Exorbitant drug prices harm research

It is a widely held belief that the very high prices charged for many new drugs are necessary to sustain “innovation”, which in turn generates important therapeutic advances for patients. Some authors have questioned this analysis, using cancer drugs as an example (1).

“Me-toos” rewarded. The director of a renowned cancer centre in the United States argued in a financial magazine that the height to which drug prices have soared in recent years actually harms innovation (1).

In his opinion, the efforts and funds devoted to these nearly identical drugs are needed and lacking elsewhere, to tackle unmet health needs (1).

Marginal benefits for patients, but exorbitant prices. Other authors have criticised the quantity of resources mobilised to achieve often marginal clinical benefits (2). They point out that, on average, the 71 cancer drugs (or new indications) introduced to the market in the United States between 2002 and 2014 for the treatment of solid tumours only prolonged median survival by about 2 months (2).

By obtaining marketing authorisation for a series of different indications for drugs that share the same mechanism of action (“salami slicing”), drug companies reduce research costs and risks while maintaining the same high price tags, a situation that suits shareholders more interested in high, easy profits than in the risks inherent in more ambitious research (2).

Furthermore, incurable disease is such an emotionally charged subject that few people dare to speak out against excessive prices for cancer drugs (2).

In summary, high drug prices are not sufficient to stimulate research that provides real advances in the public interest. In fact, they can be counter-productive.

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Selected references from Prescrire’s literature search.

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A “me-too” drug is closely related structurally to another drug used in a similar clinical situation. The implication behind this term is that this drug would like to get a slice of the same market.

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