

Dear Colleague

Concern among our constituents over the cost of prescription medications has never been higher. Daily we hear stories about the high cost of a needed prescription medication. We are all focused on finding solutions that will deliver access to medications, and at the same time, will not harm a patient's access to a life-saving and life-enhancing medication. I would like to invite you to join me on the attached letter to Secretary Alex Azar, U.S. Department of Health and Human Services. This letter recognizes the work he is doing to develop solutions focused on lowering the cost of medications, but also raises concerns about the Administration's proposal to change Medicare's long-standing protected classes policy.

As the letter to Sec. Azar clearly explains, this policy is a critically important patient protection that has been part of the Medicare Part D program since its inception in 2005. Initially, it was included by agency guidance issued by the Centers for Medicare and Medicaid Services (CMS) at the request of Congress. In 2008, Congress codified the protected classes as part of the Medicare Patient Protections and Improvement Act (MIPPA), and lawmakers reinforced support through legislation in 2010. Congress has long stood behind the protected classes policy as ensuring a balance between the tools Part D plans use to manage medications and the very real need of patients to access particular medications that ensure their health and well-being.

Importantly, independent analysis conducted by Avalere, using Medicare's own Part D data, demonstrates that the needed balance between management of cost and ensuring patient access to vitally important medications currently exists. Under current policy, all patients newly starting on a drug can be subjected to prior authorization and step therapy, and according to Avalere's analysis plans use these tools on almost 40 of medications. However, plans are not allowed to subject patients who are on a stable drug regimen to these barriers. Of the 178.4 million prescriptions filled in Medicare for protected class medications, 91 percent were for generic medications. The rate of generic utilization was extremely high even though generic medications only account for 35 percent of covered drugs. Additionally, the Avalere data shows that Part D plans currently cover just 67 percent of all available protected classes medications, and only 60 percent of brand medications.

I urge you to join me on the attached letter to Sec. Azar expressing concerns with the Administration's recent proposals to alter the protected classes policy and calling on him to withdraw the proposals. Should you wish to sign the letter, please contact Kristen Donheffner of my staff at kristen.donheffner@mail.house.gov.

Sincerely,

Doris Matsui
U.S. House of Representatives