

# ACP policy paper recommends ways to stem the rising cost of prescription drugs

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The American College of Physicians (ACP) today released a new policy paper calling for changes that could slow the rising cost of prescription drugs. The paper, *Stemming the Escalating Cost of Prescription Drugs*, was published in *Annals of Internal Medicine*.

"In the United States we pay comparatively much more for prescription drugs than other countries, an increasing concern for all Americans," said Wayne J. Riley, MD, MPH, MBA, MACP, president of ACP. "The impact of these rising costs can be very detrimental to patients, causing them to forgo filling important prescriptions or not taking drugs on the schedule that they are prescribed."

The many issues surrounding prescription drug pricing are a complex problem. Because the research, development, regulatory and payment systems for prescription medication are deeply intertwined addressing the issue will take the combined efforts of many different stakeholders. Unlike other markets, competition alone may not be effective in encouraging innovation or controlling costs, especially without the price transparency required for true price competition.

To address the complex factors at play, ACP's paper offers a series of recommendations aimed at addressing and slowing down the rate of price increase for [prescription drugs](#). ACP:

- Supports transparency in the pricing, cost, and comparative value of all pharmaceutical products.

- Supports the elimination of restrictions on using quality adjusted life years in [comparative effectiveness research](#).
- Supports novel approaches, including: allowing price negotiation by Medicare and other publicly-funded health programs, consideration of reimporting drugs manufactured in the United States, and policies and programs to increase competition for sole-source drugs.
- Opposes extending market or data exclusivity periods beyond what is currently granted.
- Supports approaches to encourage value-based decision making, including value frameworks, bundled payments, indication-specific pricing and evidence-based benefit designs that include explicit consideration of the pricing, cost, value, and comparative effectiveness of [prescription medications](#) included in a health plan's benefit package.
- Believes that payers that use tiered or restrictive prescription drug formularies must ensure that patient cost-sharing is not set at a level that imposes a substantial economic barrier to patients.
- Believes that biosimilar drug policy should aim to limit patient confusion between originator and biosimilar products.

"We continue to pay more and more for drugs, making it harder and harder for patients to afford critical prescriptions. This situation must change," concluded Dr. Riley. "A prescription drug can only be as effective as a patient's ability to access it and adhere to the medication as prescribed. Year after year of rising costs is clearly a burden for many patients that ultimately impacts their health and quality of life."

**More information:** *Annals of Internal Medicine*,  
[www.annals.org/article.aspx?doi=10.7326/M15-2768](http://www.annals.org/article.aspx?doi=10.7326/M15-2768)

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