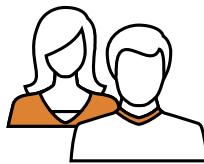


## Protecting Patients from Non-Medical Switching

Patients with chronic and complex diseases often require medication so they can do their jobs, care for their families and participate in their communities. But increasingly, cost-focused insurers are forcing patients to abandon proven treatments for cheaper alternatives, what's known as "**non-medical switching**."



### Who's affected by non-medical switching?

Patients with chronic diseases are most affected by non-medical switching because they rely upon a stable medication regimen to go about their day-to-day lives. Such patients might include those with:

- Arthritis
- Crohn's disease
- Diabetes
- Epilepsy
- High cholesterol
- Hypertension
- Mental health conditions
- Pain
- Psoriasis.



### How does non-medical switching occur?

Health plans may price patients out of their chosen medication by:

- Assigning the medication a higher co-pay
- Increasing patients' out-of-pocket requirements
- Reducing the maximum plan coverage amount for prescription medications
- Eliminating coverage for certain medications.



## KEEP MY Rx

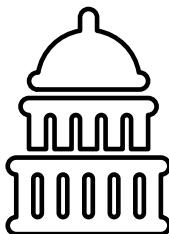


### How does non-medical switching impact patients?

Switching between non-identical treatments can cause:

- Medical complications
- Symptom resurgence
- New side effects.

This can hurt patients and, ironically, increase overall health care costs.



### How can state lawmakers protect patients?

State 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
- Medication has been covered within either the current or a previous plan year.



### Why must protections continue for as long as a patient's covered by a specific health plan?

If protections against non-medical switching apply only for a single coverage year, patients risk losing access to their medication each year – even though their need for treatment continues indefinitely. Once a patient is stabilized on a treatment, and health plan coverage for that treatment is secured, that coverage should continue for as long as the patient stays with that insurer.

