



Patented  
Medicine Prices  
Review Board

Conseil d'examen  
du prix des médicaments  
brevetés

Canada

# Analyzing Drug Shortages and Pricing: Lessons from Canada

Étienne Gaudette, Mina Tadrous, Shirin Rizzardo and Kevin Pothier

ISPOR 2024 Meeting

May 7, 2024





# Conflict of interest statement and disclaimer

- S. Rizzardo, K.R. Pothier and myself are employees of the Patented Medicine Prices Review Board (PMPRB), an independent quasi-judicial agency of the Federal Government of Canada. The views expressed today are mine alone and do not represent official views of the PMPRB and the Government of Canada.
- M. Tadrous has received consulting fees from Health Canada, CADTH and Green Shield Canada.
- The results shown in this presentation are preliminary and conclusions may differ in future versions and publications.




# Introduction

## Context

- Well-documented that shortages are more prevalent in low-priced drugs (typically older generics)
- Role of prices, if any, is unclear from an empirical perspective

## Objectives

- Investigate associations between international prices and shortages
- Answer the question: “Were Canadian shortages associated with lower prices than in other countries from FY2017 to FY2022?”



# Introduction

## Hypothesis to test

- Higher prices could lead to lower shortage rates in two ways:
  1. Long-term global effect: higher profitability creates an incentive for manufacturers to invest to strengthen the supply chain
  2. Short-term national effect: manufacturers could favor countries with higher prices when there are production disruptions, leading to shortages in countries with lower prices
- This study investigates the second link using foreign-to-Canadian (FTC) price ratios:
  - FTC of medicine X =  $\frac{\text{Price of medicine X}_{\text{Germany}}}{\text{Price of medicine X}_{\text{Canada}}}$
- If lower Canadian prices were associated with more shortages, we should find a positive and significant correlation between FTCs and shortages



# Methods

## Data and approach

### Data

- International prices and drug characteristics were extracted from IQVIA MIDAS®
  - Canada's PMPRB11 comparator countries: SWE, AUS, NLD, BEL, ESP, DEU, GBR, NOR, ITA, FRA, JPN
  - USA
- Data were matched with drug shortages data from [www.drugshortagescanada.ca](http://www.drugshortagescanada.ca)
  - Mandatory industry self-reports
- Oral solid prescription drugs defined at the ingredient-strength-form-manufacturer level
- Fiscal years (April to March) 2017 to 2022
- N = 12,097 drug-year observations with price comparisons included

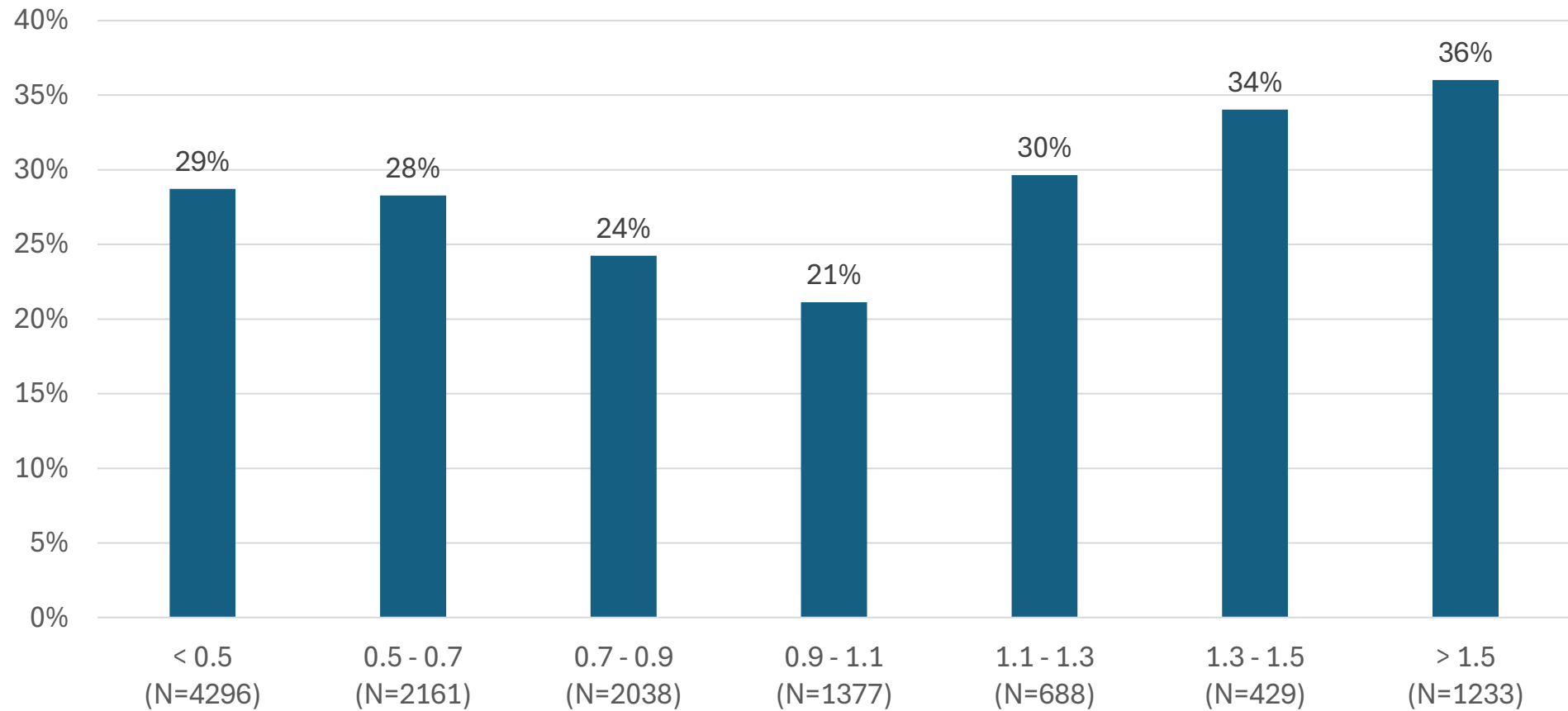
### Approach

- Conduct multivariate fixed-effect logistic regression at the drug-year level
  - Dependent variable: drug reported in « actual shortage » during the year in Canada
- Determine whether FTCs are significantly associated with shortages



# Results

## Unadjusted shortage rates vs. foreign-to-Canadian price ratio (FTC)



← FTC < 1: Canadian price higher than foreign

→ FTC > 1: Canadian price lower than foreign



# Results

## Sample characteristics by foreign-to-Canadian price ratio (FTC)

	FTC < 0.9 (high Canadian prices) N=8,495	0.9 ≤ FTC ≤ 1.1 (aligned prices) N=1,377	FTC > 1.1 (low Canadian prices) N=2,350
Generic, %	52%	46%	74%
Canadian manufacturers selling the ingredient, n (SD)	8.7 (6.4)	6.4 (6.4)	9.0 (6.2)
Canadian market size, USD Millions (SD)	10.3 (33.0)	12.6 (33.8)	8.1 (23.2)
Countries with sales, n (SD)	5.1 (3.4)	6.2 (3.4)	4.4 (2.9)

# Results

## Adjusted odds ratios and significance tests

	N	% in shortage	OR	95% CI	
FTC bin					
< 0.5	4,296	29%	1.06	0.90	1.25
0.5 - 0.7	2,161	28%	1.13	0.95	1.35
0.7 - 0.9	2,038	24%	1.16	0.96	1.39
0.9 - 1.1	1,377	21%	1	[Reference]	
1.1 - 1.3	688	30%	1.24	0.98	1.56
1.3 - 1.5	429	34%	1.26	0.97	1.64
> 1.5	1,233	36%	<b>1.32</b>	<b>1.09</b>	<b>1.60</b>
Generic status					
Brand	5,292	11%	1	[Reference]	
Generic	6,805	41%	<b>3.419</b>	<b>3.02</b>	<b>3.88</b>
Year					
2017	2,193	24%	1	[Reference]	
2018	2,156	30%	<b>1.38</b>	<b>1.19</b>	<b>1.60</b>
2019	2,049	28%	<b>1.26</b>	<b>1.09</b>	<b>1.47</b>
2020	1,987	32%	<b>1.61</b>	<b>1.39</b>	<b>1.87</b>
2021	1,922	25%	1.12	0.96	1.31
2022	1,915	29%	<b>1.46</b>	<b>1.25</b>	<b>1.70</b>
Market size					
Less than USD 125K	1,902	22%	1	[Reference]	
USD 125K - 825K	2,750	20%	1.07	0.92	1.25
USD 825K - 4.25M	3,471	28%	<b>1.60</b>	<b>1.39</b>	<b>1.84</b>
More than USD 4.25M	4,099	36%	<b>2.59</b>	<b>2.26</b>	<b>2.97</b>
PMPRB11 countries with sales					
1	2,660	40%	1	[Reference]	
2-5	4,024	32%	<b>0.86</b>	<b>0.77</b>	<b>0.96</b>
6+	5,538	20%	<b>0.66</b>	<b>0.59</b>	<b>0.74</b>
Single-source generic in Canada					
No	11,896	28%	1	[Reference]	
Yes	326	19%	<b>3.022</b>	<b>1.04</b>	<b>8.79</b>
Manufacturers					
1	2,332	8%	<b>0.28</b>	<b>0.10</b>	<b>0.78</b>
2-5	4,541	36%	0.96	0.85	1.08
6-10	2,884	25%	<b>1.13</b>	<b>1.01</b>	<b>1.27</b>
11+	2,465	36%	1	[Reference]	
Int'l generic availability					
No	2,097	6%	1.26	0.46	3.45
Yes	10,125	33%	1	[Reference]	

12 therapeutic classes (ATC1) omitted from the table

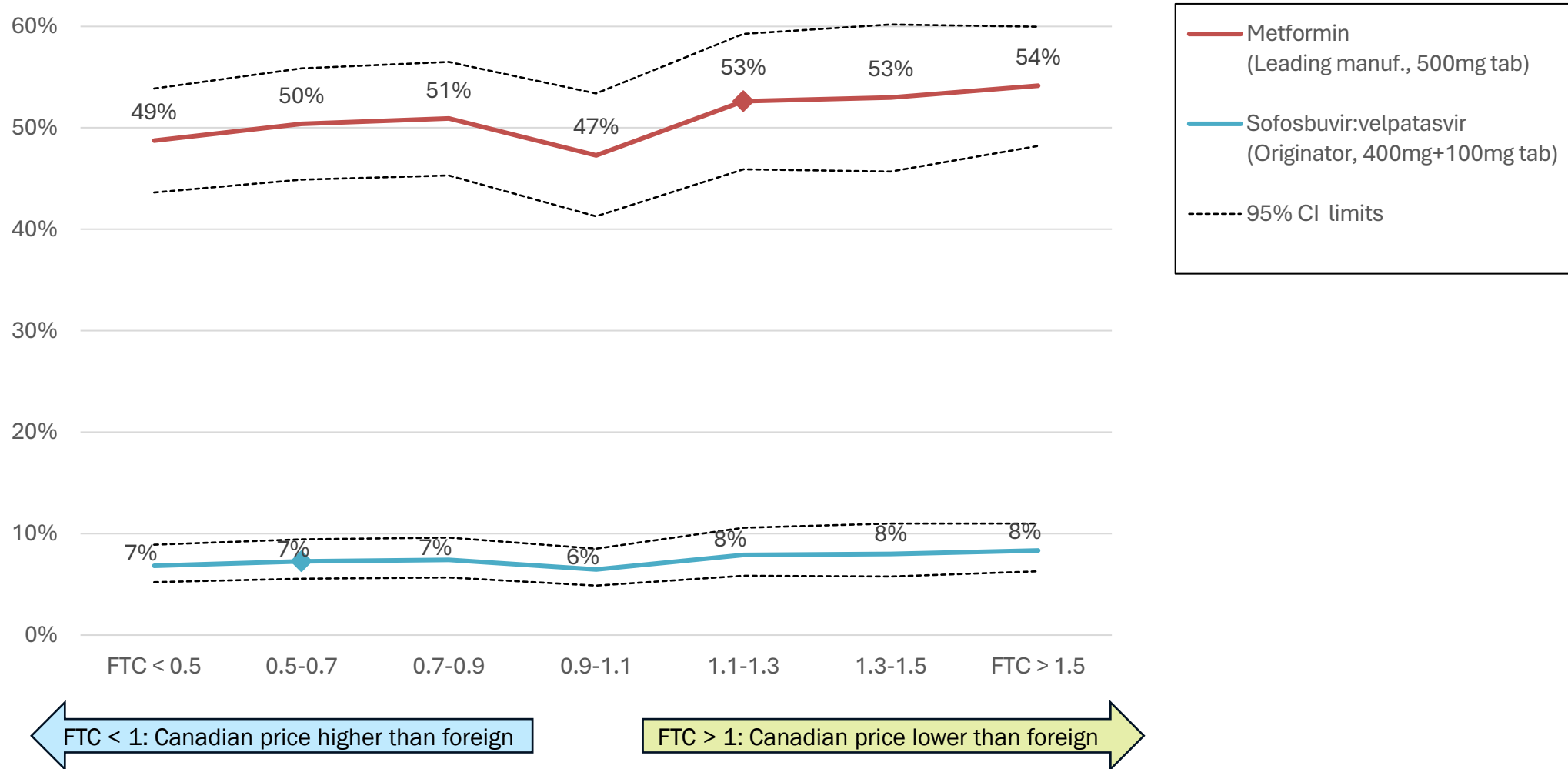
	Chi-square	p
FTC bin	12.6	0.0495
Generic status	370.1	<.0001
Therapeutic class (ATC1)	126.9	<.0001
Year	52.1	<.0001
Market size	287.5	<.0001
Countries with sales	49.7	<.0001
Single source status	4.1	0.042
Manufacturers	13.3	0.004
Int'l generic status	0.2	0.652

- A drug priced 50% higher in comparator countries than in Canada (FTC > 1.5) had an odds ratio of 1.32 of being in shortage in a given year relative to a drug for which the Canadian price was close to the international median (FTC between 0.9 and 1.1)
- A significance test for the FTC variable as a whole found it to be statistically significant (p=0.0495)



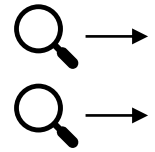
# Results

## Predicted probability of shortage vs FTC: case studies



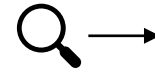
# Results

## Only patented medicines (no intl. generics available)



	N	% in shortage	OR	95% CI	
FTC bin					
< 0.8	881	9%	<b>1.75</b>	<b>1.09</b>	<b>2.82</b>
0.8 - 1.2	903	3%	1	[Reference]	
> 1.2	192	4%	1.09	0.48	2.46
Year					
2017	356	4%	1	[Reference]	
2018	338	6%	1.95	0.94	4.06
2019	324	6%	2.06	0.99	4.29
2020	325	7%	<b>2.25</b>	<b>1.09</b>	<b>4.64</b>
2021	319	6%	1.92	0.91	4.07
2022	314	5%	1.55	0.71	3.38
Market size					
Less than USD 125K	237	6%	1	[Reference]	
USD 125K - 825K	388	6%	0.91	0.45	1.83
USD 825K - 4.25M	542	6%	1.24	0.64	2.44
More than USD 4.25M	809	5%	1.09	0.55	2.15
PMPRB11 countries with sales					
1	141	19%	1	[Reference]	
2-5	403	9%	<b>0.41</b>	<b>0.23</b>	<b>0.73</b>
6+	1,432	3%	<b>0.17</b>	<b>0.10</b>	<b>0.29</b>

6 therapeutic classes (ATC1) omitted from the table



	Chi-square	p
FTC bin	5.9	0.053
Therapeutic class (ATC1)	26.7	0.000
Year	5.9	0.318
Countries with sales	39.9	<.0001
Int'l generic status	1.2	0.748

- A patented drug priced higher in Canada than in comparator countries (FTC < 0.8) had **greater odds** of being in shortage in a given year than one for which the Canadian price was close to the international median (FTC between 0.8 and 1.2)
- A significance test for the FTC variable as a whole did not find it to be statistically significant (p=0.0528)



# Discussion

- The overall evidence does not show a strong relationship between drug prices and shortages
  - Does not support the hypothesis of higher drug prices decreasing the probability of a drug being in shortage
- The analysis is still preliminary. Next steps:
  - Conduct regressions with US prices
  - Add variables to the specification (drug age, flags for top manufacturers)
  - Add a year of data
- Key limitation: the analysis is observational
  - Causal methods should be used when feasible, but would require natural experiment
  - List prices were used to compute FTCs



National Prescription Drug Utilization Information System Research Initiative

**THANK YOU**



# Appendix: Data retention and analytic sample

