What happens when Medicare Part B patients’ medications are switched for financial reasons instead of health reasons?

**THE IMPACT OF COST-MOTIVATED SWITCHING**

**01** SWITCHING BEGINS SWITCHING.

**CROHN’S DISEASE**
- 8.1% of patients switched Part B drugs; 44.6% of these patients switched a second time

**RHEUMATOID ARTHRITIS**
- 9.9% of patients switched Part B drugs; 32.6% of these patients switched a second time

**IMMUNODEFICIENCY**
- 29.4% of patients switched Part B drugs; 46% of these patients switched a second time

**02** CUT NOW, PAY LATER.

Rheumatoid arthritis patients who reduced upfront expenses by switching to a cheaper medication saw an increase in annual overall medical expenses of $6,254 to as much as $14,127.

Patients not yet stabilized on a treatment saw higher yearly increases:

- **001**
  - **CROHN’S DISEASE**
    - 8.1% of patients switched Part B drugs; 44.6% of these patients switched a second time
  - **RHEUMATOID ARTHRITIS**
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  - **IMMUNODEFICIENCY**
    - 29.4% of patients switched Part B drugs; 46% of these patients switched a second time

**03** STABILITY SAVES.

Rheumatoid arthritis patients who were on the same treatment for 271 days or more had a yearly increase in payments of just $201.

IfPA used the 2011-2014 Medicare 5% Standard Analytical Files for a longitudinal analysis of patient use of medications and biologics covered by Medicare Part B, as well as Medicare spending on selected patients before and after a switching event. Analysis included patients with rheumatoid arthritis, Crohn’s disease, and a diagnosis of immunodeficiency.