NON-MEDICAL SWITCHING PATIENTS PAY THE PRICE



WHAT IS NON-MEDICAL SWITCHING?

Non-medical switching is a strategy that health insurers use to control their costs and maximize profits by forcing stable patients to switch from their current, effect medications to drugs that may not be as effective, for reasons unrelated to health. In other words, insurers force patients to change medications for non-medical reasons, disregarding physician recommendation and patients' individual needs.

REROUTING THE COURSE OF TREATMENT

Imagine you are traveling from New York to Los Angeles. As you make plans, you discover that your credit card company requires you to travel by bus instead of by plane, because <u>they</u> save money if you travel with a particular bus company, which doesn't have a bus that travels directly from New York to Los Angeles, but does have a bus that travels west, which may or may not end up in Los Angeles.

JUST LIKE YOU WOULDN'T
WANT YOUR CREDIT CARD
COMPANY DISRUPTING YOUR
TRAVEL PLANS TO SAVE A FEW
DOLLARS, HEALTH INSURERS
SHOULDN'T DISRUPT STABLE
PATIENTS' TREATMENT PLANS
TO CUT THEIR OWN COSTS.





- Reducing the plan's maximum prescription medication coverage amount
- Increasing patients' cost-share (e.g., copay or coinsurance)
- Increasing patients' out-of-pocket requirements
- Eliminating coverage for certain medications
- Imposing or altering a quantity limit for a drug





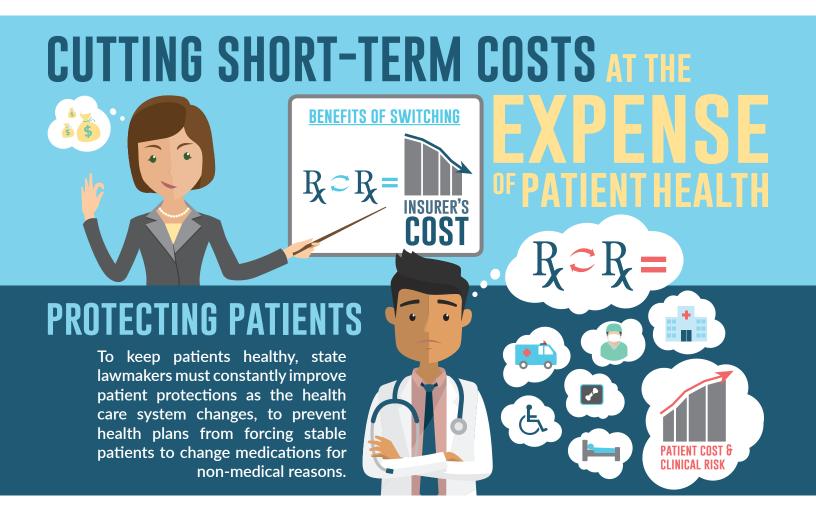
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THE COST OF SWITCHING

It can take years to find a treatment that works to successfully manage a complex condition. Disrupting this treatment increases patients' costs, amount of time without relief, and clinical risk.

THESE DISRUPTIONS IN CARE RESULT IN:

- Medical complications
- Progression of disease
- Resurgence of symptoms
- Decreased quality of life



To learn more about non-medical switching and how to support legislation that protects patients from non-medical switching in your state, please visit infusioncenter.org/non-medical-switching.

