

CANCER

The Six Protected Classes Policy ensures that all or substantially all medications to treat these serious conditions are covered by Part D plans. Congress created this policy to protect Medicare beneficiaries with some of the most serious health conditions — **mental health challenges, cancer, HIV, epilepsy, and those at risk of organ rejection**. Congress has repeatedly reaffirmed bipartisan support for the six protected classes.

Access to oncology drugs (antineoplastics) is crucial for cancer patients because drugs in these classes cannot necessarily be substituted for each other. Oncology patients may respond

differently to different treatments, need to switch between treatments based on changes in their condition, or have fewer or more tolerable side-effects if they use one therapy instead of another. The protected class policy helps keep these treatment decisions between a patient and his or her provider.

The death rate from cancer in the U.S. declined by 29% from 1991 to 2017, including the largest drop of 2.2% from 2016 to 2017. The drop in the overall death rate is linked to advances in treatment.*

In addition to fighting their disease, individuals diagnosed with cancer are at risk of experiencing depression after diagnosis, which can negatively impact their outcome and increases costs of care.**

The law under which the protected class policy was first codified — the Medicare Improvements for Patients and Providers Act of 2008 — specifically identifies “drugs used in the treatment of cancer” as an example of a drug class that clearly met the criteria that defined a “protected class” at the time. Even with the current protected class policy in place, **patients have trouble accessing the drugs that are most appropriate for them because of discriminatory coinsurance policies**: antineoplastics are disproportionately included on plan formulary’s specialty tiers, which require patients to pay a certain percentage of the cost of the drug (coinsurance) rather than a set dollar amount (copay).



*Simon, S. (2020, January 8). *Facts & figures 2020 reports largest one-year drop in cancer mortality*. American Cancer Society. Retrieved January 10, 2022, from <https://www.cancer.org/latest-news/facts-and-figures-2020.html>

**Mausbach BT, Yeung P, Bos T, Irwin SA. Health care costs of depression in patients diagnosed with cancer. *Psychooncology*. 2018 Jul;27(7):1735-1741. doi: 10.1002/pon.4716. Epub 2018 Apr 25. PMID: 29601657.

**Smith H. R. (2015). Depression in cancer patients: Pathogenesis, implications and treatment (Review). *Oncology letters*, 9(4), 1509–1514. <https://doi.org/10.3892/ol.2015.2944>

Niedziedz, C.L., Knifton, L., Robb, K.A. *et al.* Depression and anxiety among people living with and beyond cancer: a growing clinical and research priority. *BMC Cancer* **19, 943 (2019). <https://doi.org/10.1186/s12885-019-6181-4>