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 If 6PC protection is weakened or repealed, individuals could be forced off proven, stabilizing therapies.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 Beyond Breast Cancer: Dorothy, Age 68

Dorothy is three years post-mastectomy for stage III hormone receptor-positive breast cancer and is currently in remission. To reduce the risk of recurrence, she requires five years of ongoing endocrine therapy. She currently manages her condition with a daily oral aromatase inhibitor and quarterly monoclonal antibody injections that she administers at home.

Dorothy is one of approximately 170,000 women in the United States living with metastatic breast cancer, with hormone receptor-positive disease accounting for four out of five cases.[1] When Dorothy's Medicare drug coverage changes, she switches to an older physician-administered infusion treatment. The transition requires increased surveillance for recurrence, additional cardiac monitoring, and more frequent appointments, placing greater demands on both Dorothy and her adult child, who must help with transportation and caregiving responsibilities.

If changes in Medicare coverage make her current therapy financially out of reach, Dorothy could face a series of additional medical and caregiving burdens:

Enhanced Surveillance for Recurrence	Additional Monitoring	Impact on Family Caregivers
Switching therapies can increase concerns about disease recurrence, requiring additional oncology visits, imaging studies, and biopsies to monitor for signs that the cancer has returned.	Unlike her previous therapy, the alternative treatment requires regular infusion appointments at her doctor's office and cardiac monitoring, increasing costs and imposing a greater treatment burden.	More frequent appointments and treatment-related limitations require assistance from family members. Dorothy's adult child must take time away from work to provide transportation and caregiving support, creating financial consequences that extend beyond the person herself.

The Numbers: What Coverage Disruption Would Cost

[1] https://pubmed.ncbi.nlm.nih.gov/35993614/

If Dorothy is forced to transition from her current therapy to an older infusion-based treatment, the financial consequences extend beyond the cost of the medication itself.

Table 1. Payer-Borne Costs Associated with Treatment Transition

Category	Oncology Visits	Imaging	Biopsy	Medication Transition	Total Cost to Medicare
Estimated Cost	$814	$2,448	$1,020	$1,753	**$6,035**

Table 2. Patient Out-of-Pocket Costs Associated with Treatment Transition

Category	OOP: Oncology Visits	OOP: Imaging	OOP: Biopsy	OOP: Medication Transition	OOP: Lost Wages	OOP: Transportation	Total OOP Cost
Estimated Cost	$231	$490	$204	$351	$2,738	$450	**$4,395**

The Bottom Line for Policy Makers

Dorothy's story illustrates that increasing cost-sharing for effective therapies does not eliminate costs; it shifts them. In this case, it would cost Medicare more than $6,000 in downstream care while imposing nearly $4,400 in additional costs on Dorothy and her family. Much of that burden falls not on the person herself, but on family caregivers who must take time away from work to provide transportation and support. Behind every one of these dollars is an individual who faces additional appointments, monitoring, and uncertainty about recurrence for a deadly disease, as well as family members whose lives and livelihoods are disrupted by increased caregiving responsibilities. Policies that preserve access to the right treatment for the right person can help avoid unnecessary medical costs while supporting independence and reducing burdens on beneficiaries and their families.

Dorothy 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. 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 that unexpected changes could destabilize years of careful clinical management. Weakening this policy would shift costs, both financial and personal, onto the individuals who can least afford to bear them.