

AMA to Congress: Patients pay painful price for high drug costs

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New, life-altering pharmaceutical discoveries are expected to be expensive. Dermatologist Jack Resneck Jr., MD, chair of the AMA Board of Trustees, understands that. But in testimony to Congress today, he highlighted the personal impact of prescription-drug costs. These are prices that can rise dramatically even for drugs that have been on the market for years or even decades, such as etanercept or adalimumab (marketed as Enbrel and Humira, respectively).

“I currently have a patient unable to afford the Enbrel or Humira that would alleviate his psoriasis and painful psoriatic arthritis—the average wholesale prices for a year of these drugs, both out for more than 15 years—has quadrupled to around \$80,000 per year, and his PPO copay is 40% until he reaches his deductible,” Dr. Resneck said in his testimony. “So, he stopped his treatment.”

The U.S. spends nearly \$334 billion a year on prescription drugs, and that accounts for nearly 10% of the nation’s total health care bill. In addition to high dollar amounts, Dr. Resneck told members of Congress, the price patients must pay includes sleepless nights and living in pain because they cannot get the medications they need.

“Physicians see every day that costs are a major obstacle to our patients getting the right medication at the right time,” said Dr. Resneck during his testimony at a May 9 House Energy and Commerce Committee Health Subcommittee hearing on lowering prescription drug prices.

Prescription-drug price increases can lead some patients to not be able to afford critical medicine, causing them to skip doses of their medications or split pills, or force them to abandon treatment altogether.

Sharing patient stories

Patient stories are a powerful way to educate lawmakers and other officials about the negative impacts of high prescription drug prices. The AMA has been collecting patient stories as part of its TruthInRx campaign.

“If they prescribe me medication that does not have a generic form, I have to forfeit that medication,” wrote Myra M. “I don’t know what it feels like to be out of pain, because I live with it every day.”

Meanwhile, James T. wrote: “My drug cost jumped from \$175 to \$435 per month. No one has been able to explain this huge jump.”

Share your story today, and encourage your patients to do so.

Dr. Resneck told the Health Subcommittee of another patient who just this month needed clobetasol, a generic cream on the market for three decades, and doxycycline, an oral antibiotic approved in 1967, for her severe eczema that had become infected. The drugs are manufactured by several companies in both branded and generic forms and prescriptions used to cost patients less than \$10 for each.

“At the pharmacy, she was told that both prescriptions required prior authorization and would otherwise cost a combined \$600,” Dr. Resneck said. “She didn’t fill the prescriptions, and called me asking what I was thinking.”

It took four days for her insurer to approve the prescriptions.

“Meanwhile, my patient suffered several sleepless nights of severe itch, made worse by a spreading, contagious staph infection until the prescriptions were authorized,” Dr. Resneck said, adding that the time he spent arguing with her insurance company was time taken away from seeing other patients.

Drug price must be included in TV ads

Dr. Resneck’s testimony came on the heels of a new rule requiring that prices be disclosed in direct-to-consumer television commercials for prescription drugs. AMA President Barbara L. McAneny, MD, called the rule “a step in the right direction” and a “notable change.”

“The AMA has called for regulations requiring the ads to include the manufacturer’s list price of those drugs, and we have supported similar legislative efforts,” Dr. McAneny said.

“This small dose of transparency will help patients have a more complete picture when faced with prescription drug ads,” she added. “Patients—especially those who pay a drug’s list price or whose cost-sharing is based on the list price—will now have another tool in their toolbox as they work with

their physicians to determine their prescription drug regimens.”

In addition to telling his patients’ stories, Dr. Resneck cited AMA policy, which says that policymakers should:

- | Require manufacturer and pharmaceutical supply chain transparency.
- | Increase competition and curtail anti-competitive practices.
- | Ensure prescribers have accurate point-of-care coverage and patient cost-sharing information as part of their workflow including in the electronic health record.
- | Streamline and modernize the utilization control methods used by health insurers in response to higher prescription drug costs.

Tomorrow morning in Chicago, AMA Trustee Willarda Edwards, MD, will join Illinois Sen. Dick Durbin to highlight positive steps on drug-pricing transparency.