

MYTHS VS. FACTS

SIX PROTECTED CLASSES



MYTH: Patients would still get access to the drugs they need without 6PC policy.

FACT: Through the Medicare Part D program, the 6PC policy has ensured access to lifesaving and life-extending medications for our nation's most vulnerable patients—those with mental illness, cancer, autoimmune disorders, epilepsy, Parkinson's Disease, Tourette's, HIV, and transplant recipients.

- Because people with these conditions react differently to different medicines, access to the full range of approved medications is a crucial component of successful treatment and recovery.
- Without 6PC, Part D plan sponsors could exclude essential medications from their formularies, making it nearly impossible for patients who need certain drugs to access them, even if it is the only treatment available to manage their disease.

MYTH: 6PC increases drug spending and discourages the use of generic medications.

FACT: Generic utilization is high within the protected classes; 7% of drug utilization within the protected classes comes from branded drugs, while 93% comes from generics according to a recent study from Avalere.

MYTH: 6PC ties the hands of health insurers and limits their cost containment abilities.

FACT: The six protected classes ensure that medications to treat the most serious conditions are covered by Medicare Part D plans. However, insurers in most instances can still manage risk through utilization management and higher cost sharing.

- According to Avalere,¹ plans place utilization management on the drugs in the protected classes nearly 40% of the time and the average Part D beneficiary was enrolled in a plan that places drugs from the protected classes on high tiers (non-preferred or specialty) 64% of the time, resulting in higher cost-sharing.

MYTH: Narrowing or weakening 6PC protections will save the federal government (and taxpayers) money.

FACT: Vulnerable Medicare beneficiaries could face severe consequences if they are not able to access the most effective medication (such as hospitalization or significant disease progression), thereby increasing costs.

MYTH: Since 6PC was not explicitly altered in CMS' Part D redesign proposal, vulnerable patients will continue to have access to the medication they need.

FACT: CMS' proposed Part D redesign places significant pressure on health plans to further ration access to medications to maintain their profit margins.

- Changes to Part D policy will incentivize plans to find additional ways to cost shift and constrain formulary access. Ensuring an adequate level of oversight over Part D plans and their adherence to 6PC is imperative to protecting patients.