



### Lifestyle Drugs

You see and hear about them almost daily: pills that will control toenail fungus, cure impotence, make you thin and keep you from going bald. These “lifestyle” medications seem almost too good to be true. Even so, studies have shown that these drugs have grown in popularity—and consumers have been known to practically beg their physicians for a prescription. However, the growing prevalence of lifestyle drugs is raising serious questions about where our health care money is being spent, and whether we are getting the best value for our health care dollar.

CONTINUED ON PAGE 2



### Issue Highlights

Direct-to-consumer Advertising



01

Lifestyle Drugs



01

Medications for Smoking Cessation



02

Generic vs. Brand Name Medications

## Direct-to-consumer Advertising

**Many people believe that direct-to-consumer (DTC) advertising of prescription drugs is responsible for the skyrocketing costs of those drugs. Those against DTC advertising argue that drug manufacturers are encouraging unnecessary consumer medical spending by influencing individuals to pressure their doctors into prescribing advertised medications even when they may not be appropriate.**

Proponents of DTC advertising feel that giving consumers information about pharmaceutical treatments for their conditions is a revolutionary idea. These advocates say providing information directly to patients via television and the Internet gives them more control over their care and that drug manufacturers are simply responding to consumer demand for more information.

Whichever side you are on, it is easy to see why DTC advertising of prescription drugs has become so controversial in its relatively short life span. In 1997, the Food and Drug Administration (FDA) loosened the restrictions on DTC advertising, and since then drug

companies have been able to advertise their products using specific drug and condition names. From there, DTC advertising exploded. According to the *New England Journal of Medicine*, between 1996 and 2005, advertising by drug companies increased 330 percent.

The FDA requires prescription drug advertisements to state where consumers can get more information and to identify physicians and pharmacists as information sources. Potential side effects and risks must also be described, although they often are listed quickly or in small print.

Regardless of your view on DTC advertising, you should be aware that pharmaceutical advertising is different than advertising for other products because of the specific nature of medications and the individual health needs of each patient. If you see a drug that you believe would be helpful to you, talk to your doctor. Physicians should always be willing to discuss care and treatment issues with their patients. ♦

# Medications for Smoking Cessation

CONTINUED FROM PAGE 1

Certain medications can help you stop using tobacco by lessening the urge to smoke (or chew). The FDA has approved the following medications for smoking cessation:

- ✓ **Bupropion or Zyban®** – These drugs use the same active ingredient as Wellbutrin®, a commonly used antidepressant. Available only by prescription, bupropion is designed to reduce cravings for cigarettes. It is often used for people who are suffering from depression as well as trying to quit smoking. However, it is equally effective for smokers who are not suffering from depression. If you are trying to quit smoking, talk to your doctor to find out if bupropion might be right for you.
- ✓ **Nicotine replacement therapies**, such as nicotine gum (OTC), nicotine inhalers (prescription), nicotine nasal sprays (prescription), and nicotine patches (both prescription and OTC)

work to relieve smoking withdrawal symptoms by providing a temporary, alternative nicotine source. Using nicotine replacement therapy lets the smoker gradually reduce his or her dependence on nicotine.

If you are trying to quit smoking, remember that many smokers try to quit several times before they are actually successful. Most relapses occur within 12 weeks of the attempt to quit. Treat each attempt as a learning experience about what works and what doesn't. If you are concerned about your ability to quit on your own, contact your physician.

For more information about the dangers of tobacco use, as well as assistance with how to quit, you can visit the National Cancer Institute's resource page for smokers who want to quit at [smokefree.gov](http://smokefree.gov). ◇

## Lifestyle Drugs

Should your health plan pay for lifestyle drugs? Is there a pressing medical need for them in comparison to vaccines, diabetes medications, or medicines that fight cancer? Why has there been such an explosion in the number of lifestyle drugs on the market? Are you willing to pay extra for them?

These are all legitimate questions to consider when making an informed decision about your personal health care and when you see any DTC advertisement. ◇

## Generic vs. Brand Name Medications

When it comes to prescription medication, you are probably familiar with the terms "generic" and "brand name." These terms have little to do with the effectiveness of a particular medication, although some may think that generic versions of prescription drugs are inferior. In fact, generic drugs must meet the same FDA standards as brand name drugs.

The difference between generic and brand name medications involves the research, development and marketing investment that went into the original brand name product. Drug manufacturers spend millions of dollars on those factors. When "generic equivalents"—as they are often called—become available, they have the same active ingredients and the same chemical purity as the brand name drugs they mimic. Other ingredients such as tablet fillers, binders, coatings or flavors may differ. Because their development costs are less, generic drugs are often priced substantially lower than their brand name counterparts.

When you receive a prescription from your doctor, ask if a generic equivalent is available. Many health plans charge a lower drug co-pay for patients who choose generic over brand name medications.

Talk to your doctor, pharmacist or health plan representative for more information on generic drug options available to you. ◇



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