Partnership for Part D Access

Six Protected Classes: The Patients and Costs Behind the Policy

Living with a Kidney Transplant, Jennifer, Age 65

Jennifer's Story

Jennifer returned to full-time work after receiving a kidney transplant 18 months ago and relies on immunosuppressants to prevent organ rejection. A coverage disruption could trigger acute rejection requiring **hospitalization and intensive treatment** while worsening her hypertension and cardiovascular disease. If treatment fails, she could **lose the kidney, require another transplant, face prolonged recovery and lost income**, and delay transplantation for another person awaiting a viable organ.

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

Scenario 1: Complications Only

The financial consequences of a coverage gap vary significantly depending on whether Jennifer's transplant can be preserved. In the best case, Jennifer faces a serious but recoverable hospitalization, that will still result in significant costs to Jennifer and Medicare.

Scenario 1: Complications Only

Table 1. Payer-Borne Costs if Acute Rejection Is Successfully Reversed

Category	ED Visit (Incl. Transport)	ICU Stay	Medication Adjustment	Downstream Medical Costs	Total Cost to Medicare
Estimated Cost	$1,153	$15,799	$3,500	$714	**$21,166**

Table 2. Patient Out-of-Pocket Costs if Acute Rejection Is Successfully Reversed

Category	OOP: ED Visit	OOP: ICU Stay	OOP: Medication Adjustment	OOP: Downstream Medical Costs	OOP: Lost Wages	OOP: Post-Transplant Expenses	Total OOP Cost
Estimated Cost	$231	$1,736	$700	$143	$7,571	$1,000	**$11,381**

Scenario 2: Retransplantation

The financial consequences of a coverage gap vary significantly depending on whether Jennifer's transplant can be preserved. In the worst case, her transplant fails entirely, and she faces the need for re-transplantation, which will result in even greater costs to Jennifer and Medicare.

Scenario 2: Re-transplantation

Table 1. Payer-Borne Costs if Acute Rejection Leads to Transplant Failure

Category	ED Visit (Incl. Transport)	ICU Stay	Re-transplantation	Medication Adjustment	Downstream Medical Costs	Total Cost to Medicare
Estimated Cost	$1,153	$15,799	$123,084	$3,500	$714	**$144,251**

Table 2. Patient Out-of-Pocket Costs if Acute Rejection Leads to Transplant Failure

Category	OOP: ED Visit	OOP: ICU Stay	OOP: Re-transplant	OOP: Medication Adjustment	OOP: Downstream Medical Costs	OOP: Post-Transplant Expenses	OOP: Lost Wages	Total OOP Cost
Estimated Cost	$231	$1,736	$4,500	$875	$143	$1,000	$24,966	**$33,451**

Bottom Line for Policy Makers

Jennifer's story shows that preserving a functioning transplant is far less costly than replacing one. In the worst-case scenario, disrupted access to immunosuppressive medications could **cost Medicare more than $144,000 and impose over $33,000 in costs on Jennifer and her family**. Even if rejection is reversed, hospitalization and complications could still **cost Medicare more than $21,000 and leave Jennifer with over $11,000** in expenses and lost wages. The Six Protected Classes policy helps Jennifer and her physicians maintain **uninterrupted access** to the medications that protect her transplant, health, independence, and ability to work. Weakening this policy would jeopardize Medicare's investment in her health and shift avoidable costs onto **Jennifer, her family, and the federal government**.

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