
ANQUNETTE, DIAGNOSED IN 2013


ANDREW, DIAGNOSED IN 2013


CARLOS, DIAGNOSED IN 2001

NON-MEDICAL SWITCHING

BACKGROUND

Non-medical switching occurs when an insurance or health care plan mandates a change to medication that the patient is already taking for financial rather than medical reasons. The healthcare or insurance plan may do this by increasing the co-pay for the original medication, dropping it from the formulary, or incentivizing pharmacy benefit managers or healthcare providers to make the change. Input from the patient or their physician is not sought prior to the insurance or health care plan's mandating the switch.

People living with MS and their healthcare providers have reported that sudden changes to prescription drug coverage can have negative effects on their lives and health outcomes.

- Movement from one disease-modifying treatment to another should only occur for medically-appropriate reasons. When a person living with MS loses access to the treatment that best controls their disease progression, they may experience loss of function and possible irreversible increase in disability.
- A study by the Institute for Patient Access looked at 3.9 million claims for patients with several chronic diseases, including arthritis, Crohn's disease and multiple sclerosis, between 2011-2015. This study found that for persons with MS, one switch of their medication to another increased costs by $4362/month per person.
- Once a patient living with MS finds a disease-modifying medication that works for them, treatment with that medication should continue without interruption unless determined otherwise by the individual and his or her healthcare provider.
- A move from a co-pay to a co-insurance, sometimes as high as 40%, can leave critical prescription drugs financially out-of-reach.
- People may choose a health plan based on coverage for their needed prescription medication. Plan changes during an existing contract year are inherently unfair and result in unanticipated costs.

CURRENT CALIFORNIA STATE LAW

Current California law prohibits non-medical switching, due to the Knox Keene Health Care Service plan act of 1975 (section 1367.22). It does not prevent switching to a generic and does not cover off–label medications.

State of California HEALTH AND SAFETY CODE Section 1367.22

1367.22. (a) A health care service plan contract, issued, amended, or renewed on or after July 1, 1999, that covers prescription drug benefits shall not limit or exclude coverage for a drug for an enrollee if the drug previously had been approved for coverage by the plan for a medical condition of the enrollee and the plan's prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions as authorized by Section 4073 of the Business and Professions Code.

RAISING AWARENESS

A recent survey conducted among physician members of the California Neurological Society showed that 79% of the doctors who responded to the survey said that they had patients who had been impacted by non-medical switching, but 86% of the doctors were not aware of the law.

Please consider using the above Health and Safety Code language in appeal letters.