

# WHY WE NEED TO PROTECT THE SIX PROTECTED CLASSES

When you limit drug therapies, you threaten lives. This is why ASCP and our pharmacist members are asking Congress to urge CMS to reconsider any new exceptions to the Six Protected Classes policy.

In June 2005, the Centers for Medicare and Medicaid Services (CMS) required Part D formularies to include all the medications in the following six protected categories:

- Anticonvulsants (medication to help treat seizure disorders)
- Antidepressants
- Antineoplastics (medication to help treat cancer patients)
- Antipsychotics
- Antiretrovirals (primarily used to treat HIV/AIDS)
- Immunosuppressants (help prevent rejection of organ transplants)

These six classes are protected because many patients living with these chronic conditions need access to a wide range of medicines. Skilled care teams work collaboratively to determine which drug or drugs will work best for each individual patient, considering their physical and/or mental conditions and the current medications they are taking.

While a small number of patients may require more expensive medication, studies show that the majority of patients in the protected classes are already taking generic medicines.<sup>1</sup> Limiting the Six Protected Classes policy simply reduces access to the full range of necessary treatment options and restricts clinicians' ability to properly care for their patients' unique health care needs. Further restricting the Six Protected Classes will only hinder cost savings as patients may face severe complications due to a lack of access to the proper medication.

As pharmacists, we recognize that the least expensive medication may not always be the best medication for the patient. Many have worked for years to find the medication that is most effective for their individual health needs. Weakening their protections will disrupt patients who have reached remission or those on stable medication regimens. Making these changes to the Six Protected Classes will prevent Medicare beneficiaries from accessing the full range of treatment options, regardless of their medical history or their provider's best judgement.

Additionally, potential savings gained through restricting access to drugs in the Six Protected Classes will only lead to higher costs for patients, providers, and taxpayers through additional hospital readmissions, additional physician visits, and treatment of complications.<sup>2</sup>

We appreciate and applaud the steps that the administration is taking to address the cost of prescription medications, but we are concerned that proposals to further restrict the Six Protected Classes will hurt patient access to lifesaving medications and harm the most vulnerable patients.

Today, the Six Protected Classes policy guarantees that Medicare patients can get the treatment they need. We hope that you will sign onto bipartisan letters in the House and Senate letting the administration know that you oppose adding any new exceptions to the Six Protected Classes policy.

1. Medicare Part D's Six Protected Classes Policy: A Balanced Approach to Provide Patients Access to Medications While Allowing Powerful Tools to Control Costs. Partnership for Part D Access [www.partdpartnership.org/uploads/8/4/2/1/8421729/partnership\\_for\\_part\\_d\\_report\\_2018.pdf](http://www.partdpartnership.org/uploads/8/4/2/1/8421729/partnership_for_part_d_report_2018.pdf).

2. Policy Options to Sustain Medicare for the Future. Henry J Kaiser Family Foundation. [www.kff.org/medicare/report/policy-options-to-sustain-medicare-for-the-future](http://www.kff.org/medicare/report/policy-options-to-sustain-medicare-for-the-future).

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