



DiabetesSisters



Non-Medical *Switching*



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Imagine months of fine-tuning your diabetes treatment plan with your medical team and finally receiving good news: Your A1C is in range and your triglycerides levels have dropped. You're feeling fantastic as you walk into the pharmacy to pick up your monthly prescriptions until the pharmacist calls you up to the counter. "I'm sorry, but your diabetes medication is no longer covered under your insurance."

You're now a victim of non-medical switching.

Non-Medical Switching

As insurers look for ways to reduce costs at every turn, prescription drug formularies have come under attack. Pharmaceutical benefits managers (PBMs) look to replace one drug with a cheaper substitute under the guise of savings. The PBMs deem the drugs to be interchangeable or medically equivalent, without consulting the prescribing healthcare professional or patient.

Some insurers will remove a drug entirely from a formulary, while others will increase the copay or coinsurance, passing the increased cost of a particular drug onto the patient. Often, that increased cost will place the drug out of a reasonable price range, forcing a patient to either switch to the newer drug or pay an exorbitant amount each month.

Cost Savings? Not For You

The reasoning often given by insurers for non-medical switching is that of cost savings. Unfortunately, patients often never see those savings. When forced to switch to another drug, especially one that helps to manage a chronic illness like diabetes, patients will incur costs for additional office visits as they initialize onto a new medication, additional lab costs to ensure that the new drug is working, and in some cases, the cost of switching to yet another medication if the first one doesn't work. This is compounded by the possibility of having a formulary change annually, as PBMs negotiate new rebates.

For patients who suffer through non-medical switching, there is the time and effort spent adapting and adjusting to a new treatment regimen. The new drug, while touted as similar, may cause allergic reactions and have different dosing requirements and unknown side effects. In some unfortunate



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cases, switching can increase hospitalization stays and emergency room visits, increasing overall medical costs. Even worse, the disruption of a stable therapy can lead to abandonment of the drug altogether. This is frustrating to patients and healthcare professionals. What can be done?

Appealing Non-Medical Switching

Diabetes is a complex chronic illness, requiring a delicate balance of therapies and medications. State governments are beginning to review legislation either limiting or prohibiting non-medical switching, but in the meantime, individual patients must work closely with their healthcare team to appeal.

As you begin your appeals process, know that as you are going through the appeals process, your insurance company may allow you to access the prescription if it is not on the formulary. While each insurer is different, many will charge you the highest copay or coinsurance for that medication.

Step 1: Review Your Insurance Coverage

After you've reviewed the formulary coverage for your insurance and determined that your medication is either not on the list of approved medications or has been placed on the highest tier/copay/coinsurance, rendering it cost-prohibitive, you'll need to review your appeal options.

Formulary Exception Request (Not Listed on Formulary)

Your insurance will most often have a form that begins an appeal process for your prescription, called the "Formulary Exception Request." You will need to print this document out and bring it with you to your medical team's office. The form can only be filled out by the prescriber and must detail the reason for the formulary exception (prevention of non-medical switching).

It is important that you take an active part in reviewing the document to ensure that all sections are filled out properly. As you discuss the document with your team, take care to identify, discuss, and list:

- Whether you've tried alternative medications,
- If you've had adverse events (allergies, significant side effects),
- How long you've been on the medication you are requesting and can show that you are medically stable,
- If switching to a different (albeit equivalent) drug can put you at risk for an adverse event (e.g., severe hypoglycemia),
- Any potential drug-drug interactions or contraindications,
- And any other additional risk factors that could increase by switching to a new medication, including "progression of chronic disease" or "complications of an underlying disease process that have previously been prevented by the current treatment."



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Your medical team must provide clinical documentation (labs, notes, etc.) to support the Formulary Exception Request and it must be signed by the prescriber and sent through the prescriber channels to the insurer for review. You can have your medical team ask for an expedited or urgent review, but only if it is believed that your life is in jeopardy or that this drug is required for “maximum function.”

Tiering Exception Request (Cost-Prohibitive due to Tiering/Copay/Coinsurance)

If your medication has jumped from a lower to higher tier, causing the monthly cost to become a financial burden, your physician can request a tiering exception. Most insurers do not have a standard form for this request, but a letter written on the medical prescriber’s letterhead with the following information/ wording can begin the appeals process:

(Please include insurance information, patient name, and DOB at the top of the letter.)

To Whom It May Concern:

I am writing to request a tier exception for the following drug, [insert drug name] for [insert patient name] for the diagnosis of [insert diagnosis and ICD code]. This drug was offered through the patient’s previous insurance coverage at [describe tier/copay/coinsurance].

This drug is delivered by [insert route of administration] in [insert strength of drug]. The requested length of the tier/cost exception approval is [insert requested length of approval].

The patient’s medical records and a Letter of Medical Necessity are attached, showing that this drug is necessary to ensure the stable management of the current diagnosis. The patient has been on [insert drug and dosage here] and is currently stable, as shown in the medical records. Previous medications/ adverse events/contraindications are listed here: [insert list]. These previous medications have been unsuccessful in maintaining optimum therapeutic goals of the patient’s disease. The drug and dosage requirements have shown that maintaining the drug is medically necessary.

The patient is requesting a tier exception due to the inability to afford the monthly [insert copay/ coinsurance cost] without financial relief. As a prescriber whose adherence to the previous formulary found a successful treatment for the management of this disease, I am requesting this exception as it is the most effective treatment.

Sincerely,

[Prescribing Medical Professional]

This request must be sent by the prescriber through prescriber channels. You will need to provide the insurer’s contact information to the office to expedite this process.



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If you have switched insurers, provide your medical professional with the documentation showing the previous cost of the medication. If you have switched medical professionals, it is crucial to forward the medical records to the new office so you can show continuity on the medication.

Possible Outcomes for Non-Medical Switching Appeals

Formula Exception Approval

Your request for exception is approved. Depending on your insurer, your cost could be as low as the alternative medication or as high as the highest copay.

Formula Exception Denial

The insurer may deny the exception. You may request an internal or external review under the insurer's formal appeals process. This will require additional information from your prescribing medical professional, time, and paperwork, but it's often successful upon appeal.

Tier Exception Approval

If the request is approved, you will pay a lower tier copay/coinsurance for the remainder of the calendar year. This exception is not indefinite; you will need to re-establish the exception on an annual basis.

Tier Exception Denial

If the request is denied, you will pay the original tier copay/coinsurance that the pharmacy benefit manager has established for the medication. There is no appeals process after this step.

Worth The Effort

With non-medical switching becoming more and more frequent, it's worth the effort to take the extra steps and fight for the medications that keep you healthy and stable. As you review your plans annually, don't forget to review the new formulary and prepare for any exception requests to ensure that you are able to keep the medications that work for you. With your medical professional's guidance, you can keep both financial and health costs under control.

