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Understanding Business Strategies: Exploring Pharmaceutical Companies and Impacts of Drug Affordability and Cost in the USA

Audrey Zhang
audreyzhangcy@gmail.com

ABSTRACT

Drugs are a global necessity, and the pharmaceutical industry is in charge of pricing and managing them. There is a pertinent problem that has not faded, which is the pricing crisis, which often leads drugs to end up being inaccessible for many and inconvenient to purchase. This paper explains the causes of drug pricing, from a lack of government control to the influence of private companies. This paper argues that regulated pricing is achievable by understanding pricing fluctuations and the underlying reasons behind certain trends. This study helps people better understand the pricing and regulation of the drugs they use daily. This paper expands on the role of government power in the medical industry and how it can be used to potentially help users and pricing.

Keywords: *Drug affordability, private companies, government regulation, monopolization, pharmaceutical industry*

INTRODUCTION

Drug affordability is a highly debated topic globally, and over the past several decades, prescription drugs have risen substantially. This has been a growing concern among patients, clinicians, and policymakers (1). Despite the high national income and the coverage that insurance provides for most, the United States still has an unusually high cost for drugs that leaves many unable or struggling to access treatments that are essential for their health and well-being. This raises an urgent question: Why do life-saving medicines cost so much, and which business strategies keep the prices up?

Pharmaceutical manufacturers have many ways of justifying their pricing decisions to the public. Many refer to the costs and risks of research and development, which are long-term and involve regulatory requirements. Other manufacturers justify their prices by citing the need to create future stability through earnings-based financing. (1) However, many critics argue that industry practices such as limiting the competition and extending their market and what they sell just end up sustaining the high prices that

prioritize the growth of revenue over the affordability and accessibility to their customers. (2). This ongoing tension between the companies' incentives and their goals to earn money and users is building and extremely frustrating for the average person. This reveals how important it is to examine how commercial strategies and companies' goals shape what patients ultimately pay for their necessary medications.

The U.S. pharmaceutical sector is one of the major contributors to global drug innovation. It produces many breakthrough and life-saving treatments and has a strong pipeline of new products in development. Simultaneously, it operates within a large framework with many different shareholders who help maintain the sector's stability and profitability. However, even with this support, prices skyrocket randomly. There are episodes of sharp price increases for insulin and epinephrine (auto-injectors) that draw a lot of public attention to the gap between the profitability corporations target and patient welfare, given the need to pay for their medicines (3). Evidence also suggests that U.S. drug prices are substantially higher than those in high-income countries as well, which is a pattern of the U.S. market rather than inflation alone (4). Some explanations for the pricing include private insurance companies and their undocumented negotiations, pharmacy profit margins, and a lack of monitoring of pricing trends.

Unlike other countries, the U.S. does not rely on or use a centralized pricing system and does not have regular national pricing negotiations for medicines (5). In this sort of environment, companies have a lot of power over pricing, which can be reflected in high listing prices, rising insurance costs, and substantial out-of-pocket costs for patients to get their treatments. Understanding the business strategies that operate behind the scenes to influence pricing and markets is essential, as it can answer these economic questions and lay the foundations and regulations that the United States lacks to maintain power prices for all. This will then help reform and improve equitable access to medicines.

This research paper asks: How do pharmaceutical companies' business strategies shape drug affordability and costs in the United States? By addressing this important question, the analysis can clarify the economic, ethical, and political implications of modern pricing practices. It will also focus on corporate decisions and their impact on patient access and vital treatments.

To examine these dynamics, this study uses a qualitative approach that combines an in-depth literature review with a couple of case studies examining changes in these policies over time. Looking through peer-reviewed research is another tool that will be used to identify strategic mechanisms across the industry including pricing approaches, patent management, and marketing practices. This study can apply these lenses to observed cases, such as the U.S. insulin market and other large manufacturers' strategies,, which can help illustrate how these mechanisms operate and the observed trends over time.

This study is a cross-section of the literature and business strategies in public health. Existing work published already examines drug pricing by highlighting regulation, insurance, or their innovation policies; however, few studies actually put corporate strategy as a central explanatory factor for affordability and access in the U.S. Through looking at the strategies more explicitly, this research paper

can focus on the analysis and explain why high prices persist even when medicines are indispensable and used all over the nation.

The resulting findings have implications for policymakers, healthcare administrators, and industry leaders in the pharmaceutical world. The clear account of the strategies that keep the prices high can show that reforms are possible and can even strengthen competition. This will also improve pricing transparency in the future and better align companies' incentives and profit margins with patient access. Ultimately, this study is written to support a more sustainable balance between future innovation in the pharmaceutical industry and the accessibility and affordability of essential medicines for those who need them.

METHODOLOGY

This study uses qualitative methods as well as other techniques to examine the business strategies of pharmaceutical companies and their impact on drug affordability in the United States. It helps examine the price models, marketing practices, their techniques, and their influence on healthcare systems.
Through secondary data analysis and data from credible sources, such as the U.S. Food and Drug Administration (FDA)6, the Centers for Medicare & Medicaid Services (CMS)(7), and the World Health Organization (WHO)(8), are carefully reviewed and used for analysis. The Financial reports and annual statements from pharmaceutical companies are helpful as well, such as Pfizer, Johnson & Johnson, and Merck, which show pricing trends and profit margins of large companies. Conducting case studies on specific companies and their pricing decisions can also show the affordability of company pricing and business models. Factors running from patent protection, generic competition, marketing and costs should be analyzed in addition to interviews with healthcare economists and pharmacists that can be conducted to gain further insight into business practices that influence access and affordability in the pharmaceutical world.

The data is analyzed through qualitative methods. We will conduct qualitative analysis which includes content analysis, case studies of companies, interviewing participants, and identifying recurring themes and trends in pricing and its ethics.

There are several unavoidable limitations such as restricted access to data which may introduce bias. Company reported financial information may also not be trusted which can affect the financial reports. The limited publication of case studies in the US is also not a reflection of the entire pharmaceutical industry. All data is ethically cited and used for academic and educational purposes only. The identities of the interview participants will remain confidential.

LITERATURE REVIEW

This review adds to existing research on how pharmaceutical firm's business strategies shape drug costs and affordability in the United States.This topic is growing in importance among patients, clinicians, and policymakers as it is important to monitor the reasoning behind rising prices for essential medicines that may be becoming out of reach. Prior research highlights several levers within the pharmaceutical ranging from pricing to patent and exclusivity management as well as marketing and demand-shaping activity. Together, all of these mechanisms influence not only what drugs cost but also its accessibility which widens implications for system performance and general population health.

Three things keep recurring across the literature. First, compared with many outside countries, the U.S. has relatively limited centralized pricing regulation. This leaves manufacturers with substantial discretion in setting and sustaining prices (8). Second, scholars frequently refer to practices that lengthen effective market exclusivity, reduce pressure from competition, or channel demand toward higher-priced products. Arguing that these behaviors may support revenue growth beyond what is required to fund innovation may be a possible solution with pricing issues and arguments. Third, the pricing system itself is often described as difficult to observe and evaluate because of complex rebate arrangements and the role of organizations within the pharmacy such as pharmacy benefit menagers, which can make it challenging to identify net prices and to assess who captures value within the supply chain. (9,10).

Simultaneously, the literature remains fragmented. Many studies focus on specific mechanisms such as isolation, patenting, competition policy, or PBM contracting, rather than tracking how business models combine these tools to affect both affordability and access overtime, there is also a scope for work that engages directly with ethical questions about the distributional consequences of pricing strategies and the more presentient effects on public health. The sections that develop these themes in greater detail draws evidence from academic research, industry analyses and government published documents.

Table 1: Selected Literature Review

Study	Methods	Factors	Findings
(11) Ntais et al. 2024	Qualitative	• Pharmaceutical costs are rising worldwide • Balanced strategies are essential • Demand-Side (patients' point of view) • Supply-side (industry &	• Pharmaceutical prices are rising due to aging, chronic illness, and high drug prices. • Policies need to strike a balance between cost and access, while also considering the incentives for innovation. • In the US, healthcare systems, such as Medicare and Medicaid, can negotiate prices to some extent but lack the same level of control as European systems. • High drug prices are also due to limited

		regulators)	price and patent regulations. (nonnegotiable) ● Have rebate systems and Pharmacy benefit managers that add to the complexity and might raise net costs.
(12) Nass et al. 2018	Qualitative	● Cost-sharing by patients ● Insurance and reimbursement purposes ● Physician prescribing behavior ● Generic substitution and biosimilars ● Price regulation and negotiation ● Transparent markups.	● Market-driven pricing and limited price negotiation lead to high list prices and fragmented negotiation. (There are private insurers, Medicare, and Medicaid, nothing national) ● PBM contracts obscure net prices, and that can ruin incentives for competition and lower list prices ● Patent protection and lifecycle strategies maintain high prices. ● Negotiation/tendering in other systems has produced significant price cuts. The review suggests that similar approaches in the US, such as enhanced Medicare negotiation power or other pooled purchasing, could lower prices; however, this would necessitate significant policy changes and careful design to prevent supply shortages. ● Rebates, clawbacks, and PBM arrangements can reduce outlays, but the opaque pricing practices complicate policy responses.
(13) Rosenthal and Graham 2016	qualitative	● High list prices of DAAs (direct-acting antivirals) ● Fragmented U.S. Health Care & Payment System ● Medicaid and State-level restrictions ● Rebates, discounts, and confidential pricing ● Cost-effectiveness	● Hepatitis C drugs are highly effective, but they are financially unaffordable. New direct-acting antivirals (DAA) can cure over 90% of patients but are extremely expensive ($84,000-$94,000 per treatment making them super unaffordable. ● The U.S. drug pricing system lacks regulation. Unlike other countries, the government cannot negotiate drug prices directly for Medicare or Medicaid. DAAs are cost-effective in the long term but not affordable in the short term. ● There is a disconnect between cost-effectiveness and affordability. ● State medicaid program ration access and only give DAA's to patients with

			advanced liver disease who have abstained from substance use. ● Opaque pricing practices reduce transparency. The actual net prices are hidden behind confidential rebates negotiated by pharmacy benefit managers and other insurers. ● DAA's lack of competition gives the manufacturers power to set high prices.
(14) Balotsky, 2009	Qualitative	● The government prohibits direct price negotiations, allowing companies to maintain high prices. ● Firms use profit-maximizing price models ● Utilitarianism, justice theory, and corporate social responsibility. ● Stakeholder interests ● Public policy and market regulation	● Medicare Part D does not allow the government to negotiate drug prices. ● This gap allows pharmaceutical companies to implement significant pricing automations, enabling them to set high launch prices without constraints. This can be financially inaccessible to vulnerable populations, even older people. ● Pharmaceutical firms prioritize shareholder returns and market strategy when determining drug prices. ● The strategy is to launch drugs at premium prices justified by the high R&D costs. ● Leveraging patent exclusivity to limit competition ● Maximizes short-term profit but clashes with social/ ethical responsibility.

The literature highlights several key factors that influence the affordability of drugs in the U.S. pharmaceutical market. A consistent theme is the absence of centralized price regulation, which grants pharmaceutical companies significant autonomy in setting prices. This contrasts sharply with many other developed nations that employ more robust negotiation and regulation mechanisms. Consequently, corporate strategies such as patent extensions, limited market competition, and aggressive marketing are often geared toward profit maximization rather than solely toward fostering innovation.

Furthermore, the opacity of drug pricing, often involving intricate rebate systems and the role of Pharmacy Benefit Managers (PBMs) (15), complicates understanding of actual costs and hinders the effectiveness of policy interventions. The reviewed studies emphasize that while pharmaceutical firms often justify high prices through research and development (R&D) costs (16), their business models prioritize shareholder returns and market strategies. This typically results in a disconnect between a drug's cost-effectiveness and patient affordability. Examples such as direct-acting antivirals for Hepatitis C

illustrate how highly effective treatments can remain financially out of reach under these pricing structures.

Overall, the literature underscores that the U.S. pharmaceutical market's structure, characterized by lax regulation, fragmented negotiations, and complex rebate mechanisms, collectively contributes to escalating drug costs. This creates significant barriers to access essential medications, raising ethical concerns about corporate social responsibility and the long-term impact on public health. The need for comprehensive research that systematically links business models to affordability and accessibility while considering ethical implications remains paramount.

PFIZER

This case study examines Pfizer Inc., a leading global pharmaceutical company in New York City. Pfizer is not relevant to this research, as it influences drug prices and their impact on affordability in the United States (17)(18). By studying Pfizer, we can gain a deeper understanding of corporate strategy, regulatory frameworks, and public health objectives.

Pfizer was founded in 1849 and has evolved into one of the world's largest pharmaceutical companies. It sells a wide range of medicines, including treatments for various diseases, cancer, and vaccines. A notable development is the COVID-19 vaccine, a collaboration with BioNTech, which was distributed globally during the pandemic (Figure 1).

Figure 1: Pfizer COVID-19 vaccine

During the COVID-19 pandemic, the U.S. government purchased vaccines directly using federal funding through Operation Warp Speed, which supported widespread access at no cost to patients. When that public purchasing programme wound down in 2023, Pfizer transitioned its COVID-19 vaccine into the commercial market, selling through private payers and insurer networks at a substantially higher list price (17). The episode shows how quickly prices can shift when a product moves from publicly financed procurement to a private-market setting. It also illustrates how a firm can reposition a widely used product to preserve revenue streams and protect market standing once emergency purchasing ends, raising renewed questions about affordability, equity, and corporate responsibility in a post-crisis environment.

A central element of Pfizer's strategy was its decision to set a commercial list price in the range of $110 to $130 per dose after federal purchases concluded, compared with the roughly $19.50 per dose reportedly paid by the U.S. government (18). Pfizer supported the transition through distribution and promotion across mainstream healthcare channels, alongside broader public-facing campaigns, including digital advertising that framed vaccination as ongoing protection. The company argued that the new price was consistent with other adult vaccines and reflected continuing investments in research, manufacturing capacity, and distribution (18). At the same time, the scale and speed of the increase has been used by critics as a case example of how pricing power can expand when public financing recedes and when private intermediaries become central to access and payment.

MYLAN (VITARIS) EPIPEN SCANDAL

Mylan N.V. (now Viatris Inc.), a global pharmaceutical company in Pennsylvania, highlights the issue of drug pricing and its impact on affordability in the United States. By studying Mylan's EpiPen pricing scandal, we can better understand corporate strategy, market control, and how ethics and responsibilities correlate in the pharmaceutical industry (Figure 2).

Mylan, founded in 1962, became one of the largest generic and specialty drug manufacturers in the world. Its best-known product was the EpiPen, an epinephrine auto-injector used for the emergency treatment of severe allergic reactions (19)(20). This device became a household name and was stocked in schools, hospitals, and homes. Between 2007 and 2016, Mylan increased the price of EpiPen two-packs from $100 to approximately $600, despite no significant changes to the product or manufacturing costs.

Figure 2: Mylan (Vitaris) EpiPen

The scale and pace of the EpiPen price increases triggered intense public backlash, particularly because the product is used in emergencies where delays can be fatal. Many families reported difficulty affording refills, and the case quickly became a focal point for wider concerns about pharmaceutical pricing, market power, and oversight. The controversy deepened when investigations found that Mylan had classified EpiPen as a generic product for Medicaid rebate purposes, which reduced the rebates it was required to pay. The company later reached a $465 million settlement with the U.S. Department of Justice related to these allegations (19, 20). Public scrutiny also extended to corporate governance, including reports of substantial increases in CEO compensation during the period in which prices were rising (19, 20). Mylan defended its pricing decisions by pointing to costs associated with marketing, distribution, and patient assistance programmes, but these explanations did little to defuse criticism. The episode became a reputational liability that persisted for years, shaping how the firm was discussed by policymakers and the media. In 2020, Mylan merged with Pfizer's Upjohn division to form Viatris Inc., a change that also signalled an effort to restructure and reposition the business after the sustained controversy.

Taken together, the EpiPen case illustrates how pricing strategy can influence public trust, regulatory attention, and long-run brand equity, particularly when access to an essential medicine is perceived to be at stake. It is often cited as an example of how limited effective competition, coupled with strategic product management and payer-facing decisions, can translate into acute affordability pressures for patients.

INSIGHTS FROM THE CASE STUDY

The Pfizer and Mylan cases offer a useful lens on how pharmaceutical pricing decisions are made and how those decisions shape real-world access. Although the products and contexts differ, both cases show a consistent pattern: pricing is not determined by production cost alone, but by market structure, payer arrangements, and the regulatory environment. They also show how quickly public trust can erode when a medicine is perceived as essential yet priced beyond reach.

The Pfizer case underscores how strongly price depends on who is paying. During the pandemic, federal purchasing supported broad access by removing cost at the point of use. When that public purchasing ended in 2023 and distribution moved into the commercial market, the list price rose sharply from the government's reported $19.50 per dose to roughly $110 to $130 per dose. The key lesson is that affordability can change overnight without any meaningful change in the product itself. What changes is the financing model and the negotiating setting, shifting responsibility from public procurement to private payers and, in some cases, to patients through premiums and cost sharing.

A second insight is how firms frame price increases. Manufacturers commonly point to research, manufacturing scale, and ongoing investment as justification. Pfizer made the case that commercial pricing reflected continued updates, production capacity, and distribution needs. These factors can be real and material, but the magnitude of the increase also signals strategic pricing in response to a new market environment, where revenue expectations, competitive positioning, and payer dynamics become central. In this sense, the post-pandemic transition illustrates a broader tension in U.S. healthcare: public health goals may shape short-run access during emergencies, while commercial incentives reassert themselves once purchasing and coverage are routed through private channels.

The Mylan EpiPen case highlights a different mechanism: sustained price escalation in a mature product with limited effective competition. The EpiPen had been widely used for years, yet the price of a two-pack rose from about $100 in 2007 to around $600 by 2016 (20). Because the device is often treated as a necessity in acute situations, demand is relatively inelastic. When few close substitutes are available, a company can increase prices with limited risk of losing customers, even when underlying costs do not rise proportionately. The case therefore illustrates how market concentration and weak competitive pressure can produce affordability crises, particularly for products tied to safety and emergency care.

The case also brings ethical and governance issues into sharper focus. Investigations found that Mylan misclassified EpiPen for Medicaid rebate purposes, reducing required rebate payments, and the company later reached a settlement reportedly in the range of $465 million (21). Beyond the financial penalty, the episode became a reputational event, amplified by public reporting on executive compensation at the time of the price increases. The cumulative effect was a loss of trust and sustained scrutiny, which continued to shape the company's public standing. The subsequent merger that formed Viatris can be read, in part, as an effort to restructure the business and move beyond a controversy that had become closely tied to the firm's identity.

Taken together, these cases show two distinct routes to high prices in the United States: abrupt shifts driven by changes in payer responsibility and procurement, and long-run escalation enabled by market power in products with limited substitutes. Both routes expose how gaps in regulation, complex payment structures, and the high stakes of essential medicines can translate into rapid price changes and significant burdens for patients.

INTERVIEW

This interview was conducted in November 2025 with 10 experts who have experience managing family medical expenses, navigating health insurance, and covering prescription medication costs. The primary objective was to understand how individuals and families experience the financial burden of healthcare, particularly regarding out-of-pocket spending on medicines in the United States, where pricing and access can be complex and challenging to navigate.

It is important to note that the family context discussed in this interview is based in the Bay Area, has a relatively high household income given local living costs, and is covered by health insurance. These factors shape the perspectives shared and may not be representative of all patients or families in different regions or income groups.

Table 2: Survey Questionnaire

Questions	**Verbatims**	**Factors**
Q1. What has been your experience with accessing important drugs for everyday life?	*"Access to essential medications is critical, especially for those who rely on them daily. Personally, I take Rosuvastatin every day to manage my cholesterol, which is crucial for maintaining my overall health." (M. 52)* *" W. 52 My experience accessing important medications for everyday life has been relatively smooth. My doctor will send my prescription to my local pharmacies. I just go to pick it up, and refills can usually be processed within a day or two."*	● Smooth access to essential medications ● Take different medicines to remain healthy.
Q2. Do you think drugs are accessible to all?	*"M. 52 For my case, yes."* *"W. 52 No, I don't think drugs are accessible to all. It is very based on the doctor's guidance for each person."*	● Have easy access ● Still thinks it's unreasonable
Q3. Have you witnessed drug prices fluctuating and not being able to afford medication,	*"M.52 I don't have such experience."* *"W. 52 Yes, I knew that drug prices can fluctuate significantly over time, but I never noticed it."*	● Aware that drug prices fluctuate

something you have once been able to buy?		● Nearly unnoticed.
Q4. Do you think the prices of drugs are reasonable?	*"M. 52 I believe the cost of prescription drugs is unreasonably high, especially for those without insurance. Additionally, the cost of health insurance in the U.S. itself is extremely high, making access to necessary medications even more difficult."* *"W. 52, I think it is reasonable, such as some new drugs are some good brand drugs that have a higher price."*	● Some people think that the price is reasonable, others do not agree at all. ● Depends on personal wealth and status
Q5. What is your experience with insurance covering the bills for medicine?	*"M 52. My insurance does cover the cost of my daily Rosuvastatin, and the co-pay is reasonable, making it manageable for me to stay on top of my medication."* *"W. 52 I provide my insurance information to my doctor and my local pharmacies, and they will cover most of the cost of my medicine. I just pay the rest of it."*	● Insurance is critical to make costs manageable. ● Sometimes insurance doesn't cover everything and requires out-of-pocket payment.
Q6. When you pay for your medication, what do you pay out of pocket? Can you walk me through the bill line by line?	*"M 52. Since I have insurance, most of the cost of my medication is covered. I typically only pay a small co-pay out of pocket when I pick up my prescription."* *"W. 52 It depends on my insurance, but usually I pay around $10-$30. For some drugs that aren't fully covered, the cost can be much higher."*	● With insurance, people still pay around $10-30$ for insurance. ● This shows that without insurance, drugs are unaffordable.
Q7. If you could change one rule to improve access, which would you choose?	*"M 52. If I could change one rule to improve access to medication, I would allow people to purchase prescription drugs online—similar to how it's done in other countries or through platforms like Amazon. This would give people more options and potentially help them find more affordable prices."* *"W. 52 I have no ideas."*	● An online shopping website like Amazon would make access to medication and prescription drugs much

		easier.
Q8. Have you changed a prescription due to cost? Tell me about it.	*"M. 52 No, I haven't had to change my prescription due to cost because my insurance covers it. However, I would definitely be open to alternatives if they offered the same benefits with a lower co-pay."* *"W. 52 So far, no."*	● No, usually people aren't really given the option to change prescriptions due to cost; they just have to deal with it. ● Sometimes they are offered an alternative with a lower co-pay, but the drug is less intense.

The central theme that emerged from the interviews is Accessibility and Ease of Obtaining Daily Medications. Most people who are middle- to upper-class do not have issues accessing their everyday medications. This process is generally smooth for them because of their insurance and healthcare providers. Both participants said that their doctors send them directly to the pharmacies and then refill them as well. This emphasizes that insured, middle-aged adults with health care do not have difficulty accessing medication daily. One of the participants mentioned, "*My experience accessing important medication for everyday life has been relatively smooth. My doctor will send my prescription to my local pharmacies. I just go to pick it up, and refills can usually be processed within a day or two."*

Another theme is how affordability and insurance coverage shape drug pricing for customers. Some participants expressed that the differing viewpoints on drug prices are reasonable; one said the prices were "unreasonably high" without insurance, while the other considered them justified. Both emphasized that insurance plays a crucial role in reducing the financial burden. The co-pays ranged from $10 to $30, as stated, and both know that without insurance, the prices would be much harder to manage. One of the interview participants said, *"I believe the cost of prescription drugs is unreasonably high… Additionally, the cost of health insurance in the U.S. itself is extremely high, making access to necessary medications even more difficult."*

DISCUSSION

The proposed framework diagram is organized by barriers to drug access and recommended solutions. Based on the case studies, literature review, and interviews, the significant barriers to drug access include

a lack of competition in the industry, monopolization of life-saving treatments, and insufficient oversight of price increases.

The framework explains the barriers to drug access, which include the high costs due to drug pricing, monopolies, and private insurance companies. There is little to no price monitoring of essential health drugs, which leads to little to no competition. Because there is little to no competition, these private companies are free to raise treatment prices to achieve a larger profit margin. This is evident in the EpiPen and in COVID-19 vaccines. When they are subject to government regulation, they keep their prices reasonable; once they cease supplying the government, they raise their prices to increase profits. People without insurance tend to struggle more when it comes to affording drugs, as they have to pay out of pocket. With insurance, co-pays run from $10 to $30, but without it, they could be much higher. Insurance rarely covers 100% of the drug cost.

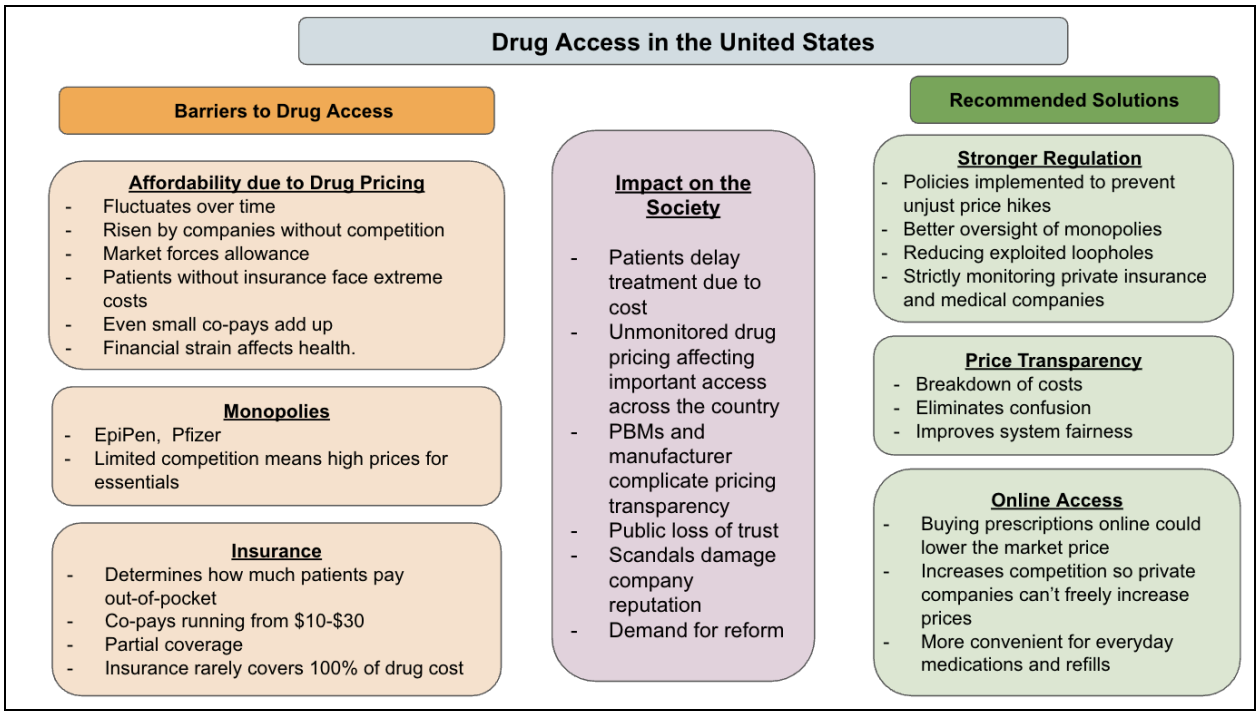

Figure 3: Framework Diagram for Drug Access in the United States

The middle section focuses on its impact on society. The primary impact is that patients must delay treatment due to high costs. Drug pricing is also unmonitored, and it affects pricing across the country. PBMs and manufacturers also complicate pricing transparency, leading to public loss of trust. The scandals damage the company's reputation and demand reform.

Lastly, recommended solutions include stronger regulation, such as policies that prevent unjust price hikes. Better monitoring in general will help avoid the monopolization of essential medications, as seen with the EpiPen. With a tighter system will also come the closing of many loopholes, including the

avoidance of research and development costs for drastically raising prices. Price transparency is also essential, as it provides a breakdown of costs and eliminates confusion for users when viewing prices. It will also improve the system's fairness and eliminate unfair pricing. Online access to treatment will also be invaluable, as it could lower the market price for some treatments and increase competition among companies to offer the lower price. It is also just more convenient overall for everyday medication and refills. Overall, this diagram clearly illustrates the main barriers to drug access, the societal impacts, and a list of solutions that directly address these uncertainties.

IMPLICATIONS

These studies enhance our understanding of pharmaceutical pricing, affordability, and ethical strategies in the United States. The research provides politically focused insights into the supply and demand sides of interventions and their impact on drug use. We highlight the affordability barriers to life-saving Hepatitis C treatments, and Balotsky adds to this dimension by linking corporate decision-making strategies to ethical responsibility. Altogether, they make multi-dimensional perspectives.

Despite prior research on pharmaceutical markets, there remains limited understanding of affordability, ethical responsibility, and policy design. Most earlier work examines tricing, regulation, or cost-effectiveness in isolation and does not provide a complete picture. Market structures, pricing strategies, and ethical considerations collectively impact patients. However, further research is needed to provide a more comprehensive framework for analyzing U.S. healthcare challenges.

The findings have important implications for policymakers, healthcare payers, and pharmaceutical companies. For policymakers, the research does not capture the need for strategies that balance cost containment with equitable access, including price negotiation, the promotion of generic drugs, or transparent rebate practices. For pharmaceutical firms, it highlights the importance of aligning pricing strategies with a responsibility to maintain public trust and sustainability. For payers, understanding the dynamics improves decision-making across all aspects, including coverage, reimbursement, and patient support programs.

This research will address societal changes, including health equity, access to life-saving medications, and the need for responsible corporate behavior. Sustainable healthcare systems require coordination and balance between policy, marketing, and ethical considerations. This way, it can provide guidance on affordable and socially responsible access to drugs. The insights contribute to debates about innovation, profitability, and public welfare in private and public healthcare systems.

CONCLUSION

This research aimed to investigate the experience of accessing essential prescription medications in the United States. This investigation has drawn attention to affordability, insurance dependence, and the

different perceptions on the fairness of drug pricing. From the interview data and pattern analysis, different opinions emerged, clarifying the extent to which Americans can obtain the medications they need to stay healthy. An examination of pricing practices shows that high drug prices are not accidental or unavoidable but the result of strategic business choices facilitated by limited regulation and the monopolization of essential drugs and treatments for profit.

The key findings emphasize that some individuals can obtain smooth access to medications, but this is heavily dependent on insurance coverage and their own financial stability, rather than on the company's responsibility or pricing regulations. The U.S. pharmaceutical system also lacks pricing regulation, which gives many companies significant authority to determine drug prices without meaningful government oversight. This leads firms to set high prices and to raise prices unrelated to improvements or manufacturing costs. Corporate practices, such as patent extensions, market control, and rebate structures, also raise prices and restrict competition. The case studies from Pfizer and the COVID-19 vaccine, and from Mylan's EpiPen, also demonstrate how easily big companies can hike prices, as they have market leverage and freedom to maximize revenue without losing customers, even if it jeopardizes and monopolizes essential, life-saving treatments.

The findings show that affordability issues in the U.S. medical system are not due to a lack of innovation but to a business model that is often unmonitored and overlooked, yet most important for public health. Pfizer's price increases after selling vaccines to the government to private companies demonstrate how the companies are highly calculated and seek to avoid government scrutiny and to preserve their high prices, which simply generate revenue. The EpiPen price hikes, despite no improvements to the product, also illustrate how quickly affordability can be eroded for many families due to corporate greed and a desire for greater profit. The key is to recognize that there is significant room for improvement and oversight in this industry.

This study, however, is limited; much of the analysis is based on secondary sources. While there is an interview. Most of the analysis in the introduction and most of the research rely on secondary sources, including publicly available reports, government publications, and other academic studies. This may not fully capture the extent of the internal corporate decision-making. The case studies of Pfizer and Mylan are only a portion of the pharmaceutical world. While they can be insightful for highlighting harmful trends, they do not fully represent the practices of all firms in the U.S. market, leading to blind spots. Limited public data, confidential pricing agreements, and paper also heavily restrict direct access to the proper net pricing across insurers.

In conclusion, drug pricing in the United States is backed up by a system where corporate strategy and the pursuit of profit outweigh patient welfare and health. This imbalance will require coordinated policy reforms that focus on the ethics of their actions and hold them accountable for corruption. With small but stable steps, a public reform can ensure that life-saving medicines are accessible to all.

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