

The rules have CHANGED!

FOR PRIVATE DRUG PLANS IN QUEBEC WITH A GENERIC SUBSTITUTION CLAUSE

WHAT'S NEW?

Last April, the government of Quebec adopted a bill that impacts private drug plans with a generic substitution clause.

In the past, private plans were required to reimburse at least 66% of the cost of brand name drugs covered by the public plan*. Beginning **October 1, 2015**, reimbursement of brand name drugs will be based on the cost of the equivalent generic drug, as well as on the terms of your policy for coinsurance and deductibles.

In addition, the cost difference between the brand name drug and generic drug will no longer be taken into account in your annual maximum out-of-pocket expense.

This new approach aligns the reimbursement of brand name drugs with the public plan and current practices in other provinces.

HOW THIS AFFECTS YOU: THREE POSSIBLE SITUATIONS

If your doctor prescribes ...

Then ...

1

a drug which has
no generic equivalent



NO CHANGE: same
reimbursement as before

2

a generic drug



NO CHANGE: same
reimbursement as before

3

a brand name drug which
has a generic equivalent



LOWER REIMBURSEMENT LEVEL:
reimbursement will be based on
the generic equivalent, whether
or not the brand name drug is
listed on the RAMQ formulary*

WHAT IS A GENERIC DRUG?

A generic drug ...

- ✓ is a **copy** of a brand name drug whose patent has expired;
- ✓ has the **same active ingredients** as the brand name drug and is just as effective;
- ✓ costs, on average, 40% to 60% **less** than the brand name drug.

WHAT IS A GENERIC SUBSTITUTION CLAUSE?

If a plan requires generic substitution, the plan reimbursement is limited to the cost of the less expensive generic equivalent, when a generic equivalent is available.

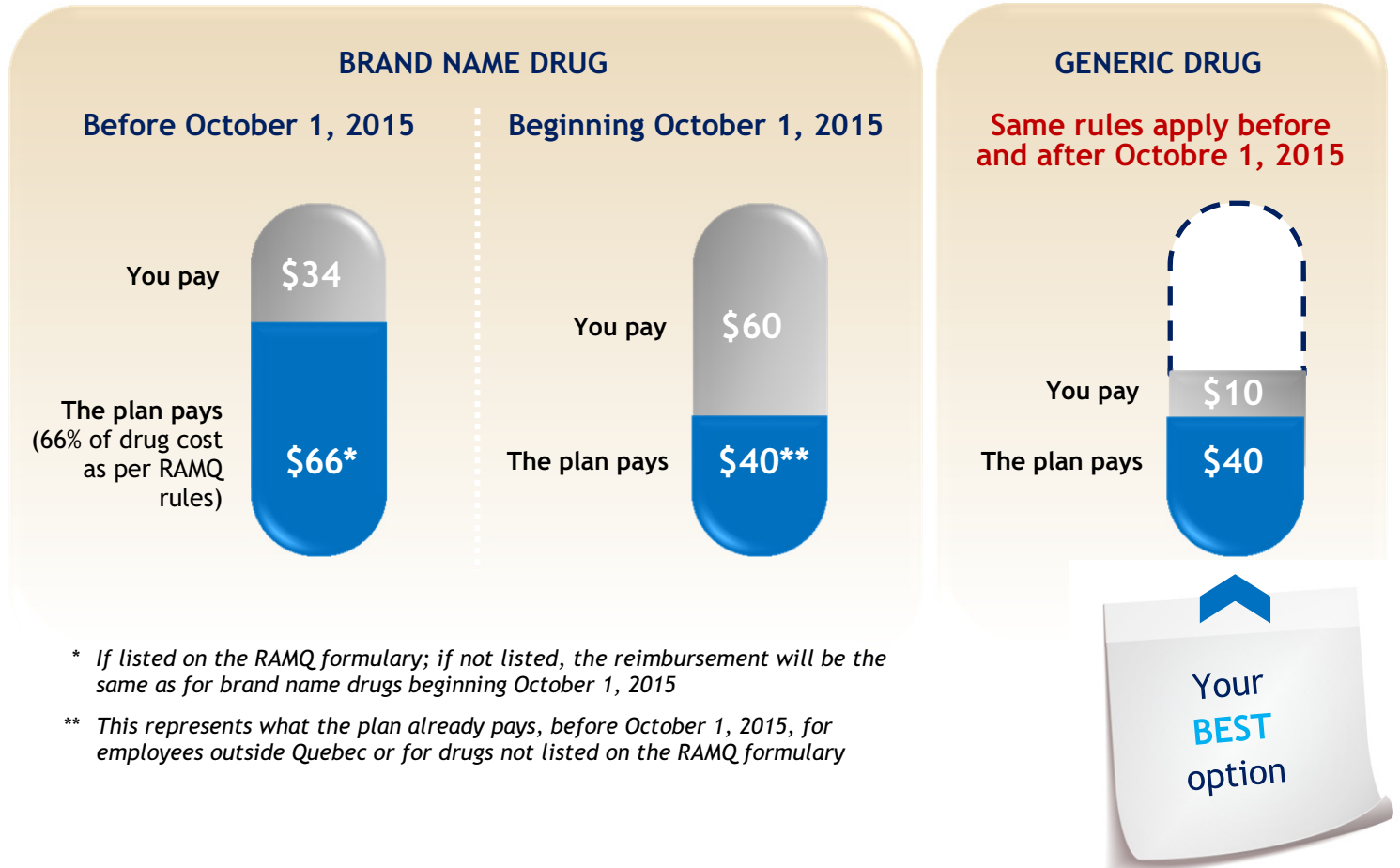
You must pay the difference between the cost of the brand name drug and that of the generic equivalent, as well as any portion of the cost of the generic equivalent that is not covered under your private plan.

ONE EXCEPTION: When a brand name drug is required for medical reasons (with a supporting form completed by your physician), reimbursement remains the same as before and is based on the cost of the brand name drug.

* List of drugs appearing on the formulary administered by the Régie de l'assurance maladie du Québec (RAMQ).

Beginning **October 1, 2015**, here is how the reimbursement will be determined for a **\$100 brand name drug** and its **\$50 generic equivalent** in Quebec:

PRIVATE PLAN WITH GENERIC SUBSTITUTION (80% COINSURANCE)



The amounts shown above are for illustration purposes only. The amount you will pay beginning October 1, 2015 will depend on the terms of your plan and the cost difference between the brand name drug and its generic equivalent.

As you can see, it is clearly to your advantage to ask for the generic equivalent.

With prescription drug costs on the rise, the use of generic drugs will help you **save money** and will help **keep private plans affordable for all employees**.

Ask your doctor or pharmacist if a generic equivalent is available for the drug you have been prescribed (or a generic version of an equivalent drug) and if it would be a good solution for you.

The rules have changed.
To save money,
choose generic drugs!