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ADVERTISEMENT

When should I take my CPP retirement benefits?

If you're a physician thinking about retirement, and you've paid into the Canada Pension Plan (CPP) over time, you may be wondering when you should start taking your CPP retirement benefits: at age 65, before age 65 or after age 65. For residents of Quebec, note that the information provided here is equally applicable to the Québec Pension Plan.

Your CPP retirement benefit is based on the contributions you've made from your employment income to the CPP over your working years. Note that CPP contributions are payable only on salary income, so if you're an incorporated physician who has received only dividend income, you won't have paid into the CPP and you won't be able to collect it.

How will my age affect the benefit I receive?

Taking CPP at age 65

The CPP benefit calculation is based on the amount you'd receive if you started the benefit at age 65. That is, your age-65 amount is the reference point for decreases before age 65 and increases after age 65.

Taking CPP before age 65

If you start the benefit before age 65, you'll get a smaller lifetime benefit. Each month you start the benefit before age 65 decreases the age-65 amount by 0.6%, or 7.2% per year. If you start the benefit at age 60, you'll receive 36% (7.2% x 5 years) less than if you started it at age 65.

While the monthly benefit will increase with increases in the consumer price index over time, it will always be smaller than if you had opted to start at age 65 or later. However, taking the CPP earlier than at age 65 might be the right option if you have a shortened life expectancy or if you require the income to meet daily spending needs.

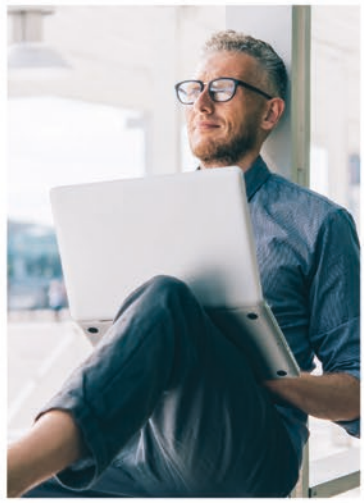
Delaying CPP past age 65

Each month you delay taking the CPP benefit past age 65 increases your CPP benefit. It will increase by 0.7% of the age-65 amount per month (8.4% per year of deferral), for a gain of up to 42% if you defer from 65 to 70.

What is the best choice?

Keep in mind that many physicians have few other sources of guaranteed, indexed and lifetime retirement income, but instead will generate retirement income from investments whose value can fluctuate with market returns.

The CPP can provide a stable base of retirement income that's not subject to market



fluctuations. For physicians who want to increase the amount of secure, inflation-protected retirement income they receive, waiting until age 70 generally makes the most sense.

The ability to choose when to start your CPP benefits gives you an opportunity to make this decision in concert with decisions about the rest of your retirement income options. It's wise to include your CPP benefits in your personal retirement income plan.

For a personalized retirement income plan that takes into account your goals, needs and circumstances — including the impact of CPP benefits on both you and your household — contact an MD Advisor*.

MD Financial Management

* MD Advisor refers to an MD Management Limited Financial Consultant or Investment Advisor (in Quebec), or an MD Private Investment Counsel Portfolio Manager.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.ca.

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Emgality®
(galcanezumab) injection

THINK EMGALITY®

EMGALITY is indicated for the prevention of migraine in adults who have at least 4 migraine days per month.

EMGALITY is indicated for the reduction in the frequency of attacks throughout a cluster period in adults with episodic cluster headache with prior cluster headache periods lasting at least 6 weeks and who have had an inadequate response to, or tolerated poorly, or had contraindications to conventional preventive therapies established by Canadian practice guidelines.

Clinical Use:

For patients with episodic cluster headache, the treatment benefit should be assessed within 3 weeks after initiation of the treatment. In patients with no improvement within this time period, continuation of the treatment should be carefully considered based on individual patient basis and clinical judgement.

Emgality should be initiated by physicians experienced in the diagnosis and treatment of migraine or episodic cluster headache.

Geriatrics (≥65 years of age): The safety and efficacy of Emgality has not been studied in patients aged 65 or older.

Relevant Warnings and Precautions:

- Serious hypersensitivity including anaphylaxis. These reactions may occur within minutes, although some may occur up to one month after administration
- Patients with cardiovascular disease
- Patients with vascular disorders (episodic cluster headache indication)
- Pregnant and nursing women
- Pediatrics (<18 years of age)

For More Information:

Please consult the product monograph at http://pi.lilly.com/ca/emgality-ca-pm.pdf for important information relating to adverse reactions, drug interactions, and dosing information that has not been discussed here. The product monograph is also available by calling Eli Lilly Medical Information at 1-888-545-5972.

The FIRST AND ONLY CGRP binding antibody with indications in ALL 2 of the following authorized uses: Migraine prevention; Episodic cluster headache.*

The images depicted contain models and are being used for illustrative purposes only. | CGRP=calcitonin gene-related peptide | * Comparative clinical significance unknown.

Reference: 1. Emgality product monograph. Eli Lilly Canada Inc. September 17, 2020.

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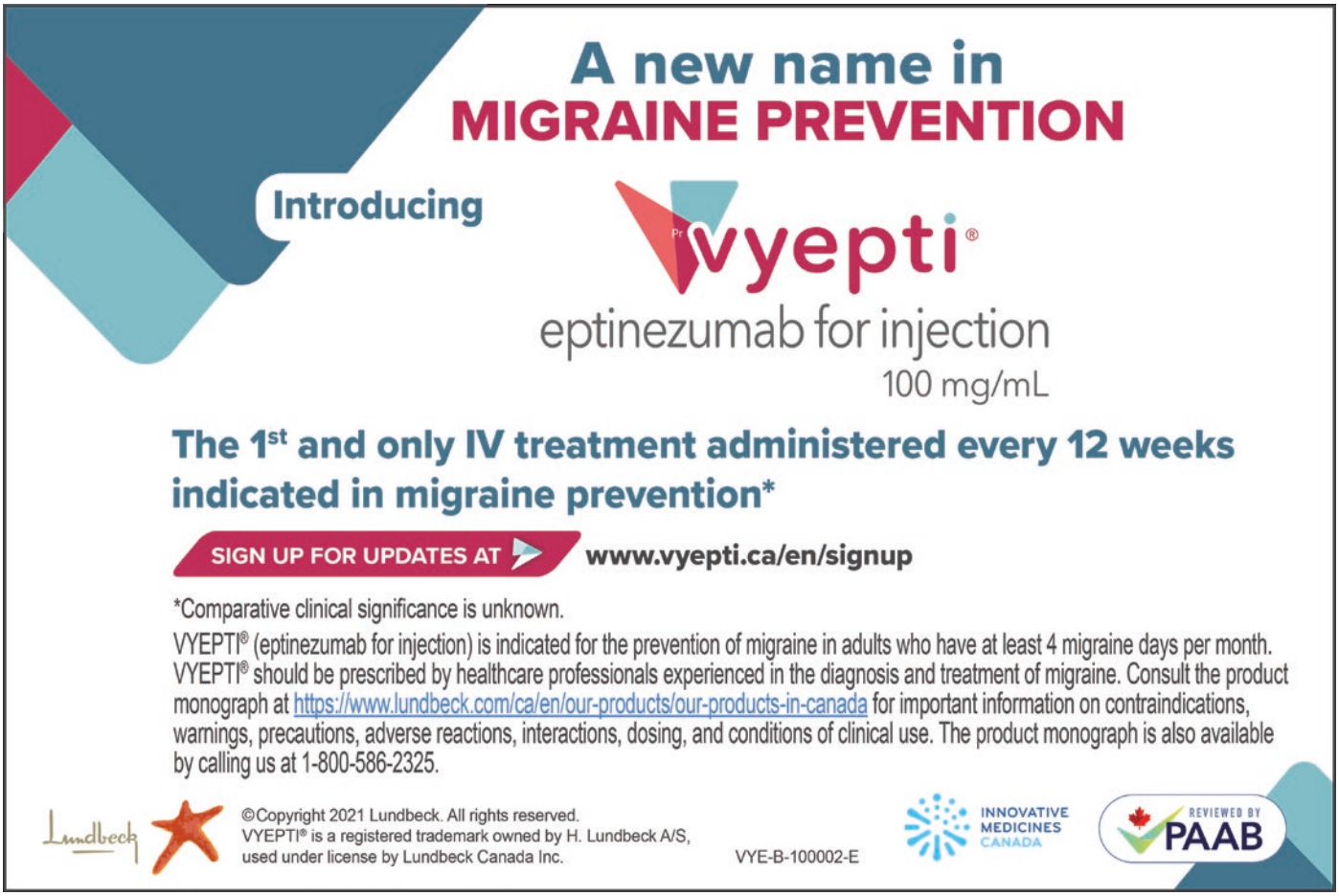

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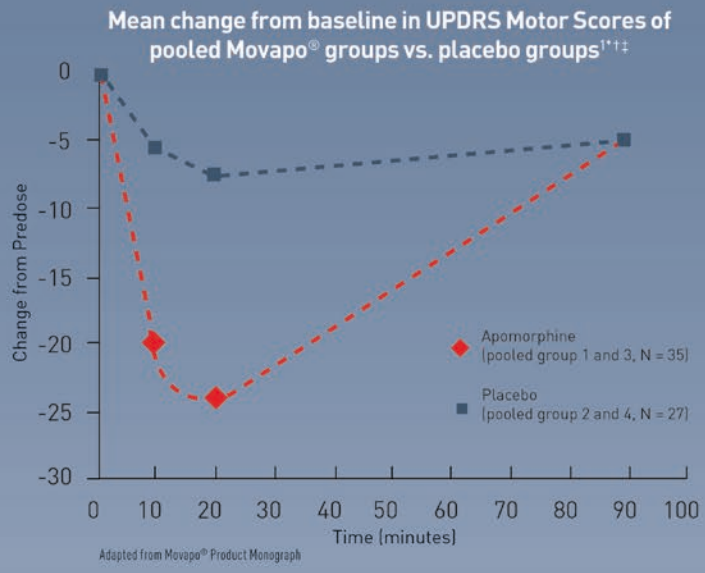
MOVAPO® DEMONSTRATED RAPID TREATMENT OF "OFF" EPISODES IN PATIENTS WITH ADVANCED PARKINSON'S DISEASE[1]*



Statistically significant improvement in UPDRS Motor scores (change from baseline) at 20 minutes with Movapo® vs. placebo (p<0.0001).[1]

Movapo® is indicated for the acute, intermittent treatment of hypomobility, "OFF" episodes ("end-of-dose wearing off" and unpredictable "ON OFF" episodes) in patients with advanced Parkinson's disease.[1]

Clinical Use:
- Movapo® is a subcutaneous injection, given as an adjunct to oral medications, and must not be administered intravenously.
- Initiate treatment with use of a concomitant antiemetic, in a clinical setting where blood pressure and pulse can be closely monitored.
- Extra caution in patients > 65 years due to potential age-related comorbidities and increased frequency of certain adverse events.
- Not recommended in patients <18 years of age.

Contraindications:
- Using concomitant drugs of the 5HT3 antagonist class, including antiemetics in this class
- Using concomitant antihypertensive medications or vasodilators
- In patients with severe hepatic or renal impairment

Most Serious Warnings and Precautions:

Sudden Onset of Sleep: Sudden onset of sleep has occurred without warning signs, in patients on Movapo® and other dopamine agents, during activities of daily living including driving a motor vehicle. These events are **not** limited to initiation of therapy and patients should not drive or engage in activities where impaired alertness could put themselves and others at risk of serious injury or death. If drowsiness or sudden onset of sleep occurs, patients should immediately contact their physician.

Other Relevant Warnings and Precautions:
- Increased risk of falling
- Patients should not consume alcohol
- May cause postural/orthostatic hypotension
- Risk of syncope in patients with a history of postural/orthostatic hypotension, syncope, and severe cardiovascular disease
- Patients may experience coronary events or exacerbation of coronary and cerebral ischemia
- Possible QTc prolongation and potential proarrhythmic effects
- Severe nausea and vomiting at recommended doses; use with a concomitant antiemetic
- In patients with a sulfite sensitivity, may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes
- May cause dyskinesia or exacerbate pre-existing dyskinesia
- Rapid dose reduction, withdrawal, or antiparkinsonian therapy changes may cause symptoms resembling neuroleptic malignant syndrome
- May cause somnolence
- Increased susceptibility to retinal atrophy/degeneration in human albinos compared to normally pigmented people cannot be excluded
- Unknown whether non-ergot derived dopamine agonists can cause fibrotic complications
- Not recommended in patients with a major psychotic disorder
- Patients may experience hallucinations, new or worsening mental status, and behavioral changes
- Possible impulse control disorders including compulsive behaviours/intense urges
- May cause prolonged painful erections
- Monitor for melanomas
- Risk of injection site reactions
- Use during pregnancy only if the potential benefit justifies the potential risk to the fetus
- Breast-feeding is not recommended
- Mild and moderate hepatic and renal impairment

For more information:

Please consult the Product Monograph at http://www.paladin-labs.com/our_products/Movapo_en.pdf for important information relating to adverse reactions, drug interactions, and dosing information that have not been discussed in this piece. The Product Monograph is also available by calling us at 1-888-867-7426.

PD: Parkinson's disease; UPDRS: Unified Parkinson's Disease Rating Scale.

* Randomized, double-blind trial in 62 patients using Movapo® for at least 3 months. Hypomobile patients (on usual PD meds) were randomized to (1) Movapo® at usual maintenance dose (2-10 mg), (2) placebo at matching Movapo® volume, (3) Movapo® at usual dose + 2 mg, (4) placebo at matching Movapo® volume + 2 mg. The recommended starting dose of Movapo® is 0.2 mL (2 mg), titrated on the basis of effectiveness and tolerance, up to a maximum dose of 0.6 mL (6 mg). Individual doses above 0.6 mL are not recommended. Total daily dose should not exceed 2 mL (20 mg).

† Part III of the UPDRS was the primary outcome assessment measure; it contains 14 items designed to assess the severity of the cardinal motor findings in patients with Parkinson's Disease.

‡ UPDRS Motor Scores: 40.6 (placebo) and 42.0 (Movapo®) at baseline, and -7.4 and -24.2 mean change from baseline at 20 minutes (p<0.0001).

Reference: 1. Movapo® Product Monograph. Paladin Labs Inc. November 21, 2016.

paladin an endo international company

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MOVAPO®
apomorphine hydrochloride injection

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Kesimpta®
ofatumumab

NOW AVAILABLE

POWER TO TREAT ACTIVE RRMS

defined by clinical and imaging features[1]

KESIMPTA® (ofatumumab injection) is indicated for the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease defined by clinical and imaging features.

CHOOSE KESIMPTA® FOR YOUR ADULT PATIENTS WITH ACTIVE RRMS.

FLEXIBILITY OF SELF-ADMINISTERED INJECTIONS[1]

- The first injection should be performed under the guidance of an experienced health professional.
- Self-administered subcutaneous injections for trained patients*
- The initial dose is 20 mg SC at weeks 0, 1 and 2, with subsequent monthly dosing of 20 mg SC at week 4.

Consult the KESIMPTA® Product Monograph for complete dosing considerations, including assessments before every injection and premedication.

NOVARTIS

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385 Bouchard Blvd.
Dorval (Quebec) H9S 1A9
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Tel: 514-631-6775 Fax: 514-631-1867
Medical Information Tel: 1-800-363-8883

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March/2021-106672E

Please consult the Product Monograph at www.novartis.ca/kesimptamonograph for important information related to contraindications, warnings, precautions, adverse reactions, drug interactions, dosing, and conditions of clinical use which have not been discussed in this piece. The Product Monograph is also available by calling 1-800-363-8883 or by email at medinfo.canada@novartis.com.

References: 1. KESIMPTA® product monograph. Novartis. February 19, 2021.
SC=subcutaneous
* Administration should be performed by an individual who has been trained to administer the product.

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