



Drug Pricing Overview *117th Congress*



the campaign for
SUSTAINABLE Rx PRICING



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Dear Member of Congress,

On behalf of the Campaign for Sustainable Rx Pricing (CSRxP), a nonpartisan coalition of physicians, nurses, hospitals, consumers, health plans, PBMs, pharmacists, patient advocates and businesses committed to lowering drug prices, congratulations on being elected to represent your constituents in the 117th Congress. Our organization believes no one should ever have to choose between paying for basic necessities and taking the medications that will improve their health – or even save their life. That's why we are eager to work with you to advance market-based solutions that will improve the lives of people in your community and across the country.

As you know, out-of-control drug prices are one of the biggest challenges facing our nation today. Before the COVID-19 pandemic, more than 58 million Americans struggled to afford their prescription drugs. Now, the economic impact of the crisis continues to leave millions of American workers, families and seniors struggling just to stay afloat. **Meanwhile, prescription drug prices continue to rise,** making it harder and harder for American patients to afford their medications at the most challenging of moments: in the midst of America's battle against the pandemic.

In fact, Big Pharma hiked prescription drug prices at the height of the pandemic, increasing prices on at least 67 brand name drugs in July 2020 – while receiving billions in taxpayer funding for research and development for potential COVID-19 treatments and cures. Since 2014, prescription drug prices have risen 33 percent – or 20 times faster than the rate of inflation.

As the number of families who are forced to choose between paying for a prescription drug and paying for other basic necessities continues to grow, the pharmaceutical industry is thriving. In fact, 10 of the largest Big Pharma companies reported expectation-busting earnings for the third quarter of 2020 after hiking prices on American patients earlier this year. At the same time **Big Pharma invests boldly in profits and advertising – not R&D.** Recently, Big Pharma sought to capitalize on more Americans watching television during social distancing by boosting their advertising. The 10 largest drug companies spent a whopping \$183 million in national TV ads in April.

Big Pharma is able to repeatedly hike prices by undermining competition and avoiding accountability. Greater competition and transparency is needed to drive down the price of prescription drugs. For example, brand name drug makers are creating patent estates to protect their monopolies and keep more affordable biosimilars and generics off the market – one of the industry's several anti-competitive strategies that prioritizes profits over patients.

It's no wonder out-of-control drug prices were a top issue on the campaign trail. A poll commissioned by CSRxP and conducted by Morning Consult, found **90 percent of American voters viewed prescription drug prices as "very important" or "somewhat important" among every issue confronting Americans headed into the 2020 election.**

With House Speaker Pelosi, President Biden, Senate Majority Leader Schumer and a large number of lawmakers in both chambers and in both parties voicing support for lowering drug prices, Members of Congress have a rare opportunity to convert their campaign promises into substantive bipartisan action, upending the status quo with reforms that hold drug companies accountable and deliver relief for American patients.

The 116th Congress took several positive steps, including **Medicare "Donut-Hole" reform** to make Big Pharma pay more of their fair share, passage of the **CREATES act** to crack down on one of the drug industry's most common anti-competitive tactics and support for **generic and biosimilar competition in the U.S.-Mexico-Canada Agreement (USMCA)**.

This is positive progress, but there is much more work to be done. That's why we wanted to provide you with a resource that further explains why drug prices have become so out-of-control and what lawmakers can do to reverse this trend and dramatically improve the lives of patients in their districts through:

- 1 aggressive oversight of drug makers and**
- 2 bipartisan, market-based reforms that boost competition, strengthen transparency and encourage innovation.**

If you or your staff need additional resources, please don't hesitate to reach out to our team at laronson@mc-dc.com.

CSRxP looks forward to working with you to tackle this important issue and make prescription drugs more affordable for all Americans.

Sincerely,

Lauren Aronson

Lauren Aronson
Executive Director
Campaign for Sustainable Rx Pricing



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SUSTAINABLE Rx PRICING



About CSRxP

WHO WE ARE

The Campaign for Sustainable Rx Pricing (CSRxP) is a broad-based coalition of leaders – physicians, nurses, hospitals, consumers, health plans, PBMs, pharmacists and businesses – promoting bipartisan, market-based solutions to lower drug prices in America.

OUR MISSION

To make prescription drugs more affordable for all Americans. CSRxP advocates for bipartisan solutions that hold pharmaceutical companies accountable for out-of-control drug prices and provide more affordable choices for patients. We believe in market-based reforms that address the underlying causes of high drug prices in the U.S. through increased transparency, competition and value.



EXPERTS AVAILABLE TO YOU

Our CSRxP leadership team is always available to provide additional background or speak on the issue.

- **Lauren Aronson**, CSRxP Executive Director, laronson@mc-dc.com
- **CSRxP Communications Team**, CSRxP@CSRxP.org

WHERE YOU CAN LEARN MORE

To learn more about the Campaign for Sustainable Rx Pricing (CSRxP) and our proposals to change the drug pricing market, visit www.csrxp.org and www.csrxp.org/commitment.

Sign up to receive our weekly newsletter to learn about the biggest developments each week on the rising prescription drug crisis at www.csrxp.org/contact.

For real-time updates, follow CSRxP on:



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CSRxP Membership





Out-Of-Control Rx Prices: Defining the Problem

Every American deserves access to affordable medicine. Unfortunately, out-of-control drug prices prevent many families from getting the medicines they need. No one should ever have to choose between paying for necessities and taking the medicine that will improve their health – or even save their life.

While pharmaceutical companies make life-saving treatments and cures, it does not give them the right to price gouge hardworking families to pad their own bottom lines. Over the past five years, brand name drug prices have increased at 10 times the rate of inflation – creating a health crisis that leaves 58 million Americans unable to afford the medications they need. Despite immense public scrutiny, pharmaceutical companies continue to prioritize profits over people. In 2020 alone, over 100 companies raised the prices of over 1,000 brand name medications. That's because, for decades, America's prescription drug system has lacked the competition and transparency needed to drive down the price of prescription drugs.

For example, while generic and biosimilar drugs offer many patients affordable alternatives to expensive name-brand medications, federal laws that exist today give drug companies monopoly market power and allow for exclusivity patents that last for decades.

Often, pharmaceutical companies work to further extend these patents for trivial updates, such as pill color and packaging, simply for the purpose of minimizing generic drug competition – forcing patients to resort to name-brand drugs they may not be able to afford or, worse, forcing patients to forgo the treatment they need altogether. In fact, one recent study found that without action, the anti-competitive nature of the biologic drug marketplace alone will cost American patients and taxpayers an additional \$30 billion by 2029.

Moreover, pharmaceutical companies are not required to be transparent about how and why they set or increase their list prices on medicines families need. Every person deserves the right to know about all of their health care options and how much drugs cost.

The unsustainable price of prescription drugs not only puts pressure on the health care system, but increasingly patients, employers and providers are paying prices that are too high.

By The Numbers



1,000+ price increases: Big Pharma has increased prices more than 1,000 times in 2020, including this summer at the height of the public health crisis. ("Get The Facts On Brand-Drug Price Changes," 46brooklyn, 6/17/20; Tori Marsh, "Live Updates: July 2020 Drug Price Increases," GoodRx, 8/3/20)



58 million Americans reported not being able to afford their needed medications in a 12-month period. (Dan Witters, "Millions In U.S. Lost Someone Who Couldn't Afford Treatment," Gallup, 11/12/19)



90 percent of Americans say lowering prescription drug prices should be a priority for Congress. ("Rising Prices Of Prescription Drugs" Morning Consult for CSRxP, 6/20)



20 times: Since 2014, prescription drug prices have risen 33 percent — or 20 times faster than the rate of inflation. (Tori Marsh, "Prices For Prescription Drugs Rise Faster Than Prices For Any Other Medical Good Or Service," GoodRx, 9/17/20)



381 percent: The amount the median monthly price of new brand-name drugs have increased since 2006. (Bob Herman, "New Drugs Are Launching With Ever-Higher Prices," Axios, 10/16/19)



Over \$125 million: Big Pharma spent over \$125 million lobbying lawmakers in 2020. ("Pharmaceutical Manufacturing: Lobbying, 2020," Center for Responsive Politics, Accessed 11/18/20)



84 percent of American voters agree that policymakers must ensure coronavirus medications are affordable. ("Rising Prices Of Prescription Drugs" Morning Consult for CSRxP, 6/20)



2 times: Big Pharma invests more than 2x in corporate overhead, advertising and profits than they spend in R&D. ("Big Pharma: Investing Boldly In Advertising And Profits, Not R&D," GlobalData for CSRxP, 5/10/19)



\$30 billion: Without action from policy-makers to hold drug companies accountable, Big Pharma's biologic drug marketplace will cost American patients more than \$30 billion between 2015-2029. (Avik Roy, "The Growing Power Of Biotech Monopolies Threatens Affordable Care," FREOPP, 9/15/20)

Examples of Out-of-Control Drug Prices

Since 2005, the price of Revlimid has more than tripled. And, by abusing the patent system, Revlimid is estimated to cost the U.S. health care system more than \$45 billion through 2025.

(Staff Report, "Drug Pricing Investigation: Celgene And Bristol Myers Squibb – Revlimid," U.S. House Committee On Oversight And Reform, 9/30/20)

Since Acquiring Enbrel, Amgen Has Raised Its Price 27 Times, Including By Nearly 30% Within One Year. Amgen Also Has Raised The Price Of Sensipar More Than 20 Times Since Launching The Drug.

(Staff Report, "Drug Pricing Investigation: Amgen – Enbrel And Sensipar," U.S. House Committee On Oversight And Reform, 10/1/20)

Since launching a 400 mg tablet of Gleevec in 2003, Novartis has raised the price of the drug 22 times and has used several anticompetitive tactics to delay generic competition and maintain its profits.

(Staff Report, "Drug Pricing Investigation: Novartis – Gleevec," U.S. House Committee On Oversight And Reform, 10/1/20)



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Big Pharma's Pandemic Price Hikes & Poor Behavior



Despite the unprecedented economic uncertainty facing millions of Americans, Big Pharma callously hiked prescription drug prices during the COVID-19 pandemic. In fact, drug companies increased prices on at least 67 brand name drugs in July 2020 as part of traditional biennial summer price hikes by an average of 3.1 percent – exceeding last July’s price hikes.

Twelve of Big Pharma’s summer price hikes equal or exceed five percent, including four from brand name drug giant AstraZeneca. AstraZeneca hiked prices on three products in the company’s portfolio by six percent in July, including cholesterol medication Crestor; heartburn medication Nexium and chronic obstructive pulmonary disease (COPD) medication Daliresp. AstraZeneca hiked the price of COPD medication Bevespi Aerosphere by five percent.

To make matters worse, the brand name giant hiked prices after securing a \$1.2 billion commitment from the government for vaccine development – even as the company reported more than \$3.6 billion in operating profits.

Meanwhile, Big Pharma is already setting sky-high prices on COVID-19 treatments to boost profits by price-gouging off this crisis. Data released in Fall 2020 found Gilead is reaping profit margins north of 90 percent on remdesivir as a treatment for COVID-19 – despite ongoing questions as to the drug’s effectiveness as a treatment for the virus and the fact its development was heavily subsidized by taxpayer dollars. Earlier this year, eleven state treasurers threatened legal and legislative action if Gilead does not lower the cost of remdesivir.

Previously, Gilead tried to take advantage of the pandemic by rushing to obtain orphan drug designation privileges for remdesivir before cases of COVID-19 surpassed 200,000 in the United States. Orphan drug designations are meant to encourage the development of treatments and cures for rare diseases – which COVID-19 is not. Remdesivir’s orphan drug designation would have allowed Gilead to extend exclusivity on the product and undermine competition. Fortunately, Gilead caved to mounting criticism and rescinded orphan designation for remdesivir.

A recent Gallup and West Health poll found nearly nine in 10 Americans are concerned Big Pharma will capitalize on the coronavirus crisis to hike prescription drug prices. The survey found more than half (55 percent) of Americans are “very concerned” about Big Pharma increasing drug prices.

And a national survey commissioned by CSRxP and conducted by Morning Consult found American voters overwhelmingly support action from policymakers to prevent Big Pharma from profiteering off COVID-19 treatments and vaccines developed with taxpayer investments.

Big Pharma is busting profit and revenue expectations and receiving billions of dollars in research funding from taxpayers while millions of Americans are struggling. Engaging in price hikes during a pandemic, while receiving billions of dollars from taxpayers to help develop COVID-19 treatments, demonstrates why policymakers must act to hold Big Pharma accountable. Americans are looking for their elected officials to support solutions to hold drug companies accountable for their price-gouging behavior and anti-competitive tactics.





Proposals for Change

CSRxP has developed bipartisan, market-based solutions that promote affordability, competition, transparency and value to restore a functioning prescription drug market for all American consumers and taxpayers.



Affordability

Too often patients experience the unfortunate and unfair choice between purchasing the medications they need to be well and paying for other necessities. Patients should never be presented with such a choice – especially today with so many people across the U.S. experiencing significant health and economic hardship due to the COVID-19 pandemic. Measures must be taken to improve prescription drug affordability for patients and taxpayers alike, especially while the nation continues to battle the COVID-19 pandemic and everyone across the U.S. will need access to acceptably-priced and affordable virus countermeasures.



Ensure universal access to affordable COVID-19 vaccines and treatments with full transparency on government investment in virus countermeasures.

Policymakers must ensure that the COVID-19 vaccine is as affordable as the annual flu shot and reflects the substantial investments made by taxpayers, and that distribution policies guarantee all people across the U.S. equal access to the vaccine. Additionally, the administration should require transparency for pricing of the vaccine and policymakers should require that vaccine manufacturers disclose the price of their vaccine to other European governments.



Medicare drug price increases should not exceed the annual rate of inflation.

To put Medicare on a more sustainable fiscal path and better ensure beneficiaries can affordably access the medications they need, price increases for drugs covered by Medicare Part B and Part D should not exceed the annual rate of inflation.



Make Medicare Part D more affordable. To make drug coverage more affordable for Medicare beneficiaries, the HHS OIG should allow Part D plans and pharmacy benefit managers (PBMs) to negotiate lower drug costs. Policymakers should also place an annual cap on Part D out-of-pocket spending. Additionally, Big Pharma should assume liability for at least 50 percent of total costs in the catastrophic phase. Health plans should also have more flexibility to manage high-cost Part D drugs.

Transparency

Patients deserve open and honest drug pricing – clear and transparent information about the true costs of treatment, how manufacturers set prices and the actual cost of bringing drugs to market, particularly for high-cost drugs. Improving pricing transparency will enable patients to become actively involved in their healthcare decision-making and put pressure on Big Pharma to lower the prices of their excessively costly drugs.



Apply price transparency parity. Congress must enact policies such as the Prescription Drug Sunshine, Transparency, Accountability and Reporting (STAR) Act and the Fair Accountability and Innovative Research (FAIR) Drug Pricing Act that will require manufacturers to publicly disclose pricing information and justify price increases for their high-priced drugs.



Guarantee a better return on taxpayer investments. While high prices are often justified based on the costs associated with R&D, there is virtually no public data showing a link between prices and development costs. Given the sometimes enormous profits that drug manufacturers can make from research funded by taxpayers, manufacturers should be required to disclose research and development costs for drugs, including identifying which portion of research they alone funded versus how much was funded by other entities.



Issue pricing transparency reports based on pricing data submitted by drug manufacturers. Prices for drugs are clearly rising at rates that far exceed inflation and the level of any rebates or discounts offered by manufacturers to purchasers. HHS should provide an annual report to the public based on manufacturer-reported data. Additionally, HHS should frequently update the Medicare and Medicaid Drug Spending Dashboards that show spending by these federal health programs on prescription drugs.



Scrutinize direct-to-consumer (DTC) advertising requirements. At a minimum, all DTC advertising should include list prices and list price increases so that consumers have a more transparent understanding of the actual price of a drug.



Limit third-party patient assistance schemes primarily paid for by Big Pharma that mask actual drug prices and raise costs. To increase transparency and lower costs, policymakers should increase scrutiny of independent third-party patient assistance organizations. Additionally, use of patient assistance programs funded by drug makers should be prohibited in commercial health insurance and the current regulatory ban on use of drug manufacturer assistance coupons in federal health programs should be codified.

Competition

Pharmaceutical companies today abuse the patent system to prevent more affordable drugs from disrupting their monopolies over the drug marketplace. Bringing more competition to the prescription drug market will give consumers more choices and more control – resulting in lower prices and improved access.



Shorten the exclusivity period for biologics and promote policies to increase the uptake of biosimilars. Policymakers must end the gaming of the patent system that now regularly prevents competitors from coming to the market when the exclusivity period expires. Regulatory policies should encourage market entry and uptake of biosimilars in federal health programs like Medicare and Medicaid and the FDA should take additional steps to promote broader use of biosimilars.



Increase oversight of patent settlements. Policymakers should encourage robust oversight and opposition to settlements that are deemed anti-competitive and prevent generics and biosimilars from entering the market in a timely manner.



Target exclusivity to truly innovative products. Currently, pharmaceutical manufacturers can extend market exclusivity protections by seeking approval for a “new” product that is essentially the same as the original. Prohibiting such tactics will bring consumers more options and lower prices more quickly. Anti-competitive pricing schemes should be closely monitored by federal agencies and prosecuted if violations of antitrust laws are found. That’s why Congress must enact policies such as the Reforming Evergreening and Manipulation that Extends Drug Years (REMEDY) Act that will target abusive practices by Big Pharma to extend patents.



Apply stricter scrutiny to patent applications and thwart patent abuse by curbing patent “estates” and “thickets.” Biopharmaceutical companies have abused and manipulated the patent laws by creating patent “estates” and “thickets” to extend market exclusivity for their products far beyond the times their original market exclusivity periods have ended. Anti-competitive abuses of the patent system by drug manufacturers should be stopped by enacting laws that curb these practices and by having appropriate federal agencies apply scrutiny to potential patent abuses.



Target orphan drug incentives. Policymakers should take steps to ensure that the integrity of the Orphan Drug program – meant to encourage the development of medications to treat rare diseases – is maintained. The Orphan Drug Act’s incentives should be awarded only to those products that are actually innovative and treat true orphan diseases with small patient populations, so that drugs do not maintain unfair market monopolies.



Foster competition by curbing citizen petitions. Delays in the FDA approval process often prevent competitors from coming to market in a timely manner. That’s why Congress must enact policies such as the Stop Significant and Time-wasting Abuse Limiting Legitimate Innovation of New Generics (Stop STALLING) Act which would find the submission of a citizen petition to prevent or delay entry of a generic or biosimilar illegal under antitrust laws. The FDA should also be provided with sufficient resources to speed up competition – particularly for lifesaving drugs and drugs with limited or no generic competition.



Strengthen post-market surveillance. Currently, expedited drug approvals often involve small clinical trials with a narrow patient population and trials are not regularly reported publicly. Once a drug enters the market, research into the long-term efficacy and side effects should continue with specific timelines and reporting requirements. Even if a product is not approved, manufacturers should be required to report data for all trials that summarize non-identifiable demographics and participant characteristics, primary and secondary outcome results, and adverse event information.

Value

Patients deserve reliable information regarding whether a drug's "therapeutic outcome" – or its health benefit – is in line with its price. This information is critical to moving America's prescription drug market toward a system that empowers doctors and patients to choose medications based on the value they provide – not the "value" set by drug manufacturers.



Expand research on treatment comparative effectiveness and value. Policy-makers should increase funding for private and public efforts such as the Institute for Clinical and Economic Review (ICER), a non-profit organization that evaluates the evidence of the value of medical tests and treatments, and the Patient-Centered Outcomes Research Institute (PCORI), a government-sponsored, non-profit institute focused on producing research to better inform patients, caregivers, payers and healthcare providers on the comparative effectiveness of various health care interventions. Investments in objective information are critical for physicians, patients and payers as more and more high-priced drugs are introduced into the health care system.



Require drug manufacturers to conduct comparisons of new products to existing ones. Through comparative effectiveness research (CER) studies, manufacturers would have to demonstrate their product is better than others, so that physicians and patients can make smart decisions about the value of different treatments, particularly those with very high costs. Many other countries currently require drug manufacturers to provide CER studies. They should be expanded in the U.S. to reduce spending on unnecessary or ineffective treatments.



Require innovative payment and incentive structures that promote value in government health care programs. Medicare purchases prescription drugs for its beneficiaries, but is not structured to accommodate value-based payment models. Steps should be taken to ensure Medicare can best take advantage of recent developments in value-based purchasing.





What They're Saying

Tackling Out-Of-Control Drug Prices Has Bipartisan Support

President
JOE BIDEN

Drug corporations are profiteering off the pocketbooks of sick individuals. Under a Biden administration, we'll put a stop to runaway drug pricing so every American has the peace of mind that they can afford their medication.

No one should have to choose between putting food on their table or filling their prescription. That's why the Biden administration will stand up to prescription drug corporations and take concrete action to lower costs for Americans.

House Speaker
NANCY PELOSI (D-CA)

Americans across the country are suffering from the skyrocketing cost of prescription drugs.

Senator
JONI ERNST (R-IA)

Iowans from every corner of the state have made it clear that they want to see Congress address the skyrocketing cost of prescription drugs. This issue is a top priority for me and it's why I've been working across the aisle on a number of proposals. While we've made some progress, there's more work to do. We need to take a hard look at all the proposals on the table and come together to find solutions.

Senator
DICK DURBIN (D-IL)

Health care is too expensive for too many working families, and the skyrocketing cost of prescription drugs drives the problem, causing higher out-of-pocket costs at the pharmacy and ever-rising monthly premiums ... By requiring drug companies to tell us their prices and cracking down on gimmicks used to reduce competition ... We can create a more transparent and affordable system for consumers.

Representative
CATHY MCMORRIS RODGERS (R-WA)

We want to see more generic drugs come to market faster, finally make insulin more affordable for our seniors, lower out-of-pocket spending, close the donut hole, access new medicines and cures, and require price transparency.



Senator
SUSAN COLLINS (R-ME)

Drug companies should not be able to increase their prices dramatically by thousands of percent overnight without any justification or development of the drug to improve its effectiveness.



Senator
STEVE DAINES (R-MT)

The bottom line is we've got to come together on this ... to ... lower the cost of prescription drugs ... There's a lot of good policy, we just need to get both sides agreeing on it, and that's how we ultimately solve these problems.



Senator
CHUCK GRASSLEY (R-IA)

On my watch, I'll continue working across the aisle to lower drug prices, restore competition and increase transparency in the pharmaceutical industry. I welcome the incoming Democratic House Majority to join our efforts on behalf of the American taxpayers and consumers.



Representative
FRANK PALLONE (D-NJ)

It's time to find workable solutions that will encourage the development of affordable and high-quality drugs and incentivize the lower prices and transparency in the pharmaceutical marketplace, while also monitoring steep prescription drug price increases when they arise.



Representative
KATIE PORTER (D-CA)

Whether it's writing legislation to crack down on price gouging or holding Big Pharma accountable in hearings, I'm going to keep doing the work to bring down prescription drug prices, because our healthcare system shouldn't put profits before patients.



Director, Center for Health Policy and Outcomes Memorial Sloan Kettering Cancer Center
PETER BACH

The premiums pharmaceutical companies earn from charging substantially higher prices for their medications in the U.S... generates substantially more than the companies spend globally on their research and development.



Senator
MARK KELLY (D-AZ)

One of the things I hear most when I'm talking with Arizonans is the concern over the skyrocketing cost of prescription drugs. I've spoken to seniors who have had to make choices between buying groceries and paying for all of their prescriptions, and that is unacceptable ... This will be one of my top priorities in the Senate: to lower the costs of prescription drugs for Arizona seniors.



President, The Foundation for Research on Equal Opportunity
AVIK ROY

Not all patents represent an equal amount of innovation, and yet all patents impose the same 20-year federal monopoly ... It is long past time for Congress and federal regulators to engage in a systematic reexamination of these costly inefficiencies. Affordable medicine for millions of U.S. patients hangs in the balance.



the campaign for
SUSTAINABLE Rx PRICING

The Impact Of Skyrocketing Drug Costs On Everyday Americans



“ “[There’s a] rising percentage of adults who report not having had enough money in the past 12 months to ‘pay for needed medicine or drugs that a doctor prescribed’ to them. This percentage has increased significantly ... [and] represents about 58 million adults who experienced ‘medication insecurity.’ ” ”

(Dan Witters, “Millions In U.S. Lost Someone Who Couldn’t Afford Treatment,” Gallup, 11/12/19)



“To treat my cancer, I carry a tiny pill, called Imbruvica, in my pocket that keeps me alive. This pill costs \$500 a day, \$15,000 a month, and \$180,000 a year ... Recent quarterly earnings reports show that the Big Pharma giant that manufactures Imbruvica, Johnson & Johnson, is making expectation-busting profits driven by price hikes on life-saving medications ... Big Pharma must be held accountable and action must be taken to provide relief for the millions of Californians and Americans struggling to afford their medications.”

(Mark DeSaulnier, “A Tiny Pill Saved My Life, But At \$180,000 A Year,” San Francisco Chronicle, 12/4/19)

One woman recently described to Congress her fear of losing her younger daughter after the death of her older daughter as a result of the high price of insulin.

“My oldest daughter Antavia was diagnosed at the age of 16 and only lived 6 years due to the high cost of insulin ... My youngest daughter, Antanique, was diagnosed when she was 12. She is now 18 years old, she attends the University of Toledo and she's studying law right now while battling type 1 diabetes. I fear the same thing is going to happen to her in two years. How do pharmaceuticals think college students are supposed to afford high drug costs?”

(Antoinette Worsham, U.S. House Oversight Committee, 1/29/20)

Katie Cagle, EpiPen User, Georgia: “Mylan's behavior resulted in a 500% spike in the price of this lifesaving medication in less than 10 years ... Georgians are struggling, and we need our leaders in Washington to act.”
(Katie Cagle, “Consumers Deserve Relief From Out-Of-Control Drug Prices,” Cherokee Tribune & Ledger-News, 2/13/20)

A Kansas family was outraged over life-changing treatment for their son going from free to \$375,000 a year. “... When Schuller got the drug, called 3,4-diaminopyridine, or 3,4-DAP, he instantly felt better ... Since 1992, 3,4-DAP, was made by Jacobus Pharmaceuticals, a small New Jersey company, until a different company, Catalyst, recently received the exclusive rights to the drug. Catalyst added a preservative, renamed it Firdapse, and is now charging north of \$375,000 a year for the life-changing drug ... ‘This is not a story about innovation. This is a story about exploitation...’”

(Ben Kessler, “Family Outraged Over Life-Changing Treatment Going From Free To \$375,000 A Year,” National Public Radio, 2/7/19)

Denver resident Rachel Wall, who has a rare genetic disease that causes swelling, said that while her “disease is treatable,” it doesn't matter because she “can't afford the medication” she needs, forcing her ... to make tough, lose-lose financial decisions.

“I endangered my life because I had to calculate what I could afford that month: eating or breathing,” Rachel said.

(Kevin Priola, “Federal legislation is the Rx for reining in prescription drug prices,” Colorado Politics, 2/11/20)