

The Prescription Drug Price Relief Act

The United States pays, by far, the highest drug prices in the world for one reason: we let drug companies get away with murder. Last year, the pharmaceutical industry made more than twice as much money in the U.S. – [\\$453 billion](#) – than in all European countries combined. The top five drug companies alone made over \$50 billion, while the top five American pharmaceutical CEOs made more than \$113 million in compensation.

When Congress gets back into session, Senator Bernie Sanders (I-VT) and Representative Ro Khanna (D-CA) will be introducing the Prescription Drug Price Relief Act.

This legislation would require the Secretary of Health and Human Services to make sure that Americans don't pay more for prescription drugs than the median price of the following five countries: Canada, the United Kingdom, France, Germany, and Japan.

If pharmaceutical manufacturers refuse to lower drug prices down to the median price of these five countries, the federal government would be required to approve cheaper generic versions of those drugs, regardless of any patents or market exclusivities that are in place.

If this legislation were to become law, the median price of brand name prescription drugs could go down by about 43 percent and savings for certain brand name prescription drugs could be even greater.

For example, under this bill:

- **Premarin**, for menopause, which currently costs about **\$165** for a 30-day supply in the U.S., could cost **\$94**.
- **Januvia**, for diabetes, which currently costs about **\$436** for 30-day supply in the U.S., could cost **\$248**.
- **Advair Diskus**, for asthma and COPD, which currently costs about **\$390** for a 30-day supply in the U.S., could cost **\$222**.
- **Xarelto**, for blood clots, which currently costs about **\$432** for a 30-day supply in the U.S., could cost **\$246**.
- **Lantus**, which is insulin for diabetes and currently costs about **\$387** for a 30-day supply in the U.S., could cost **\$220**.
- **Humira**, for arthritis, which currently costs about **\$2,770** for a 30-day supply in the U.S., could cost **\$1,576**.
- **Enbrel**, for arthritis, which currently costs about **\$4,941** for a 30-day supply in the U.S., could cost **\$2,811**.
- **Ventolin**, for asthma, which currently costs about **\$60** for a 30-day supply in the U.S., could cost **\$34**.
- **Xtandi**, for cancer, which currently costs about **\$101** for a 30-day supply in the U.S., could cost **\$58**.
- **Pristiq**, for depression, which currently costs about **\$40** for a 30-day supply in the U.S., could cost **\$23**.

This is not a radical idea. According to [the European Commission](#), using international drug prices as a benchmark in price negotiations is “the most commonly applied pricing policy in European countries.” The U.S., where Medicare is legally prohibited from negotiating drug prices for seniors, is an outlier.

Although President Trump recently proposed gradually lowering the prices of certain drugs covered by Medicare Part B to international price levels, his proposal does not help the over [150 million](#) Americans who get private health insurance from their employer, many of whom struggle with high deductibles and copayments, or the more than 30 million Americans who are uninsured and must pay the full cash price of their prescription drugs at the pharmacy.

Today, a full [80 percent](#) of Americans say that drug prices are unreasonable and just [nine percent](#) think that drug companies put patients over profits. The pharmaceutical industry will continue to rip off American patients as long as it can. The Prescription Drug Price Relief Act puts an end to this highway robbery, and will help save lives and reduce premiums by lowering drug prices.