



Testimonies on the High Cost of Prescription Drugs

NRLN President Bill Kadereit sent an email on Jan. 16, 2015 to NRLN members asking them to provide their personal stories on the high cost of prescription drugs. The following are their testimonies on what they are experiencing. The testimonies are organized by city and state where the retiree lives.

To address the high cost of prescription drugs, the NRLN is advocating Senate passage of the **Safe and Affordable Drugs from Canada Act (S. 122)** that would allow individuals to import safe prescription drugs from Canada. The NRLN also supports Senate passage of the **Medicare Prescription Drug Price Negotiation Act (S. 31)** that would empower Medicare to negotiate for the best possible price of prescription medications for America's seniors who are enrolled in Medicare Part D. Companion bills need to be introduced in the House of Representatives.

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

George S. Orlich **New Market, AL**

Let me explain the condition with which I am to live during my retirement.

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

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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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***Frank Heinisch
Brentwood, CA**

I don't know exactly how much drugs have increased but my wife is usually in the donut by mid-year and 2014, I was in it by fall. Our out of pocket prescription drug costs in 2014 was \$4,872. Often, when we are in the donut hole, we get our drugs from Canada, when they are significantly cheaper and available.

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**Lynn Anthony
Elk Grove, CA**

Most of our health costs come from prescription drugs. 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. Plavix use to cost \$90 for 3-month supply until it went up this year.

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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	\$4,706.00	\$18,328.00	
2007	\$3,842.00	\$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 have gone from \$12.86 in 2014 to \$56.00 in 2015 for a 90-day supply. I know it may not seem like a lot, but the percent increase shows what is happening.

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**Sidney W. Eisenberg
Rowland Heights, CA**

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

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

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

Cost increases of this magnitude are difficult to comprehend / rationalize - especially in a low inflation economy when you are on a fixed income. Big Pharma has become far too greedy - attempting to suck up Medicare Part D coverage money, and more.

Although the drug Tier and my Rx plan co-pay for Balsalazide did not change, the enormous cost increase for this one generic prescription alone will drive my Rx spending into the infamous "donut hole" this calendar year.

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

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

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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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**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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**John deCastro
San Francisco, CA**

My prescription drug plan charges me \$136.87 per month for Advair. Due to the cost I only use it when I am experiencing severe breathing problems for one to two months. I then go off it until the next serious incident. My doctor doesn't like it but he understands and gives me a few 7-day sample packs. The website on my plan says "Sorry, there are no covered formulary alternatives available for this drug (Advair).

I find myself using more Albuterol to avoid having to use Advair. But that has even gotten expensive since the CFCs were removed from it in 2009 and the drug companies got a new patent (I guess) so now there is no generic equivalent which has been available for many years. Each name brand Proair or Ventolin inhaler costs \$45 at the drugstore or \$90 for 3 from mail order. They used to cost \$10 each or \$20 for 3 from the mail order.

My doctor recently recommended a new product to replace my generic Flonase (\$10) to keep my nasal polyps under control to avoid an expensive nasal surgery which I have had 3 times. He recommended Nasonex (\$140 per month) and Dymista (\$152). When the polyps grow back which they have in the past my only option is an expensive surgery.

There should be coordination between Medical and Drug Plans to do what is best for the patient. Nasal Surgery can be dangerous since the operation is only a few millimeters from the brain. My drug plan is from Express Scripts and my medical plan is from UnitedHealthCare.

Spending thousands of dollars a year for drugs that enable me to breathe was not in my retirement planning. I see these ads that say if you can't afford your drugs XYZ Drug Company can help. Yeah right only if it does not impact executive bonuses and perks.

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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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**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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Vinny Piazza
Gainesville, FL

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. When she is in the donut hole, Maltaq cost \$982.85 for three month's supply, two pills per day. The second medicine is Nisoldipine cost \$570.98 for three month's supply, one pill per day. The third medicine is Diovan cost \$578.95 for a three month's 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. She has not reached the catastrophic coverage payment stage.

She was on a cholesterol lowering medicine last year but decided to go off of it (too expensive). With the prices of medicine going up, the donut hole needs to be raised. Besides my wife being in the donut hole at six months, I'm in it at nine months. The golden years are not so golden any more. I'm a little too old to be looking for a job.

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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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Gerald R Williams Sr.
Orlando, FL

My wife, Martha, 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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Sandra Stephens
Darien, GA

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

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

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Joel Gosdin
Fayette County, GA

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

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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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**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 seems 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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**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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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, though, will turn 65 in March 2015 and she will be going 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 5th, 2015 I ordered her insulin. I was called by Cigna and told that one of them was an actual cost of \$4,200.00 and my co-pay was \$1,100.00. They said that this one insulin alone put me into the prescription drug "donut hole". All of the rest of her medicines and other insulin would have to be paid at the 50% rate.

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

We already lost her pension. The company I retired from cancelled my benefits. My healthcare plan from AARP and my prescription plan from Cigna all raised their rates this year as well as the previous 4 years in a row.

I am a typical middle class retiree. Congress needs to understand that me and people like me can't take much more.

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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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***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.

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Chris Bickes
Onkama, MI

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

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

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***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.

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**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 will increase in 2015 because I will be 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 will be \$504 per month averaging in the 10-month cost of \$404 per month in 2014. This equates to 32% of my monthly fixed income.

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***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. I'm 63 years old, retired from General Motors, live in Saginaw, Michigan.

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**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.

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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.

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**Glenn Franco
Whitmore Lake, MI**

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

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

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

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

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

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

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**Phil Laursen
Brewster, MN**

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

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**Ron McLeod
Edina, MN.**

When I was first given a prescription for Crestor which lowers cholesterol, I went to my pharmacy to get a 30-day supply to try. I developed side effects from all the rest of the cholesterol drugs so I was asked to try this

one. The pharmacy announced my prescription was ready and then told me that it would be \$150, I told them to take it back because I could not afford that.

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

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

Generics like Lipitor can be had a lot cheaper if they worked, but extending the patent to make more money seems to be the way these drug companies handle things. They make more money while other countries get Crestor much cheaper because they manufacture generic versions.

Canadian pharmacies list 90 day supplies of Crestor non-generic as low as \$66 for a 90-day supply.

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**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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**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 & 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 Hamalog in 2014 went from \$75 in March, to \$641.76 in June, to \$847.00 in October.

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**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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**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 Barter's Syndrome which is very rare.

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

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**Marjorie E. Remland
Lincoln Park, NJ**

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

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

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**Ingrid E. Callender
Brooklyn, NY**

I retired in 1999 at age 54 from Lucent Technologies (now Alcatel-Lucent). I was fortunate to gain employment at a construction firm for the next 13 years and retired in 2012 with benefits from Local #3 of the IBEW. My

Medicare supplemental insurance included my prescription plan and I never spent more than \$565.00 annually for all of my meds with no deductibles.

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

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

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Stephen DiGirolamo
Hicksville, NY

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

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

I have always done my part of using generic drugs to keep cost down but, frankly even some of the generic drugs have become very costly. This past summer I contracted Poison Ivy and was prescribed a medication from my Doctor. When I filled the script from my local CVS who my provider used it cost me over \$60.00 for a small tube of the medication. The medication prescribed did not work and I had to go back to the Doctor and receive a new script that cost me nearly \$120.00. Both of these scripts were generic.

Clearly this was and is getting way out of hand. I have in the past told my script provider that I cannot afford medications like Nadolol and that I would stop taking my medication if the prices continue to go up as Nadolol had gone up. Frankly I was told that I should never stop taking my drugs but that there was nothing in place by the Government that would stop the manufacturers of drugs from raising their pricing to whatever they want. Not a good answer in my opinion.

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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.

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Connie Steving
Pittsford, NY

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

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

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

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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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**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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**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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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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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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Richard E. Bull
Plano, TX

I take a drug called Spiriva Inhaler for COPD which was around \$225.00 for a 90-day supply four or five years ago and has edged up to \$750.00 for that same 90-day supply which puts me in the donut hole. This means I have to cancel the last prescription of the year since I can't afford their \$750.00 price. They say that it is because the manufacture has to recoup their R&D expenses this product was developed several years ago and I hardly think their R&D is an ongoing expense to that extent.

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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**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.

I suppose it could be just a coincidence but the drastic rise in price seemed to coincide with the adoption of the ACA?

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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**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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***Bill Simmons
Janesville, WI**

Last year I began taking care of my 80-year-old sister and ordering prescription drugs for her. She lives in a nursing home on low income. My sister has a condition called pulmonary fibrosis. It requires a drug inhaler by the name of Spiriva. When I ordered the drug for the first time through a regular pharmacist in the USA, I found that the price for 30-day supply was \$279. I knew that with the other drugs my sister required she would be in the donut hole by June if she continued to order Spiriva through USA pharmacies. With that in mind, I did a search through Canadian drug sources and found that I could obtain 90-day supply of Spiriva generic for about

\$42 from a Canadian certified (CIPA) drug supplier. Fortunately, we live in Wisconsin, where drugs can be imported from Canada through certified drug suppliers by state law.

I also find it necessary to order generic Crestor 10 mg through Canada for my wife at a cost of about \$39 for a 90-day supply vs. USA suppliers cost of about \$540. I have also been faced with exorbitant increases in the cost of drugs in the period of the contract year for Medicare Part D suppliers. In a case a few years ago a 90-day supply of 50 mg pills of Desipramine hydrochloride, went from a cost of \$90 in May of 2012 to \$270 by August of 2012. Likewise, the drug Tramadol, 50 mg four per day, went from \$10 for a 90-day supply to about \$50 in 2014.

These exorbitant prices in the USA are greatly taxing low income senior citizens. Improved control over drug company pricing, competitive bidding, halting the pay-for-delay on generic substitutes, and nationally allowing drug importation from safe sources is absolutely necessary for the health and welfare of our senior citizens.

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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 United Health Care (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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