



POSITION STATEMENT

Support H.982

The National MS Society supports measures that ensure health insurers stick to the contract, and prevent them from making changes to prescription drug benefits and formularies after the plan year has begun.

BACKGROUND

Non-medical switching refers to changes health insurers make to prescription drug benefits during the plan year, for reasons that are unrelated to patients' health or safety. This practice may result in stable patients being forced to switch medications or even stop treatment due to unanticipated costs. The changes an insurer may make include:

- Moving a prescription to a higher cost-sharing tier;
- Increasing out-of-pocket costs by moving from co-pay to co-insurance;
- Adding utilization review requirements, such as step therapy or prior authorization; or
- Removing a medication from a drug formulary.

People living with MS and their healthcare providers have reported that sudden changes to prescription drug coverage can have negative effects on their lives and health outcomes.

- Movement from one disease-modifying treatment to another should only occur for medically-appropriate reasons. When a person living with MS loses access to the treatment that best controls their disease progression, they may experience loss of function and possible irreversible increase in disability.
- Managing MS can be a difficult process that requires several “trial and error” changes to medication before finding the one that is most effective at controlling disease progression with the least amount of negative side-effects.
- Once a patient living with MS finds a disease-modifying medication that works for them, treatment with that medication should continue without interruption unless determined otherwise by the individual and his or her healthcare provider.
- A move from a co-pay to a co-insurance, sometimes as high as 40%, can leave critical prescription drugs financially out-of-reach.
- People living with MS and their healthcare providers have reported that sudden changes to prescription drug coverage can have negative effects on their lives and health outcomes.

POLICY IMPACT

H.982 would:

- Ensure health plans do not limit coverage for a drug if a person is stable, so long as the drug was previously covered and has been prescribed within the last six months.

Strengthen H.982 to recognize:

- No drug should be removed from a covered formulary during a plan year unless the FDA determines it is clinically unsafe.
- Many drugs are annual and cannot be prescribed within the last six months.
- A patient not yet considered stable on a drug does not mean it's the wrong drug for them; many providers are attempting to find the best drug for their patient and removing coverage mid-policy year could still be damaging.

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What is multiple sclerosis (MS)?

- MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information between the brain and body. Early treatment minimizes disease progression.
- The progress, severity and specific symptoms of MS in any one person cannot yet be predicted.
- Nearly 1 million people in the United States live with MS.