



Non-Medical Switching

A POSITION STATEMENT
from the Alliance for Patient Access

OVERVIEW

For many patients with complex, chronic conditions, the process of identifying the right combination of medications takes considerable effort. Imagine then how patients feel when their insurance company forces them to change their medication on the basis of cost.

The practice is called “non-medical switching.” It can take different forms. Insurers may simply stop covering a certain medication, for example, or place it on a specialty tier, which requires high cost sharing. The medication becomes unaffordable for patients—forcing them to switch to a cheaper, plan-preferred alternative.

Regardless of approach, the switch prioritizes insurers’ interests over patients’ health. And it often comes with consequences: new side effects, re-emerging symptoms that had been under control, or adverse interactions with medication the patient takes for other conditions.

POSITION

The Alliance for Patient Access presents the following principles for policies that govern non-medical switching:

- 1 Stable patients must be allowed to keep their medication.** Patients who are stable on their medication should be allowed to keep using the same medication as long as they remain with the same insurer. Patients select their plan with the expectation of certain coverage; it’s inappropriate to then deny coverage for that medication after the patient has signed up.
- 2 Patients and clinicians need prior notice about switches.** Before an insurer can compel the use of a different medication, the patient and prescribing clinician must receive written notification and a grace period before the switch occurs.
- 3 Patients and clinicians deserve a straightforward appeal process.** Clinicians should have the opportunity to appeal the switch on behalf of their patients. A straightforward appeal process that outlines requirements and timelines will minimize treatment disruptions. Patients should be allowed to stay on their prescribed medication during the appeal process.
- 4 Discriminatory formulary changes unfairly punish patients.** While all forms of non-medical switching are harmful, pricing a medication out of reach is also discriminatory. Insurers should be prohibited from moving medications to higher formulary tiers simply to push an unmanageable portion of the costs onto patients.

With these safeguards in place, lawmakers can make certain that insurers do not use non-medical switching to the detriment of patient health.