Partnership for Part D Access

Six Protected Classes: The Patients and Costs Behind the Policy

Living with Epilepsy, Sarah, Age 38

Sarah's Story

Diagnosed with epilepsy at 16, Sarah has remained seizure-free for three years on a carefully prescribed two-medication regimen. She receives $19,200 annually through SSDI and recently learned she is pregnant. Formulary removal or step therapy could disrupt her treatment and trigger breakthrough seizures, **potentially causing loss of driving privileges and independence, emergency hospitalization, and rehabilitation.** During pregnancy, uncontrolled epilepsy could **increase the risk of complications or miscarriage.**

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 Sarah Loses Coverage for Her Epilepsy Medications

Category	ED Visit (Incl. Transport)	ICU Stay	Rehabilitation	Pregnancy Complications & Miscarriage	Total Cost to Medicare
Estimated Cost	$1,424	$6,236	$613	$5,100	**$13,374**

Table 2. Patient Out-of-Pocket Costs if Sarah Loses Coverage for Her Epilepsy Medications

Category	OOP: ED Visit	OOP: ICU Stay	OOP: Pregnancy	OOP: Transportation	Total OOP Cost
Estimated Cost	$285	$1,736	$1,020	$500	**$3,541**

Bottom Line for Policy Makers

Sarah's story shows that sustained access to effective epilepsy treatment protects her health, independence, and pregnancy; a preventable hospitalization could **cost Medicare more than $13,000 and impose $3,600 in out-of-pocket costs**, equal to nearly three months of her income. The Six Protected Classes policy helps Sarah and her physician **maintain access to the medications that work without coverage denials, step therapy delays, or formulary substitutions** that could destabilize years of careful treatment and shift significant costs onto Sarah, her family, and Medicare.

Disclaimer: This patient persona synthesizes elements from many epilepsy patient experiences and is not based on any one individual's story. It is intended to demonstrate common experiences and potential impacts across the epilepsy patient community. Patients with these conditions may also rely on medications within other protected classes to treat comorbidities.