

The prevalence of epilepsy, which is a common neurologic condition, is quite high in the populations living below the poverty line. According to recent statistics, there are at least 38% of epileptic people who are deprived of treatment due to the high costs. Also, epileptic patients are more at risk of developing secondary health problems such as respiratory diseases, and their management also puts a financial burden on the families. A survey conducted by the Centers for Disease Control and Prevention in 2000 found that the estimated annual cost of epilepsy treatment is \$12.5 billion, attributing 86% to indirect epilepsy care and 14% to direct epilepsy care. The total antiepileptic medications that is sold to a single patient per year costs around \$25.41 as per a survey conducted in 2009 (Cardarelli and Smith, 2010).

According to a Government Accountability Office Report prepared in 2012, the rate of generic substitutions of antiepileptic drugs had reached 78%. Recent health plans are also focusing on incentivizing the use of generic drugs via low copayments and reimbursements based on recommendations for maximum pricing. According to a study conducted in 2013, a person covered with Medicaid is more likely to be prescribed a generic antiepileptic drug as compared to a person covered with private insurance (Mehr, 2013).

The substitution of non-generic medicines with generic medicines for the treatment of epilepsy is widely regarded as a means to reduce healthcare costs, both in the primary and secondary health sectors. Physicians are often provided with technology to help them identify the generic counterparts of the non-generic drugs they prescribe for treatment. In some parts of the world, pharmacists are also encouraged to provide generic drugs instead of the non-generic drugs written on the prescriptions. This has led to widespread use of generic medicines leading to effective healthcare budgeting by the governments (Feely et al., 2005).

On the other hand, there are also reports saying that use of generic drugs for the treatment of epilepsy leads to greater medical expenses annually. In a study conducted by Labiner et al. which surveyed 33,000 epileptic patients found that patients receiving generic substitutions of antiepileptic drugs like carbamazepine, phenytoin, primidone, gabapentin, and zonisamide spent almost \$3000 more on medical costs as compared to those who were on non-generic drugs. Another study conducted by Erickson et al. found that patients who were on generic substitutions of lamotrigine and divalproex were more likely to discontinue their medications, have their dosage changed, or use additional therapies for epilepsy. It has also been seen that patients who are on generic medications have a 44% higher risk of getting hospitalized, thus further increasing medical expenses (Mehr, 2013).