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 some of 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 If 6PC protection is weakened or repealed, individuals could be forced off proven, stabilizing therapies.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 Epilepsy: Sarah, Age 38

Sarah was diagnosed with epilepsy at age 16. After years of trial and error, her neurologist found a regimen involving an antiseizure medication alongside an adjunctive oral medication that targets synaptic vesicle proteins. This combination of drugs has kept her seizure-free for three years. Sarah receives Medicare through SSDI because her epilepsy has historically prevented her from maintaining steady employment. Her monthly income is $1,600 ($19,200/year), in line with the average SSDI payment. She and her husband are planning to start a family, and she recently found out she was pregnant.

Sarah is not alone. Nearly 3 million adults in America live with active epilepsy, per the US Centers for Disease Control and Prevention (CDC), and clinical research shows that 15% of people will experience a recurrence of seizures if medications are abruptly discontinued.[1] For a pregnant woman, that risk carries potentially devastating consequences.

Breakthrough Seizure	Emergency Hospitalization	Pregnancy Complications and Loss
Return of seizures can lead to a sudden loss of driving privileges, reliance on rideshares, missed medical appointments, and substantially reduced independence, including employment prospects.	A prolonged seizure can require an ED visit, ICU stay, and rehabilitation, all at significant financial cost to Medicare and to Sarah.	Uncontrolled epilepsy during pregnancy increases miscarriage risk, requiring additional high-risk monitoring, medical treatment, and in the tragic loss of the pregnancy, costs associated with miscarriage, including grief counseling.

If her plan were permitted to remove her medications from the formulary or require her to try a different drug first, Sarah could face a painful and dangerous cascade of consequences:

[1] https://www.cdc.gov/epilepsy/data-research/facts-stats/index.html

The Numbers: What Coverage Disruption Would Cost

If Sarah experienced a worst-case medical cascade from a medication disruption, the financial consequences would be significant for both Medicare and for Sarah personally.

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**

Note: $3,541 in out-of-pocket costs represents approximately three months of Sarah's SSDI income.

The Bottom Line for Policy Makers

Sarah's story illustrates a simple economic truth: preventing a health crisis is far less costly than treating one. A single preventable hospitalization in this case costs Medicare over $13,000. Sarah's out-of-pocket burden of $3,600 represents three months of salary for someone living on a fixed income, while putting a return to work further out of reach. Behind every one of these dollars is a person who lost independence, a family under financial strain that could have been avoided, and, in this case, a potential pregnancy lost by avoidable medical risk.

Sarah and her doctors 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 the individuals who can least afford to bear them.