



NON-MEDICAL SWITCHING

Issue Brief

Providing Continuity of Care for Ohioans

Patients with chronic and complex diseases require stable medication regimens to work, care for their families, and participate in their communities. However, health plans are putting their own profits before patients, forcing patients to abandon their current therapies for potentially less efficacious ones. This practice is known as “non-medical switching.”

Non-Medical Switching – Below Standard of Care

Background:

- Non-medical switching occurs when health plans force a stable patient to switch from an effective treatment by making the current medication financially unreachable. Health plans and pharmacy benefit managers accomplish this by removing the drug from their formulary, moving the drug to a more restrictive formulary tier, or using other means to increase the patient’s out-of-pocket costs or administrative road blocks for the drug.
- Switching between non-identical treatments can cause medical complications, symptom resurgence, or new side effects. This can hurt patients and increase overall health care costs.
- Managing diseases, particularly for certain chronic conditions, is often a difficult process that may require several changes to medication before finding the one that is the most effective for the patient with the fewest side effects. Many patients with chronic conditions have been through years of painful trial-and-error with their physician to find the therapy that works for them.
- Patients who suffer disruptions in continuity of care often suffer adverse events that require hospitalization, emergency room visits, and other care. Non-medical switching is such a disruption.
- Ohio’s 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.

Ohio Association of Rheumatology Believes:

- Treatment decisions should arise from the course of the doctor-patient relationship, not from health plans that are unlicensed to practice medicine and do not directly evaluate patients.
- Patients who are stable on a course of treatment should remain on that course of treatment unless there is a compelling medical reason to change their treatment.

ASK: Please support legislation that reforms the unfair practice of non-medical switching.

CURRENT STATUS: HB 291 (Liston, Carruthers), Referred to House Insurance Committee