Blood Cancer Treatment Access in Canada

Executive Summary – September 2025

Overview

Canadians with blood cancers face unacceptably long and unequal wait times to access innovative treatments.

This position paper reveals that those living with blood cancer are waiting an average of 867 days from Health Canada approval of a new drug to when it becomes available through provincial public funding. That is not fast enough.

Even when new treatments get provincial funding, the provinces and territories fund at different times. That is not fair enough.

Highlights

- **Life-threatening delays**: The average delay of 867 days means worsening disease, negative financial impacts, and loss of hope.
- **Geographic inequities**: Drug access varies widely by province. Where a person lives determines how quickly, or if, they can get the latest treatment.
- **Financial burden**: Without public coverage, most people cannot afford new therapies, which can cost more than a month's salary for just one month of treatment.
- **Systemic bottlenecks**: Each stage of Canada's multi-level approval and funding process (Health Canada, CDA, pCPA, provincial listing) occurs sequentially, adding much time – potentially years - to the process.
- **Restricted access to advanced therapies**: Even when treatments are covered, some treatments like CAR T-cell therapy are restricted to a few centres, forcing people to travel far from home for treatment.

Promising Improvements

- **Project Orbis**: International collaboration that has shortened approval-to-coverage timelines.
- **Time-Limited Recommendations (TLR) + pTAP**: Streamlined processes that allowed one new drug (epcoritamab) to be funded within a year — half the usual time.
- **Target Zero**: A CDA initiative to eliminate the gap between Health Canada approval and CDA recommendation.

Opportunities for Change

1. **Harness innovation**: Use AI and pharmacogenomics to lower drug development costs and better match patients to effective treatments.
2. **Evolve health technology assessment (HTA)**: Expand criteria to consider caregiver burden, equity, and real-world outcomes.
3. **Value equity**: Ensure treatment closer to home, with fewer financial and travel burdens.
4. **Close provincial gaps**: Move toward more consistent national access, potentially through expanded pharmacare models.
5. **Strengthen resilience**: Build "made-in-Canada" solutions to reduce reliance on global processes.

Conclusion

Canada's current drug reimbursement system is neither **fast enough** nor **fair enough**. To deliver on the promise of innovation, policymakers must act to ensure the **right treatment reaches the right person at the right time — no matter where they live**. Canadians with blood cancers deserve better.