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“You must be your own doctor!” ©

October 5, 2026

BLUF: The drug companies that develop exorbitantly priced drugs live in an alternative universe than the patients. There are reasons cancer drugs like Zytiga, Tafenlar and many others cost between \$120,000 and \$150,000¹ per year – and few insurance plans cover that cost. This article helps you understand the price tag on many cancer drugs and the dilemma of affordability by cancer patients.

Affordability – a firsthand account.

Around 2022 the pill pushing Dr. Veytsman recommended Tafenlar, a cancer drug engineered by Novartis to fight thyroid cancer that had metastasized, as was the case with Karen. Halleluia, I told the MedStar Georgetown Cancer Institute at MedStar Washington Hospital Center to order it for her. They quickly told me the cost was about \$18,000 to \$20,000 **per month and it was not covered by Karen's BCBS plan.** I told them to order it, and we would pay for it. Now STOP reading for three minutes and ask two important questions: 1. What middle class or upper middle-class family has \$240,000 just sitting around waiting to be expended on cancer drugs? (401K or other retirement plans aside PROVIDED the couple were smart enough to start retirement planning early enough to accumulate that amount of money.) 2. What makes Novartis think a cancer patient can write \$20,000 checks every month?

I must give credit where credit is due, to the pharmacy staff at MedStar Georgetown Cancer Institute at MedStar Washington Hospital Center for locating and applying various discounts to the medicine, lowering the price to about \$10,000 monthly. Unfortunately, the Tafenlar at that time I was told only came in 500 mg capsules which Karen could not swallow due to throat problems² nor

¹ The cost for Tafenlar 50 mg oral capsule is around \$12,767 for a supply of 120 capsules, depending on the pharmacy you visit. Quoted prices are for cash-paying customers and are not valid with insurance plans. <https://www.drugs.com/price-guide/tafenlar>

² Later, after Karen passed, I found the medicine was available in 20 mg tablets but not in the US!!! And could have been administered via an IV.

The process of bringing a drug to market that is described here is somewhat flexible and can vary by the parties involved.

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could the capsules be opened (as I was told) as the medicine was too harsh and damage the esophagus. I did all the communications with the pharmacy to obtain the drug, and Dr. Veytsman was never involved in the conversation.

Back to the commentary’s focus. I began thinking about this corporate mentality and why pricing was off the insanity charts! BUT hold on there cowboy I said to myself, calm down and start researching the end product cost to patients.

Now saddle up for this ride friends. The development of a drug, for the most part, begins with a demand or implied demand because a disease/illness has impacted a significant percentage of the population. Once the various “gods” like the FDA, corporations and the medical industrial complex (MIC) concur the demand is there the MIC/drug companies begin their research and invest money, often time millions of dollars in research and development aka R&D. Of course, before the drug companies invest this capital, they “converse” with the “gods” to layout a strategy, (read path) to navigate the costly R&D and FDA process, get the pharmacy benefit managers on board, the pharmacies on board and the most important “partners” the pill pushers (doctors) and insurance companies. Companies will always look at the time it takes to get their investment back, or recapture rate. Note, patients are absent, except for trials, as part of the beginning effort to bring a drug to the market.

Furthermore, the insurance companies must do their due diligence to determine who will pay for the capital expenditures by the drug developers, as it won’t be the drug companies. Companies will not eat the R&D costs and more than likely won’t be patients paying for it either. SO, WHO PAYS – why the millions of insured do, whether or not they get that particular drug!

So here is where the “path” to bring a drug to market becomes interesting and the negotiations begin, so to speak. The insurance companies have terra bytes of data on the cost of bringing a drug to market. Therefore, using the historical data, the

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drug companies forecast the cost to bring the drug to market and once that cost is determined, then the usage based on the population with the disease or illness the drug is developed for enters into the price the drug companies MUST charge to recoup the investment AND make a profit. (I have no issues with profit.) Then the insurance companies in conjunction with the drug manufactures begin the process of who will pay and what percentage. The drug and insurance companies know the consumer cannot afford \$120,000 per year; therefore, together they arrive at a price the insurance companies will cover (read pay the drug companies) and what the patient can AFFORD to pay. So the bulk of the cost borne by the drug companies is paid by the insurance companies and the insurance companies factor in that cost and raise premiums accordingly. In some cases, the costs to bring the drug to market are outrageous, the insurance companies will not cover the cost. That is when the amount of a drug is passed on to the consumer resulting in the \$120,000 per year price! Eventually the end user price will come down to a price the insurance companies agree to pay and that is why you can get brand name prescription drugs with a co-pay of next to nothing. Now remember your dad told you there are no free lunches! Even then, insurance companies work in conjunction with pharmacies and Pharmacy Benefit Managers (PBM) to divvy up the rebates among themselves leaving the end user with outrageous costs, some cannot afford. In the end it is the insured who pays for the drug not the drug companies or the insurance companies. Welcome to the world of big pharma and billions of dollars.

We know with the recent passage of the PBM Reform within 2026 Appropriations Bill, now law, for 2026 and beyond. Don't hold your breath expecting to see a dramatic drop in prices. Laws are a snapshot in time, and the drug “gods” will eventually find a way around it.

Back to the BLUF: Drug prices are set by the Medical Industrial Complex, pill pushers, PBM, pharmacies, and hospitals. Isn't it a shame the end user is never The process of bringing a drug to market that is described here is somewhat flexible and can vary by the parties involved.

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included in the price point for a drug nor its delivery methodology until it is time for the end user, who requires the drug, gets involved.

OH! I forgot to tell you that many of the price points for prescription drugs here in the USA are vastly more expensive than the same drug in other developed countries. May be the Honorable Robert F. Kennedy Jr. of the HHS and his leadership along with Make America Healthy Again will break up the stranglehold by the MIC and the drug deciding “gods.”

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