

ORGAN TRANSPLANTS AND AUTOIMMUNE DISORDERS

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.

Eliminating immunosuppressants from the list of protected classes would place persons who received any transplant at risk for severe medical complications. This includes individuals who take these same medications to manage their autoimmune disorders – **including lupus, psoriasis, rheumatoid arthritis, Crohn’s disease, and multiple sclerosis**.

Immunosuppressive medications are not interchangeable. Even with the same generic name, versions of a medication from different manufacturers react in very different ways. And there is nothing more important to an organ recipient than the stability of action of the prescription drug formulary.

No barriers or additional administrative or financial challenges should be placed between patients and access to these life and organ transplant sustaining drugs.

If prescription drugs are filled without regard to consistency from one month to the next, the recipient is subject to increased risk of rejection, along with additional clinic visits, lab costs, and potential hospitalization. These are all huge drains and additive costs on the medical system.

"Our immune system cannot handle the changes in medication; causing rejection acute or chronic which leads to hospitalizations."

Glenn Coffey - Liver Transplant Recipient/ Sapulpa, Oklahoma

Immunosuppressive medications are prescribed in combinations tailored to meet the unique needs of the individual recipient and these needs and drug combinations can change over time. This goal is to achieve sufficient immunosuppression while minimizing the toxicity associated with individual agents. Restricting formularies by eliminating these drugs from the protected classes will limit the physician’s ability to prescribe the right combination of medications and to prescribe them in a consistent month-to-month, year-to-year manner. This crucial balance was recognized in the original decision to include immunosuppressants in the protected classes.

