Journal of Applied Pharmacy

Nazir, J App Pharm 2016, 8:2
http://dx.doi.org/10.4172/1920-4159.1000e108

Editorial Open Access

# Drug Price Control May Fail to Improve the Access for Patients and Exploitation of Research Innovation

**Taha Nazir***

*ICDTD Inc., 937 Northumberland Ave Saskatoon, Saskatchewan S7L3W8, Canada*

***Corresponding author:** Taha Nazir, Scientific Executive, Intellectual Consortium of Drug Discovery and Technology Development Inc., 937 Northumberland Ave Saskatoon, Saskatchewan S7L3W8, Canada, Tel: 92 321 222 0885; E-mail: taha@icdtdi.ca

**Received date:** January 13, 2016; **Accepted date:** January 14, 2016; **Published date:** January 20, 2016



## Editorial

Current scientific efforts are not successful to inspire the researchers for innovation. However, the competitive environment may offer them new opportunities to discover the new health innovations. Whereas, the scientists are also potentially engaged to figure out more effective therapy plans and curative measures [1]. That may successful enhance the patient access at the cost of respective benefits of patents. In addition of that the reward of innovators and speculators has another important role in drug price control, patient's access to drugs and research innovations. Moreover, the pharmaceutical institutions acquire certain innovative spotlights and promptly increase the prices. That gave another controversial hot topic to debate. The official authorities and public health care professional then introduce new ideas to control the drug prices and enforce new regulations. While, the innovators stated that the innovation is directly related the prices/funds/grants and/or rewards. Whereas, the seriously ill patients feel their lives may cut down by delayed or stop of drugs supply. Thus, the on-going scientific investigation for novel techniques and new medication may help to enhance the access of patient to their therapy [2].

Additionally, the rising costs of prescription drugs has driven the public health care professionals to regulate the extent to which some form of price controls may be warranted. However, the health authorities have already reported the industry sponsored findings to improving the access of life saving drugs for the neediest patient. They have decided work to achieve the key goals of public health care. An introduction of new generic drugs is another serous effort to reduce competition and expanded the drug list for price control. Such trends may discourage the situation of particular market to be controlled by any specific group drug companies. We can then avoid the unnecessary reduced set of choices for the consultant physicians, pharmacists and patients [3].

Thus, the findings prompt the health professionals to revise the outdated policies in most current scenario of corporate pharmaceutical businesses. The local pricing authorities of individual countries are adding dozen medicines to the number of drugs under price control. But, providing new ammunition to the pharmaceutical manufacturers may not effectively work, because this strategy of putting more restrictions is not helping the patients. Moreover, certain professional organizations and trade groups reported the branded drug makers are grabbing overall marginal price benefits. However, there is no significant benefit for patient price control in various markets [4]. Thus, an overall envision is recommended for appropriate price control to offer additional relief for patients. That may potential control the drug prices to improve the access for patients and discourage the exploitation of research innovation.

## References

1. Atkinson JD, Moodie RS (2013) Legitimate patent extension or patent system abuse? Pharm Pat Anal 2: 317-324.
2. Gleeson DH, Moir H, Lopert R (2015) Costs to Australian taxpayers of pharmaceutical monopolies and proposals to extend them in the Trans-Pacific Partnership Agreement. Med J Aust 202: 306-308.
3. Koslyk JL, Ducci RD, Nóvak EM, Zétola VF, Lange MC (2015) Sodium nitroprusside: low price and safe drug to control BP during thrombolysis in AIS. Arq Neuropsiquiatr 73: 755-758.
4. Wang J, Liu X, Wang S, Chen H, Wang X, et al. (2015) Short-term differences in drug prices after implementation of the national essential medicines system: A case study in rural Jiangxi Province, China. Indian J Pharmacol 47: 535-539.