



# PHARMACY BENEFIT SUMMARY

10/01/2017

Prepared For:



# No Changes

Effective: 10/01/2017

**We are pleased to announce that there will be NO changes to your existing pharmacy benefit plan for the upcoming year!**

**You can continue to utilize the current ID card that you have.**

## Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be the lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

### Customer Service

**800-311-3446 • 24/7/365**

EHIM's main mission is to provide our members with the best customer service possible. If you are experiencing a problem **filling a retail or mail order prescription** please contact EHIM's Pharmacy Help Desk. For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year**. Our toll free number is 1-800-311-3446 and will be **printed on the back of your ID card** for easy reference.

EHIM values our clients and we appreciate the opportunity to continue to service our members.

\$5	Copayment on any generic medication
\$25	Copayment on any Preferred Brand Medication
\$50	Copayment on any Non-Preferred Brand Medication
\$50	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available) The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
\$50	Copayment <b>plus the difference</b> in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
\$0	Copayment on any medication covered under the EHIM OTC program
Generic: \$10 Brand: \$50 NP Brand: \$100	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through OptumRx Mail Order in order to obtain them in a 3 month supply.
Single: \$5,350 Family: \$10,700	Out of Pocket Maximum: Once a member/contract meets the amount in pharmacy copays, that member/contract will have a \$0 copay on all eligible medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under that contract will have to meet the other remaining amount combined. All covered medications will accumulate towards the OOP max.

### Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

### EHIM Maintenance List (Three Month Supplies)

EHIM has a list of commonly used medications that are eligible to be filled in higher quantities (three month supplies) This list of medications approved to be filled in three month supplies is known as EHIM's Maintenance List. This list is extensive, yet does NOT include every single medication. Types of medications found on the maintenance list are: Insulin, Blood Pressure medications, Heart medications, Cholesterol medications, and Thyroid medications. Your physician must write for a three month supply of medication to be dispensed at one time. You may pick up your three month supply at any participating retail pharmacy. To determine whether or not your medication is on the Maintenance List, please contact our Pharmacy Help Desk at 800-311-3446.

### Non-Preferred Drug List (\$50 Copay)

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

### EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at [www.ehimrx.com](http://www.ehimrx.com) for our National Pharmacy Directory and Pharmacy Locator tool.

### EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at [www.ehimrx.com](http://www.ehimrx.com).

## List of Preventive Care Drugs - Covered for \$0.00 copayment

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design (**\$50 Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged

Rx Name	Drug Type	Rx Name	Drug Type	Rx Name	Drug Type
<b>Contraceptives - Oral (\$0.00 Copay)</b>		<b>Contraceptives - Oral (\$0.00 Copay)</b>		<b>Contraceptives - Emergency (\$0.00 Copay)</b>	
apri	Generic	necon 7/7/7	Generic	levonorgestrel, next choice	Generic
aranelle	Generic	nora-BE	Generic	<b>Contraceptives - Implantable (\$0.00 Copay)</b>	
aviane	Generic	norinyl	Generic	Paraguard	Brand
azurette	Generic	nortrel 0.5/35 (28)	Generic	Nexplanon	Brand
balziva	Generic	nortrel 1/35 (21)	Generic	<b>Contraceptives - Injectable (\$0.00 Copay)</b>	
camila	Generic	nortrel 1/35 (28)	Generic	medroxyprogesterone	Generic
caziant	Generic	nortrel 7/7/7	Generic	<b>Smoking Cessation - Oral (\$0.00 Copay)</b>	
cesia	Generic	ocella	Generic	bupropion SR 150	Generic
cryselle-28	Generic	ogestrel	Generic	Chantix Starting Pack	Brand
enpresse-28	Generic	orsythia	Generic	Chantix Continuing Pack	Brand
errin	Generic	portia	Generic	<b>Smoking Cessation - Inhaler (\$0.00 Copay)</b>	
gianvi	Generic	quasense	Generic	Nicotrol	Brand
gildess FE 1/20	Generic	reclipsen	Generic	<b>Smoking Cessation - Gum (\$0.00 Copay)</b>	
gildess FE 1.5/30	Generic	solia	Generic	Nicotine Gum	OTC
heather	Generic	sprintec-28	Generic	<b>Smoking Cessation - Lozenge (\$0.00 Copay)</b>	
jolivette	Generic	sronyx	Generic	Nicotine Lozenge	OTC
jolessa	Generic	tilia FE	Generic	<b>Smoking Cessation - Patch (\$0.00 Copay)</b>	
junel 1/20	Generic	tri-legest FE	Generic	Nicotine Patch	OTC
junel FE 1/20	Generic	trinessa	Generic	<b>Preventive Medications (\$0.00 Copay)</b>	
junel 1.5/30	Generic	tri-sprintec	Generic	aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
junel FE 1.5/30	Generic	tri-lo-sprintec	Generic	folic acid .4mg - .8mg (females 18-45 yrs)	Generic
kariva	Generic	trivora-28	Generic	iron supplement (6mos - 1yr)	Generic
kelnor 1/30	Generic	velivet	Generic	oral fluoride (under 5yrs old)	Generic
leena	Generic	zenchent	Generic	vitamin D (65 years or older)	Generic
levora	Generic	zenchent FE	Generic	tamoxifen	Generic
low-orgestrel	Generic	zovia 1/35E	Generic	<b>Bowel Prep Agents (Men &amp; Women Age 50-75)</b>	
lutera	Generic	zovia 1/50E	Generic	gavilyte	Generic
microgestin 1/20	Generic	<b>Contraceptives - Patch (\$0.00 Copay)</b>		gavilyte N/flavor pack	Generic
microgestin 1.5/30	Generic	Ortho Evra	Brand	gavilyte-G	Generic
microgestin FE	Generic	<b>Contraceptives - Ring (\$0.00 Copay)</b>		PEG 3350/electrolytes	Generic
microgestin FE 1.5/30	Generic	Nuvaring	Brand	PEG 3350NA/CL/NA	Generic
mononessa	Generic	<b>Contraceptives - Diaphragm (\$0.00 Copay)</b>		bicarbonate/KCL	Generic
necon 0.5/35-28	Generic	Femcap	Brand	trilyte	Generic
necon 1/35-28	Generic	Ortho All Flex	Brand		
necon 1/50-28	Generic	Ortho-Diaphragm	Brand		
necon 10/11-28	Generic				



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2015 EHIM

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

**Both over the counter (OTC) medications and prescription medications are covered!**

Sample of Over-the-Counter (OTC) Medications Included:	
• Commit 2mg Lozenges	<b>\$0</b>
• Commit 4mg Lozenges	<b>\$0</b>
• Nicotine 7/24 Hr. TD Patch	<b>\$0</b>
• Nicotine 14/24 Hr. TD Patch	<b>\$0</b>
• Nicotine 21/24 Hr. TD Patch	<b>\$0</b>
• Nicotine Polacrilex 2mg (Nicotine Gum)	<b>\$0</b>
• Nicotine Polacrilex 4mg (Nicotine Gum)	<b>\$0</b>

Sample of Prescription Medications Included:	
• bupropion hcl 150mg SA	<b>\$0</b>
• Chantix Continuing Pack	<b>\$0</b>
• Chantix Starting Pack	<b>\$0</b>
• Nicotine Cartridge Inhaler	<b>\$0</b>
• Nicotine Nasal Inhaler	<b>\$0</b>

**Talk to your physician about which treatment may be right for you!**

### How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over the counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. You will receive the medication for a \$0.00 copay.



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2014 EHIM

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
 800-311-3446 :: 248-948-9900 :: [www.ehimrx.com](http://www.ehimrx.com)

9/8/2017

## OTC Medications available for **\$0.00 COPAY**

### How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the OTC medication. (OTC must be written on the script).
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. **You will receive the OTC product for a \$0.00 copay!**

You can receive certain Over-the-counter (OTC) medications for a **\$0.00** copay. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These OTC medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out of pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

### Anti-Ulcer (Acid-Reflux) Medications

<b>If you take:</b> <ul style="list-style-type: none"> <li>• Dexilant</li> <li>• Nexium</li> </ul>	<b>You are currently paying:</b> <b>\$50.00 Copay</b>
<b>If you change to:</b> <ul style="list-style-type: none"> <li>• Axid (nizatidine)</li> <li>• Pepcid AC &amp; Complete (famotidine)</li> <li>• Prevacid OTC (lansoprazole)</li> <li>• Prilosec OTC (omeprazole OTC)</li> <li>• Tagamet (cimetidine)</li> <li>• Zantac (ranitidine)</li> <li>• Zegerid OTC (omeprazole/sodium bicarbonate)</li> </ul>	<b>You would pay:</b> <b>\$0.00 Copay</b>

### Allergy Medications

<b>If you take:</b> <ul style="list-style-type: none"> <li>• Flonase Nasal Inhaler</li> <li>• Nasacort AQ</li> <li>• Nasonex Nasal Inhaler</li> <li>• Rhinocort Aqua Nasal Inhaler</li> <li>• Veramyst Nasal Inhaler</li> <li>• Xyzal</li> </ul>	<b>You are currently paying:</b> <b>\$50.00 Copay</b>
<b>If you change to:</b> <ul style="list-style-type: none"> <li>• Alavert (loratadine)</li> <li>• Alavert-D (loratadine-D)</li> <li>• Allegra (fexofenadine)</li> <li>• Allegra-D (fexofenadine-D)</li> <li>• Benadryl (diphenhydramine)</li> <li>• Claritin (loratadine)</li> <li>• Claritin-D (loratadine-D)</li> <li>• Nasacort Allergy 24 HR</li> <li>• Zyrtec (cetirizine)</li> <li>• Zyrtec-D (cetirizine-D)</li> </ul>	<b>You would pay:</b> <b>\$0.00 Copay</b>



# When contacting OPTUMRx

please identify yourself as an EHIM cardholder

## Three Ways to Get Started Using Mail Service:

### Option 1: Your Physician can Fax OPTUMRx

If you would like to save mailing time to OPTUMRx your physician can fax your prescriptions directly to our processing center at 1-800-491-7997, 24 hours a day, 7 days a week (Note faxed prescriptions can only be accepted from your physician's office). **Prescriptions faxed from your physician must include your Cardholder ID# and /or Group#. Please reference the Physician Form included in your registration packet.**

### Option 2: Your Physician can Phone OPTUMRx

OPTUMRx offers convenience of accepting phoned in new prescriptions and refill renewals directly from your physician's office. Our pharmacist phone team can be reached at 1-800-791-7658 Monday – Friday 8am – 8pm Central Time. **Again, please be sure that your physician includes your Cardholder ID# and/or Group #.**

### Option 3: You can Mail in your prescriptions

Complete the mail in order form and mail to OPTUMRx along with your new 90 day prescriptions. Please include your date of birth and ID number on each prescription.

- For newly prescribed medications, ask your physician to write two prescriptions: one for a 30 day supply to get you started (to be filled at your local pharmacy), and one for a 90 day supply with refills to be submitted for mail order.
- For medications you are currently taking, **try to have two weeks of medication on hand, and ask your physician to write a prescription for a 90 day supply and mail to OPTUMRx.**

*Prescription delivery: Please allow up to two weeks for us to process and deliver your mail service prescriptions. Most prescriptions are delivered by U.S. Postal Service.*

## Customer Service Hours of Operation

Be prepared with your EHIM ID# and Group#.

1-888-877-9907 (TTY for deaf: 1-800-498-5428) available 24/7/365.

You can also contact EHIM directly to help with any mail order inquiries/problems at 800-311-3446

## Other Questions:

Please direct questions regarding the terms of your benefit plan (such as copayment amounts, covered and non-covered drugs, eligibility, etc.) to the EHIM Pharmacy Call Center at 800-311-3446 available 24/7/365.

## Mail your order to:

OPTUMRx Mail Service

P. O. Box 2975

Shawnee Mission KS 66201-1375

This document is CONFIDENTIAL and PROPRIETARY and information contained within this document is owned by EHIM. It is protected by agreements and/or laws that require the recipient to keep it confidential. Distribution or use without EHIM's authorization is not permitted and will entitle EHIM to equitable relief or damages. It may not be disclosed to any third party without the prior consent and written approval from EHIM.



Medication	Strength	Quantity Limits / 30 Days
<b>Analgesics (Pain)</b>		
Abstral	All strengths	128 tablets
Actiq	All strengths	120 lozenges
Avinza	All strengths	60 capsules
Butrans	All strengths	4 patches
Duragesic	All strengths	20 patches
Embeda	All strengths	60 capsules
Exalgo	All strengths	60 capsules
Fentora	All strengths	120 tablets
Flector	All strengths	60 patches
MS Contin	All strengths	120 tablets
Kadian	All strengths	120 capsules
Nucynta	All strengths	120 tablets
Nucynta ER	All strengths	60 tablets
Onsolis	All strengths	120 films
Opana	All strengths	100 tablets
Opana ER	All strengths	60 tablets
Oramorph	All strengths	120 tablets
Oxycontin	All strengths	120 tablets
Oxecta	All strengths	120 tablets
Oxycodone IR	All strengths	240 capsules
Pennsaid	All strengths	2 (150 ml) btl
Rybix ODT	All strengths	90 tablets
Ryzolt	All strengths	30 tablets
Sprix	All strengths	5 (1.7 g) btl
Ultram	All strengths	240 tablets
Ultram ER	All strengths	30 tablets
Voltaren Gel	All strengths	10 (100 g) tubes
<b>Anticonvulsants (Seizures)</b>		
Lamictal	All strengths	60 tablets
Lamictal XR	All strengths	30 tablets
<b>Migraine Headaches</b>		
Alsuma	6 mg/0.5 ml	4 injector (2 bx)
Amerge	All strengths	9 tablets
Axert	All strengths	9 tablets
Frova	2.5 mg	9 tablets
Imitrex	All strengths	9 tablets
Imitrex Injection	6 mg/0.5 ml	5 vials (1 bx)
Imitrex Kits/Refills	All strengths	2 kits
Imitrex Nasal	All strengths	6 dispensers
Maxalt/Maxalt MLT	All strengths	9 tablets
Migranal	4 mg/ml	1 pk (8 x1 mL btl)

Medication	Strength	Quantity Limits / 30 Days
Relpax	All strengths	9 tablets
Stadol Nasal	All strengths	1 bottle
Sumavel	6 mg/0.5 ml	6 vials (1 bx)
Treximet	85 mg/500 mg	9 tablets
Zomig Nasal	All strengths	1 package (6 btl)
Zomig/Zomig ZMT	All strengths	6 tablets
<b>AntiNausea</b>		
Anzemet	All strengths	10 tablets
Emend	80 mg	4 tablets
Emend	125 mg	2 tablets
Kytril	All strengths	28 tablets
Sancuso	3.1 mg	2 patches
Zofran Solution	4 mg/5 ml	50 ml
Zuplenz	All strengths	20 films
<b>Antipsychotics</b>		
Abilify/ Abilify ODT	All strengths	30 tablets
Fanapt	All strengths	60 tablets
Geodon	All strengths	60 capsules
Invega	All strengths	30 capsules
Latuda	All strengths	30 tablets
Saphris	All strengths	60 tablets
Seroquel	<300 mg	90 tablets
Seroquel	≥300 mg	60 tablets
Seroquel XR	All strengths	60 tablets
Symbyax	All strengths	30 tablets
Zyprexa	All strengths	30 tablets
Zyprexa Zydis	All strengths	30 tablets
<b>Anti-Ulcer Agents (Acid Reflux)</b>		
Aciphex	All strengths	30 tablets
Dexilant	All strengths	30 capsules
Nexium	All strengths	30 capsules
Prevacid	All strengths	30 capsules
Zegerid	All strengths	30 capsules
<b>Bisphosphonates/Anti-Resorptive Agents</b>		
Actonel	35 mg	4 tablets
Actonel	75 mg	2 tablets
Actonel	150 mg	1 tablet
Actonel	5 mg, 30 mg	30 tablets
Actonel/Cal	35 mg/1250 mg	28 tablets
Atelvia	All strengths	4 tablets
Boniva	150 mg	1 tablet
Fosamax	5/10/40 mg	30 tablets
Fosamax	35 mg, 70 mg	4 tablets





Medication	Strength	Quantity Limits / 30 Days
Fosamax/Vitamin D	All strengths	4 tablets
Forteo	All strengths	1 pen
Bronchodilators (Asthma/Breathing)		
Accuneb Neb	All strengths	375 ml
Advair Diskus/HFA	All strengths	1 inh
Albuterol Neb	0.083%	375 ml
Albuterol Neb	0.5%	60 ml
Alvesco	All strengths	1 inh
Arcapta	All strengths	1 box (30 caps)
Asmanex	All strengths	1 inh
Atrovent	All strengths	1 inh
Atrovent Neb	All strengths	300 ml
Azmacort	All strengths	1 inh
Brovana Neb	All strengths	60 vials (120 ml)
Combivent	All strengths	1 inh
Dulera	All strengths	1 inh
Foradil Aerolizer	All strengths	1 inh
Flovent Diskus		
HFA/Rotadisk	All strengths	1 inh
Maxair	All strengths	1 inh
Perforomist	All strengths	60 vials (120 ml)
Pro-Air HFA	All strengths	2 inhs
Proventil HFA	All strengths	2 inhs
Pulmicort Respules	All strengths	60 vials (120 ml)
Pulmicort Turbohaler	All strengths	1 inh
QVAR	All strengths	1 inh
Servent Diskus	All strengths	1 inh
Spiriva	All strengths	1 box
Symbicort	All strengths	1 inh
Ventolin HFA	All strengths	2 inhs
Xopenex HFA	All strengths	2 inhs
Xopenex Neb	All strengths	72 vials (3 bx)
Nasal Antihistamines/Corticosteroids		
Astelin	All strengths	1 inh (30 ml)
Astepro	All strengths	1 inh (30 ml)
Atrovent	All strengths	1 inh (30 ml)
Beconase AQ	All strengths	1 inh (25 g)
Flonase	All Strengths	1 inh (16 g)
Nasacort AQ	All strengths	1 inh (16.5 g)
Nasarel	All strengths	1 inh (25 ml)
Nasonex	All strengths	1 inh (17 g)
Omnaris	All strengths	1 inh (12.5 g)
Patanase	All strengths	1 inh (30.5 g)

Medication	Strength	Quantity Limits / 30 Days
Rhinocort AQ	All strengths	1 inh (8.6 g)
Veramyst	All strengths	1 inh (10 g)
Sleep Aids		
Ambien/ Ambien CR	All strengths	30 tablets
Doral	All strengths	30 capsules
Eduar	All strengths	30 tablets
Intermezzo	All strengths	30 tablets
Lunesta	All strengths	30 tablets
Rozerem	All strengths	30 tablets
Silenor	All strengths	30 capsules
Sonata	All strengths	30 capsules
Zolpimist	5 mg	7.7 ml
Topical		
Taclonex	All strengths	240 gm
Anaphylaxis (Allergic Reaction)		
Epinephrine Auto-Injector	All strengths	4 pen injectors
Epinephrine Auto-Injector Jr.	All strengths	4 pen injectors
Anti-impotency		
Cialis	All strengths	6 tablets
Levitra	All strengths	6 tablets
Viagra	All strengths	6 tablets

- Affects Brand & Generic equivalent when available.
- Limits represent a 1 month supply of medication. If medication is available in a 3 month supply, the limits are tripled.
- This formulary can change at any time without notice.
- The medications listed on this document do not guarantee coverage under your pharmacy plan.



## Frequently Asked Questions

### What is a generic drug?

A generic drug is a lower cost version of a brand-name medication. They are **just as safe and effective as the brand-name**, but they are more affordable.

### How are generic drugs different from brand-name drugs?

The biggest difference between a generic and brand-name drug is the price. **Most generics cost 70-90% less than the brand-name version.** Generics drugs may also have a different shape, color or package. But these differences only affect how the medicine looks, not how it works.

### How many people use generic drugs?

Millions of people use generic drugs every day. In fact, about 2 out of 3 prescriptions are for generic drugs. But there are still many people taking expensive brand-name drugs who could save a lot of money by switching to the generic version.

### Are generics really the same as the brand-name?

Yes. Generic drugs have the same medicine as the brand-name, and the FDA will not approve them unless they are just as safe and effective as the brand-name drug. There are a few special medical conditions where a generic drug might have a small difference in how it works, but that is very rare.

### Why are generic drugs so much cheaper than brand-name drugs?

Most drugs cost pennies to make. Brand-name drugs are more expensive because they don't have any competition to drive the price down. Also the companies that make brand-name drugs spend billions on advertising and must make a profit to succeed as a company and justify their spending.

### Why did my doctor prescribe a generic drug?

Doctors know that generic drugs are just as effective brand-name medicines and a lot more affordable. Doctors know that generics have a longer safety record, and therefore prescribe generics because they want their patient to have a drug that is safe, effective, and affordable.

### If generic drugs are so good, why are brand-name drugs still prescribed?

Several reasons exist such as for newer medicines, brand-names are prescribed because generic equivalents are not available yet. Generic drugs can not be sold until the brand-name drug's patent ends, which may be 10 years or more. Some people insist on using expensive brand-name drugs because they do not understand that generics are just as safe and effective.



They think that “you get what you pay for” so a brand-name drugs must be “better” because they cost more. However, this is not true – generics have the same medicine as the brand-name, and the reason generics cost less is because they only cost pennies to make. Advertising is another reason why people continue to use brand-name drugs over a more affordable generic. Brand-name drug companies spend billions on advertising every year to convince patients and doctors that their drugs are “better” than more affordable generic drugs. Generic drugs are not advertised, which helps keep their prices low.

### **Why should I take a generic drug if my doctor offers me free samples of brand name drugs?**

Generic drugs are usually the most affordable option in the long-run. Some doctors offer free samples to patients to let them try a new medicine. Nonetheless, doctors can usually give free samples for a short period of time. It is usually better to start on a generic drug, which are often available for as little as \$4 a month, than to start on a brand-name and later have to pay a much higher price.

### **Do generic drugs cause more side effects than brand-name drugs?**

No. Brand-name drugs and a generic drug have the same rates of side effects. Each medication can affect each person in a different way. If your medicine is causing side effects that you are worried about, call your doctor.

### **Why should I take generic drugs?**

Because they are safe, effective, and affordable. If your medications cost too much, it is likely because of brand-name drugs. Many patients skip important medications rather than pay these high prices, putting their health at risk. With generic drugs, you can get the same health benefits at a lower cost.

### **What can I do to make sure that I get a generic drug?**

- ↳ When your doctor talks to you about your medications, tell your doctor that you prefer generic drugs if they are available.
- ↳ If no generic exists for your particular drug, ask your doctor if there is another drug that is available as a generic that treats the same condition. Often, many drugs do the same thing – such as lowering cholesterol or preventing heart burn – but some will have generics while others will not.
- ↳ Ask your pharmacist whether generic drugs are available for your medicines. The pharmacist can check with your doctor, if necessary.





**EHIM Pharmacy Call Center**

800-311-3446

[www.ehimrx.com](http://www.ehimrx.com)