When Medication Coverage is Disrupted, People Pay the Price

The Economic Case for Preserving Medicare's Six Protected Classes Policy

What the Six Protected Classes Policy Does

Medicare's Six Protected Classes policy, covering immunosuppressants, antidepressants, antipsychotics, antiretrovirals, antineoplastics, and anti-seizure medications, 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. As abrupt medication changes can trigger cascading, life-threatening consequences, beneficiaries must have access to the full range of treatment options and be able to maintain their treatment once a successful therapy is found. If 6PC protection is weakened or repealed, individuals could be forced off proven, stabilizing therapies.

Living with Depression: Barbara, Age 65

Barbara is one of more than 21 million adults in the United States living with Major Depressive Disorder.[1] After 15 years of managing her condition, her psychiatrist found a regimen combining two medications that has kept her stable for two years. Barbara recently aged into Medicare and works part-time as an administrative assistant for 20 hours per week at approximately $25 per hour. She does this both out of financial necessity and on the advice of her therapist, who recommends structure and social engagement as part of her mental health management. Her annual income is approximately $26,000.

Abrupt disruptions to antidepressant therapy are well-documented triggers for acute depressive episodes, hospitalization, and downstream health complications. For someone like Barbara, whose daily routine and employment are themselves therapeutic, the consequences of a forced medication transition extend well beyond just clinical outcomes.

The Numbers: What Coverage Disruption Would Cost

Acute Depressive Episode	Psychiatric Hospitalization	Metabolic Health Cascade
Loss of medication stability can precipitate a severe depressive episode, leading to emergency care, reduced capacity to work, and withdrawal from the therapeutic routines her treatment depends on.	A destabilizing medication transition can require an ED visit and inpatient psychiatric hospitalization at significant cost to Medicare and to Barbara personally.	Hospitalization and prolonged psychological stress can exacerbate conditions like hypertension and trigger a metabolic cascade requiring new medications and ongoing clinical monitoring.

A worst-case medical cascade following a forced medication transition would carry substantial financial consequences for Medicare and for Barbara personally.

Table 1. Payer-Borne Costs if Barbara Loses Coverage for Her Medications

[1] https://www.nimh.nih.gov/health/statistics/major-depression

Category	ED Visit (Incl. Transport)	Psychiatric Hospitalization	Psychiatry & Psychotherapy Visits	Hypertension & Metabolic Cascade	Total Cost to Medicare
Estimated Cost	$1,153	$9,828	$2,258	$709	**$13,949**

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

Category	OOP: ED Visit	OOP: Psychiatric Hospitalization	OOP: Psychiatry & Psychotherapy Visits	OOP: Hypertension & Metabolic Cascade	OOP: Lost Wages	Total OOP Cost
Estimated Cost	$231	$1,736	$452	$158	$6,007	**$8,583**

Note: $8,583 in out-of-pocket costs represents approximately one-third of Barbara's annual salary and would therefore be a significant financial burden for her to take on.

The Bottom Line for Policy Makers

Barbara's story illustrates that maintaining effective treatment for major depressive disorder and other mental health disorders treated by antidepressants or antipsychotics is not simply about symptom control. It is about preserving health, independence, and economic stability. A single, preventable condition exacerbation in this case would cost Medicare nearly $14,000 while imposing more than $8,500 in financial losses on a person working part-time to remain independent and engaged in her community. Behind every one of these dollars is an individual who lost independence and, ultimately, a family under financial strain.

Barbara and her doctor together know the best course of action for her treatment, and continued, sustained access to her carefully prescribed medications is central to her health, both mental and physical. The Six Protected Classes policy is not a regulatory technicality. It is the mechanism that allows physicians to prescribe the right medication for the right person without fear of coverage denial, step therapy delays, or formulary substitutions that could destabilize years of careful clinical management. Weakening this policy would shift costs, both financial and personal, onto both the federal government and the individuals who can least afford to bear them.