

PREVENT NON-MEDICAL SWITCHING TO ENSURE PATIENT ACCESS TO LIFESAVING MEDICATION

Pass S.B. 1164 to Protect Patients with Complex Health Conditions from Harmful Insurer & PBM Prescribing Practice



THE PROBLEM: INSURER & PBM PRACTICE THREATENS PATIENT ACCESS TO LIFESAVING MEDICATION

- Non-medical switching happens when a health insurer or Pharmacy Benefit Manager (PBM) unilaterally enacts changes in their coverage plans that increase patient out-of-pocket costs for a prescription medication or excludes a medication from their formulary.
- Health insurers and PBMs force stable patients to switch medications to reduce their own costs.
- Health insurers and PBMs can implement these changes at any point, including during the middle of the plan year or at the beginning of a new plan year.
- Non-medical switching leads to worse health outcomes for patients and undermines the relationship that patients have with their health care provider.



IMPACT ON UNDERSERVED COMMUNITIES

Non-medical switching harms any patient on stable medication, but it is even worse for underserved communities. Complex health conditions – like heart disease, bleeding disorders, and sickle cell disease – can require significant trial and error for patients to find the right treatment plan. When insurers and PBMs impose non-medical switching on a patient, it can mean the difference between life and death.



PATIENT IMPACT: NON-MEDICAL SWITCHING HAS NEGATIVE IMPACTS ON PHYSICAL HEALTH, EMOTIONAL HEALTH & FINANCIAL WELLBEING



\$14,000

A [comprehensive study](#) of billing for patients with autoimmune conditions, including Crohn's disease and rheumatoid arthritis, found that patients that were non-medically switched to less expensive prescription medication ended up seeing increased healthcare costs of up to \$14,000.



68% Less Effective

[68% of patients](#) who were non-medically switched had to try multiple medications before finding one that worked.



60% Increased Complications

[Nearly 60% of patients](#) who experience non-medical switching report a complication because of their medication change, such as a reemerging disease symptom.



Patient-Physician Relationship

[72% of patients and their health care providers](#) felt frustrated about having their medication switched.



70% Abandonment

[Nearly 70% of patients](#) stop taking medication when their out-of-pocket costs exceed \$250.



SOLUTION: REQUIRE INSURERS & PBMS TO MAINTAIN PRESCRIPTION COVERAGE FOR PATIENTS WHO ARE STABLE ON THEIR MEDICATIONS




Arizona policymakers should put patients over profits and prohibit the harmful practice of non-medical switching and require health insurers and PBMs to maintain coverage for patients who are stable on their medications without imposing changes to cost-sharing.

By prohibiting non-medical switching, Arizona policymakers will protect patients' access to medication as prescribed by their health care provider and ensure stability of individual health care treatment plans. To date, 12 states – **California, Connecticut, Illinois, Indiana, Louisiana, Maine, Maryland, Nevada, New Jersey, New Mexico, Rhode Island, and Texas** – have enacted legislation to prohibit non-medical switching during the middle of the plan year or without advanced notice.



ARIZONA PATIENT TREATMENT CONTINUITY ACT

PROTECT PATIENTS FROM MID-YEAR TREATMENT DISRUPTIONS

THE ARIZONA PATIENT TREATMENT CONTINUITY ACT:

-  Prevents health insurers and PBMs from forcing a patient to move to a different medication for non-medical reasons.
-  Requires any changes to specific prescription drug coverage to happen only with advanced notice and during the annual renewal period.
-  Requires health insurers and PBMs to continue coverage for prescription medicines as prescribed by the patient's health care provider if the health insurer or PBM previously covered the medication.

THE ARIZONA PATIENT TREATMENT CONTINUITY ACT DOES NOT:

-  Force health insurers and PBMs to freeze their formularies. Insurers and PBMs would still be able to add medications to their lists of covered drugs, but they would no longer be able to force stable patients to change their current medications.
-  Prevent health care providers from switching a patient's medication to another, more effective treatment.

The Following Organizations Support SB 1164, The Arizona Patient Treatment Continuity Act:

