Stakeholder Perspectives of the Inflation Reduction Act's (2022) Impact on Prescription Drugs

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Abstract

In this review, we examine the impact of the Inflation Reduction Act (IRA) of 2022 on pharmaceutical drugs in the United States, drawing on a diverse range of sources to understand the perceptions of multiple stakeholders and professionals. Findings suggest that the Act, while aiming to control price inflation, has had a multifaceted impact on the pharmaceutical sector.

Methods:

The PRISMA (preferred reporting items for systematic reviews and meta-analyses) review standard guided the research team's review process.

Results and Conclusions:

The review identified four underlying constructs (themes) in the literature surrounding healthcare stakeholders' perceptions of the IRA's impact upon prescription drugs: pricing and/or dictation pricing issues, topics related to patent law and pharmaceuticals, processes surrounding the IRA's (2022) rules and regulations, and potential threats to the pharmaceutical industry concerning the research and development of future medications. The complex interplay of the Act's implications underscores the importance of ongoing assessment and potential iterative policy refinements as implementation endures.

Keywords:

Inflation Reduction Act; prescription drugs; pharmaceuticals; drug prices; inflation

Objectives

Our team's rapid review process objective was to identify any/all initial perceptions by various identified prescription drug stakeholders affected by this recent legislation, such as researchers, developers, manufacturers, insurers, dispensers, and patients.

The rapid review process is often utilized in lieu of a full systematic review during time constraints, expertise, and/or absence of funding, In the end, a codification of perspectives and observations related to price transparency initiatives will pro-vide policymakers with important information to better understand all healthcare industry stakeholders' use of hospital price information to further support overall care delivery.

Methods

The research team's initiative was to specifically identify various stakeholder perspectives surrounding the 2022 Inflation Reduction Act policy regarding prescription drugs in the United States as identified in the literature review process. The PRISMA (preferred reporting items for systematic reviews and meta-analyses) review standard guided the research team's review process.

Eligibility Criteria

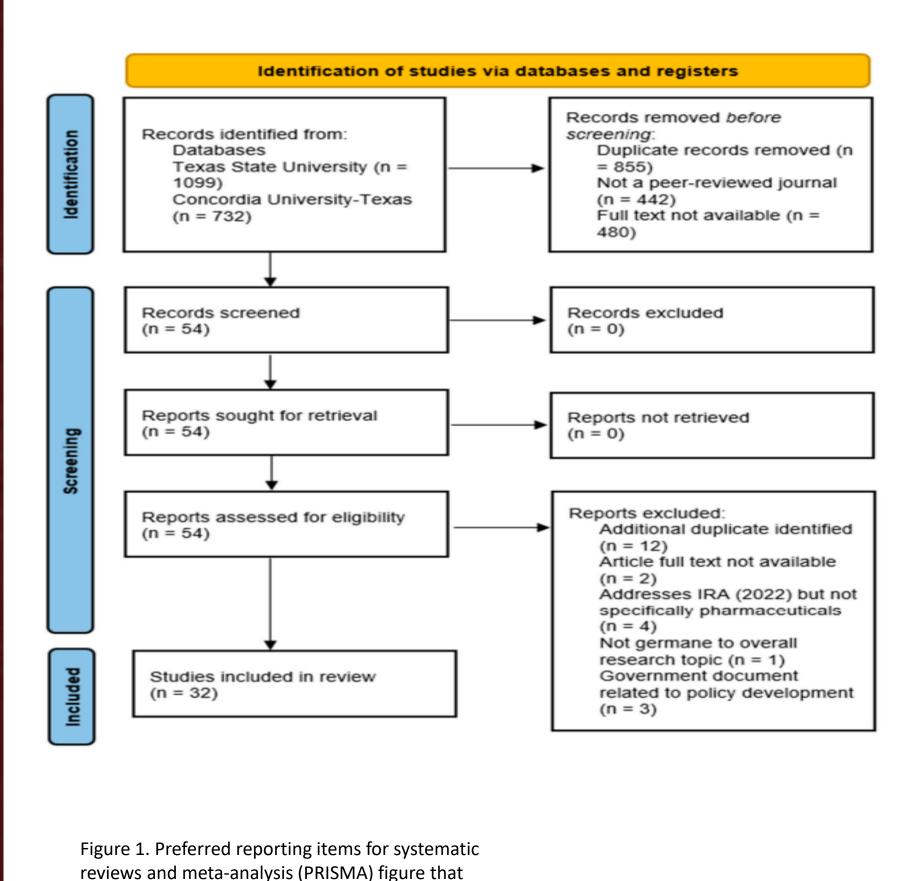
The research team utilized Google search queries to begin establishing search terminology and related Boolean operators which yielded the highest applicable publication results around the topic.

[(inflation reduction act) AND (drug*)]

As the Inflation Reduction Act was passed by the 117th United States Congress and signed into law by President Biden on 16 August 2022, the research team identified many IRA-related articles published prior to this date, and therefore chose to filter search results to only articles published after 1 January 2022, through 1 March 2023. On the other hand, due to prior U.S. legislation utilizing the terms 'inflation' and 'reduction' in their policy names (to include prior Inflation Reduction Acts specifically), the research team identified other articles surrounding prior IRA-related policies prior to 1 January 2022, therefore identifying the 1 January 2022 to-date (1 March 2023) search criteria to best identify articles for this review.

Exclusion Process

In addition to filtering for the publication date, the research team excluded any articles that were not available in full-text format (-480 articles) and were not published in peer-reviewed journals (-442 articles). All identified articles in the search were available in English. A final exemption of geography specifically limited to the United States. A total of 54 remaining articles were identified for this narrative review. Figure 1 illustrates the research team's process and applied search criteria, narrowing the final number of manuscripts included in the review process to 32.



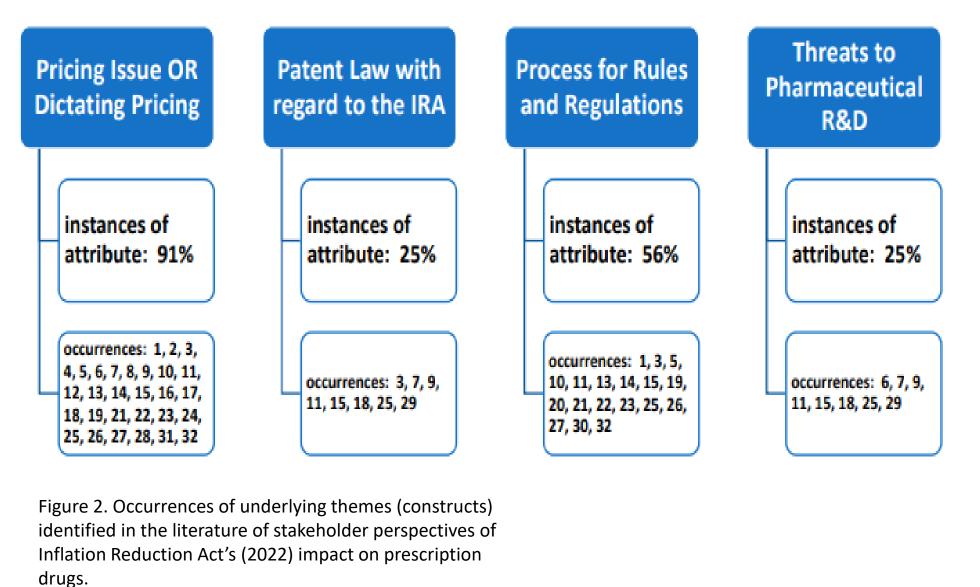
demonstrates the study selection process.

Results

The identified studies' quality, as assessed through the use of the JHNEBP study design coding methodology, demonstrated that the majority of the literature (16 articles, 50% of the sample) falls within the level 5 category (opinions of industry experts not based on research evidence). A combined 14 (43%) articles represented JHNEBP levels 3 and 4. The remaining literature in the sample demonstrated a study design interpreted as level 2, a quasiexperimental study, or level 3, a nonexperimental, qualitative, or metasynthesis study. While the strength of evidence regarding this review's literature sample (primarily Pharmacy 2023, 11, 187 5 of 32 consisting of level 4 and 5 study designs) is important to note, the researchers came to the conclusion that this observation was possibly due to the nature and timeliness of this review and ongoing publications surrounding the recent Inflation Reduction Act's influence upon prescription drugs in the United States.

The team identified a consistent bias from the individual groups: manufacturers were concerned with the potential impact on research and development, driven from lower revenue, insurers considered the impact on Medicare Advantage plans and cost apportionment, while dispenser and patients focused on the financial benefits and potential increased adherence to prescribed regimens.

Once the total of thirty-two articles were reviewed by the research team, four underlying constructs (themes) were identified in the review. The research team met via webinar on multiple occasions to address the underlying constructs identified in the article reviews, and agreement was reached on the themes surrounding the stakeholder perspectives on the IRA's (2022) influence on prescription drugs in the U.S. Article inclusion into thematic categories was not mutually exclusive, with any single article in the review often meeting criteria to be coded and assigned under more than one review theme (Figure 2).



Limitations

As a very current, developing topic, stakeholder perceptions of the IRA's impact on prescription drugs will continue to change. Continuous review of the literature is required, and future study is required in this regard. Another study limitation is the lack of data-driven, empirical studies included in the review findings. However, the review topic (primarily stakeholder perceptions), industry expert opinion, and healthcare leader views required inclusion of a variety of literature beyond typical research studies

Conclusions

We identified a theme emphasizing the Act's potential in improving the affordability and accessibility of prescription drugs for patients, addressing a critical concern in contemporary healthcare. Further examination of the literature revealed nuanced discussions regarding the Act's role in balancing the interests of various stakeholders, including pharmaceutical companies, healthcare providers, insurers, and patients, while striving for equitable and sustainable healthcare solutions. These identified themes collectively provide crucial insights for policymakers, advocating for informed decision-making and further research to maximize the positive impact of the Inflation Reduction Act and other similar policy interventions in the healthcare sector. Further topics of inquiry and of importance, while not identified in the review, surround the implications and/or challenges with pharmacy benefit managers, the potential spillover effect of negotiated pricing on private insurance plans or hospital purchasing, as well as the potential for insurance companies to exit Medicare Part D due to the limitations on insurance premiums Future empirical studies may also be analyzed in the future to potentially align identified themes with categories of healthcare stakeholders.

Reference and Acknowledgement

Lieneck C, McLauchlan M, Adachi V, Billings R. Stakeholder Perspectives of the Inflation Reduction Act's (2022) Impact on Prescription Drugs: A Narrative Review (2023). *Pharmacy*, 11(6):187. https://doi.org/10.3390/pharmacy11060187



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