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# Cost of Drugs - A COMPARISON

Although this article was written in 2009 the issue is the same today, namely shop around for any drugs you may need.
Notice the cost can be four (4) times higher. It is unlikely that any one store will always have the lowest cost, and it may have the lowest price for one drug, and have a very high price for another. Shop around.

Stan

**Changing Topics:** We have also recently become aware of an issue with regard to wide disparities in drug prices charged by pharmacies, particularly after a generic version of a drug is introduced. For example, a new generic version of the prostate cancer drug Casodex was released this past summer. The brand-name version costs more than $600 per month, whereas generic bicalutamide 50 mg tablets are much less expensive. However, many pharmacies and hospitals do not immediately pass these savings on to their customers, resulting in excessive charges.

For example, in August, the price for the generic version of Casodex 50 mg, 30 tablets, was reported to be as follows at these different pharmacies:

| Pharmacy | Price |
|---|---|
| Albertsons: | $458.99 |
| Costco: | $44.75 |
| CVS: | $483.99 |
| Duane Reade: | $572.00 |
| Giant Eagle: | $622.00 |
| Hy-Vee: | $587.99 |
| Kmart: | $53.63 |
| Kroger: | $545.69 |
| Meijer: | $245.29 |
| Publix: | $456.95 |
| Rite Aid: | $504.99 |
| Safeway: | $484.99 |
| Sams: | $497.50 |
| ShopRite: | $299.39 |
| Target: | $497.49 |
| Walgreens: | $145.29 |
| Wal-Mart: | $497.50 |
| Wegmans: | $549.99 |
| Winn-Dixie: | $348.95 |

Two other local independent pharmacies were reported to have charged $286.32 and $78.42, respectively.

So prices vary tremendously and it is important to shop around and to scrutinize your hospital bills for drug overcharges as well. In addition, some pharmacies will tell you no generic version of a drug exists, even weeks or months after a generic has been released. Many pharmacists are simply clueless about the availability of new generics. If you bring in a prescription for such a medication to such a pharmacist, you will likely get charged for the brand-name drug.

We have not seen it happen yet, but it would not be surprising if Medicare or other insurers start denying coverage for drug charges way above the norm, and put patients in the middle of fights over bills for drugs. In many situations where patients are footing a percentage (or 100%) of the cost of the drug, or paying a different copay for brand name drugs than for generics, the patients are already in the middle of the fight, or should be.

This is particularly true where patients find themselves in the Medicare Part D coverage gap (or "doughnut hole") due to excessive charges for drugs. The Medicare Part D coverage gap is the difference of the initial coverage limit and the catastrophic coverage threshold. After a Medicare beneficiary surpasses the prescription drug coverage

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# Medications Linked to Erectile Dysfunction (ED)

If you are having problems achieving or maintaining an erection you may want to take a look at your medicine cabinet. There are a number of prescription and over-the-counter drugs that may cause erectile dysfunction. While these medications may treat a disease or condition, in doing so they can affect a man's hormones, nerves, or blood circulation, resulting in ED or increase the risk of ED.

Examples of medicines that may cause ED are listed below. The list of possible offenders is long, however, so check with your doctor about all medications you are taking to rule out any as a cause of, or contributor to, your ED:

| TYPE OF DRUG | GENERIC AND BRAND NAMES |
|---|---|
| Diuretics and Antihypertensives | **Hydrochlorothiazide** (Esidrix, HydroDIURIL, Hydropres, Inderide, Moduretic, Oretic, Lotensin)<br>**Chlorthalidone** (Hygroton)<br>**Triamterene** (Maxide, Dyazide)<br>**Furosemide** (Lasix)<br>**Bumetanide** (Bumex)<br>**Guanfacine** (Tenex)<br>**Methyldopa** (Aldomet)<br>**Clonidine** (Catapres)<br>**Verapamil** (Calan, Isoptin, Verelan)<br>**Nifedipine** (Adalat, Procardia)<br>**Hydralazine** (Apresoline)<br>**Captopril** (Capoten)<br>**Enalapril** (Vasotec)<br>**Metoprolol** (Lopressor)<br>**Propranolol** (Inderal)<br>**Labetalol** (Normodyne)<br>**Atenolol** (Tenormin)<br>**Phenoxybenzamine** (Dibenzyline)<br>**Spironolactone** (Aldactone) |
| Antidepressants, anti-anxiety drugs and antiepileptic drugs | **Fluoxetine** (Prozac)<br>**Tranylcypromine** (Parnate)<br>**Sertraline** (Zoloft)<br>**Isocarboxazid** (Marplan)<br>**Amitriptyline** (Elavil)<br>**Amoxipine** (Asendin)<br>**Clomipramine** (Anafranil)<br>**Desipramine** (Norpramin)<br>**Nortriptyline** (Pamelor)<br>**Phenelzine** (Nardil)<br>**Buspirone** (Buspar)<br>**Chlordiazepoxide** (Librium)<br>**Clorazepate** (Tranxene)<br>**Diazepam** (Valium)<br>**Doxepin** (Sinequan)<br>**Imipramine** (Tofranil)<br>**Lorazepam** (Ativan)<br>**Oxazepam** (Serax)<br>**Phenytoin** (Dilantin) |

| | |
|---|---|
| Antihistamines | **Dimehydrinate** (Dramamine)<br>**Diphenhydramine** (Benadryl)<br>**Hydroxyzine** (Vistaril)<br>**Meclizine** (Antivert)<br>**Promethazine** (Phenergan) |
| Non-steroidal anti-inflammatory drugs | **Naproxen** (Anaprox, Naprelan, Naprosyn)<br>**Indomethacin** (Indocin) |
| Parkinson's disease medications | **Biperiden** (Akineton)<br>**Benztropine** (Cogentin)<br>**Trihexyphenidyl** (Artane)<br>**Procyclidine** (Kemadrin)<br>**Bromocriptine** (Parlodel)<br>**Levodopa** (Sinemet) |
| Antiarrythmics | **Disopyramide** (Norpace) |
| Histamine $H_2$-receptor antagonists | **Cimetidine** (Tagamet)<br>**Nizatidine** (Axid)<br>**Ranitidine** (Zantac) |
| Muscle relaxants | **Cyclobenzaprine** (Flexeril)<br>**Orphenadrine** (Norflex) |
| Prostate cancer medications (1) | **Flutamide** (Eulexin)<br>**Leuprolide** (Lupron) |
| Chemotherapy medications | **Busulfan** (Myleran)<br>**Cyclophosphamide** (Cytoxan) |

If you experience ED and think that it may be a result of medication you are taking, do not stop taking the medication without first consulting your doctor. If the problem persists, your doctor may be able to prescribe a different medication.
Other substances or drugs that can cause or lead to ED include recreational and frequently abused drugs, such as:

- Alcohol
- Amphetamines
- Barbiturates
- Cocaine
- Marijuana
- Methadone
- Nicotine
- Opiates

Aside from the well-known complications that the use and abuse of these drugs can cause, ED is not often mentioned. However, use of these drugs can cause ED. These drugs not only affect and often times suppress the central nervous system, but can also cause serious damage to the blood vessels, resulting in permanent ED.

Reviewed by the doctors at the Glickman Urological Institute at The Cleveland Clinic.
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1 – ZOLADEX SHOULD BE ADDED.

Access before Approval - A Right to Take Experimental Drugs? Aug. 2.2006
S. Okie
Free Full Text An audio interview with Mr. William Schultz

A surprising court decision this past May has advanced an effort to allow terminally ill people to purchase experimental drugs after initial safety testing but before they have been shown to work. A three-judge panel of the U.S. Court of Appeals for the D.C. Circuit was considering a lawsuit by the Abigail Alliance, a patient-advocacy group, against the Food and Drug Administration (FDA). Two members of the panel ruled that patients with life-threatening and otherwise untreatable diseases have a constitutional right to seek experimental treatments for which efficacy is not yet established and that the government cannot interfere unless it proves it has a "compelling interest."
The suit was sent back to a lower court, which had dismissed it. The dissenting judge, Thomas Griffith, wrote that "there is no evidence in this Nation's history and traditions of a right to access experimental drugs."
The prerogative asserted by the FDA - to prevent a terminally ill patient from using potentially life-saving medication to which those in Phase II clinical trials have access . . . impinges upon an individual liberty deeply rooted in our Nation's history and tradition of self-preservation.

- D.C. Circuit Judge Judith Rogers
I have serious doubt about how a court can know, as a matter of constitutional law, that the lesser of two evils will be achieved by providing all terminally ill patients access to all Phase I experimental drugs, given the risks these drugs present. - D.C. Circuit Judge Thomas Griffith Accepting the existence of such a right would fundamentally challenge the government's system for evaluating drugs. In mid-June, federal officials filed an appeal seeking to have the case reheard by the full nine-judge panel of the appeals court. If the ruling is upheld, "it's a huge, huge, devastating decision," says William Schultz, a former deputy commissioner for policy at the FDA. "The more you offer early access, the harder it is to get the data" on safety and efficacy, because many
patients will seek treatments directly rather than enrolling in trials in which they might be randomly assigned to receive placebo or another treatment. "It would be very hard to figure out which drugs work," says Schultz; the incentive for conducting clinical trials "would seriously diminish"; and permitting companies to market drugs without evidence of efficacy would create "massive opportunity for fraud, involving people who are very sick and very desperate."

But some observers applaud the Abigail Alliance for highlighting the struggle to balance the desire of sick people for cutting-edge treatments with society's need for scientific evidence of safety and efficacy. Many people with life-threatening diseases cannot find appropriate clinical trials, live far from research centers, or do not meet eligibility criteria, and many cannot obtain experimental drugs from manufacturers through "compassionate-use" programs. Dale O'Brien, medical director of the California-based Lorenzen Cancer Foundation, one of several patient-advocacy groups that have expressed qualified support for the Abigail Alliance's efforts, argues that "dying people ought to have special latitude to work with the growing edge of science

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## Drugs for Terminally ill Patients

By Marc Kaufman, Washington Post Staff Writer- Wednesday, May 3, 2006; Page A09

Terminally ill patients have a constitutional right to obtain experimental drugs before the Food and Drug Administration has decided whether to approve them, a federal appeals court ruled yesterday. Saying that dying patients have a basic "right of self-preservation," the court held that drugs that have passed the first phase of FDA review -- which determines whether a product is safe -- should be made available if they might save someone's life.

The 2 to 1 decision by the U.S. Court of Appeals for the District of Columbia Circuit overturned a lower court's ruling. The judges sent the case back to the district court for a full hearing and possibly a trial.

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## Flomax for Prostate woes?

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The claim:
If you're breathing and have a TV, you've seen the ads. In one, smiling middle-aged men bike and kayak as a voice says, "In one week, Flomax may relieve male urinary symptoms due to BPH, also called an enlarged prostate." In 2008 maker Boehringer Ingelheim spent $116 million advertising Flomax (tamsulosin hydrochloride) to consumers, according to data from Neilsen Media Research. The ads worked: Flomax was among the 20 most commonly prescribed drugs in 2008 and racked up sales of more than $1.2 billion.

The check:
We reviewed evidence from more than 60 studies of drugs used to treat an enlarged prostate. (Results are available free in our Best Buy Drugs report at http://www.consumerreporthealth.org/)

Bottom line:
Most men needn't go with Flomax: They'd do just as well with a generic drug, **Doxazosin.** Flomax is actually considered a "me too" drug, very similar to some that are already on the market. (And stay tuned: As of October, **generic Flomax was scheduled to be available in March 2010** (due to the patent expires.)) The jaw-dropper: **Flomax can cost up to $246 per month** if you pay the retail price; **Doxazosin, $10 or less.** And Flomax is available in just one dosage strength; 0.4 milligrams. So if a man needs to increase the dose to 0.8 mg, as some do, he'll need to take two pills, doubling the cost. Competing drugs come in varying strengths, with little or no extra charge for a stronger pill.

UP FRONT; Consumer Reports, December 2009, page 8; column 1

# Hormones seen as risky regimen for prostate cancer

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## Wide use of drugs draws questions

By Carey Goldberg
GLOBE STAFF

By researchers' estimates, more than a half-million American men with prostate cancer take drugs that radically lower their testosterone levels, effectively castrating them.

Called androgen deprivation therapy, the drugs unquestionably help those with advanced prostate cancer, their benefits far outweighing side effects that can include loss of libido, hot flashes, weight gain, and heightened risk of heart disease.

But the hormone therapy is also increasingly prescribed for the growing number of men whose cancer is detected at an earlier stage or poses less obvious danger. And among them, many — if not most — "receive it in situations for which there is no proven clinical benefit," said Dr. Matthew Smith, an oncologist at Massachusetts General Hospital.

If the upside for a given man is unclear, he said, "then the side-effect considerations become paramount."

Because prostate cancer is so slow-growing, many men, once diagnosed are told to do nothing but "watch and wait" for it to progress. But specialists and researchers say it is difficult for doctors and cancer patients to simply sit back. So a growing number of doctors prescribe androgen deprivation,

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# Drugs seen as risky regimen for prostate cancer

▶ **PROSTATE**
*Continued from Page A1*

which is seen as less drastic than surgery or radiation, the other standard treatments.

In other cases, men start the drugs when, after surgery, their scores on a prostate cancer blood test start climbing — even though it is far from clear, researchers say, that such intervention is medically beneficial.

In a study of 73,000 Medicare patients with prostate cancer, Smith and colleagues reported that men who took the hormone-blocking drugs appeared to run a significantly greater risk of developing diabetes and a somewhat higher risk for heart disease. The risks rose within months of starting treatment.

Other studies have found that androgen deprivation carries a wide array of potential side effects, putting the men through something like female menopause — and then some. The treatment blocks testosterone production by the testes, amounting, doctors say, to medical castration.

"It's possible that some people could be harmed more by the therapy than by the actual cancer, and that's the concern," said Dr. Vahakn Shahinian of the University of Michigan, who studies the use of hormone therapy.

Though 1 in 6 men is diagnosed with prostate cancer, only 1 in 34 dies of it.

Most prostate cancers are slow-growing and strike older men, who will probably die of something else.

Smith estimates that perhaps 650,000 American men take androgen-deprivation therapy, and several other specialists said that estimate seems reasonable.

Well-established research shows that the drugs improve a man's chances both in advanced or high-risk cases, and when combined with radiation therapy.

But the rising use of hormone therapy clearly extends far beyond those cases. Of all the men on hormone therapy, probably only between one-third and one-half have solid medical research backing up their choice, Shahinian and Smith estimated.

Shahinian's research has found that among men with the earliest stage of the disease — whose cancer is well-contained within the prostate — the percentage who go on hormone therapy rose from about 2 percent in the early 1990s to between 10 and 15 percent by the end of the decade. Even among men over 80 with relatively low-risk cancer, the percentage on hormone therapy grew from about 4 percent in 1991 to about 31 percent in 1999, one study found.

Androgen deprivation is particularly tempting, researchers say, because it reliably and dramatically improves a man's score on the prostate-specific antigen, or PSA test — the blood test that is often the first sign of cancer and is used to monitor the disease after diagnosis.

Profit, too, may play a role in the therapy's popularity, specialists and researchers say, though no studies have nailed it down.

The drugs, sold under names like Lupron, Zoladex, Eligard, and Vantas, are big business for both the companies that make them and the urologists who administer them — at about $1,000 for a shot that lasts three months. Some men go on the drugs only for a few months, but others stay on them for many years.

**'It's possible that some people could be harmed more by the therapy than by the cancer.'**
DR. VAHAKN SHAHINIAN

(In recent years, TAP Pharmaceutical Products has had to pay more than $1 billion to resolve charges and compensate consumers for illegal marketing practices connected with its sales of Lupron.)

Exactly when androgen therapy should be used remains a topic of major debate among urologists and oncologists.

But at the very least, specialists say, patients should make sure they are fully informed of the potential side effects before they start taking the drugs. A patient should make sure the risk-benefit ratio makes sense for him, and have a good question-and-answer session with his doctor, said Dr. Paul Schellhammer, a urology professor at Eastern Virginia Medical School in Norfolk, Va.

Part of the difficulty of calculating that risk-benefit ratio is that few men on androgen deprivation therapy hear the full story on side effects in advance from their doctors or their peers, said Richard Wassersug, a professor of anatomy and neurobiology at Dalhousie Medical School in Nova Scotia.

When Wassersug was prescribed androgen deprivation therapy several years ago, he researched the possible side effects in advance — but even with that warning, he was amazed at how powerful they were. Hot flashes and soaking night sweats disturbed his sleep; he lost his car in a parking lot for the first time in his life; his libido disappeared, as did his body hair.

"You're going through menopause in a matter of a few days or weeks," he said. Men on androgen deprivation "are depressed, not talking to their spouses, not exercising, losing lean muscle mass, putting on weight, developing diabetes."

He later switched to a female hormone, estradiol, which would equally suppress his testosterone but at least give him some sex hormones to keep his brain working more normally, said Wassersug, adding that he does not regret taking the drugs.

Joel Samuels of Boston, whose prostate cancer was diagnosed in 1994, has heard men debate the hormone therapy question for years at support groups, and been on the drugs himself for about four years.

His side effects have been unremarkable, he said, but every man is different, and must weigh the pros and cons: "You have to be in charge of your own destiny," he said.

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This article is still valid as of January, 2015