


## U.S. PAIN FOUNDATION POSITION STATEMENT – NON-MEDICAL SWITCHING

U.S. Pain Foundation believes that non-medical switching does not just ignore the process physicians and patients underwent to find a successful medical therapy, but it also disregards the impact of switching medications arbitrarily. Switching should only take place with the full knowledge and consent of the prescribing physician in consultation with the affected patient. Insurers should not be playing doctor.

On occasion, patients who are stable on a medication may be switched off their treatment for non-medical reasons based on a practice or decision of an insurer seeking to control costs. As a result, patients who have been stable on their previous therapy may suffer negative side effects on their new therapy and/or become less responsive to treatment even if returned to their original medication. Furthermore, patients who are switched for non-medical reasons may also increase overall utilization costs due to the unintended medical consequences of the non-medical switch.

Health plans can switch patients in several ways, regardless of the potential health impact on the patient, including:

- Making formulary changes that limit or restrict access to a particular therapy. This can include taking a drug off formulary mid-plan year, or at the end of the plan year, which forces patients, already stable on therapy, to either shop for a new plan or switch to a drug that may be less effective.
- Increasing out of pocket costs or moving a drug onto a disadvantaged tier during the plan year, thereby encouraging patients to switch to an alternative therapy.
- Blocking the use of co-pay cards for certain drugs, thereby increasing out of pocket costs for patients.



Managing invisible illnesses, particularly for certain chronic conditions, is a difficult process that may require several changes to medication before finding one that is most effective for the patient with the least amount of side effects. Many pain survivors have been through years of painful trial and error with their physician to find the therapy that works for them.

When patients lose access to the therapy that stabilizes their condition, they may also lose the ability to manage their disease, facing re-emerging symptoms and new side effects. Patients may require visits to the emergency room, additional appointments with their physician, lab tests and hospitalizations as a result—making the “less costly” alternative an expensive option for patients and insurers alike. Restricting non-medical switching can protect not only patient health but also the physician-patient relationship’s role in guiding patient care.

