
- MORSE considers all files that receive final recommendation from CDA as "under consideration" until their negotiation is initiated or declined by pCPA.

pCPA

Files Under Negotiation

pan-Canadian Pharmaceutical Alliance

SAMPLE



MORSE Insights

- XX files were under active negotiation at the end of January. More oncology files (XX) were under negotiation than oncology files (XX), due to the initiation of X oncology files.
- December and January had the lowest number of active negotiations all year.
- The number of active negotiations for oncology products has remained relatively stable ranging from XX-XX. The number of active negotiations for non-oncology products is at the yearly low of XX, with a range of XX-XX.
- pCPA concluded X files with LOI, with an average TTN of XXX days, substantially higher than the average in December (XX days).
- The average negotiation time for files still in active negotiation as of January 31st stayed stable at XX days (vs XX in Dec). This has increased from the July – November timeframe where averages hovered around XX days. The current average negotiation time is only slightly above pCPA's Brand Process Guidelines target of XX business days (approximately XX calendar days).

Long-Term & Adjudicated Files

SAMPLE

Files under Consideration ≥ 6 Months & Under Active Negotiation ≥ 12 Months

Files Adjudicated by the pCPA by Month

MORSE Insights

- The number of files under long-term consideration remained steady at X, however, X file, XX was initiated this month, while a new one joined the queue – XX which received positive recommendations (conditional on price) by CDA and INESSS. The three other files remaining under consideration > 6 months are XX.
- XX remained under negotiation for more than X year. Two additional XX indications started negotiation in October 2025 (XX) and remain under negotiation.
- X files were completed, closed or not negotiated in January – the lowest volume for these metrics since XX.

TORONTO | OTTAWA

+1-647-717-3179 (TORONTO)
+1-613-864-8645 (OTTAWA)

INFO@MORSECONSULTING.CA

MORSECONSULTING.CA