NON-MEDICAL SWITCHING
Myths vs. Facts

**MYTH:** Non-medical switching is a transparent process.

**FACT:** Health insurers engage in non-medical switching by making formulary changes to remove coverage, increasing out-of-pocket costs or requiring more restrictions for a treatment—even in the middle of a plan-year. These changes are made without notifying the patient or provider.

**MYTH:** Non-medical switching saves money.

**FACT:** While non-medical switching can save money for health plans in the near-term, it can negatively impact patient health, and as a result, drive up system-wide and patient costs.

- Studies have found that patients with rheumatoid arthritis, psoriasis, psoriatic arthritis, ankylosing spondylitis, or Crohn’s disease who switch treatment due to a formulary change incur 37 percent higher all-cause medical costs (which include hospitalizations, ER visits, and outpatient visits) and 26 percent higher total costs than patients who are not switched.1

**MYTH:** Non-medical switching would never happen to me.

**FACT:** Non-medical switching is a growing practice by health plans and pharmacy benefit managers (PBMs) that affects an increasing number of patients each year.

- According to a 2015 survey by the American Gastroenterological Association, 60 percent of provider respondents reported that a patient’s biologic medication was switched due to insurance company rules.2
- CVS/Caremark removed 34 drugs from its national formulary in 2012; it removed 124 in 2016. Express Scripts, the largest pharmacy benefit manager in the U.S., removed 48 drugs in 2014; it removed 80 in 2016.3

**MYTH:** Switching a stable patient’s medication to a biosimilar or to another drug in the same class has no impact on that person’s health.

**FACT:** Switching treatments for non-medical reasons can have negative and potentially irreversible consequences, including debilitating side effects and loss of disease control.

- Non-medical switching can lead people with epilepsy to experience breakthrough seizures. People with epilepsy who recently switched sought more emergency and in-patient care than those who did not.4
- Rheumatoid arthritis patients who incurred non-medical switching experienced 42% more ER visits and 12% more outpatient visits over six months.5
- For a patient on a biologic medication, a switch can result in immunogenicity—an immune response that can lead to a severe allergic reaction and potentially cause patients to no longer respond to therapy.6

**MYTH:** Non-medical switching is already illegal.

**FACT:** In most states, there are no limitations on payers’ ability to manipulate formularies to force patients to switch their medications. Further, there is little-to-no regulation of PBMs at the state or federal level to restrict such practices.

5. Sigrist et al. SWITCHING FROM ANALYSIS-MAI TO OTHER DOSE-MODIFYING ANTI-RHEUMATIC DRUGS WITHOUT APPARENT MEDICAL REASONS IN RHUMATOID ARTHRITIS: IMPACT ON HEALTH CARE SERVICE USE (MACR). doi: 10.1007/s12313-017-0817-5