



August 26, 2019

Robert Wyllie, M.D.
Chief of Medical Operations
Cleveland Clinic
Executive Board Office
9500 Euclid Ave
Cleveland, Ohio 44195

Re: Nonmedical Switching by Ohio Health Care Systems

Dear Dr. Wyllie:

We, the undersigned organizations, previously wrote to you on December 19, 2018, to express our concern about the growing number of health systems in Ohio that have adopted policies that require medical practitioners to switch patients from one biologic to a different biologic or biosimilar. This practice occurs when the health system's pharmacy and therapeutic (P&T) committee determines that a switch should be made, instructs its health care practitioners to switch patients, and stops stocking the original medication in its pharmacies. While the term "nonmedical switching" is typically reserved for practices of insurers and pharmacy benefit managers, the term is applicable here because the impact on patients is the same—forcing them to switch treatments for nonmedical reasons. As we mentioned previously, nonmedical switching can have a devastating impact on patient health and may create a conflict of interest for health care practitioners. Therefore, we request that Cleveland Clinic offer a pathway to allow stable patients to remain on their current medications by providing a transparent and streamlined health system appeals process.

To determine the extent of nonmedical switching among health systems, we recently surveyed physicians who work in Ohio health systems.¹ Findings of our survey include:

- Nearly 79 percent of physicians practicing in Ohio and employed by a health system have experienced some type of third-party interference in the treatment of their patients;
- Of these physicians, nearly 87 percent reported that a health system forced their patients to use a medication that was different from the one originally prescribed.
- Approximately 65 percent of physicians whose patients were switched reported a delay in access to treatment for their patients after being switched.
- Nearly 60 percent of these patients needed to try multiple treatments before finding one that worked after being switched from the original treatment.
- Of the physicians whose patients were forced to switch medications, 58 percent found that the new treatment was either less or much less effective at managing the patient's condition.

¹ *A Forced Hand: How Ohio Health Systems' Non-Medical Switching Policies Impact Physicians and Patients*, AIMED ALLIANCE (July 2019), <https://aimedalliance.org/wp-content/uploads/2019/07/Ohio-Health-System-NMS-Report-Formatted-v9.pdf>.

- Of those patients, 37 percent also reported worsened side effects.

In a recent interview with the Cleveland Plain Dealer, a representative of Cleveland Clinic noted that though its P&T Committee implements strategies to manage medication use through its formulary system, practitioners and patients may still access medications that are not on the health system's formulary but are medically necessary.² As such, we reiterate our request that you allow stable patients to remain on the treatment that has been effective for them, even if it has been removed from the formulary. This can be achieved through the appeals process. However, our survey indicated that health systems' appeals processes often lack transparency.³ Therefore, we request that you provide clear instructions for the appeals processes to all practitioners and patients before implementing any policy that requires practitioners to switch patients to a different treatment for nonmedical reasons. The appeals process should also be streamlined to allow patients to receive a decision on their request in a timely fashion, thereby reducing the risk of unnecessary delays in care.

Due to the prevalence of this practice in Ohio, we respectfully request to schedule a call with you to discuss this issue further. Please contact John Wylam at jwylam@aimedalliance.org. Thank you for your consideration.

Sincerely,

Aimed Alliance
Alliance for Patient Access
Children with Diabetes
Coalition of State Rheumatology Organizations
Diabetes Patient Advocacy Coalition
Global Healthy Living Foundation
Lupus and Allied Diseases Association, Inc.
National Diabetes Volunteer Leadership Council
National Infusion Center Association
U.S. Pain Foundation

² Julie Washington, *Ohio Doctors, Patients Frustrated by Policy that Requires Switching Medications: Survey Finds*, CLEVELAND PLAIN DEALER (July 25, 2019), <https://www.cleveland.com/business/2019/07/ohio-doctors-patients-frustrated-by-policy-that-requires-switching-medications-survey-finds.html>.

³ *A Forced Hand: How Ohio Health Systems' Non-Medical Switching Policies Impact Physicians and Patients*, *supra* note 1.