

Understanding Non-Medical Switching Legislation



What is non-medical switching?

Non-medical switching occurs when health plans push patients from their regular prescription medication to a drug that's less expensive for the health plan. This occurs when health plans:

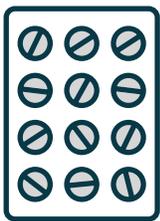
- Assign the medication a higher co-pay
- Increase patients' out-of-pocket requirements
- Reduce the maximum plan coverage for prescription medications
- Eliminate coverage for certain medicines



How can legislators help?

State lawmakers can help patients stay on their medication by requiring health plans to maintain coverage for patients whose:

- Medication continues to be prescribed by their doctor for an ongoing condition
- Medication has been covered for that patient during the current plan year or a previous year



Does non-medical switching legislation stop health plans from covering new or less expensive medications?

No. Plans can still update their formularies to incorporate new medications or less costly versions of covered medications. They just cannot use these additions to justify eliminating coverage for other, previously covered medications.



Does non-medical switching legislation require health plans to offer the same drugs to new enrollees?

No. Plans are required to maintain coverage only for patients who renew their plans and continue to be prescribed the medication in question.



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Can a patient still change medications if he or she wants to?

Yes. A patient always has the option to work with his or her physician and change a medication regimen as needed. Non-medical switching legislation does not lock patients into their current treatment path; it simply protects that path from being derailed by cost-cutting tactics.



Will non-medical switching legislation cause health care costs to rise?

Not necessarily. Stabilizing a chronic condition may sometimes require a costly medication, but treating patients who've lost the ability to manage their condition can require equally, if not more expensive, measures. These may include extra physician visits, hospitalization, diagnostics and lab work, and – in severe cases – emergency room care.



Isn't non-medical switching already addressed by legislation on step therapy?

No. Patients face these two different barriers at different points in time.

When patients are initially diagnosed with a condition, health plans may require them to “fail first” – to try and fail on one or a series of preferred medications before getting coverage for the medication their doctor prescribed. This is known as step therapy.

Non-medical switching occurs later, once patients are stable on their medication. At this point, patients are vulnerable to formulary changes that their health plans may make, sometimes without notice. These changes can eliminate patients' access to the medication they need.

