# Estimating a Drug’s Price After Loss of Exclusivity As a Function of the Cost of Goods Sold 

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## OBJECTIVE. Determine if a drug's cost of goods sold (COGS), which is a function of the marginal costs of production and the cost of shipping, predict its price after loss of exclusivity.

BACKGROUND. Nearly all published cost-effectiveness analyses omit future drug pricing dynamics despite recommendations from the Second Panel of Cost-Effectiveness in Health and Medicine and an ISPOR Task Force Report. Recent attempts to incorporate drug price dynamics within cost-effectiveness analyses have assumed a price reduction of $76 \%$ after loss of exclusivity. Assuming a $76 \%$ price reduction and applying this universally for all drugs ignores important drug-specific attributes that likely better predict the post-loss of exclusivity price.

METHODS. Published literature and financial statements from 20 generic manufacturers were reviewed to identify the average manufacturer mark-up over COGS. Then stakeholder engagement with 3 small molecule generic and 2 biosimilar manufacturers was conducted to identify key drivers of generic/biosimilar prices and COGS. Cost data was abstracted from the Mark Cuban Cost Plus Drug Company (MCCPDC). Based on literature and stakeholder feedback, COGS were calculated as half of the manufacturer price as reported in the MCCPDC.

ECONOMIC THEORY FRAMING WORK. In an environment without market friction and where competitors can produce the same type of commodity, the equilibrium price will approach COGS.


IMPLICATIONS. Cost-effectiveness analyses should incorporate genericization to better represent the true opportunity costs. This study provides an evidence-based approach to estimate a drug's price after loss of exclusivity to be incorporated within these analyses. Assuming a uniform $76 \%$ price reduction for all drugs ignores important drug-specific attributes. This study empirically demonstrates that estimating the drug's price after loss of exclusivity as a function of two times its COGS more appropriately captures these drug-specific attributes.

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