

**Congressional Progressive Caucus**  
**U.S. House of Representatives**  
**Washington, D.C. 20515**

The Honorable Sylvia Burwell  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Secretary Burwell:

We are writing to you to express our concerns about the rising costs of prescription drugs which are creating financial strains on Medicare and Medicaid and the household budgets of our constituents. While much attention has been paid to the high prices charged for new drugs like Sovaldi, we also need to address the enormous increases proposed for drugs that have been on the market for years, if not decades. Just recently, we saw proposals to increase the price for Daraprim from \$13.50 to \$750 a pill and the price for Cycloserine from \$500 for 30 capsules to \$10,800. Both those life-saving drugs have been on the market since the 1950s.

While we are aware that the wildly exorbitant increases described above will not go into effect, price increases for those drugs still be significant. Turing Pharmaceuticals has agreed to reduce price increases for Daraprim as a result of public outrage, although the amount they intend to charge will likely be significantly higher than the \$13.50 amount. Similarly, Rodelis Therapeutics has agreed to transfer the rights to Cycloserine back to the Purdue Research Foundation, which announced it will charge \$1,050 for 30 pills, more than twice the previous price.

Daraprim and Cycloserine are two examples of an extremely disturbing trend. We are anxious to work with you to develop policies designed to make sure that prescription drugs are affordable to patients and to the American taxpayers who fund Medicare, Medicaid and other public health programs. We need to encourage innovation but we also need to make sure that high costs do not create barriers to access and adherence.

With that in mind, we hope you can help provide answers to the following questions:

- 1) Does HHS track increases in the price of drugs?
- 2) Many prescription drugs are developed with taxpayer-funded support, including through medical research at the National Institutes of Health and R&D tax credits. Does HHS have a listing of the drugs that have received such support?
- 3) Does HHS track the differences in the price of drugs charged to U.S. consumers and consumers in other countries?

- 4) Is there data regarding how these price increases have impacted hospital, patient, and pharmacist access to the impacted drugs?
- 5) Are there any projections for how price increases will impact publicly funded insurance programs, including Medicare and Medicaid?
- 6) What tools does HHS have at its disposal currently to address instances of possible price-gouging?

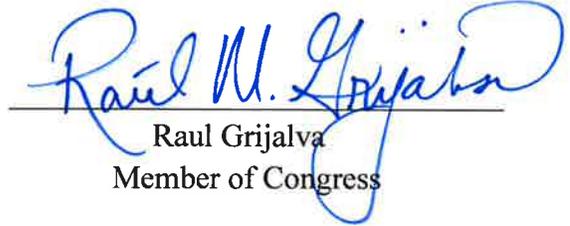
Thank you for your attention to this matter.

Sincerely,



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Jan Schakowsky  
Member of Congress



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Raul Grijalva  
Member of Congress



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Keith Ellison  
Member of Congress