



ISSUE

Preserving Patient Access to Prescription Drugs

MMA Position

The MMA supports legislation that prohibits insurers and health plans from forcing a patient to change drugs mid-contract year, once a therapy has begun.

Background

Patients often choose their health plan based upon a plan's coverage of the medications that work for them. This is even more likely for patients with chronic conditions such as MS, arthritis, epilepsy or mental illness.

For many of these conditions, forcing a patient to change a drug therapy because a health plan or pharmacy benefit manager (PBM) decides to can cause serious harm to the patient and add to the overall cost of treatment. Health plans and PBMs routinely change their drug formularies solely for financial reasons.

Patients are bound by the terms of their health plan's contract and cannot change coverage until the next open enrollment period. Yet, nothing currently prohibits PBMs or health plans from changing their drug formularies mid-year and requiring patients to switch drugs. Sometimes called "non-medical switching," changes to a drug's coverage or benefit class can lead to increased expense for patients and compromised care by requiring patients to switch from medications with demonstrated effectiveness to ones that may not provide the same therapeutic benefit.

Legislation is needed to prohibit health plans and PBMs from forcing a patient who is currently receiving a drug therapy from changing drugs until the end of the patient's contract year.

The MMA acknowledges the important role that formularies and preferred drug lists can play in reducing costs. The proposed legislation would only apply to a patient who is currently receiving a drug therapy. Nothing in the bill would prohibit PBMs and health plans from changing formularies for all other enrollees.

Talking Points

- Patients deserve to have access to their needed medications in a timely manner.
- Patients are bound to the terms of the contract with a health insurer. And yet nothing in state law prohibits the insurer or PBM from changing the patient's drug coverage for drugs they are already on, even in the middle of a contract year.
- Drugs that were covered one month suddenly are no longer covered without the patient or physician receiving notification prior to a denial of a prescription.

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