



## Testimonies on the High Cost of Prescription Drugs

Bill Kadereit, President, National Retiree Legislative Network (NRLN) sent emails in 2015, 2016 and 2017 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 have experienced. The testimonies are organized by city and state where the retiree lives.

In 2017 several bills were introduced in the U.S. House of Representatives and the U.S. Senate that are supported by the NRLN and, if passed, would result in savings for Americans and in some cases also for Medicare. These bills have automatically carried over into 2018 and are pending in House committees. All the polls show that Americans believe addressing the high cost of prescription drugs is a priority. It is time for Representatives and Senators to get together to form a consensus on which bills to pass to best address skyrocketing drug costs.

The bills supported by the NRLN include: (+ indicates companion bills in House and Senate)

- H.R. 242+, Medicare Prescription Drug Price Negotiation Act of 2017
- H.R. 749+, Lower Drug Costs Through Competition Act
- H.R. 934, Personal Drug Importation Fairness Act of 2017
- H.R. 1245+, Affordable and Safe Prescription Drug Importation Act
- H.R. 1316, Prescription Drug Price Transparency Act
- H.R. 1480+, Safe and Affordable Drugs from Canada Act of 2017
- H.R. 1776+, Improving Access to Affordable Prescription Drugs Act
- H.R. 2051, FAST Generics Act of 2017
- H.R. 2212+, Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2017
- H.R. 4116, Transparent Drug Pricing Act of 2017
- H.R. 4117, Competitive Drugs Act of 2017
- H.R. 4138+, Medicare Drug Price Negotiations Act
  
- S. 41+, Medicare Prescription Drug Price Negotiation Act of 2017
- S. 92+, Safe and Affordable Drugs from Canada Act of 2017
- S. 124, Preserve Access to Affordable Generics Act
- S. 297+, Increasing Competition in Pharmaceuticals Act
- S. 469+, Affordable and Safe Prescription Drug Importation Act
- S. 771+, Improving Access to Affordable Prescription Drugs Act
- S. 974+, Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2017
- S. 1348, Stopping the Pharmaceutical Industry from Keeping Drugs Expensive (SPIKE) Act of 2017
- S. 1688, Empowering Medicare Seniors to Negotiate Drug Prices Act of 2017
- S. 2011+, Medicare Drug Price Negotiations Act

(The following testimonies with an asterisk (\*) indicate 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.

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**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.

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**\*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.

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**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.

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**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 **Ibuprophen** for \$8 and she bought the Pepcid off the shelf.

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**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!

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**\*Roger Atwood  
Surprise, AZ**

First of all, let me comment on our health care insurance costs because I think particularly our prescription insurance costs tend to reflect what is happening with drug prices.

We have had our Medicare Part D prescription insurance coverage through AARP and UnitedHealthCare. Those monthly premiums for my wife and I have been as follows:

For 2012 they were \$ 57.60	For 2016 they were \$102.60
For 2013 they were \$ 65.20	For 2017 they were \$142.60
For 2014 they were \$ 66.40	For 2018 they will be \$167.60
For 2015 they were \$ 80.20	

Over the 6 years since 2012 a whopping 190.97 % increase, or an average of 31.83% annually. And during the 4 years since 2014 the rates have skyrocketed 152.41% or an average annual increase of 38.10%. I doubt there is much else in our economy that has experienced this kind of price increase!

For the last several years I have taken **Eliquis**, a drug to help prevent blood clots. I buy a 90-day supply and take two 5 mg tablets each day. While I do not have as many years data on **Eliquis** prices, I do have some. And these prices are total cost, what United Health Care paid and my co-pay. Here is my recent purchase data:

January 2016	\$665.46	January 2017	\$1,100.72
March 2016	\$985.69	April 2017	\$1,100.72
June 2016	\$1,063.47	July 2017	\$1,100.72
September 2016	\$1,063.47	October 2017	\$1,567.28

Based on data supplied by my local and on-line pharmacies, over the course of 22 months **Eliquis** has increased in price by 135.52%. In the 1-year period, January 2016 to January 2017, the price of **Eliquis** increased 65.41%. From January 2017 until October 2017 the price increased another 42.39%. My most recent price quote as of today was \$1,576.37. I would be quite sure that it is drug price increases like this that contribute to the very significant increase in the cost of our Medicare Part D prescription drug insurance.

My October 2017 purchase of **Eliquis** equates to \$8.71 per pill or \$17.41 per day for me which I purchased from **OptumRx**, a U.S. based on-line pharmacy. I recently got on the internet and learned that Canada Pharmacy, a Canadian on-line company, advertises **Eliquis** for \$3.44 per pill or \$6.88 per day. Another on-line company, Canadian Pharmacy World advertises **Eliquis** for \$2.53 per pill or \$5.06 per day.

**Eliquis** is marketed by Bristol Myers Squibb, an American company. It makes no sense at all to me why I can purchase an American made drug from a company in Canada cheaper, substantially cheaper, than I can purchase the same product for in the United States. In my opinion this is just wrong, terribly wrong!

So, then I checked with UnitedHealthCare, the company that provides our Medicare Part D prescription insurance and, as you probably already know, drugs purchased from Canadian pharmacies are not covered by UnitedHealthCare.

Some other information about us you may be interested in is as follows. For 2018 the total monthly cost of our supplementary health insurance and prescription insurance will be \$639.48. For 2018 my Social Security net is \$1,876.80, my wife's is \$901.00. That means our supplemental health insurance and prescription insurance is

23.2% of our net Social Security. In addition to that, we pay a combined total of \$262.00 per month for Medicare. This means we are paying just over \$900.00 per month for insurance before any co-pays.

On a very related subject, I find it interesting that with the 2.0% cost of living increase in Social Security for 2018, my wife's increase was exactly offset by the 19.6% increase in her Medicare deduction, so her net Social Security remained exactly the same at \$901.00, the identical amount that it has been for the previous 3 years as well. It is hard to keep up when your Social Security net remains exactly the same 4 years in a row.

I fared a little better on this. The 2.0% cost of living increase for 2018 on my Social Security amounted to \$45.00 and my 19.6% increase in Medicare amounted to \$21.00, so my Medicare increase ate up 46.7% of my gross Social Security increase. Looking at it from a family perspective, our combined 2.0% gross Social Security cost of living increases amounted to \$66.00, the combined increases in our Medicare deductions amounted to \$43.00. So, 65.2% of our combined Social Security cost of living increases went to pay our Medicare increases. This certainly looks like another broken system to us.

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**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.

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**\*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 World that I've ordered from before I could get 90 tablets of the **Prevacid solutabs** 30 mg tablets for \$153.72 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 **Ursodiol**, 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.

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**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.

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**Sherilyn Gilmore,  
Imperial Beach CA**

I had been on kidney dialysis for 10 years and was taking several very expensive drugs to maintain my life. One in particular cost over \$1600 for a three-month supply. PHOSLO is a binder that works with dialysis. The other pill (SENSIPAR) for my parathyroid was also \$1400 for 90 days. My doctor found a few samples of each for me on several occasions to get me through. I was taking 3 30mg pills per day and got a 90-day supply. When we tried to get a 90 mg pill, Cigna would only authorize 45 days.

In February 2017, I received a kidney transplant and all my medication changed. Once again, I found myself needing 2 different drugs that were over \$1400 per month. K-PHOS NEUTRAL AND SENSIPAR. For the first 4 months of the year I was paying full price after the drug company, Cigna, paid its share. Then, I was in the donut-hole.

I was able to get a grant with TAF for the **Sensipar** (\$1654.51 for 30 days) to allow me to pay only \$10 per month in 2017. In April 2017 I had already passed the donut hole and was in catastrophic level. That helped the cost for me. After a transplant, I will be taking these medications for the rest of my life. My social security, which is my only income, will not be able to cover these drugs forever. I've had to dip into my retirement savings to pay for them.

We have now changed my prescriptions again because Cigna announced that in 2018 they will no longer even pay for 4 of my drugs, gave me substitutes for 2 of them and the other 2 are NO LONGER COVERED. The doctor stopped the K-PHOS NEUTRAL due to the cost. I've now gone 30 days without it and we will do 2 more labs to make sure I'm ok. We changed the blood pressure meds based on Cigna and for 2018 I now have to go to Walmart or Walgreens instead of CVS because of Cigna and their designation of Standard vs Preferred. They changed it two years ago and I didn't know until mid-2017.

Another more expensive pill is **Valcyte** (Valganciclovir Hydrochloride) for a virus I got from the donor of my kidney. This drug is \$1765.13 for 30 days. We stopped it once but the virus got stronger so I had to start back up again.

I take 9 different pills 4 times per day including my immo-suppressant which is paid by Medicare, thank goodness.

I am not allowed to use some of the "free" discount options such as Good Rx and National because the fine print says not allowable with Government programs (Medicare). Help!! I am drowning in medication costs.

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**Judy Earner  
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.

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**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.

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**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.

	Out of Pocket Costs	Total Drug Costs	
2014	\$5,355.00	\$22,430.00	Skipped refills this year
2013	\$6,055.00	\$32,533.00	
2012	\$5,880.00	\$29,633.00	
2011	\$5,269.00	\$29,220.00	
2010	\$5,417.00	N/A	
2009	\$4,956.00	N/A	
2008	\$4706.00	\$18,328.00	
2007	\$3842.00	\$13,027.00	

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 has 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.

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**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.

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**John deCastro  
San Francisco, CA**

My wife's **Eliquis** for her heart issue was no discount retail \$800 in 2016 for 90-day supply, \$1100 in 2017 and now **Eliquis** is \$1556 for 90-day supply in 2018.

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.

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**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.

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**Mary J Qualls, San Luis Obispo, CA**

Illness: microscopic colitis

Prescription drug treatment: Budesonide DR – 3mg capsules

Cost: Cash price: \$1468.99 for 90 capsules

Illness: Severe menopausal symptoms

Prescription drug treatment: Estradiol 0.025mg DIS

Cost: Cash price \$236.04 for a 90-day supply

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**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.

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**Robert Uradniecek  
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.

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**Janelle O’Keeffe**  
**Colorado Springs, CO**

New prescription **Lyriaca** - \$350 for one-month supply

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**Jim Crawley**  
**Parker, CO**

I am on Victoza for type II diabetes. It is a Class 3 drug and I get a 90-day supply from Humana. The first two cost \$131 each and the last one cost \$645 at 7/3/17. (Needless to say, I had to put it on a credit card.) I just ordered more and I have no idea what that will run but at least \$645. Can't do without it so there is no choice. Also, I have AFIB (Atrial Fibrillation, an abnormal heart rhythm) and am on **Xarelto** for that to the tune of \$329 at 5/31/17. I get free samples from the doctors for both otherwise it would be a real problem. The two totaled nearly \$2400 in 2016. Thus far in 2017 they total \$2381. We hit the donut hole halfway through the year. Between the two, it is 20% of our income monthly.

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**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 be 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.

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**\*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.

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**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:

2012----\$2,839.00  
2013----\$3,552.35  
2014----\$4,598.70

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.

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**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.

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**\*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.

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**Dean Mardis**  
**Jensen Beach, FL**

I'm a new diabetes II patient. I went to my local CVS to get Janumet, my prescribed drug to help control my sugar level. At the suggestion of my endocrinologist I asked for a 3-month prescription of the twice per day drug. The price was \$392.00 for a 3-month supply. This was a budget buster for me so I asked for a 1-month quantity. That price was \$192.00. There appears to be no logic to this pricing other than gouging for diabetes patients who also have high costs for other prescribed sugar level testing equipment, including test strips, meter lancets and sanitary wipes. The prices of these supplies are incredible for the retiree diabetic.

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**Carol Bartens**  
**Lakewood Ranch, FL**

I am a 76-year-old widow and retired operating room nurse. I have been on **Asacol HD** med for 6 years. I am also on other meds that cause me to fall into the donut hole early in the year. When that happens the meds prices go sky high. My **Asacol** med goes to \$1017.00 for a 3-month supply. Other meds also go to hundreds of \$\$\$\$\$. I think this is highway robbery. All my professional life I had excellent medical coverage which I rarely used, and now in my retirement I am force to pay these extreme prices. I hope this system can help do away with the donut hole for meds.

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**Thomas Kray**  
**Melbourne Beach, FL**

I take several drugs for Heart and Diabetes control.

One heart drug is Sotalol. This drug costs \$16+ one time and the next \$32+. it changes every 3 months from the same drug store. Thankfully, my doctor thankfully prescribes double dosage and I cut the pill in half, taking 1 tablet daily. I cannot figure out the pricing.

Another drug is Jardiance for Diabetes. This one brings me into the donut hole yearly. This year I was only a month short so the doctor gave me samples for 30 days. The weird thing is, if I didn't have any insurance, I could get this drug cheaper. I do not understand the math here either.

Using a major drug chain, the pricing should be more constant. I have called several different major outlets, all are different pricing. If I was one who had trouble paying I would certainly consider going out of the country.

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**John M Carlo**  
**Miromar Lakes, FL**

Over a year ago my insurance company would not pay for CRESTOR. I was required to change my prescription and it was changed by my doctor to ROSUVSTATION. My monthly cost for the prescription was \$24 which I had been paying for over two years. A month ago, the cost of the prescription increased to \$48 per month. This was a 100% percent increase in price for the prescription. Nothing should increase 100%.

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**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.

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**\*Jim Farrell,**  
**Orlando, FL**

Last April, I was advised by CVS, that I was due for a refill, on my prescription for **Eliquis**. (5 mg). When I called to refill, I was told that my 90-day prescription, which is taken twice daily, would cost \$750. I was shocked, because the last time I had it filled, the cost was \$60. I called my cardiologist, and asked if there was a generic replacement, or any other drug that I could take to treat my Atrial Fibrillation, an abnormal heart rhythm. She said no, but gave me a link to Canada Drug.com. and said that I could possibly receive a better price through them.

I ordered a refill through them, at a cost of \$250. At some point, during the next 90 days, in going through my wallet, I found a discount card in my wallet, that I had forgotten about. It was from **Eliquis**, and allowed me to get the same 90-day supply, for \$30. I now know that as long as I have this card, that I don't have to worry about being gouged, but now my concern is this; when the card expires, what will the cost be?

Yesterday I received a letter from Bristol-Myers Squibb, the manufacturer of **Eliquis**, telling me that my discount card will expire on 01/05/2018, and gives me a number to call to reactivate my card for two years. This is great, but my only question is this, at the end of the two years, will I no longer be eligible for the discount?

It's amazing to me that CVS was more than happy to charge me \$750 for a drug that I am now getting for \$60. If I were a millionaire, and wasn't worried about spending money, I probably would have just paid the \$750. I did learn a valuable lesson from this experience. If this ever happens again, for any of my prescriptions, I will be more diligent about going online to find discount coupons for the drug.

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**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 quantities 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**. 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.

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**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.

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**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?

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**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.

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**Bob Sherlock, Clive, IA**

On 2/4/2014 I purchased a 60 Gram tube of **Clobetasol Propionate** for \$20.07 after UnitedHealthCare paid \$29.92. Earlier this year I was advised that a refill of the prescription would cost me \$300.00 (List price \$500.00). I declined the offer.

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**Richard Salyer  
Anderson, IN**

This is what happened to my wife's prescription drug plan in one year - from 2017 to 2018. My wife takes **Risedronate Sodium** which is the generic for Actonel. She takes a 35 mg tablet once a week. Her Medicare Part D plan is First Health Part D Value Plus (PDP) from Coventry Health Care, an Aetna Company.

	<u>2017</u>	<u>2018</u>	<u>% Increase</u>
Plan Premium	\$39.60	\$56.30	42%
Drug Tier Level	2	4	
90-Day Supply	\$13.00	\$280.50	2057%
Yearly Drug Cost	\$52.00	\$1122.00	2057%
Yearly Plan Cost w/Rx	\$527.20	\$1797.60	241%
Social Security	\$\$\$	\$\$\$	0% net

My wife's 2% Social Security increase for 2018 was entirely used up by the increase in the increase in the Medicare Part B premiums; therefore, her net increase was 0%.

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**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!!!

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**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 UniedHealthCare (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.

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**Don Cote  
Geneva, IL**

In June 2015 I was diagnosed with Inflamed Colin 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.

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**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 **Nordisc** (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.

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**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".

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**\*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!

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**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.

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**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.

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**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.

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**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.

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**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.

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**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 amount to 8.5 % of my income for my wife and I.

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**Bernard Punte  
Columbia, MD**

**Econazole Nitrate** Cream 1% - February 2014 cost \$31.19; October 2015 cost \$279.99.

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**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.

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**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.

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**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.

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**Howard Baron  
Bloomfield Twp., MI**

My wife has MS. She is on medication, 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 gov't 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.

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**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 5<sup>th</sup>, 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.

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**Roberta Abbott  
Canton, MI**

I am a 71-year-old retired single female. My retirement income will never increase. I have a rare autoimmune, neurological disease. There is one drug, **Mestinon**, for the disease. I take the generic form of the drug. **Mestinon** is an old drug, and there have been no pharmaceutical revisions on it. I cannot function safely without this medication.

In the first quarter of 2017 I went to the pharmacy to refill my prescription (90-day supply). I was horrified to learn that UnitedHealthCare had raised the tier level of **Mestinon** by two tiers; therefore, raising my co-pay for a 90-day supply from \$48 to \$171 (a 300% increase). I was so upset I started to cry. The pharmacy graciously allowed me to purchase smaller amounts of the drug at a time.

I called the doctor's office to inform them of the raise in tier level by UnitedHealthCare. The office patient advocate offered to help me appeal a tier level exemption. I completed all the forms, provided all the necessary information, and the doctor signed everything. My appeal was denied. The patient advocate submitted the forms two more times, politely requesting a tier exception, mentioning that we had appealed three times. The response from United Healthcare was, "You can appeal as many times as you want, nothing is going to change."

Now I can only afford to buy 10 days of my medicine at a time.

I realize that this situation is not a pharmaceutical company situation, but the healthcare companies are also complicit in the rising costs of healthcare.

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**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.

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**\*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.

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**John Bird  
Crystal, MI**

I have COPD. Today I picked up my 90-day supply of **Advair** 250-50 Mcg/Dose Aer Glax. The bill was a stunning \$405.92.

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**\*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?

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**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 fld.) 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.

///

**Gerald Houthoofd  
Macomb MI**

**Nifedipine** for blood pressure from \$3.00 for 3-month supply to \$27.03 for 1 month.

**Potassium Citrate** for kidney stones from \$7.50 for 3-month supply to \$85.00 for 1 month.

**Venlafaxine** for depression from \$17.50 for 3-month supply to \$47.00 for 1 month.

**Cobetasol Propionate** Cream used for skin problems \$75.00 for a small tube.

Name Brands are very expensive such as **Viibryd** for depression is \$187.00 per month.

///

**\*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.

///

**\*Rusi J. Tavadia  
Novi, MI**

During the 2017 winter, I had bad nagging cough. In my own case, the only effective medicine to cure the cough is called **Tussionex** cough syrup, which contains hydrocodone. Several years ago, this syrup was costing \$35, which went up to \$75 and then last winter the price jumped to \$485. The reason for the cost increase is it contains control substance according to the pharmacist.

So, I enquired about its price in Canada. The price ranged from \$25 to \$75 in Canada. I found the doctor in Windsor, across the border, who checked me and prescribed the medication. It cost me Canadian \$40, (US \$29.63). No excuse for the manufacturer to charge \$485. I call it price gouging.

///

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.

///

**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 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.

///

**Rick Lynn**  
**Shelby Twp., MI**

I take seven different medications most related to type II diabetes. I buy a Medicare Part D insurance plan but the high cost of insulin pushes me into the donut hole insurance gap pretty quick. Once in that gap this Lantus insulin pen for a 3-month supply is approximately \$650 co-pay...other brands as high as \$800. That co-pay represents 35% of retail making the retail price on Lantus Insulin pens (15) \$1,875.00. Under my insurance I pay less than \$100 in the first and second quarters but the third and fourth quarters are approximately a total of \$1,200 for my co pay just for this one medicine. This is the most expensive drug I take but the other six drugs, while reasonable under the insurance, cost me an additional \$250 each for a 3-month supply in the gap. So, in addition to my \$65 monthly insurance premium my co pays for the third and fourth quarters are \$1,700.

The pens are a convenient delivery system and a little more expensive so I checked into bulk vials where I would draw off with a needle syringe. The cost saving was minimal and not worth the more complicated delivery system which a lay person could screw up. Someone gave me a phone number of a Canadian pharmacy and they quoted me \$489 retail for the same 3-month supply my insurance company says costs \$1,875.00 retail. Of course, my insurance company wants the retail to be higher because they charge me 35% of retail. I don't know what they really pay for it. I don't know if I'm being taken advantage of or if I buy from Canada that I can count on getting what I pay for.

///

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**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.

///

**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 dough-nut hole in Aug./Sept., a major financial problem to confront each year.

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**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!!!

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**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.

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**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.

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**Phyllis Huddleston**  
**St. Louis, MO**

I am a retiree on a fixed income – roughly a gross income of \$2,300 a month before taxes.

I am a type II diabetic. Generic medications do not work efficiently to control my blood sugar. So, I have to take **Victoza**. The "retail cost" is \$994 per month. My cost is about \$450 per month and by April I am in the "donut hole" because of the cost of the other medications I take along with **Victoza**. I do get a "break" by getting a 90-day supply of most of my medications, except for the Victoza because the Medicare Part D plan only covers it one month at a time. In 2016 the "retail cost" was only \$774 a month instead of \$994.

I don't get out of the "donut hole" until around November each year. My prescription drug costs are about \$500 per month out of pocket expense. My medical insurance costs me \$366 (including Medicare, a Medigap supplement, and the Medicare Part D plan). My total medical expenses are \$866 a month or 37% of my income.

**Victoza** has been on the market for several years. The cost should now be equal to a generic instead of the extremely high BRAND NAME cost. There have been times when I skipped taking the Victoza because I could not afford it along with other medical copays for the month.

Tell Congress to put a "cap" on prescription prices for seniors/retirees at 10% of total income so that we don't have to make a choice between taking needed medications or buying food. The bigger the drug companies

get, the more they "control" what we are allowed to take as the Formulary keeps getting smaller each year.

If drug stores, such as CVS are allowed to buy the insurance companies (i.e. Aetna), that monopoly will get even more restrictive and give doctors LESS flexibility to prescribe medications that are needed instead of the ones drug companies "allow" due to bigger profits.

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**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!

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**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.

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**Don Kramer  
Omaha, NE**

I take a drug (**Uloric**) for gout, it is a formulary with no generic substitute! The price has gone up 125% in the past five years, from \$50.00 to \$112.50 for a 90-day supply!

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**Doug McIlroy  
Etna, NH**

Subsidizing foreign drug sales is a telling point, and "gouging" is just the right word. I have been incensed by the price jump for one century-old drug that I take (digoxin), which increased overnight from \$10 to \$100 for a 90-day supply. I really feel for people who see the same thing or worse happen with expensive drugs.

**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.

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**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.

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**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 years. 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.

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**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 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.

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**Donna Campbell**  
**Putnam Station, NY**

I take **Evista** for osteoporosis and although some of the cost is covered by my Medicare Part D plan my copay went from \$85 (90-day supply) to \$115 for a 35% increase in payment costs.

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**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.

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**\*Patrick Ferriter  
Rochester, NY**

Around 10 years ago I started using "ELIDEL" cream, 1%, manufactured by VALEANT.

I paid \$65 for 30mg. The insurance company paid \$29. This was the price until about 4 years ago, when I had to pay \$90. Then, in 2016 I had to pay \$243. I don't know what the insurance company paid on this one. Almost a 300% increase in price. Now, in 2018, the insurance company is NOT covering ELIDEL at all.

I contacted the "North Drug Store", in Toronto, Canada - it will sell me ELIDEL for \$72, plus \$10 shipping. VALEANT and all the other pharmaceutical companies are gouging the American public up one side and down the other. And the U.S. congress is enabling it - check out the \$9 million pharma contributes to congressional campaigns.

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**Kin K. Lum,  
Webster, NY**

A few years ago, my eye doctor told me my eye pressure was high and may lead to glaucoma. I was treated with one eye drop and increased to two eye drops. They are generic drugs which are not expensive, around \$40 a month. They did lower my eye pressure but my doctor said I may be allergic to the preservatives causing damage to the surface of the cornea. So, he replaced the eye drops to **Zioptan** which started at \$85 a month then increased to \$100 and the last time at \$112. When I got my refill, I will have to pay \$190.

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**\*Joe Wichtowski  
Wilmington, NY**

I retired from Xerox in 1995. Xerox has no benefits for retirees. My wife and I are Medicare Advantage members of a Today's Option PFFS insurance plan.

In 1996 I was diagnosed with Atrial Fibrillation, an abnormal heart rhythm. After two years of various treatments the cardiologists settled on a regimen of two drugs to control rhythm and rate. I have been taking **Diltiazem** (180mg) and **Nadolol** (40mg) daily since 1998. The combination has been remarkably successful as I have been symptom free for the past 18 years.

Both drugs had been generic for many years prior to 1998. As a generic, each drug cost \$12-15 for a 90-day supply. Starting in 2015, **Diltiazem** became a Tier 3 "preferred brand drug" with a copay of \$87.50 and **Nadolol** a Tier 4 "non-preferred brand drug" with a copay of \$187.50 for 90-day supply. Additionally, the amount that the insurance company pays for the two drugs contributes an additional \$1,100 quarterly "out-of-pocket" towards my donut-hole.

I do not plan to skip doses or discontinue the medications that have been working so well for me. But it is a definite strain on a fixed income budget (with no meaningful Social Security increase!). I imagine that thousands of retirees are taking these drugs and that some may consider skipping or discontinuing dosages to make ends meet. Research I did indicates that disruption of dosages of, in particular, **Nadolol**, may cause a severe heart attack resulting in death.

**Nadolol** is available in Canada; I am still looking for correct dosage of **Diltiazem**. The on-line company CanadaDrugs.com <https://www.canadadrugs.com> offers 90 tablets of **Nadolol** for \$52.20 (U.S.), a

considerable savings. And there is no out-of-pocket contribution to the donut hole! I plan to use this online company for my next order.

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**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 manufactures 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.

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**Judy DiNardo  
Stow, OH**

I have osteoporosis and my doctor recommended having Prolia shots twice a year. The copay for the first shot was \$100, which I thought was incredibly high. The next year it was \$200 and last year it was \$300. I was able to get financial help to pay for the injections once or twice, but the last time I applied I was turned down. I think it's crazy for insurance and pharmacy companies to be so short-sighted. If I break a hip, how much will it cost them in hospital and rehab expenses!

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**James Davis  
Bethany, OK**

One of the older prescription drugs for gout, Colchicine, just two or three years ago cost about \$10 for 30 tablets. Then a drug company bought the patent, renamed the drug, **Colcrys Mitigare** and is \$236.00 for 30 tablets.

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**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.

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**Sue Brittain  
Prineville, OR**

I have Humana Drug Insurance & have for the past 10 years received a prescription for Potassium liquid from them for zero costs (other than my monthly premium). It was a tier 1 but within the last few months was changed to tier 4 and would have cost me over \$500 for a 3-month supply! I had to resort to taking it in pill form which is very difficult for me to swallow. I couldn't get a truthful answer why this change took place.

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**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.

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**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.

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**Thomas Hurford, Garnet Valley, PA**

I have gone into the donut hole each August for the last two years. The main driver is Januvia at \$500 per quarter. I switched RX plans for 2018 and expect an estimated \$1350 per year savings in drug costs.

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**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?

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**Richard Canciello  
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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**Doug McNelly**  
**Benton, TN**

My doctor determined, before I retired, that I was suffering from Benign Prostatic Hyperplasia (BPH), a common, noncancerous enlargement of the prostate gland. We tried the usual drugs, but I could not tolerate the side effects of these drugs which were, for the most part ineffectual. My doctor took an alternative route and prescribed the 5mg dose of Cialis which worked very well with no side effects. All was well until I retired and went on Medicare Part D. The Federal Drug Agency has determined that Cialis is approved to treat Erectile Dysfunction (ED) and symptoms of BPH (5 mg)."

Since Medicare Part D does not recognize Cialis as an approved BPH drug, I am forced to pay the normal rate which is VERY expensive!!! (90-day supply of 5mg Cialis is approx. \$340). Cialis was to have gone "generic" later this year, but the Cialis producer has somehow managed to negotiate for a year's extension before it goes "generic". I am not sure how the this could be done legally (I guess the lobbyists are paying good).

I have discussed this with one of my elected Senator's aides (the Senator happens to be the Chairman of the Senate Subcommittee on Health). I left the meeting with sympathy and no corrective action plan.

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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.

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**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 co-pays now with insurance. I am not taking the **Cialis** despite the doctor's advice because I cannot afford it. I think someday 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.

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**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 1<sup>st</sup> 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.

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**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.

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**\*Donnetta Mitchell  
Salt Lake City, UT**

President Trump made a major issue on prescription drug costs during his campaign, but this area seems to have evaporated or has not received any attention since. HHS already has the authority to allow importation of drugs from Canada. No Congressional action is needed. Medicare should be allowed to negotiate drug prices as the VA does. Also, payoffs to generic manufacturer by brand name drug companies in any form should be made illegal. Congress should to take action on this.

Here is some real-life information on how the cost of medications is impacting us "regular" people. Please help!

A friend has a heart problem and takes approximately six prescription drugs for her condition each day. Listed below are the heart medications she takes along with the monthly cost of the drug without insurance, the cost of the drug with her insurance, and the cost of the exact same medication were she to buy it in Mexico. When you consider that the drugs sold in Mexico are the same exact formula and quality of those sold in the United States and are usually manufactured by U.S. companies such as Pfizer, it is reprehensible how much more a U.S. citizen must pay than a Mexican citizen pays for the same prescriptions.

Name of Drug	Cost in U.S. without insurance	Cost in the U.S. with insurance	Cost in Mexico
<b>Eliquis</b>	\$477.00 a month	\$187.00 a month	\$66.00 a month
<b>Metoprol</b>	\$168.68	\$ 63.18	\$ 9.14
<b>Tambocor (Flecainide)</b>	\$167.22	\$ 67.06	\$55.62
<b>Venlafaxine ER</b>	\$268.56	\$ 45.00	\$ 3.78
<b>Norvasc</b>	\$ 68.65	\$ 25.00	\$ 3.22
<b>Lisinopril</b>	\$ 30.30	\$ 25.00	\$22.00
<b>TOTAL</b>	<b>\$1180.41</b>	<b>\$412.24</b>	<b>\$159.76</b>

It's important to keep in mind that these are not the only drugs my friend takes, just the ones for her heart condition. High as the cost is with her insurance, the cost for her drugs when she goes into the "donut hole" (after April each year) is staggering. Doing some simple math, one can see that her drugs cost \$1,180.41 a month without insurance, \$412.24 a month with insurance, and were she to buy these drugs in Mexico they would cost \$159.76 a month!

If my friend were to stay on the same insurance she is currently on and were her prescriptions to remain the same, she would save \$9,175.12 a year were she able to buy her drugs in Mexico after "going into the donut hole." That figure was obtained as follows: for four months her drugs are covered by insurance at a cost of \$412 a month for a total of \$1,648.96. The remaining eight months must be paid out of pocket at a cost of \$1180.41 a month for a total of \$9443.28. Adding the cost of her drugs covered by insurance, \$1,648.96, to the out-of-pocket cost of heart medications she pays, \$11,092.24, one can see that my friend pays a total of \$11,092.24 in a year's time just for heart medications). Even without insurance, my friend could buy her 12-month supply of heart medications for \$1,917, instead of the \$11,093.24 she currently pays.

President Trump inspired us to believe that he will work for the people and not the lobbyists for the drug and insurance companies. We urge Congress to pass the Safe and Affordable Drugs from Canada Act of 2017 (S. 92 and H.R. 1480). I also strongly urge Congress to require that Medicare negotiate prices with the drug companies to lower these out-of-control costs.

These are actions that can help to "Make America Great".

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**\*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.

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**\*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.

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**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.

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**Frank Peto**  
**Des Moines, WA**

Last year my wife spent \$2831.00 for one drug, **Forteo**. The first prescription cost \$1615.69 for a 28-day supply. We have a drug plan through Humana, we are paying for each month. She paid out of pocket for 6 other drugs. I am also taking 8 drugs costing 115.00 for a 3-month supply for one drug, **Travatan Z**, for my eyes.

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**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.

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**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.

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**\*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.Com", 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.Com" for about \$17 or \$204/year.

I also help other folks purchase drugs thru "CanadaDrugCenter.Com". Recently my cousin came to me for help and he was able to get 6 expensive drugs thru "CanadaDrugCenter.Com" 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.Com for about \$50.

CanadaDrugCenter.Com 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 company's website, copy the web address or URL, go back to "CanadaDrugCenter.Com" 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.

In 2018, the drug **Desipramine** hcl has gone from a tier 2 drug with a copay of \$3.00 per month to a tier 4 drug with a \$405 deductible amount and a copay of \$41.00 per month after the deductible. The drug cost is \$145 per month. I get generic **Crestor** from Canada for about \$41 for 90 pills. In the USA it is \$87.00.

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**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 naiveté 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 be 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.

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**\*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 I 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.

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**\*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.

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