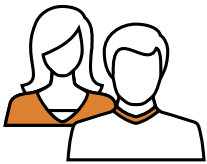


Protecting Patients from Non-Medical Switching

Patients with chronic and complex diseases often require medication so they can do their jobs, care for their families and participate in their communities. But increasingly, cost-focused insurers are forcing patients to abandon proven treatments for cheaper alternatives, what's known as “**non-medical switching.**”



Who's affected by non-medical switching?

Patients with chronic diseases are most affected by non-medical switching because they rely upon a stable medication regimen to go about their day-to-day lives. Such patients might include those with:

- Arthritis
- Crohn's disease
- Diabetes
- Epilepsy
- High cholesterol
- Hypertension
- Mental health conditions
- Pain
- Psoriasis.



How does non-medical switching occur?

Health plans may price patients out of their chosen medication by:

- Assigning the medication a higher co-pay
- Increasing patients' out-of-pocket requirements
- Reducing the maximum plan coverage amount for prescription medications
- Eliminating coverage for certain medications.





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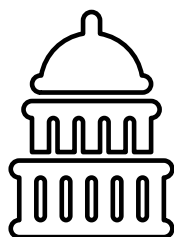


How does non-medical switching impact patients?

Switching between non-identical treatments can cause:

- Medical complications
- Symptom resurgence
- New side effects.

This can hurt patients and, ironically, increase overall health care costs.



How can state lawmakers protect patients?

State lawmakers can help keep stable patients on their medication by requiring that health plans and third-party payers maintain coverage for patients whose:

- Medication continues to be prescribed by their doctor for an ongoing condition
- Medication has been covered within either the current or a previous plan year.



Why must protections continue for as long as a patient's covered by a specific health plan?

If protections against non-medical switching apply only for a single coverage year, patients risk losing access to their medication each year – even though their need for treatment continues indefinitely. Once a patient is stabilized on a treatment, and health plan coverage for that treatment is secured, that coverage should continue for as long as the patient stays with that insurer.

