

July 2021

Non-Medical Switching & CARDIOVASCULAR HEALTH



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

Introduction

As Americans come to terms with the more than half a million victims of COVID-19, many overlook a startling fact. Cardiovascular disease exacts an even larger toll on public health every year.

Heart attacks, strokes, heart failure and other cardiovascular conditions claim about 655,000 victims annually. They account for one in every four deaths in the United States.¹

There are now more medications than ever before to treat and prevent cardiovascular disease. These include drugs that lower cholesterol levels, control hypertension and allow blood to flow more freely, reducing strain on the heart. Medical research has yielded more and better treatments for cardiovascular disease, with still more in the pipeline.

Getting treatment to the patients who need it would seem like an obvious policy priority. Instead, however, health plans often see an opportunity for blunt cost-cutting measures.

One such tactic is non-medical switching. Here, health plans change which drugs they cover or prefer, driving patients to switch from the medication they're on to one that's more profitable for the insurer.

For some heart patients, non-medical switching is a logistical hassle. For others, it's a risky move that could end with an avoidable heart attack or stroke. Regardless of outcome, non-medical switching represents backward thinking that does little to stem the rising tide of cardiovascular deaths.

Given the seriousness and prevalence of cardiovascular disease, the impact of non-medical switching on heart patients merits a closer look.

“ Heart and vascular disease kill more Americans than COVID-19 every single year.”



Norman Lepor, MD
*Cardiologist, Cedars-Sinai
Medical Center*

Tools for Prevention

Prevention requires a healthy lifestyle, but when eating right and exercising are not enough, medications can help reduce patients' risk. Examples of common treatments include:



BLOOD THINNERS, OR ANTICOAGULANTS.

By preventing clots from forming in blood vessels, blood thinners can help ward off heart attacks, strokes and pulmonary embolism. This is particularly true for people who have already had a heart attack, have an artificial heart valve, suffer from irregular heartbeat, or have other risk factors.



CHOLESTEROL-LOWERING DRUGS.

Statins are a common cholesterol-lowering drug that help stop artery-clogging plaque from forming. They also prevent existing plaque from worsening. PCSK9 inhibitors are a fairly new type of medication that can lower people's cholesterol levels by more than half. Often effective for patients with extremely elevated LDL cholesterol, PCSK9 inhibitors may also prevent strokes and heart attacks.



BLOOD-PRESSURE MEDICATIONS, OR ANTI-HYPERTENSIVES.

A range of medications are used to lower high blood pressure. Diuretics, for example, help the body eliminate extra salt and water. Beta blockers lower blood pressure by reducing the heart rate and output of blood.

“ With each new treatment option, I am better equipped to personalize care for my patients.”



Kim Newlin, NP

Nurse Practitioner, Sutter Health



Adherence Challenges

Given the growing number of treatment options, preventing cardiovascular events would seem straightforward. But for a variety of reasons, patients may not take the very medication that keeps them safe. Those reasons include misconceptions about why they should take a certain medication, potential side effects, affordability, and other barriers to getting a prescription or accessing their medication.

Unlike some other types of medications, statins, blood thinners and the like don't make patients "feel" any different on a daily basis. This can lead patients to skip doses or leave prescriptions unfilled. Heart patients may also face a fear of statins, either because

of concerns about side effects or based on misinformation garnered from the Internet.

Patients with high cholesterol who don't take their medications increase their likelihood of cardiovascular-related hospitalization by 26%. But despite these statistics, as many as half of all patients in the United States do not take their medications as instructed.

Getting proper medication into the hands of patients who recognize its importance and adhere appropriately is a struggle in and of itself. It can also be a challenge for busy clinicians to find the time needed to answer every patients' questions. But those are not the only challenges.

“ Some heart patients really believe that their preventive medication doesn't help – or worse, that it puts them at risk.”



Andrea Baer

Executive Director, Mended Hearts



Non-Medical Switching

When patients' skepticism about prevention is compounded by policies that swap prescription drugs at whim, heart health can suffer.

Non-medical switching occurs when a health plan eliminates a prescription drug from its formulary or reorganizes its coverage tiers, pricing patients out of access. Losing access to the medication they depend upon, patients may face:

- **New side effects or reduced efficacy** with the new prescription drug.
- **Gaps in treatment** while transitioning to a new drug or as their health care provider appeals to the health plan

to maintain coverage for the current medication.

- **Increased non-adherence** as the patient becomes frustrated with the health plan for dictating medical decisions or interprets the insurers' casual attitude about treatment as evidence that preventive drugs "don't really do anything."

For cardiovascular patients, treatment disruptions due to non-medical switching can have serious consequences. Non-medical switching, research shows, has a negative impact on medication-taking behaviors in

“What women with heart disease desperately need right now is precise, effective, patient-centered care. There’s no room for non-medical switching in that model.”



Amy Fredrich-Karnik
Vice President, WomenHeart

“ If heart patients are going to commit to a preventive medication, they need confidence that their health plan is going to provide ongoing coverage for that drug.”



Dharmesh Patel, MD
*Cardiologist, Stern
Cardiovascular Clinic*

75% of cases. And non-adherence can impact outcomes too. It's estimated, for example, that 46,000 deaths might be avoided each year if just 70% of people with hypertension got the treatment they need.

Non-medical switching also has other consequences.

While similar medications often produce similar results, the intricacies of a patient's treatment are not always apparent to an insurance company administrator or government bureaucrat. Patient-centered care for heart patients requires shared

decision-making and a strong physician-patient relationship. Health plans undercut by imposing themselves in the critical conversation about what medication the patient needs.

Non-medical switching also has implications for health care practices. One survey of 1,010 physicians underscored its harmful effects, with 84% of responding doctors reporting that it increased the administrative burden on their practices. Roughly half saying it negatively impacted their patients in terms of effectiveness of care, side effects or medication errors.



The Cost of Non-Medical Switching

While health plans may frame non-medical switching as a necessary cost-cutting exercise, data suggests the ends do not justify the means.

One analysis of insurance claims data found that switching led to higher downstream medical costs for doctor's visits, lab tests and hospitalizations. The study also found that an initial switch may set patients on a path for multiple switches later on, suggesting that the disruption has far-reaching consequences.

Patients who were not switched, notably, had the lowest per-person costs to the health plan.

A separate study examined non-medical switching from the perspective of 800 patients, including cardiovascular patients, across the country who had been switched. The findings were telling.

- Nearly 60% of patients reported having a complication from the new medication
- About 40% said the new medicine was not as effective as the original
- Nearly one in 10 reported being hospitalized for complications after the switch
- Almost 40% reported that being switched was so frustrating they just stopped taking their medicine altogether

As the data suggest, non-medical switching can have dangerous and expensive repercussions. Though the justification for switching may be cost-cutting, the tactic itself carries a cost – one that a country facing record numbers of cardiovascular deaths may not be willing to shoulder.

“ Why would you switch at-risk heart patients off a drug that’s keeping them safe just to increase the health plan’s profits?”



Seth Baum, MD
*Cardiologist, Excel
Medical Clinical Trials, LLC*

Conclusion

America faces what is rightly called a heart disease epidemic – record rates of cardiovascular disease compounded by an aging population, a rise in obesity and an increasing rate of comorbid diabetes.

Yet non-medical switching weakens the nation’s response to this serious public health challenge. It puts near-term gains for health plans above long-term gains for public health.

A patient-centered approach that combines lifestyle changes, a tailored treatment regimen and a strong physician-patient relationship can empower patients to live longer, healthier lives. If policymakers want to tackle the nation’s cardiovascular disease epidemic, they must embrace a patient-centered model – and closely consider the implications of non-medical switching.

References

1. *Heart Disease Facts*. September 8, 2020. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/heartdisease/facts.htm>
2. *Anticoagulants*. 2020. Heart&Stroke. Available from: <https://www.heartandstroke.ca/heart-disease/treatments/medications/anticoagulants>
3. *PCSK9 Inhibitors*. Heart UK. Available from: <https://www.heartuk.org.uk/getting-treatment/pcsk9-inhibitors>
4. *Types of Blood Pressure Medications*. October 31, 2017. American Heart Association. Available from: <https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/types-of-blood-pressure-medications#beta>
5. *A Tough Pill to Swallow: Medication Adherence and Cardiovascular Disease*. February 2014. American Heart Association. Available from: https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_460769.pdf
6. *The impact of non-medical switching among ambulatory patients: an updated systematic literature review*. October 19, 2019. *Journal of Market Access & Health Policy*. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6818107/>
7. *A Tough Pill to Swallow: Medication Adherence and Cardiovascular Disease*.
8. *Physicians’ perspectives regarding non-medical switching of prescription medications: Results of an internet e-survey*. January 10, 2020. *PLoS One*. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953849/>
9. *Cost-Motivated Treatment Changes & Non-Medical Switching*. August 2017. Institute for Patient Access. Available from: https://instituteforpatientaccess.org/wp-content/uploads/2018/05/IfPA_Non-Medical-Switching-Commercial-Claims-Analysis_Aug-2017.pdf
10. *A Study of the Qualitative Impact of Non-Medical Switching*. February 2019. Alliance for Patient Access. Available from: https://admin.allianceforpatientaccess.org/wp-content/uploads/2020/02/AfPA_Qualitative-Impact-of-Non-Medical-Switching_Report_Feb-2019.pdf
11. *America’s Heart Disease epidemic*. March 19, 2013. Adventist Health Portland. Available from: <https://www.nwregionalheart.com/americas-heart-disease-epidemic/>





PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

About the Partnership to Advance Cardiovascular Health

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.



@advcardiohealth



Partnership to Advance
Cardiovascular Health