



Non-Medical Switching **MYTH** vs. **FACT**

- Myth:** Health plans will have to freeze their formularies.
- Fact:** Health plans can continue to update their formularies as needed. They just can't reduce coverage for patients' preexisting prescriptions.
- Myth:** Patients won't be able to access generics or other alternatives.
- Fact:** Patients and their doctors will decide whether it makes sense to try a different drug. Non-medical switching protections don't stop health plans from covering generics or lower-priced options. Nor do they deter patients from using these options.
- Myth:** The appeals process already protects patients.
- Fact:** The appeals process isn't always successful. And it's wrong to force chronic disease patients to go through a slow, cumbersome appeals process to get a drug that was covered when they signed up for their insurance.
- Myth:** State legislation will increase health care costs.
- Fact:** Non-medical switching legislation will protect against switches that could increase medical costs through added doctor's visits, emergency care, and lab work as patients struggle to get their chronic disease back under control.
- Myth:** Drug companies won't have an incentive to negotiate on prices.
- Fact:** State legislation requires that health plans keep the coverage promised for Texans whose ongoing conditions require ongoing treatment. It does not require coverage for any specific drug, nor does it diminish any company's desire to negotiate with insurers.
- Myth:** Non-medical switching is about drug prices.
- Fact:** Non-medical switching is about patient care and protecting access to preexisting prescriptions for Texans. Drugs will cost no more or less if state legislation is passed.