

Gender-based analysis plus

General information

Governance structures	<p>“Not applicable”</p> <p>Sex is a key consideration in the biochemical response to medicines which is different for males and females and needs to be taken into consideration with respect to drug safety, efficacy and effectiveness. For some medicines a smaller dose for females is more beneficial than the full dose for males; this has potential to influence pricing. The PMPRB regulates the price of each patented drug product, including each strength of each dosage form of each patented medicine sold in Canada. No distinction is made based on the GBA+ of the patient, as this information is not available.</p>
Human resources	<p>“Not applicable”</p> <p>The review of the prices of patented medicines does not consider the GBA+ of the patient taking the drug product therefore; there is no need to allocate resources to gender+ analysis.</p>
Planned initiatives	<p>“Not applicable”</p> <p>The review of the prices of patented medicines does not consider the GBA+ of the patient taking the drug product therefore; no initiatives are planned.</p>
Reporting capacity and data	<p>“Not applicable”</p> <p>The review of the prices of patented medicines does not consider the GBA+ of the patient taking the drug product therefore; no initiatives are planned.</p>

In keeping with the Government of Canada’s renewed commitment to Gender-based Analysis Plus in the development of policies, programs and legislation, the PMPRB has considered the impact of medicine prices on sex and gender. Sex and gender differences are important factors in the accessibility, affordability and appropriate use of prescription medicines and medical devices. Differences in men's and women's roles, income and utilization of health care services can affect access to medicines and health insurance, prescribing patterns and medicine use and may have important repercussions for health and well-being.

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Under Canada’s mixed system of private and public drug coverage, where out of pocket spending on premiums, deductibles, co-pays and direct purchases is common, economic status is

a key determinant of accessibility and affordability. While the wage gap has narrowed, and the incidence of low income has decreased over the last three decades, women's incomes remain lower than men's in all age groups and female-led lone parent families still have the lowest average income of all family types.

An estimated 20% of Canadians either are under-insured or have no effective access to prescription medicine benefits, private or public, and women are less likely than men to have such access perhaps because they are more likely to be in part-time work for which benefits are not offered (recognizing some individuals are covered through a family member's employer-sponsored plan).

Sex is a key consideration in the biochemical response to medicines, which is different for males and females, and needs to be taken into consideration with respect to medicine safety, efficacy and effectiveness. For some medicines, a smaller dose for females is more beneficial than the full dose for males; this has potential to influence pricing. Females are under-represented in clinical trials resulting in insufficient evidence on risks, benefits and optimal use.

Lower medicine prices, and associated savings for all payers, will benefit both men and women directly through lower out of pocket costs and indirectly through health system reinvestments and improved access to better care. However, since women's incomes remain lower than men's across all ages in Canada, lower prices may have a greater impact on women.