



Drug price transparency initiative: The need for a broader view

It was with great satisfaction that we read the recent publication of “Drug price transparency initiative: A scoping review in Research in Social and Administrative Pharmacy.”¹ We believe it is essential that a pharmaceutical journal dedicated to the administrative and social field debates and offers pharmacists access to research on topics that have a great impact on society, such as public policies to guarantee access to medicines, an issue that has been set up high on the global health agenda. Currently, drug prices are impacting all countries, including high-income countries, and the prices charged by pharmaceutical companies vary widely for the same drug, depending on who is purchasing the products.^{2,3} In this scenario, medicines pricing transparency is a core factor concerning access to medicines, as a human rights issue.^{4,5}

Therefore, we would like to suggest be taken into consideration the analysis carried out of the United Nations High-Level Panel on Access to Medicines, in particular regarding the need for timely, comprehensive and user-friendly databases on R&D costs and prices.⁶ This analysis may also have influenced the internalization of this agenda by the World Health Organization (WHO). The WHO’s five main strategic instruments related to drug price transparency: Global strategy and plan of action on public health, innovation and intellectual property (GSPoA)⁷; recommendations of the Consultative Expert Working Group on Research and Development—Financing and Coordination (CEWG)⁸; Technical report: pricing of cancer medicines and its impacts⁹; Road map for access to medicines, vaccines and other health products, 2019–2023¹⁰ and the Resolution WHA72.8 about improving the transparency of markets for medicines, vaccines, and other health products.¹¹

Those documents and some other authors, address the main components to be considered in a fair price-setting, such as: cost of research and development through to regulatory approval, although studies suggest that pharmaceutical companies may adopt price-setting approaches where costs of R&D and production may bear little or no relationship to prices; the paucity of public data on R&D costs, manufacturing and distribution costs and net price.^{9,12}

Due to the scarcity of open data on these components, the lack of transparency and the limited data sharing in the pharmaceutical market, Resolution WHA72.8 was adopted by the 72nd (WHA), in May 2019, as a voluntary commitment undertaken by WHO member states and the WHO secretariat towards more transparency in the pharmaceutical market.¹¹ The adoption of Resolution WHA72.8 reflects the international debate on transparency of drug costs and prices aimed at improving public sharing of information on real prices paid by governments and other buyers for health products. Comprehensively, it defines the need for greater transparency of information on patent status, results and procedures of clinical trials, marketing costs, subsidies and incentives by suppliers on registered health products, public sector investments in R&D, and other aspects that make up the cost and price of

medicines.¹¹

Although Ahamd et al. brings important references to the literature, in the recently published review, we are surprised by the approach to the issue of price transparency with limited cuts. Narrowing the analysis and discussion of such initiatives, the authors could have strengthened understanding on the topic of price transparency to market considerations. Thus, it may lead the reader to the impression that price transparency has a limited or even unimportant impact on the goal of reducing prices and access to medicines for populations in different countries. It seems fundamental to us that we disseminate and discuss public health policies related to the access and use of medicines, as well as the role of transparency in lowering pharmaceutical spending and promoting access,¹³ and furthermore, we hope that more discussions can be published, contributing to strengthen the role of the pharmacist as a leader in health policies.

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Declaration of competing interest

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Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.sapharm.2020.06.007>.

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