Testimonies on the High Cost of Prescription Drugs

NRLN President Bill Kadereit sent an email in January 2015 and 2016 to NRLN members asking them to provide their personal stories on the high cost of prescription drugs. The following are their testimonies on what they are experiencing. The testimonies are organized by city and state where the retiree lives.

For several years, the National Retiree Legislative Network (NRLN) has been advocating legislation to reduce the cost of prescription drugs. In 2015, there were 13 bills introduced in the U.S. Senate and U.S. House that the NRLN supports that, if passed, would result in prescription drug savings to Americans and in some cases also to Medicare. These bill are still in committees in 2016, the second session of the 114th Congress. (See NRLN paper on Prescription Drug Price Gouging for a list of the 13 bills.)

(*Below indicates individuals who cited less expensive drugs from Canada)

George S. Orlich
New Market, AL
Let me explain the condition with which I am to live during my retirement.
- Almost half of my pension and Social Security income is going for doctor, hospital bills, and prescription drugs because I have Amyotrophic Lateral Sclerosis (ALS). Often referred to as “Lou Gehrig's Disease,” it is a progressive neurodegenerative disease that affects nerve cells in the brain and the spinal cord. And, there is no cure.
- I am paying very high prices for a brand-name and specialty prescription drugs related to ALS. This has changed my lifestyle in ways you and I could not envision or expected to live in retirement.

Jim Robinson
Litchfield Park, AZ
I am a type II Diabetic and I take Lantus, which is injectable for 83 units per night at a cost of $2,567 for a 90 day supply. I also take Metformin ER, pills, two 1000 mg at supper at a 90 day supply cost of about $2,100.

Linda Julson
Peoria, AZ
Fortunately I don’t take a lot of prescription drugs but I have a good example on the exorbitant cost of a simple drug. I recently accepted a prescription from my doctor for a hormone cream for vaginal skin tears (common for elderly women). The drug is either Estrace or Premarin--only 2 possibilities. The cost for 1.5 ounces (note size is a small toothpaste tube size) is $200 without insurance and $178 with insurance.

Insurance paid nothing, my responsibility for $178. I will only use this every week or two not twice a week as prescribed. Plus, I will be going to Mexico to see how much it costs there. Canada is no different than U.S. costs.

Sharon Pombrio
Peoria, AZ
I have osteoporosis and my doctor recommended I take Forteo, which is a shot, once a day for two years. The cost is between $500 - $700 a month until I reach the donut hole. I'm on traditional Medicare with a drug plan so the cost varies depending on what plan I'm on. I paid the high costs through 2013 but qualified for a subsidy during 2014 so I was very fortunate.
Debbie Willits  
Peoria, AZ  
The drug companies definitely need to be regulated and not allowed to gauge the government or patients anymore. But you aren’t EVER going to get that changed with the Republicans controlling the House and the Senate. Good luck! You’d have an uphill battle if it was all Democrats but impossible with the current group.  

1. Kombiglyze (combination of Metformin and another drug for Type 2 Diabetes) $750 for 3-month supply!!!! Metformin by itself would probably be $30.  
2. A friend was prescribed a new drug that was a combo of Ibuprofen and Pepcid and they wanted $500 for it. Her doctor rewrote the prescription for just Ibuprofen for $8 and she bought the Pepcid off the shelf.  

Mary Fowler  
Scottsdale, AZ  
I just don’t understand why the price of drugs can’t be negotiated by Medicare like they were when I belonged to the American Airlines health plan. As a retired member of management I was dropped in 2000. Guess I should have belonged to a Union.  

Now I get my Rx from Optum Rx as a member of AARP Medicare Part D. My payment for Evista was $115.00 for a 90-day supply. They advised me that a generic was available, Raloxifene and that’s what I would be getting. I thought great but then I was told the price would still be $115.00 for 90-days. Who is saving money? Not me!  

Kate James,  
Auburn, CA.  
I was prescribed Crestor for high cholesterol. I cannot afford the Astro-Genica price of $188 for 30 pills. So I do not take it. I had been taking statin drugs for almost 30 years, and never paid that much. The patent has run out, but the company keeps stalling letting a generic be produced in the U.S.  

Frank A. Heinisch  
Brentwood, CA  
My wife reaches the donut hole after the first quarter of the year and I get in it mid-year to fall. Our out of pocket for drugs in 2015 was $5,620. What I find really appalling is the purported list price shown for a drug so that it looks like one is getting some kind of discount.  

I just filled my wife’s RX for Prevacid solutabs at a cost of $510 for 90, 30 mg tablets. On the website of a Canadian pharmacy’s that I’ve ordered from before I could get 84 of the Prevacid solutabs 30 mg tablets for $93.39 with free shipping. We once purchase drugs from Canada but the U.S. government stopped that by putting restrictions on the credit card use under the guise of protecting people from fake drugs. I wasn’t comfortable with paying by check or other means.  

I take a drug called Ursodial, 500 mg. A 90 day supply costs $384.22 and they claim the cash price is $952.99. However, if I wanted to buy this same drug for a pet, a 100 day supply of 30 mg is only $4.29. Why do humans pay 22 times the amount for the same drug? I think this aspect of drug pricing should also be looked into.  

Something has to be done to bring prescription costs into line in this country. What is really needed, besides allowing competition by being able to purchase drugs from non-US sources, is the ability for Medicare to get competitive bids for drugs as is done by the Veterans Administration.
Lynn Anthony  
Elk Grove, CA  
Most of our health costs come from prescription drugs. At the beginning of 2016 my prescription price for Diovan (high blood pressure drug) went from $135 for a 90 day supply to $539 for a 30 day supply. My husband’s Plavix is now over $205 per month (from Costco which was $40 less than using the insurance!). These vital drug costs are totally out of control. He tried the generic and couldn’t tolerate it so he was forced to stop taking this heart medicine due to cost which is very upsetting when you can’t afford the drugs that are supposed to help keep you alive.

Judy Earnar  
La Mesa, CA  
I take Tarceva for lung cancer. Last year while covered under AT&T’s Group Insurance plan with UnitedHealthCare / Silverscript I paid $41.00 for a 30-day supply. This month under my individual plan with Silverscript (same ID#) I am paying $1,610.00. Obviously this is not an affordable drug and I am only paying 33% of the cost, the balance falls on Medicare and Silverscript. Once I reach $5,000.00 in drug costs AT&T will begin to help pay again (Catastrophic levels)

The irony is that there are foundations that will help you pay if you meet certain income amounts. I had to increase our income for 2015 because in addition to our prescriptions going way up our Medical, Drug and Dental premiums also went up and we could not afford to pay those without taking more out of our retirement money. When we did that we exceeded the cut-off for help.

Greed is not good.

Gerald Lightsey  
Oceanside, CA  
Cialis for Daily Use has been approved as a treatment for BPH by the USDA since 2011 because it increases blood flow in a specific region of a man’s body and has a long half-life within a man’s system.

Because it’s primary discovery was as a treatment for erectile dysfunction and its long half-life makes it the most convenient product of its type to use. The price has risen astronomically since originally being introduced to the market. It seems that erectile function is considered by U.S. society to be a luxury for men of increasing age so there is no insurance coverage for Cialis for ANY of its uses by Medicare or other insurers. There are other drugs for treatment of BPH but many are as expensive as Cialis for Daily Use and/or have side effects worse than putting up with BPH.

At some time in the future Cialis will undoubtedly reach the end of its patented life and become available as a generic at a reasonable price. At that time perhaps older men will be able to enjoy the combined benefits of the long half-life of Cialis for Daily Use at a reasonable price through insurance like older women enjoy with estrogen replacement therapy.

In the meantime it is “catch 22” for old men softly peeing in their pants.

Marianne Granter  
Palm Desert, CA  
I have been using the drug Enbrel, which I take for Rheumatoid Arthritis, for 15 years. I began taking this drug when it first was approved. At that time the cost for a 30-day supply was around $1,200.00 a month retail. As of Jan. 2015, the retail cost of this drug from Target is $3,497.49. In 2014 the monthly retail cost was $2526. An increase of $971.00 in one year.

Using the Medicare Part D prescription drug plan, my Jan. monthly cost is $946.42. In 2014, the Jan. monthly cost to me was $833.74. As you can guess, I am in the donut hole by March. I cut my cost in 2014 by using
the drug fewer times than prescribed by cutting out maybe one injection a month and skipping a refill for one month. The drug dosage is 25 mg twice a week, eight injections a month.

I have been tracking my costs since Medicare Part D coverage started in 2007. Below are the figures.

<table>
<thead>
<tr>
<th></th>
<th>Out of Pocket Costs</th>
<th>Total Drug Costs</th>
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<tbody>
<tr>
<td>2014</td>
<td>$5,355.00</td>
<td>$22,430.00</td>
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<td>$32,533.00</td>
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<td>2012</td>
<td>$5,880.00</td>
<td>$29,633.00</td>
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<td>2011</td>
<td>$5,269.00</td>
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<td>2010</td>
<td>$5,417.00</td>
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<td>2009</td>
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<td>2008</td>
<td>$4,706.00</td>
<td>$18,328.00</td>
</tr>
<tr>
<td>2007</td>
<td>$3,842.00</td>
<td>$13,027.00</td>
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As you can see, drug costs have almost doubled since Medicare Part D began, with no end in sight.

Congress appears to be clueless when it comes to drug companies and profits, with no idea how much the government pays too, as some of the cost is theirs. The idea that drug costs will go down for Part D users is a dream as long as drug companies have unfettered ability to charge whatever they want and raise prices every year. This drug, Enbrel, for example has been on the market for a long time and I would think research costs must have been recouped by now. Enbrel's larger market is outside the USA and costs are much lower in other countries for this same drug.

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Foxyne Hinton
Ramona, CA
The cost of my diabetic test strips have gone from $12.86 in 2014 to $56.00 in 2015 for a 90-day supply. I know it may not seem like a lot, but the percent increase shows what is happening.

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*Sidney W. Eisenberg
Rowland Heights, CA
I currently have Medicare plus a Medicare Supplement / Rx Plan which I pay for. I suffer from ulcerative colitis. Increasing medical costs, especially the insane recent increases in prescription drug costs, are endangering my retirement.

When my June 2014 Medicare Rx PDP statement arrived I was shocked to see my most recent Balsalazide Rx refill billed at a total cost of $795.57. I have been taking this drug (the generic version of Colazal) for about 10 years; and its cost had been relatively stable in the $180-280 range for a 90-day supply of 810 pills this past decade.

Looking at my past year's Silver Script Rx Plan statements my prior (4) 2013-14 billings for this same Rx were for $221.43 (3 times) and $260.50 (one time). It is very hard to comprehend how the cost of a generic drug can suddenly jump by a factor of 3.

Cost increases of this magnitude are difficult to comprehend / rationalize - especially in a low inflation economy when you are on a fixed income. Big Pharma has become far too greedy - attempting to suck up Medicare Part D coverage money, and more.
Although the drug Tier and my Rx plan co-pay for Balsalazide did not change, the enormous cost increase for this one generic prescription alone will drive my Rx spending into the infamous "donut hole" this calendar year.

I was already purchasing another gastrointestinal medicine (Canasa) outside my Medicare Part "D" drug plan in an attempt to avoid falling into the Medicare Part D donut hole, in a now futile attempt to preserve some coverage for whatever unforeseeable medical problems might arise. The list price for a 90-day supply of Canasa is about $1,800, but I can buy the same drug from a Canadian Pharmacy for about $210 plus about $10 shipping. It's made by the same Pharmaceutical Company.

Big Pharma is distorting the free market by buying up the competition and then raising prices. We need "cost controls". We also need US Government Policies that stimulate rather than stifle Global Rx competition.

Andrea Laudate
San Francisco, CA
Two years ago I was diagnosed with A-Fib and I have been taking Eliquis (Apixaban), 5 MG two times per day. The first three 90 day prescriptions per year cost me with my Medicare D plan $115 while drug plan pays $799. The last one in 2015 cost me $457 (50% of the retail cost). Total cost of $3,656 per year for one brand name prescription to me and Medicare D plan. Without Medicare D insurance (Annual premium $696 last year), this drug would be a real challenge for me to afford. Due to the cost to Eliquis I am forced into the 'donut hole' every September.

John deCastro
San Francisco, CA
In 2009, the federal government mandated that drug companies remove chlorofluorocarbon (CFC) from the ubiquitous Albuterol Sulfate inhalers used by asthmatic patients for emergency breathing relief. Prior to 2009 the drug was a generic that cost on my medical plan $10 per 90 doses. The major U.S. manufacturers, Teva Respiratory LLC (makers of ProAir HFA) and GSK (makers of Ventolin HFA) removed the CFC with no change to dosage or quantity of the drug. Overnight Albuterol Sulfate moved from a Tier 1 Generic to a Tier 3 (brand name) no generic drug. Thereby raising the price for me from $10 to $45 per 90 dose bottle at my local pharmacy. Or $114.09 on my Medicare D plan for three 90 dose bottles. Total cost (insurance + co pay) $146.66.

In a published phone survey of households about inhaler use by the Allergy & Asthma Network of Mothers of Asthmatics, it was reported that “1 in 4 households found a rescue inhaler empty during an asthma attack” Source http://www.ventolin.com/ 1/6/2016. Could the reason be the 1467% increase in the cost of this life saving medicine? Not including the cost to society for paramedic calls and ER visits to help the person who does not have an inhaler that works.

Joseph Mourao
San Diego, CA
I have been afflicted with a terrible illness, prostate cancer. I am taking injections of Lupron 22.05mg every 3 months for a period of 12 months. The cost of this drug has gone from $2,100 in 2012 to over $3,100 in 2014. It has become a burden on our retirement income. We are fortunate to have insurance that covers 80% of the cost of the medicine. Something needs to be done to help control the cost of medicine.

Max Lynn
Santa Barbara, CA
My wife passed away in 2014 from the complications of Alzheimer’s disease. During the five plus years during which she battled the disease, she went through the donut hole three of those years. The cost of each of the two medications for Alzheimer’s relief was over $500 for a 90 day supply. Since she was also diabetic, the
drug costs for her were roughly $9,000 per year. Fortunately our savings allowed me to afford this bill, along
with a $7,000 per month nursing home bill during the last year of her life. Had she survived for 20 years, as
some Alzheimer’s patients do, I would have reached bankruptcy at some point and would have had no funds to
support myself.

Robert Uradnicek
Santa Barbara, CA
In 2015 the 90 day cost of 15mg. Xarelto WAS $946, but the cost has jumped to more than $1,200 at CVS.
Warfarin used to cost me $10 for a 90 day supply, but the medication was unpredictable for my situation.
Hence it was necessary to change. This will only serve to put me in the donut hole faster than last year (about
half the year) and cost me more out-of-pocket.

Additionally, this year my Medicare Part D drug coverage premium has increased by 50% and I now have to
meet a new $360 deductible before insurance kicks to pay anything.

Janelle O’Keeffe
Colorado Springs, CO
New prescription Lyriaca - $350 for one month supply

Jane Kolb
Westminster, CO
The cost of my medications puts me into the donut hole by the end of February. I usually stay in the hole until
June. I then am in the catastrophic stage until the end of the year. Obviously, I end up hitting the maximum
payment amount each year. Part of the issue of drug costs is that I take 20 prescription medications per month
and 6 non-prescription drugs due to the fact that I have several serious medical conditions. The majority of my
drug costs are low. However, I take 6 drugs that are only available as brand - there is no generic
available. These are the ones that cost me the most if I want to taking the best drug that work the best for me.
For example, my diabetes medication while I’m in the donut hole usually costs between $800 to $900 for
a mail order 90-day supply. While there are less expensive drugs for diabetes, these drugs do not work as well
for me and also have horrible side effects.

*Barbara Caso
Rocky Hill, CT
I have Aetna Medicare Advantage. Last year Aetna decided to no longer pay for my medication, Prempro. It
was costing me $80 for a 3 month supply. I now pay $146 at Walmart for 1 month. Totally outrageous.

Years ago I used to take Celebrex for my back. At CVS they charged $90 for 30 pills. In Canada I could get 90
pills for $90. And they keep trying to say we have the best health care in the world...not by a long shot! We pay
an exorbitant amount for our prescription drugs and probably for our over the counter ones too.

Henry A. Baker III
Fernandina Beach, FL
The following are documented facts, since I have had to itemize my annual income tax deductions, for the past
6 years due to the high costs of medical and prescription drugs. I have only pulled 3 years (2012, 2013 and
currently 2014) of history to prove the fact that prescription drugs and Medicare Part D insurance has
increased well beyond the average Cost of Living increase.

Here are the "actual" prescription drug costs (not including any premium costs) for both me and my wife:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2012</td>
<td>$2,839.00</td>
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<tr>
<td>2013</td>
<td>$3,552.35</td>
</tr>
<tr>
<td>2014</td>
<td>$4,598.70</td>
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These costs represent basically the same drugs each year since my wife is diabetic and I have only 2 generic
drugs. Now understand, some of this increase is due to increased co-payments, but the main increase by far,
is the increase in drug costs.

At the present time I am able to afford these high drug costs, but not for long at the current rate of increase.
Currently this $4,600.00 annual expense on prescription drugs represents about 8% of my AGI, but beginning
2015 I have increased health and drug premiums that continue to cut in on our budget.

Vincent Piazza
Gainesville, FL
Social Security and Medicare make a big difference in our lives, we couldn’t live without it. My wife has taken
heart medicine for many years and will have to take it for the rest of her life. Her doctor put her on a fairly new
medicine call Maltaq that is working well for her. Maltaq and her other two medicines puts her in the donut
hole before six months. Without the drug prescription plan Maltaq cost is $982.85 for three months’ supply, two
pills per day. The second medicine is Nisoldipine cost $570.98 for three months’ supply, one pill per day. The
third medicine is Diovan cost $578.95 for a three months’ supply, one pill per day. She has two more medicine
but they are a low cost medicine. When she is in the donut hole she has to pay 47.5% of the cost of all her
medicine plus a dispensing fee. So far she has never reached the catastrophic coverage drug payment stage.
This donut hole has us in our saving all the time. She was on a cholesterol lowering medicine last year but
decided to go off of it, (too expensive.) I have just started on two new medicines and will be in the donut hole
in nine months. When I go in the donut hole I will stop taking my medicines. The golden years are not so
golden any more. I’m a little too old to be looking for a job. Instead of things getting better they have gotten
worst. As of 1/1/16 we now have a deductible on our drug prescription plan. These are prices from 2015, I’m
sure they will be higher in 2016.

*Ernest Hanlon
Homosassa, FL
I have switched to the Veterans Administration for meds. No more troubles. My wife gets most of her drugs
from Canada.

Gerald R Williams Sr.
Orlando, FL
My wife was on Enbrel for RA for over 10 years. Initially about $15,000 a year and remained in that area for
the entire time. The patent was supposed to expire in October of 2014. Somehow the patent was extended for
another 25 years. Please investigate. It seems outrageous that this was allowed.

Charles T. Feldschau,
Sun City Center, FL
When I retired from Eastman Kodak Company in Rochester, NY, I received a fixed pension, health care and
dental program, and a personal life insurance. My personal savings in what is “401K plan” insured a
comfortable and carefree retirement. My wife and I did everything we assumed was going to support it.

Since my retirement, 30 years has passed and I am now 91 years old. The Kodak Company bankruptcy court
canceled my personal life insurance policy as well as my health & dental insurance policy. In the event the
reorganized Kodak Company does not succeed, another bankruptcy court could easily cancel my pension!

My wife of 56 years passed on 10 years ago, after many years of very serious and costly mental treatments. At
the time, mental health treatments were covered at only 50%. The balance slowly drained our savings. My
health on the other hand, has gone thru several medical treatments lately: I survived Lymphoma cancer, open
heart valve replacement, implanted a pacemaker, numerous right eye ball injections, several hearing aids,
right leg stent operation, numerous dental procedures, and eye glass changes. However, the painful
chemotherapy-induced peripheral neuropathy settled in my feet. The antidepressant Cymbalta 60mg, a
prescription drug was prescribed to treat the condition. Currently my leg stiffness is inhibiting my walking my dog, going to the mailbox, and shopping. A new back operation is likely in the near term for the legs.

Last year (2015), Florida Blue, out of Jacksonville, Florida, covered my Health Care program. I take 8 prescription drugs that are all generic (Tier 1 & 2), and were ordered from Florida Blue via mail for 90 day supply; along with 5 over-the-counter drugs in varying quantiles to cover Blood Pressure, Heart, Dry Eyes, Joints, Bones & Teeth. All my prescription drugs were without cost.

The year before (2014), I hit the donut hole. Apparently, the law changed so I was not eligible for relief as my neighbor got the year before (2013). These unpredictable annual changes made me carefully review any change to my Medicare Part D program for 2016.

Checking Florida Blue drug costs for 2016, I learned their freebies disappeared so I changed to UnitedHealthCare. They in turn have no-charge on Tier 1 & 2, however very careful reading of UnitedHealthCare’s document classifies my generic Cymbalta as brand Tier 3 Duloxetine HCL. This now means an annual prescription brand copay of $250 plus $131 copay for 90 pills by mail ($250 + $131+$131+$131 = $643 per year). No mention is made that this brand has also gone to generic, which would be a Tier 2 at no charge. When I discovered the $250 brand charge, I called UnitedHealthCare and talked to two representatives. In both cases, all they said was the government made this change.

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Tom Sandusky
The Villages, FL
I started on Invokana last year. The first two 90 day supply cost $135 each. My third went up to $366 and the fourth was $480.

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Aaron Weinberg
Trinity, FL
I had to renew a Namenda ER 20mg prescription for my wife who has Dementia. The cost was $203.03 for 30 capsules.

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Jim McCamphill
Venice, FL
I have a skin rash which has worsened over time and can only be controlled by the ointment "Alcortin A". I received a coupon from my dermatologist which provided the first 1.69 oz. free. However, even with my drug supplement insurance I was told the next tube would cost $2,000. I hope each tube will last 3 months.
I realize in the scheme of things this is small potatoes, but considering I already spend 16% of my income on health insurance (not including dental or out-of-pocket costs). The cost of drugs has become yet another unregulated source of gouging which is eviscerating people on a fixed income.

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Sandra Stephens
Darien, GA
I suffer from depression and anxiety. There was one drug, Cymbalta that helped some, but I needed to take two pills a day. The cost was to be $250.00 for a 45 day supply which I could not afford. So I tried many different medicines and none of them seemed to help.

Finally, Cymbalta became generic and I was able to purchase it, although it still cost $60.00 for a month’s supply which I still think is very high for a generic. I take several medicines and the prices really add up. I hope something can be done by Congress to help ones who are on fixed incomes.

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Joel Gosdin  
Fayette County, GA  
I take Humira (Adalimumab). I was getting it through a Humira Protection Plan for $5.00 for six shots. The last time I called to order my Humira, I was told it would cost me much more now that I am on Medicare. I called the Humira Protection Plan and was told the federal government would not allow them to sell the drug for the cheap price since I am now on Medicare. My new insurance plan says it will cost $2,846.28 for a 3-months’ supply after my $300.00 deductible.  

James Wallace  
Hartwell, GA  
Just a recent drug that went up the 1st of this year, Combivent Respimat last year was $175.00, got my 1st prescription after 1st of this year and it had gone up to $286.00. Somebody has to be getting rich at that rate.  

James and Ardeth Camp  
McDonough, GA  
I am age 73. My wife is 72 and also retired. We are burdened by the high cost of Restasis eye drops. Her ophthalmologist prescribed this drug after her cataract surgery 2 years ago. The retail cost is between $400 - $500 per month. Of course we have Medicare Part B, but the retail price puts us into the doughnut hole awfully early when added to her other medications, most of which are generic. If only there were a generic for Restasis. Why is it so expensive?  

Phyllis Huddleston  
Marietta, GA  
I went to refill two prescriptions for a 3-months’ supply of Glucotrol XL and Glucophage XR – both drugs that I have to take daily for diabetes. The cost was $380. My other drug is Victoza which costs me $287.95 for a one month supply. That is a total of $668 out of my pension which is only $930.50 a month.  

This is a classic case of seniors having to choose between prescriptions or buying groceries or paying the rent. In addition to the drug costs, I also have to pay $104.90 for Medicare and $31.20 for the Rx plan and $175.00 a month for the Medicare supplement insurance plan.  

That is a grand total of $979 a month. My pension has not had a cost of living raise and without it and Social Security I’d not be able to pay my bills.  

Thelma Newbry  
Pocatello, ID  
I’ve recently been diagnosed with Glaucoma. The drug preferred by my doctor is Lumigan. There is no generic for this drug and this one deems to be the best for my eyes. Since I’m relatively young (68) to have Glaucoma he doesn’t want me to go blind without this drug. However, even with my co-pay it costs me $331.00 a month, which is $3,972 a year. I can’t afford this co-pay! There doesn’t seem to be any recourse except to go without and go blind! Then I will be on disability for sure!!!  

Tim Lauing  
Downers Grove, IL  
I have 4 stents in my heart, the current retail cost for my meds:  
Benicar 40mg..... $695.99 for 90 days  
Crestor 20mg..... $809.89 for 90 days  
Effient 10mg..... $761.93 for 90 days  
Labetalol 100mg..... $85.39 for 90 days  
Co Q-10..... $100.00 for 90 days  
Supplements:  
L Carnitine..... $50.00 for 90 days  
L Glutamine..... $15.00 for 90 days
Note 90 days is the cheapest way to buy these meds.

I just got a letter from UnitedHealthCare (note after I just signed up for 2015) that it will no longer pay for Effient. Looks like bate & switch to me. I have been on this med for a long time. You would think that if UHC was going to stop paying for it, December of 2014 would have been a good time to say so.

Don Cote  
Geneva, IL

In June 2015 I was diagnosed with Inflamed Colon and started taking Lialda (3 tablets a day). The dose was upped to 4 a day. There is no generic. So until I fell in the “donut hole the cost was approximately $63.20 for 60 tablets. Then it jumped to $323.96 and eventually $409.42 for 60 tablets.

Daoud Nabhan  
Naperville, IL.

I am diabetic and use insulin twice a day. I also have a few other serious health problems. I use 10 vials of insulin every 90 days and the facts are:
1. Novolin 70/30 is the brand of insulin I take manufactured by Novo Nordisk (Danish company), the 10 ML vial sells for about $102.
2. Relion Novolin 70/30 Wal-Mart brand of the same insulin made by the same company, Wal-Mart sells the vial for $24.98
Which brand would anyone use? It is the same Insulin. I have been using the less expensive Wal-Mart brand for 3 years.

In 2013, I subscribed to SilverScript insurance for my Medicare Part D. SilverScript had Wal-Mart pharmacy as their preferred pharmacy. I assumed that the brand of insulin I take will be covered by my Plan D coverage since it is 1/4 the price for the same insulin. I was very surprised when my Plan D insurance did not cover the less expensive brand, and they demanded that I use the more expensive one. So I applied for what they call “Formulary Exception” to cover the less expensive insulin. It was approved as a generic tier 1 which generated $0 co-pay. When 2014 enrollment came, I continued the SilverScript, again assuming that my insulin brand will continue to be covered as in 2013. I was wrong, I found out in January 2014 that SilverScript continued the coverage for my insulin but at a much higher tier that required me to pay 35% of the cost. I refused to pay the higher co-pay and appealed the SilverScript decision all the way to the Medicare administrative judge.

Luckily the judge approved my appeal and ordered SilverScript to continue the tier one coverage. For 2015 coverage, I made sure that I got a confirmation letter or email before I continued my subscription. SilverScript sent me an email to confirm that, so I am with SilverScript for 2015.

I will say to members of Congress:
1- Why does not Medicare order the Plan D insurance companies to cover the less expensive drugs if they are on the market?  
2- I save almost $3,000 a year for Medicare by using the less expensive brand, multiply that by 2 because my wife is also diabetic and uses insulin.  
3- Most important is why not allow Medicare to negotiate drug prices? If Wal-Mart can negotiate the price for this insulin, imagine what Medicare can do.

Diane Erckman  
Naperville, IL

I was paying $6 for Prilosec. Starting Jan. 01, 2015, for the EXACT SAME prescription, I’m being soaked $136!!

I was taking Omeprazole before switching to Prilosec a month ago. If I had been unable to switch to Prilosec the Omeprazole that I was paying $6.00 for would be $135.00 starting Jan. 01, 2015.
This is totally outrageous. The drug companies are raping the public, and preying on those that need medication to treat our ailments. I find it disgusting that over the years as the drug companies have been doing this gradually, that the government hasn't stepped in and put a stop to it. Why are these increases allowed to continue, and to such EXTREMES! It's a blow to humanity

It all goes back to the old adage that "the people in charge are GREEDY and don't give a darn about people's lives or the quality of their lives".

*Bob Simoncini  
Park Ridge, IL  
I am 66 years old and on Medicare. I also carry Medicare Part D (Prescription Drug) coverage with United Healthcare, through AARP. My mail order prescription provider is Optum Rx. I take various medications. My only real health issue is that I suffer from Crohn's Disease, which was diagnosed a few years ago. The medication I take for that is **Entocort** capsules (3mg each, two each morning). I take the generic version, **Budesonide**. Even in generic version, that medication is absurdly expensive! When I am out of the donut hole, a 90-day supply costs me over $580.00. When I am in the donut hole (which I will be by June), the same 90-day supply costs me nearly $1,000.00. I am expecting to be on this medication the rest of my life.

Because I was in the donut hole until the new year, in November 2014, I ordered only enough pills to get me to the new year, when I would be out of the donut hole and my copay would be “less” (still exorbitant, but less). To make a long story short, as a result of shipment delays by the provider, I had to ask my doctor to write me a prescription for eight (8) pills (four days’ worth) on an emergency basis just to carry me from January 2 through January 5, when I was promised the shipment would arrive.

On January 2, I went to my local Walgreen’s to pick up my emergency dosage of **Budesonide**. I was told that my order was too early (based on the awaited shipment), so, I had to pay out of pocket for my emergency dosage. I was absolutely shocked and furious by the price. Eight capsules cost me $140.59. Eight capsules!! That's $17.57 per capsule! And that's for generic!

Is anyone in Washington concerned with this issue? It appears not. This is a disease that affects mostly younger people; so we can’t even dismiss it as a “senior problem!” And **Entocort** is the drug of choice for managing it in its early stages. So, even when my generation “dies off” the disease will remain. I can’t help but think that the price of this medication is based on “ability to pay”. If I lived in Canada or most European countries, I might pay higher taxes, yes, but this medication would cost me much less or nothing. By the way, how much would any senator or representative pay for this medication?

I informed my Representative in Congress (Jan Schakowsky) of this entire episode. I know she’s on my side on this issue; but, she cannot, alone, change the laws. This is not about politics. This is literally, for many people, about life or death!

*Cindy Skeoch  
Westfield, IN  
We have just been informed by our pharmacist that our generic drugs are going up 47% and probably more. Some generics may go up as much as 700% or 800%.

The way it is now we are paying almost $1,000.00 a month on insurance premiums. My husband’s pension check is $1,856.00 a month after taxes. I have no pension. Even though I worked most of my life, I never worked anywhere that offered any kind of retirement. My husband is a salaried retiree from GM.

If the cost of drugs continues to increase, I will have to stop taking my medication for diabetes, thyroid, b/p, and cholesterol. My husband cannot stop taking his meds. He has atrial fib and has to have his meds.
The 1.7% raise Social Security gave us just does not pay for the huge increase in the price of drugs. We try to always take generics, but since they are raising the price of these to unaffordable rates, we have no choice but to cut back on my meds.

I say it is time for Congress to step up and do something. I know it is hard for Representatives and Senators to understand, but not everyone makes the kind of money that they do for a part time job. None of us has the kind of benefits that they do. Congress needs to do some research and find out what is going on with the pharmaceutical companies. I know they have huge lobbies, but we are quite tired of being put far down on Congress’ list of priorities.

Paul Kutchai
Crestwood, KY
My prescription drug expenses include: Nexium 30-day supply cost is $41.00 or 90-day supply $123.00 and in the doughnut hole $466.15 for 90 day supply. Crestor 90-day supply $141.10 and in the doughnut hole $318.45. Niaspan 90-day supply $123.00 and in the doughnut hole $340.41. I usually enter the doughnut hole by July and will need to have spent $4,750.00 out-of-pocket to get out of the doughnut hole. My spouse also has two expensive medications but she may not reach the doughnut hole this year.

Paul Brearey
Lexington, KY
I am a diabetic, and require daily injections of insulin, along with other required medications. Even though I have drug coverage as part of my Medicare Advantage health plan, I am appalled at the continuing price increases of the insulin I am required to take.

In 2010, my 90-day supply of Lantus was $340.50. In 2011, $364.36, in 2012, $425.15, in 2013, up to $559.31, in 2014, $668.57, and my last order a few weeks ago was at $748.01. The costs are increasing as much as $50 or $60 every 3 months when I have to order refills.

As I am required to take this medication to control my diabetes and also to also keep living. I have no choice but to absorb these continuing rising costs. In order to try to keep my total expenses down, I had to beg my doctor to prescribe generic formulations for all of the other drugs I am required to take.

I feel as though I, and all other insulin dependent diabetics, am being taken advantage of by the manufacturer.

Ralph Miller
Fitchburg, MA
Originally when I retired I was covered with company provide health care insurance but soon after retirement the coverage was so poor, we went private and pay for it ourselves. My wife and I are on a Medicare Advantage Plan with Blue Cross & Blue Shield, with Medicare Part D for prescription drugs.

My wife has a serious illness that puts her in the donut hole in January of each year, with one Rx (Canasa 1000mg supplement) costing $3,489.66 for a 90-day mail order to Express Scripts. One other Rx she takes is Asacol 800mg, costing $1,503.71 for 90 days. She will stay in the donut hole until we spend a total of $4,700 out of pocket in 2015. She did not fill a recent Rx for an antibiotic (Doxycycline Hyclate) from a dermatologist because it was $156.00 for 60 tablets, for a rash. Reason given for the high cost at the Walmart Pharmacy, they stopped making this and other similar drugs.

My wife’s cost for prescription drugs is 10% of our income. This doesn’t include the cost of the doctors, hospital or ER visits. It also, doesn’t include my medical costs.
Maurice St Germain  
Methuen, MA
My wife and I are taking daily drops for Glaucoma. I take Simbrinza. Early in 2015 my co-pay for 90 days was $30. In July it increased to $119 for 60 day supply. I also take Timolol, at same time as above $30 co-pay for 90 days, now $30 for 60 days. My wife uses Travatan $119 co-pay for 60 days. We are both retired ages 88 and 87.

James A Cappelletti  
Walpole, MA
I started taking Eliquis during late November 2013 at a cost of $123.00 for 90 day supply. In November 2014 the cost increased to $237.00 and in October 2015 the cost was $498.00 for the same 90 day supply. I have Atrial Fibrillation (A-Fib). Eliquis, also known as Apixaban, is an anticoagulant (blood thinner) that reduces blood clotting and reduces the risk of stroke. I take Eliquis twice a day. I have not cut back on the recommended dosage due to the nature of my condition. I am currently in tier 3 category. Bristol Myers Squibb is the manufacturer of this drug. I reached the donut hole status on October 2015. Eliquis is taking 6.7 % of my monthly income. Overall prescriptions amounts to 8.5 % of my income for my wife and I.

Bernard Punte  
Columbia, MD
Econazole Nitrate Cream 1% - February 2014 cost $31.19; October 2015 cost $279.99.

Dick Brooks  
Phillips, ME
My wife has multiple myeloma...a cancer of the blood. Fortunately we have a good Medicare Advantage type plan which costs each of us between $85.00 and $115.00 a month. When she is on the maintenance drug Revlimid, it costs about $130,000.00 a year. The donut hole is filled the first month. To cover the $7,500.00 copay per year, we have been fortunate to get a private fund to help with this. The Revlimid is not a new drug and the cost is ridiculous...but protected so we just have to deal with it. Other than that there are hundreds of thousands of dollars of treatment and medicine bills associated with her hospital chemo treatments etc. (each year). If it were not so serious for average Americans, the whole situation would just be a bad joke when compared with other countries. We are 17th on life expectancy, I believe. Northern European countries cover the medical costs and their life quality is equal to ours and life expectancy is greater.

Thomas A. Johnson  
Ann Arbor, MI
One of the medications I take is Timolol Gel to reduce ocular pressure. Up to now, it has been a Tier 2 generic with copay of $8 or so under my Medicare Part D plan. This year it is classified as a Tier 3 and copay is rising to $40. This is a 400% increase in the cost of this drug to me, on top of a 10% rise in insurance premiums.

Richard G. Clark  
Birmingham, MI
My prescription benefit via DTE who bought out my former employer MichCon as of 1/1/14 added Part D of Medicare and I am very fortunate in that the meds I take are all generic, thus my cost is not that great. Who knows what the Govt. will cook up that could cause a change for the worse or that I may be put on a high cost drug that has no generic available. A couple of years ago I could not make this statement. My meds changed and my wife passed away in November of 2012. Her meds were costly and few had generic counterparts.
Howard Baron  
Bloomfield Twp., MI  
My wife has MS. She is on mediation, and has been for many years, that costs $60,000/year. Being covered by Chrysler health insurance and a Copay Assistance Program offered by the pharmaceutical manufacturer, Biogen Idec, our out-of-pocket costs have been minimal.

She turned 65 in March 2015 and went on Medicare. Chrysler, when a person becomes 65, no longer provides any insurance coverage. Also, provisions of the aforementioned copay Assistance Program will not allow her to continue to be eligible for that program when she is covered on Medicare.

Why this is, I do not know. I have always assumed that it is because of the Non-Competitive Pricing provisions of govt provided health care coverage, but I could be wrong. Whatever the reason, as of March 2015, all insurance bets are off and I am at square one with a $60k bill staring me in the face and confusing Medicare Part D rules to understand.

Art Surdu  
Canton, MI  
I have a prescription plan from Cigna Healthcare. It is a Medicare Part D plan. I am 69 years old and my wife is 68. She has Diabetes and takes two types of insulin each day along with Metformin, a diabetes pill, twice a day. On January 5th, 2015 I ordered her insulin. I was called by Cigna and told that one of them was an actual cost of $4,200.00 and my co-pay was $1,100.00. They said that this one insulin alone put me into the prescription drug “donut hole”. All of the rest of her medicines and other insulin would have to be paid at the 50% rate.

There is no generic for any insulin. We called her doctor and talked to two pharmacists who said she could not change to a different type of insulin because the two she was taking worked together to control her sugar levels and changing one would be counter-productive.

We already lost her pension. The company I retired from cancelled my benefits. My healthcare plan from AARP and my prescription plan from Cigna all raised their rates this year as well as the previous 4 years in a row. I am a typical middle class retiree. Congress needs to understand that me and people like me can’t take much more.

Bill Benenati  
Chesterfield, MI  
I have been caring for my parents, father is 90 and mother is 86. Like many from that era, their entire fund/resources will run dry before the end of this year. The soaring cost for all their medications and other health care needs has run them into ruin, regardless of how frugal and aware they had been.

I have no choice now but to move them to the poverty level Medicaid program after a lifetime of them being proud to be born American and both parents building airplanes for the duration of World War II.

*Wayne Schultz  
Commerce Twp., MI  
One of many drugs I use is Spiriva, an inhalant for chronic-obstructive-pulmonary-disease. The usual and customary cost for a 90-day supply is in excess of $900.00, with a current co-pay under Medicare Part D of $125.00.

This is only one example of exorbitant drug costs. If obtained by mail through Global Pharmacy, in Vancouver B.C., Canada, including $12.00 shipping, the total cost is $80.00. Simply one example of out-of-control drug costs in the U.S.
Charles Tindall  
Fenton, MI  
Express Scripts changed this drug to their “preferred” drug list in 2015. This has increased the cost dramatically. If purchased from Express Scripts the cost is approximately $3,200 per year. Even with Medicare Plan “D”, it along with other drugs, forces me into the doughnut hole.

I’m now buying this drug from a Canadian Pharmacy at a cost of less than $700 per year. The generic drug if purchased in Canada is even cheaper.

The medical deduction, of course, can’t be use if purchased from outside the USA. The cost savings far outweighs any tax deduction.

How can the pricing structure be so different just across the border?

Robert H. Gower  
Grand Blanc, MI  
My very first prescription under my Medicare Part D was for an acute ear infection: Hydrocortisone 1% / Acetic Acid 2% in propylene glycol OTIC solution - 10 ml per bottle (0.33 oz. or 2 teaspoons of tld.) Cost without insurance $170. Cost with insurance co-pay ~ $ 70

The chemical makeup of this medical solution is extremely cheap to demand $170.00 for 10ml (two teaspoons or 0.33 oz.). I am surprised and dismayed at the cost of this relatively common treatment for ear infections and wonder what the expense young mothers must be faced with for reoccurring ear infections of their children.

*Sandra Root  
Manistee MI  
I have asthma and for years I have used Flovent (Beclovent). When I first starting using it about 20 years ago, it cost me $20 to 25 dollars. A few years back I was told the EPA forced the manufacturer to remove the propellants. Since then, the price has risen to $228. I was told that there are no insurance supplements that will cover these inhalers. Therefore, I have had to pay their price as I cannot get along without it. Recently a friend of ours told us of Canada Drugs and for the first time I ordered one from them at a cost of $55.00. I am 80 years old and live on Social Security and my husband’s retirement.

Chris Bickes  
Onekama, MI  
My wife and I spend close to $2,500 annual for prescription drugs including Imitrex migraine injection shots, 5-8 shots per month, Butrans pain patch and Cymbalta. We are liquidating our 401k to ensure a reasonable health care insurance plan.

Any work Congress does on drug cost containment (not handout) has a direct benefit to us in extending when I will run out of funds.

*MaryAnn Coopersmith  
Plymouth Twp., MI  
Drug costs have sky rocketed. When I order a 90-day supply of Crestor 10 mg capsules the prescription cost with plan is $546.93. I pay $261.73 and Humana, my insurer, pays $285.20 in the month of January 2014. Crestor is a Tier 3 drug.

In June, a 90-day supply of the same drug, Crestor 10 mg, costs me $161.08. I realize there is a deductible in January so costs are higher but by the time I reach August I’m in the loophole and costs soar. I purchased 90-day supply of the generic version of Crestor 10 mg capsules for $92.08 from Global Pharmacy in Canada. I have never been offered a generic version of Crestor in the U.S.
Barbara Culbert
Roscommon, MI
In March 2014, I became eligible for Medicare. I signed with Blue Care Network Plan F as my supplemental medical insurance and Blue Cross Blue Shield of Michigan for Prescription Coverage.

I am an insulin dependent diabetic (taking four shots a day with two different insulins) so I take numerous medications including blood pressure and lipid medications. I began in March 2014 in Stage 2 Initial coverage until my total drug cost reached $2,850. In May 2014 I reached that point and went into Stage 3 coverage gap known as the "donut hole". Once I reached $4,550.00 in "out of pocket costs" I then move on to the next stage. I stayed in the "donut hole" for June, July and August. In September 2014, I went into Stage 4 catastrophic coverage, and stayed in that group until December 31, 2014.

I am on a 90-day supply of medication and use a "mail away" pharmacy to reduce costs.

My main concern is the cost of insulin which is a vital life necessity to treat my diabetes. To meet all these required stage amounts, during the "donut hole", I paid out of pocket $1,532.50 for an 83-day supply. This is in addition to the cost of my other prescriptions and the monthly $98 premium. I also spend $180 per month for supplemental medical coverage in addition to the monthly Medicare deduction.

These costs increased in 2015 because I was on a full year of coverage (not the 10 months of 2014). The projected cost for fixed overhead of prescriptions and medical care for 2015 was $504 per month averaging in the 10-month cost of $404 per month in 2014. This equates to 32% of my monthly fixed income.

*William Foster
Saginaw, MI
I currently buy my drugs from Canada. Main reason is cost... get 3-month supply for the cost of one month in U.S. Canada allows generic versions of drugs much sooner than the U.S. which further reduces cost.

*Walter Hempel
Shelby Township, MI
I started taking the prescription Asacol around 2009, in addition to 6 other heart prescriptions. The cost was $70 for 3-months for Asacol in 2009. Its price kept increasing to $700 in 2011, and then to $1,100 in 2014.

Asacol's price plus the other 6 heart prescriptions put me in the "Donut Hole" by July of 2014. Then I was able to get Asacol from a Canadian pharmacy, Provent, for $160 for a 3-months' supply to reduce my costs. I am certain to be in the "Donut Hole" again in 2015.

Paula Wild
Warren, MI
I have just experienced an alarming phone call from my pharmacy. The rheumatoid arthritis drug I use once a week has increased in cost so astronomically I cannot use it without assistance from one of the prescription cost charities.

It has always been an expensive drug. I was told that the cost has escalated from over $1,000 to over $4,000 for what amounts to a one-month supply if purchased without insurance or charity help assistance. I have had assistance help for a few years and without it in the future, I will have to give up and stretch my injections to once a month or once every two months instead of weekly.

I could not help but wonder - when gas prices rose to close to $5 a gallon, Congress had a committee call in responsible companies to testify. Perhaps it is time to welcome the drug company reps to a committee to hear...
what they have to say. I, for one, would like to hear that testimony. Retirement budgets should consist of more than allocations for medicine.

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Glenn Franco  
Whitmore Lake, MI

I recently went into shock this week when I renewed my prescriptions at our local Kroger Pharmacy.

Having had a recent heart attack, I take several prescription drugs (up to 10) to keep my blood pressure and heart condition under control.

I believe I am luckier than most since I have a Medicare Part D through Blue Care Network (BCN) Advantage of Michigan. I would hate to be paying the exorbitant cash prices for some of these drugs. BCN Advantage sucked me in when I turned 65 and now, when renewing, they have jacked up all their prices.

The problem is that my co-payments have risen to about 6 times their cost since the 1st of January 2015. I have seen a jump from $5 to $30 (90 day supply) copay for the cheapest of my scripts. I tried to renew 4 scripts and found the price of the copay rose from a total of less than $30 to $120 for 4 prescriptions. The cash price on some of these is less than the copay. They problem is they still are charging the $30 copay.

When I contacted BCN Advantage they claimed no responsibility and shuffled me off to my group. My insurance group sent me back to BCN Advantage. I found that BCN Advantage is charging more for their copays than shown in their information provided showing 2015 changes to the plan. They show a copay of $10 for tier 1 and 2 and they are charging $15 for a 30-day supply.

I explained this all to BCN Advantage and they say they are investigating but I don't expect a response anytime soon.

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Phil Laursen  
Brewster, MN

My wife is an insulin dependent diabetic and is also insulin resistant. As result of this my wife takes multiple insulin injection per day. The net result is we every year exceed the catastrophic drug cost on Medicare Part D. That equals to approximately $4,950.00 per year. That is on top of the cost of her monthly Part D drug coverage. To say the least this is huge financial burden as a retiree.

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Ron McLeod  
Edina, MN.

When I was first given a prescription for Crestor which lowers cholesterol, I went to my pharmacy to get a 30-day supply to try. I developed side effects from all the rest of the cholesterol drugs so I was asked to try this one. The pharmacy announced my prescription was ready and then told me that it would be $150, I told them to take it back because I could not afford that.

My cardiologist said he would make a call, I don't know who he called but all of a sudden it was priced at $50. I tried it and for once it worked. It lowered my cholesterol for the first time in my life. I switched to a 90-day supply from my health insurance mail order, it was under $100 after my cardiologist's phone call.

Today, I pay $160 for a 90-day supply and I read where the manufacturer AstraZeneca paid off generic drug makers so they can hold the patent until May 2016.

Generics like Lipitor can be had a lot cheaper if they worked, but extending the patent to make more money seems to be the way these drug companies handle things. They make more money while other countries get Crestor much cheaper because they manufacture generic versions. Canadian pharmacies list 90 day supplies of Crestor non-generic as low as $66 for a 90-day supply.

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*Dick Tschida  
Ham Lake, MN
Prior to my mother’s passing I started to purchase her very expensive eye drops for Glaucoma, from Canada. I saved close to half the cost for the very same product from the same Pharmaceutical Company. After several years, the Canadian Pharmacy notified me stating they could no longer provide these prescriptions due to some problem with the U.S. Government. (circa. 2008)

Currently my wife needs medications for; A-Fib heart problems, asthma, diabetes and suffered a heart attack in Aug. 2014. She usually hits the doughnut hole in Aug./Sept., a major financial problem to confront each year.

Denyce (Deni) Hogan  
Minneapolis, MN
In September 2014 I was in the donut hole and my prescriptions were astronomical. Sure put the lid on any extra shopping. It was tough!!!

Marlin Stangeland  
Minneapolis, MN
My wife has Parkinson’s. We pay $320.00 up front copay and in three months we are in the donut hole.

Richard S. Unger  
Rochester Hills, MI
My wife and I are both on Medicare and we also have supplemental medical insurance that covers what Medicare may not cover. Plus the supplemental medical insurance also includes the costs of prescription drugs except for the first $40, which is the deductible. There is no Donut Hole.

My wife is a retired teacher for the State of Delaware. The State of Delaware paid 100% of the Blue Cross Blue Shield of Delaware medical insurance premium while she was an active employee and it still does as a retired employee. I am a dependent on my wife’s BC/BS supplemental medical insurance.

My major illness is Type 2 Diabetes: I take three kinds of Insulin medications: (1) Humalog Kwik Pen, (2) Victoza Liraglutide Injection and (3) Toujeo Insulin Glargine Injection. All three are for a 90 day supply I have seen where some of my prescription total cost was approximately $1,500 for a 90 day supply of just one prescription, but I only had to pay from $3 up to a maximum of $40 deductible of the $1,500.

Barbara Fivecoate  
Virginia, MN
CenturyLink retirees on Medicare and retired were notified by CenturyLink that as of May 1st, 2014 we were being cut off of the CenturyLink insurance and we had to choose another medical and pharmacy insurance. CenturyLink provided a “pot of money” to help with insurance/pharmacy costs.

I chose Blue Cross & Blue Shield Platinum Blue for Insurance and Right Source Pharmacy for my long term medications. This was my best choice for my needs it was determined with "One Exchange". I am Diabetic (well controlled) and on Humalog 75/25 mix insulin taking 12mg.-15mg. per day. My first 90-day prescription was $650.20 of which I paid $130.04, my second 90-day refill was $714.62 which I paid $142.92 & my third refill was $785.57 of which I paid $303.70, which, I presume, I was in the "donut hole" by now.

Another medication I take is for cholesterol was Crestor (5 mg. daily) and for a 90 day supply it is $546.93 and I paid $303.09. I finally had to change to a different cholesterol medication because the price of this medication I could not afford. I now take Atorvastatin 20 mg. which is less effective, double the dose and a less preferred medication, my doctor recommended, due to cost. It is $41.59 for a 90-day supply & my co-pay is $1.00 which is affordable. Big difference!!!!!
When us retirees were on the insurance with Qwest/CenturyLink we did not have to deal with the "donut hole" for medications, but paid higher price for insurance coverage, also. Please, at least, do away with the "donut hole" and make the drug companies accountable for the prices they charge. There is such a wide difference and a gross profit is being made, "on our backs"!!

As people grow older & need medications, they should not be "out of reach" in prices, so people have to make choices of what they can afford to pay for daily living vs. drug costs.

Alfred Freimark
Hampstead, NC
Doctors take an oath when they graduate and are admonished "Do No Harm". Maybe we should require that of the drug companies!

Evelyn Ainsworth
Omaha, NE
I am diabetic and 1 box of insulin pens cost $750 (without insurance). I use 2 kinds Lantus and Humalog. My blood pressure med is Benicar. Humana insists I change because of cost. There is no generic for it.

My cost for Benicar in 2014 went from $75 in March, to $116 in June, to $237 in October. My cost for Humalog in 2014 went from $75 in March, to $641.76 in June, to $847.00 in October.

James Jackson
Exeter, NH
While I do have insurance and it helps with drug costs, I was surprised to find that my gout medication now costs $26.00 per pill.

This is a good old medication which has been around for a long time and should be available in generic, but somehow that has not happened. It is necessary to take this med three times daily during acute attacks. And I can't help wondering what people do who don't have insurance coverage for meds. Even with prescription coverage the drug is $8.00 per pill, and truly the cost should be pennies.

Jean M. Lambros
Eatontown, NJ
I am a retired, 65 year old female, who had cataract surgery in October 2015. I am on Medicare plus a supplement and drug plan. I needed eye drops after eye surgery. The drug store said my plan did not cover my prescription. I needed 3 different types of drops, Prolensa, Lotemax and Durezol and each one was approximate $500. I had to walk away without getting them. These drugs were to prevent infection and swelling. I did get swelling in one of my eyes. I had to beg for samples from the surgeon's office and they reluctantly gave me samples which only lasted less than a week. I was constantly traveling to the office to beg for more. It was stressful and humiliating. They finally said they had no more samples, and I did have to purchase one of the drops.

Senior citizens like myself cannot afford the high cost of drugs. Also, please keep Social Security safe for us, so I can live on some money that I have earned by contributing to it for the 45 years I have worked.

Elaine Sinowitz
Freehold, NJ
In the past year one of my medications rose from a co-pay of $6.00 for a three month supply of Potassium 8 mEq to $100.00 for a 3-month supply. Liquid Potassium that I take went up from $4.00 per pint bottle to $55.00 per pint. Crestor is so expensive for a 30-day supply once someone goes into the donut hole that my
husband paid $270.00 in the pharmacy. The liquid potassium the drug plan I use would cover at all. I’m 77 years old and need large dosages of Potassium to be alive as I have Bartter’s Syndrome which is very rare.

I went into the donut hole in May 2014 so I went out of the country to Israel which I can’t do often because of high medical bills. I went to see grandchildren that I haven’t seen in a few year. Before I went I was told that I can bring back meds from there. I got doctor’s prescriptions that I had filled and still had to buy more from our drug company before the end of the year. I saved over five hundred dollars getting them there.

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Marjorie E. Remland
Lincoln Park, NJ

Restasis eye drops were prescribed for my husband, Keith, in the winter of 2014, while we were still in the $2,500 deductible “hole” from the United Health Care supplemental coverage. When I went to pick up the eye drops I was told that the price was $600 for a 90-day supply. The manufacturer had given patients a discount card which lowered the price to $500.

Once past the deductible, the UHC coverage and the discount card brought the price down to $0. However, now that he is officially on Medicare Plan D, the new price currently is a new mystery. It is unconscionable that Congress did not negotiate discounts on pharmaceuticals for Medicare beneficiaries

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Ingrid E. Callender
Brooklyn, NY

I retired in 1999 at age 54 from Lucent Technologies (now Alcatel-Lucent). I was fortunate to gain employment at a construction firm for the next 13 years and retired in 2012 with benefits from Local #3 of the IBEW. My Medicare supplemental insurance included my prescription plan and I never spent more than $565.00 annually for all of my meds with no deductibles.

In mid-January 2015, I found out that my COBRA was ending and I would have to obtain new supplemental insurance and enroll in Medicare Part D for a new Rx plan. The same 4 prescriptions that I was taking previously - three of them cost $60 each and one cost $30, all for 90-day supply will now cost me $3,095.00 annually. What a disaster.

I immediately wrote to my doctors and informed them that I could no longer afford to pay for these meds - there are no generics for them. So, after 50 years of uninterrupted work, here I am with no medication at age 69. I recently had total knee replacement surgery and there is no way I can ever work again.

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Stephen DiGirolamo
Hicksville, NY

A couple of years ago I had to change one of my blood pressure medications because the cost of the drug skyrocketed. I was taking Nadalol for many years paying $10.00 for a 3-month supply and in a 6-month period initially going up gradually every time. I refilled to a final cost of $258.00 for a 3-month supply. Being retired, this extreme cost led me to go to my PCP Doctor to change my medication to a cheaper alternative. I was very upset doing this because whenever you go on a new drug you have concerns as to how you will react to the new medication. It took two different doses before we got it right and to be honest it was never the same as the first drug I was taking.

I also can only get certain medication from the Veterans Administration because they don't provide some of the higher cost drugs I take.

I have always done my part of using generic drugs to keep cost down but, frankly even some of the generic drugs have become very costly. This past summer I contracted Poison Ivy and was prescribed a medication from my Doctor. When I filled the script from my local CVS who my provider used it cost me over $60.00 for a small tube of the medication. The medication prescribed did not work and I had to go back to the Doctor and receive a new script that cost me nearly $120.00. Both of these scripts were generic.
Clearly this was and is getting way out of hand. I have in the past told my script provider that I cannot afford medications like Nadolol and that I would stop taking my medication if the prices continue to go up as Nadolol had gone up. Frankly I was told that I should never stop taking my drugs but that there was nothing in place by the Government that would stop the manufacturers of drugs from raising their pricing to whatever they want. Not a good answer in my opinion.

Dominic Abbriano
Lake Grove, NY
Two of the prescriptions I take are impossible for me to renew by mail order. Namenda 10mg has gone from $30.00 to $120.00 for a 90-day supply. Avodart .05mg has gone from #30.00 to $120.00 for a 90-day supply. I take heart medication but have not yet tried to renew it in 2015. I am hoping it has not increased.

Something has to be done to lower the price increase of medications especially for us seniors who live on fixed incomes.

Connie Steving
Pitsford, NY
I have Multiple Sclerosis, and have been on Copaxone daily self-injections for nearly 2 years. I don't know the exact cost of the drug through the specialty pharmacy, and do receive significant insurance coverage for it so that my copay is $30 per month. Copaxone is about $5,000 – $6,000 per month. It is from Teva in Israel, as I understand it. It is one of the most common prescriptions for relapsing remitting MS, so there must be a lot of people using it.

Teva offers a low copay for what insurance doesn't cover if one doesn't have good coverage. I purchase a plan from MVP that is one of their highest coverages, with zero deductible, which is how I get the low copay on the drug. I am reasonably certain that some people don't take the drug based on the cost. I don't know anyone personally in that situation. I feel very lucky to have the ability to get it, and badly that there are some people who don't.

Copaxone is supposed to become generic if other companies can gear up for production. They have released a 3 times per week dosage which will not be generic for some time. There are common skin reactions to the drug which make the 3 times per week version more appealing.

Jerome F. Smith
Rochester, NY
I am a 76 year old retired widower with Type 1 diabetes for 50 years. I have been using Humalog insulin for 20 years. In the last three years the cost of one vial, 100 units, has increased +52% to $240. I use approximately 60 units per day in my insulin pump. My Medicare Advantage Plan, Excellus Blue Choice HMO in Rochester, covers 80% and my co-pay is 20%. My out of pocket cost for Humalog in 2015 was $1,100. I am retired from Kodak. They have not offered any retiree benefits since going into bankruptcy.

There are no generic equivalents for Humalog insulin. The only explanation I have received for these exorbitant price increases is that Eli Lilly and Company and other manufacturers are required to provide free or low cost insulin to people with lower incomes by the Affordable Care Act.

LeeAnne Martyak
Hubbard, OH
I just ordered all our prescriptions this morning and am in shock. The cost has gone from $70 for a 3-months’ supply to $397 for a 3-months’ supply. This is a hardship for us as we anticipate maybe having to use more prescriptions as time goes on and quite possibly some of the more costly life sustaining ones. We have discussed the possibility: What if we would not be able to buy them. I called Needy Meds and some other drug
manufacturers about our most expensive one, they do not have it on their list. Some drug manufacturers will only help with small number of milligrams tablets only, so a lot of time spent on the phone and Internet to no avail. My husband has been in a deep depression over all of this since 2009. Our life has been a financial nightmare after planning all these years for a decent worry free retirement.

James Kinsman
Bend, OR
I am on a tier 4 cancer drug. The cost of this drug is $6,300.00 a month. It is called Tarceva I am stuck with $2,345.00 for my first 30 pills this January. After this I fall into the doughnut hole which raises the price to $4,800.00. After I’m through with that my cost per month goes to 5% of the $6,300 a month around $315.00. I got some help from a foundation last year on the $315.00.

I retired from Qwest Communications (not CenturyLink) and was taken off of its insurance plan at the age of 65. The company gives me a stipend to help me pay my insurance bill each year.

Jim Haynes
Sherwood, OR
I believe my drug costs (co-pays) have increased on average by about 25 percent per year. I am prescribed four drugs for heart disease and four for COPD, and two for benign prostate. One drug that has increased from a zero co-pay to over $800 yearly.

James Schierholz
Portland, OR
While my wife was dealing with cancer many dollars were spent. But that ended with her death. There were many that I can’t recall. The ones I do remember is a tiny estrogen blocker pill, where 30 pills barely covered the bottom of the bottle, cost $1,100.00. We had several of these.

Another was a blood thinner, Lovenox. Each syringe was $58 twice a day. I had figured how many doses were in a gallon, the cost came to $269,000 per gallon, and that did not include the syringe.

After she died I asked if there was some way all the unused drugs could be given to other patients. NO, was the answer. So I gathered up her unused pills, two pounds, with an estimated value of $6,000 and took them to the local disposal folks.

Me, I don't need prescriptions, maybe someday that will change.

Olwen R. Hollock
Macungie, PA
I have been recently diagnosed with severe osteoporosis and my doctor told me that there are three options for treatment. However, my condition is so severe that I am too late for the first two options and I need to go on Forteo which means I have to inject a needle in my belly every morning. I checked with my mail order drug company (OptimRX) to see if I could be approved for this drug. The good news is that I am now approved. However, my pharmacy told me that the cost of this Forteo for a 3 month supply is $7,749.59!!! And my co-payment will be $900.00!!!

How in the world can anyone anywhere justify this tremendously high cost?

Richard Canziello
New Castle, PA
Cost of prescription drugs are a nightmare. In the past year the prescriptions either through Express Scripts or a local pharmacy have gone up a great deal.
The copay for the drug **Bupropion** (generic) has gone from $5 to $45 for a 30-day supply or a 900% increase. My total cost will go yearly from $60 to $540. Likewise, if I use the same formula for the other prescriptions my wife uses then she should hit the doughnut hole some time in Oct. 2015 at $3,018. I hit the doughnut hole in late Nov. 2014. I figure my prescription costs ALONE now after taxes will take 18% of my monthly retirement income.

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**Steve Gramiak**  
Warminster, PA  
The high cost of prescription drugs is real and excruciating as a family retired since 2000, going forward and projected in the current environment, it won't be long before we will be forced into bankruptcy or other means of support.

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**Tom Persons**  
Columbia, SC  
My **Gleevec** is now costing me over $3,000 per month. I have been so frustrated, stressed, and scare, there is no way I can continue to pay this much drugs! However, it is a matter of Life!!!

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**Don Cherry**  
Fort Mill, SC  
My wife takes all generic drugs. The one generic drug she takes is **Ursodiol**, (300mg capsule) which is for a liver condition. She takes 4 capsules per day.

When I signed her up with Humana, they stated that her total out of pocket cost for all her prescription drugs would total approximately $500.00 per year. When we filled her first prescription for **Ursodiol** in 2015, Humana said her co-pay for her 90-day supply would be $785.00. When I followed up with the insurance company who signed her up with Humana, he confirmed what I was told that Humana changed their **Ursodiol** drug from a tier 3 to a tier 4 after the first of the year. When I called Medicare to request consideration to change my prescription insurance carrier, they denied my request after talking to Humana.

During 2015, we purchase my wives **Ursodiol** medication using GoodRx coupons, with the price ranging from $143.00 for a 90-day supply to $345.00. At best, this is a moving target, with GoodRx coupon prices ranging from $371.79 to $2,319.98 for a 90-day supply.

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**Hugh Hex**  
Lexington, SC  
I have never had an increase in my retirement pay after being retired for 25 years. My prescription drug costs have increased in some cases from $25 per month to $70 per month. These were for eye drops. Other drugs have also increased significantly. My wife reached the donut hole in October last year.

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**Paul J. Sadej**  
Simpsonville, SC  
I was on an outstanding health insurance plan provided by IBM. It was a commercial or business plan. Which covered everything without a doughnut hole. All my costs were very reasonable. Since Obamacare, IBM is getting rid of all health plans and put its retirees on a Medicare Plan D with a doughnut hole. My insulin expenses went from $200.00 for both of my insulins per quarter, to about $800.00 per quarter. I am on ten other medications, so I am out of my initial payment area in nothing flat.

With all the medications I need, it doesn't take long to reach the doughnut hole since what I pay is added to what the pharmacy pays. Our prescription costs, mine and my wife’s, has gone from about $2,300.00 per year to about $8,000.00 per year. It is getting hard to keep up with these costs.

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Karon Moore  
Tazewell, TN  
Just finished figuring out our out-of-pocket prescription drug costs for 2015. It was $1,167.00. It is a hardship and I know this is not as bad as many experience.  

Bob Munroe  
Dallas, TX  
I have used a topical drug called “Carac” (sp?) about twice a year to apply to my scalp because I have had so much sun damage I have a lot of pre-cancerous cells better taken care of by this drug. In a few cases I have had to have surgery to remove proven cancerous areas. That drug used to cost about $200 a tube and now is over $1,200.  

I have used a topical gel for hormone (testosterone) treatment for over 15 years and the cost has gone up continually with different manufacturers. The cheapest one I can find now is a generic that costs about $700 a month which quickly puts me in the “doughnut hole” along with other medications that have gone up much faster than the rate of inflation.  

My urologist has prescribed Cialis daily for severe BPH prostate problems and ED. It costs $43/pill which would be $1,290 a month! I used to take Viagra for ED by itself but it cost went up from about $3/pill to $9/pill. I could buy the generic chemical for Cialis for about $3/pill internationally, but the generic is not allowed in the U.S. and likely will not be allowed to be imported under the new Trans-Pacific trade agreement.  

If I was closer to Canada I would just cross the border and buy all the same meds out of my own pocket and save a lot of money compared to the copays now with insurance. I am not taking the Cialis despite the doctor’s advice because I cannot afford it. I think somedays that with big Pharma running Congress by lobbying it is part of a partnership for big Pharma to make enormous profits and at the same time not enable the average consumer to buy the drugs at a reasonable cost. Therefore, the age we die will be lower and the US government will save money on Medicare and Social Security. I never use to think that way but the last 12 years with the Medicare Part D bill (one of the worst in my lifetime - no competitive buying and no funding) and the Affordable Care Act.  

Richard E. Bull  
Plano, TX  
About 8 years ago I was diagnosed with COPD which is a lung problem which makes it hard to breath most of the time and restricts to a great extent most physical activity. The doctor placed me on a drug called Spiriva inhaler which at the time cost around $200.00. Today that same drug cost a little over $800.00 and it with the other medications I take I go into the donut hole normally around the 1st of November which means I have to start rationing the drug I have to make it to the next year.  

I have tried to get other assistance to help pay for some of the drugs but all the other programs say I am not qualified because I make too much on what I get from Social Security. I served honorably in the U.S. Army but the V.A. says I make too much with my Social Security to get help with the drugs.  

I wish members of Congress would try living on $35,000.00 a year and see if their thinking changes any. Sad thing is that it is getting worse each year, especially since the new health care bill was passed WITHOUT being read. Thanks a bunch in Congress for throwing us under the proverbial bus one more time.  

Joe Thompson  
Spring, TX  
The drug I take is Gleevec made by Novartis (one per day) which keeps my CML cancer in check. Their patent is due to expire this year. My out of pocket cost for this drug is $9,123 a year. The first 30-day prescription cost sends you thru the donut hole, then the monthly cost is $475 per month thereafter. Cost increased about $600
in 2014 from 2013. These costs in addition to other prescriptions and doctors’ visits make it difficult to make ends meet.

*Joanne West  
South Jordan, UT
Several years ago my doctor suggested that I take the drug **Evista**. My mother suffers from osteoporosis and my doctor felt **Evista** would be the best drug to help protect me from getting this disease. **Evista** is used to prevent and treat bone loss in women after menopause. It also helps maintain strong bones by slowing bone loss which helps to reduce the risk of fractures.

I am currently taking the generic **Raloxofene** - by making my purchase from Canada instead of the U.S., I can save $1,689.95 a year on just one prescription. To a retiree on a fixed income...THAT’S A LOT OF MONEY! Please help me and others like me by passing S.122 (Safe and Affordable Drugs from Canada Act) so we can legally purchase from Canada.

*Neil West  
South Jordan, UT
My most recent experience with high drug costs was for an RX prescribed for our family to reduce cold sores when they appear. There is a liquid gel called **Zovirax** or **Acyclovir** for which I had a prescription. When I had met all of my deductibles for my health insurance in 2015 I asked to have this filled. After about 3 weeks of waiting, I called the 90-day supplier I use for an answer as to why the wait. I was told that my insurance was balking at sending my request because the drug cost was $1,400.00 dollars for this little tube... (really??) There is a pill form available that costs “ONLY” $500.00!

I immediately went to Pharmacychecker.com to see what is available in Canada, and the costs was **Zovirax** ointment, 8 grams, $196.00; **Acyclovir** generic, 5 grams, $27.00; **Acyclovir** pills, 90 for $32.00.

Bob Sullivan  
Battle Ground, WA
I am 76 and currently have 2 types of cancer Multiple Myeloma (bone cancer) & Prostrate Cancer, My spine has degenerate to the point that my height has been reduced from 5' 11” (on my Navy DD 214 form) to 5’ 7”. I have been taking a drug called **Salsalate** (an anti-inflammatory) for over 20 years - the price I paid for this prior to about 2 years ago ranged from $10 to $20 for a 3 month’s supply. Approximately 2 years ago the price jumped to over $100 for the same number of pills - then it increased to - $160 - - $200 - - $ 300 and topped out at $1,000 for a 3 month’s supply. Since then the price has been up and down and the current price is between $500 & $750 for a 3 month’s supply.

We have been lucky so far that Wal-Mart has been putting out coupons that have an extremely reduced price from the other places. I believe that the last purchase I made at Wal-Mart the price with the coupon was about $140 for my 3 month’s supply. Other drug supply places, including Kaiser, the cost is still running between $500 & $750 depending on the day of the week you call.

Our concern is now that Wal-Mart may quit running specials on **Salsalate**. If that happens and I can’t afford it, I may be forced to go without or possibly reduce some of my other medicines. No the VA does NOT help me.

Harry Kautzman  
Woodinville, WA
My Wife, Sharon, is diabetic and must take insulin injections daily. Her medication, with Medicare, is running approximately $300 every 30 days. It doesn't take long for her to reach the doughnut hole. This is very expensive for us when we are on a fixed income from Social Security.
Sherry Brunette  
Renton, WA
I have been taking Enbrel since 2003 and the last amount I had to co-pay for was 2013. The cost was $160.00 for 3 months or $640 a year. In 2015, I selected the AARP Medicare RX Preferred Health Care Plan. I needed a preauthorization for Enbrel the yearly cost is $4,734.00 for 2015. I am in and out of the donut hole on my first order of 90 days.

Needless to say I had to stop taking it. Enbrel kept my rheumatoid arthritis under control.

*William Simmons  
Janesville, WI
A few years ago my wife was prescribed Crestor 10mg for her cholesterol problem. Currently the price of Crestor in the U.S. is about $225 for 30 days’ worth or $2,700 per year. This along with her other meds would put her in the "donut hole" in about 8 months. I currently get this med thru "canadadrugcenter", an online Canadian agent that sources drugs from sources approved by the Canadian International Pharmacy Association (CIPA). I have used this Canadian source for the last 7 years and have never had a problem. The price from Canada for a 30 day supply is about $12 or $144 per year.

I also obtain drugs for my sister who is income limited in a nursing home and is struggling with COPD. She was prescribed Spiriva for breathing assistance 3 years ago. A 30 day supply in the U.S. is about $330 or $3,960 per year. This along with her other drugs would put her in the "donut hole" in about 6 months. I get 30 days of generic Spiriva thru "canadadrugcenter" for about $17 or $204/year.

I also help other folks purchase drugs thru "canadadrugcenter". Recently my cousin came to me for help and he was able to get 6 expensive drugs thru "canadadrugcenter" for about $50 that would have cost over $300 in the states, and that is what his co-pay would have been as he has a Medicare part D plan.

I have had several people ask me for ways to get Viagra at a more reasonable price. Viagra in the U.S. is about $25 per pill and generic Sildenafil is about $10 per pill. They have purchased 100 50mg Sildenafil thru canadadrugcenter for about $50.

Canadadrugcenter has a policy to discount their price if you find it cheaper. They will cut their price via a tab called "price beat" and cut their price by 10% of the difference between their price and the cheaper price. In order to find the best price per pill thru CIPA approved sources I use a website "pharmacychecker.com" where you can enter your medication brand or generic name and sort by "price per pill", find the cheapest, go to that companies website, copy the web address or URL, go back to "canadadrugcenter" order the pills, click the "price beat" button, copy the cheaper web address and enter the cheaper price, get 10% of the difference off the price. It's a great deal.

Virginia Emon  
Keshena, WI
I have been on Coumadin (Warfarin) for approximately 10 years. Last year my doctor suggested I try Xarelto to avoid the need to go into the lab regularly for blood tests. In my naivety I thought it would save my insurance company money, a Medicare Advantage plan. It did save on the cost of lab tests, but much to my shock, it also put me in the donut hole by June because of the cost of this drug!

It would have cost me an additional $6,000 to stay on this drug, ignoring the cost of the other medications I take. I realize this is peanuts compared with some other drugs, but to me it is too much. I am a salaried retiree and when I turned 65, my pension went down to approximately $750 per month! Of course, this means I cannot afford a drug that costs $1,000/month!
The cost for drugs, not only for seniors, has gotten too far out of line. Medicare Part D does not cover enough for many people. PLEASE do something about this situation.

It is so sad to find myself nearing the end of my life and worrying that maybe I might have to sell my home or end up on welfare. Of course, this would cost my government even more than covering the drugs!

Members of Congress who are elected by the people do not have to worry about things like that because not only will their medical and drug expenses by covered, but you also have a great retirement plan for the rest of your life. Congress needs to use common sense in making decisions that affect the majority of Americans.

*James R Felbab
Mukwonago, WI

I'm 71 and my spouse is 68 years old. I retired from Ameritech (AT&T) after 30 years of service. My AT&T paid drug plan via United Health Care was a sham. I was able to purchase all the prescription drugs the two of us need for $450 cash, mainly via Walmart $4 program or via a Canada. We use Canada for two drugs that are available as a generic but not here in the U.S. Through my insurance plan I'd have to pay over $1,300 a year for these same drugs so I just never use the plan.

This year AT&T has decided it no longer will provide us health care although they promised I would have it for life when I retired and instead have put some money into a Health Retirement Account where I need to sign up for insurance and submit the bills for reimbursement until the fund runs out.

I examined the plans and found that the premiums for the drug plan were $600 a year for the two of us. Under the insurance plan my total out of pocket cost for drugs would be over $2,100 for 2015. I can still buy these same drugs from Walmart and Canada for $450 so no longer have a drug plan. I can't afford to waste my limited retirement money so I pay cash and defer the drug insurance plan.

I realize that if I need more expensive drugs in the future and need to reapply for drug coverage I will pay a penalty forever. How long can forever be for a 72 year old? If I buy drug coverage I'll run out of money to live on so I buy where I can get the meds I need at the lowest cost. Why doesn't the government require this same cost shopping?

Another disturbing issue is that this drug coverage from UnitedHealthCare (AARP Medicare Complete) for us in Wisconsin is $600. If we lived in Florida the premium would be $0. The cost of the drugs to UHC is no different in my state so I fail to understand the cost difference. Since I don't live in FL and can't afford to waste my money I avoid drug insurance plans all together.

I found a free program called GoodRX that offers discounted drug benefits for free. Our insurance plans in the U.S. are a joke.

*Gary Patten
Wausau WI

One of my prescriptions is Benicar HCT. To purchase this in the U.S., I would pay $80.00 per month with insurance. Generic is not available in the U.S. I purchase the generic drug in Canada for $64.00 for three months. One of my wife’s prescriptions is Prempro. When she was able to get this drug in the U.S., it cost her over $80.00 per month with insurance. This is no longer available with our insurance. To pay cash, it costs $178.00 per month. She gets it in Canada for $84.00 for three months. This is a no brainer.

National Retiree Legislative Network (NRLN) – email: contact@nrln.org – toll free: 866-360-7197