

Getting to the Price is *Right*

REDUCING DRUG COSTS

By Narendra Singh, MD



As a researcher, the past three decades have been exciting times for cardiovascular medicine. I have participated in the development of many breakthrough drugs that have dramatically changed how we manage conditions such as heart attack, stroke, heart failure, kidney disease, obesity, diabetes, hypertension, atrial fibrillation, high cholesterol and arrhythmias. These therapeutic agents have the potential to positively transform the health of my patients, improving both the quality and quantity of life. Unfortunately, as a clinician, I have been frustrated that the full promise of these therapies has not been realized with one of the biggest barriers to utilization being drug costs.



The United States has one of the most complex systems for prescribing drugs. Each insurance company has its own formulary outlining what drugs they will pay for and at what tier level. Many require prior authorization- a bureaucratic approval process that often delays or denies treatment. Even when approved, the out-of-pocket costs from high deductible plans make many of these drugs still unaffordable. Drug samples, copay discount cards and pharmaceutical companies' assistance programs can sometime help reduce cost.

The cost of drugs is often many folds higher in the United States versus the rest of the world. Pharmaceutical companies routinely strategize to make the bulk of their profits here in the USA. In essence, we subsidize drug costs around the world. It is one of the reasons many patients will try and purchase drugs in Canada, Mexico and India. Often though, online pharmacies have poor quality control and can result in subtherapeutic, contaminated products. Similarly, the FDA has warned against using compounded GLP-1 products (semaglutide, tirzepatide) for weight loss.

Medicare is the biggest purchaser of drugs in the world yet up until now, they could not negotiate drug prices even though this is done routinely by governments around the world. Regardless of your political leanings the Inflation Reduction Act of 2022 has provided a major breakthrough for drug pricing and reducing costs especially for our Medicare patients. Earlier this year the cost of insulin was capped at \$35 a month. Now, 10 drugs are to be negotiated down in price with additional drugs to be added to the list each year. The first 10 branded drugs include many cardiac therapies – Eliquis, Enbrel, Entresto, Farxiga, Imbruvica, Januvia, Jardiance, Novolog, Stelara, Xarelto.

More importantly, starting in 2025, the much hated “donut hole” that left patients with unaffordable drug cost for part of the year will be eliminated. Instead, all Medicare recipients with Part D coverage will have a maximum out of pocket drug expense of \$2000 annually. This can be paid as a lump sum in January or more reasonably as a \$167 monthly expense. This will significantly reduce the risk of patients stopping their medications because of

affordability and allows for better budgeting.

We have a long way to go in making drug costs more reasonable for Americans but it's nice to see that positive changes are starting! In the interim, always discuss with your health professional before stopping a medication that seem unaffordable. Sudden discontinuation can have serious consequences. There may be cheaper alternatives and resources such as specialty pharmacies that can help.

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