Non-Medical Switching

**MYTH vs. FACT**

**Myth:** Non-medical switching is about drug prices.

**Fact:** Non-medical switching is about patient care and protecting access to preexisting prescriptions. Drugs will cost no more or less if state legislation is passed.

**Myth:** Patients won’t be able to access generics or other alternatives.

**Fact:** Patients and their doctors will decide whether it makes sense to try a different drug. Non-medical switching protections don’t stop health plans from covering generics or lower-priced options. Nor do they deter patients from using these options.

**Myth:** An appeals process already exists for non-formulary drugs, making non-medical switching protections redundant.

**Fact:** It’s wrong to force chronic disease patients to go through a slow, cumbersome appeals process to get a drug that was covered when they signed up for their insurance. It can disrupt their course of care and destabilize their health.

**Myth:** Drug companies won’t have an incentive to negotiate on prices.

**Fact:** State legislation requires that health plans keep the coverage promised for patients whose ongoing conditions require ongoing treatment. It does not require coverage for any specific drug, nor does it diminish any company’s desire to negotiate with insurers.

**Myth:** State legislation will increase health care costs.

**Fact:** Non-medical switching legislation will protect against switches that could increase medical costs through added doctor’s visits, emergency care, and lab work as patients struggle to get their chronic disease back under control.