

July 6, 2007

Patient's Name
Address
City, State Zip
Phone
Email

Johnson & Johnson Patient Assistance Program
PO Box 221857
Charlotte, NC 28222-1857
800-652-6227
F: 888-526-5168

Dear Sir or Madam,

I have been living with Reflex Sympathetic Dystrophy Syndrome for 10 years. Four years ago, my doctor started me on Fentanyl Patch and Dilaudid. Since then, my quality of life has been increased.

Unfortunately, I do not have any insurance company or Medicare that is willing to pay for my meds and I am now in need of having to rely on your Patient Assistance Program. With Medicare Part D, I do not qualify for "extra help." Medicare has responded to me with the decision of not covering the meds I need. They suggested Methadone and MS Contin. I have tried these options and they did not work for me because my pharmacist would not fill the Methadone due to other medications and it was consider a CNS contradiction and could kill me and I had allergic reactions to MS Contin. I have also tried other medications with no healthy results, Loratab, Percocet, Roxicet, Celebrex, Mobic, Motrin, Ultracet, and Lidocaine infusion Therapy, and most SSI medications. This means I would have to pay thousands of dollars out-of-pocket each year under Medicare Part D for the medication my doctor has prescribed for me. Before Medicare D went into affect the Fentanyl Patch was paid for by Medicaid. I have gastropersis and this does not allow my body to effectively absorb medications, which is why the patch has been a god/send to me.

This option will be a significant hardship for me. With an annual income of \$ 8,268.00 from SSDI, I cannot afford to pay \$4,524.00 per year, or 54 % of my income, for medications. In addition, I cannot afford a large premium penalty in the future by not signing up for or cancelling Part D. I still need assistance from the Patient Assistance Programs.

I ask that you, and all other pharmaceutical companies, work quickly to find a way to assist me and the many like me who may not be able to afford these life-saving medications in the future. I have included with this letter the complete required application.

Thank you for your attention to this matter.

Sincerely,
Patient's Name