Partnership for Part D Access

Six Protected Classes: The Patients and Costs Behind the Policy

Living with HIV, Michael, Age 55

Michael's Story

Michael has lived with HIV since 1998 and remained virally suppressed for five years, meaning his disease is controlled and cannot be transmitted. He earns approximately $18,000 annually and **cannot afford unexpected coverage gaps**. A four-week treatment delay could cause **viral rebound, severe infection, hospitalization, and drug resistance** requiring more complex care. During an undetected rebound, Michael could also **unknowingly transmit HIV to a partner**, creating lifelong health consequences and costs beyond his own care.

What are the Six Protected Classes?

Medicare's Six Protected Classes policy requires Medicare Part D plans to cover **all or substantially all** FDA-approved drugs in these categories. This policy exists to ensure that people who rely on these medications are able to access the full range of therapies for their conditions, which are among the most serious and clinically complex.

The Numbers: What Coverage Disruption Would Cost

Table 1. Payer-Borne Costs if Michael Loses Access to His HIV Medications

Category	ED Visits (Incl. Transport)	Hospital Admission + Services	Viral Rebound Monitoring	Drug Resistance Management	Partner Transmission (Lifetime Cost of HIV Infection to Partner)	Total Cost to Payers
Estimated Cost	$28,480	$51,295	$1,510	$10,883	$240,449	**$332,617**

Table 2.Patient Out-of-Pocket Costs if Michael Loses Access to His HIV Medications

Category	OOP: Medical Cost	OOP: Transportation	OOP: Lost Wages	OOP: Costs to Partner	Total OOP Cost
Estimated Cost	$0*	$560	$6,228	$51,317	**$58,105**

**As a dually eligible beneficiary, Medicaid covers Medicare Part A deductibles, coinsurance, and Part B cost-sharing at no cost to the patient.*

Bottom Line for Policy Makers

The ability for patients to quickly start and restart treatment is particularly important for Medicare patients, given that roughly **60% of newly diagnosed Medicare patients (55+) are diagnosed with late-stage HIV**, and the average person living with HIV experiences ongoing challenges with staying on treatment. Easing access pathways helps remove another barrier to care.

Michael's story shows that continuous access to effective HIV treatment protects his health and prevents transmission; a four-week interruption could **cost Medicare and Medicaid more than $330,000 and impose nearly $58,000 in additional costs on Michael and others**. These costs largely result from **severe illness, drug resistance, and a preventable new HIV infection** rather than the temporary coverage gap itself. The Six Protected Classes policy helps Michael and his physicians maintain access to the medication that works, **preserving years of viral suppression and avoiding significant personal and public costs**.

Sources: 1) https://www.kff.org/hiv-aids/medicare-and-people-with-hiv/; 2) https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-older-people