

Are You Paying Too Much for Prescription Drugs?



Knowing the answer to this question can keep money in your wallet and save your benefit fund money, too.

Your cost for your prescription medications can vary greatly, depending on whether you use generic or brand name drugs. Generic drugs have the same active ingredient(s) as brand name drugs, and to get approval from the Food and Drug Administration (FDA), generic drug makers must prove their medicines are equal in safety, effectiveness, quality, and performance. Not every brand name drug has a specific, corresponding generic drug. However, there can be several generic drugs available to treat a condition or illness as effectively as the brand medication(s) you are taking now. Generic drugs typically cost a lot less.

Consider this example for drugs that lower cholesterol...

On average, a 20 milligram prescription of the brand drug Lipitor costs \$170 for a month's supply. Simvastatin is a generic drug that, for most people, is as effective as Lipitor at lowering cholesterol. Simvastatin costs just \$15 for a month's supply.

That's a difference of \$155 per month.

Bottom Line: For most people, generic drugs can deliver the same results at a lower cost. So, we are introducing a change to our prescription drug coverage. This change may save your benefit fund hundreds of thousands of dollars. It can save you money, too.

A New Formulary—Cost-Effective and Medically Effective

Starting September 1, 2011, we will introduce a new list of covered drugs. This new formulary list will include the most cost-effective drugs for treating various classes of conditions and illnesses—for example, drugs to lower cholesterol, drugs to treat allergies, drugs to treat pain, drugs for heartburn, drugs for diabetes, etc. As you might expect, the formulary list will be made up mostly of generic medications, with some brand name medications included.

Here is how the new benefit will work:

- If you are taking a drug that is **on the formulary list**, you will pay a set copay, like you are paying now.
- If you decide to take a drug that is **not on the formulary list**, you will pay the full cost of the drug.

You will receive the new formulary list later in August.

Will There Be Exceptions?

In some cases, drugs on the formulary list may not get the results you need. If your use of a non-formulary drug is medically necessary, your doctor can present his or her recommendations to our prescription drug provider, **Prescription Solutions**. When approved, you pay the applicable copay.

If your current brand medication will fall off our formulary list in September, you will receive two special letters from Prescription Solutions. Your doctor will receive notification, too. Be sure to talk with your doctor about this important benefit change.

Educate Yourself about Prescription Drugs

www.consumerreports.org/health/home.htm
Visit the Consumer Reports website for quick videos and unbiased comparisons of generic vs. brand name drug effectiveness and costs.

www.prescriptionsolutions.com
Set up a personalized account with our prescription drug provider, **Prescriptions Solutions**, to manage your prescriptions online, learn more about your medications, and compare the differences in generic vs. brand name drug costs. Our full formulary list will be available on the site as of September 1, 2011.

Watch for more information about changes to your prescription drug benefits later in August. If you have questions, call the Trust Fund Office at 1-888-245-5005 or Prescription Solutions at 1-800-797-9791.