

# THE TRUE COSTS OF NON-MEDICAL SWITCHING



Pharmacy benefit managers and health insurers are increasingly making coverage changes aimed at forcing stable patients onto treatments other than those their physicians recommend.

This intrusion into the physician-patient relationship, known as “**NON-MEDICAL SWITCHING**,” erodes patient health and drives up monetary and societal costs.

## ERODING PATIENT HEALTH; DRIVING UP HEALTH CARE & SOCIETAL COSTS

- One way insurers can force a non-medical switch is by raising patient co-pays, making a treatment financially inaccessible.

- For each 10 percent rise in patient co-pays, **medication use falls between 2 percent and 6 percent.**<sup>i</sup>
- Doubling copays **reduces treatment adherence by 25 percent to 45 percent.**<sup>i</sup>
- The consequences of medication nonadherence include **disease progression, reduced functional abilities, and a lower quality of life.**<sup>ii</sup>



### DEVASTATING HEALTH CARE OUTCOMES

- Switching treatments, even those the FDA deems “equivalent,” can lead people with epilepsy to experience **breakthrough seizures.**<sup>iii</sup>
- For Crohn’s Disease patients, even voluntary switching from one therapy to another is associated with **loss of effectiveness** within one year.<sup>iv</sup>



### HIGHER HEALTH CARE COSTS

- Rheumatoid arthritis patients who incurred non-medical switching experienced the following over six months:
  - **42% more ER visits**
  - **12% more outpatient visits**<sup>v</sup>
- The **risk of hospitalization** for patients suffering from diabetes mellitus, hypercholesterolemia, hypertension, or congestive heart failure doubles with nonadherence – one potential outcome of raising out of pocket costs.<sup>vi</sup>

- People with epilepsy who recently switched **sought more in-patient and emergency care** than those that did not.<sup>vii</sup>
- Patients with rheumatoid arthritis, psoriasis, psoriatic arthritis, ankylosing spondylitis, or Crohn’s disease who switch treatment due to a formulary change incur **37 percent higher all-cause medical costs** (which include hospitalizations, ER visits, and outpatient visits) and **26 percent higher total costs** than patients who are not switched.<sup>viii</sup>



### NEGATIVE SOCIETAL IMPACTS

- Nonadherence to treatment medication regimens contributes direct annual costs of **\$100 billion** to the U.S. health care system. Indirect costs **exceed \$1.5 billion annually in lost patient earnings and \$50 billion in lost productivity.**<sup>ix</sup>
- Psychiatric patients who stop taking their medications because of prescription drug coverage changes, utilization management, or copayment issues are **3.2 times more likely to be homeless.** Psychiatric patients who discontinue or temporarily stopped their medications are **more than twice as likely to be incarcerated in prison or detained in jail.**<sup>x</sup>

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