

# Medicare's Six Protected Classes Policy is Essential for Patients



The Six Protected Classes (6PC) policy in Medicare Part D is an essential safeguard for people living with HIV (PLWH). By helping to ensure that all patients can access the right HIV medications at the right time, the 6PC policy keeps individuals and communities healthy, reduces inequities, and moves the nation closer to ending the HIV epidemic.

## What is Medicare's 6PC Policy?

The 6PC policy ensures that patients receive access to medications in the following 6 drug classes: antidepressants, antipsychotics, anticonvulsants, immunosuppressants, antineoplastics, and HIV antiretrovirals. The policy requires insurance plans to cover all or almost all medications for the treatment of HIV.

The 6PC policy also prevents insurers from implementing barriers such as prior authorization (PA) or step therapy, which limits patient access to prescribed antiretroviral medications (ARVs) until they try one or more alternative, potentially inferior, HIV treatments.

## Why is Medicare's 6PC Policy Essential?

The 6PC policy helps to ensure that people living with HIV (PLWH) have open access to ARVs that most effectively meet their needs, and has provided vital protections for patients against risks, complications, and negative outcomes that result from restrictions and delays in access. HIV antiretroviral medications have unique qualities (clinical and pharmacological) that need to be considered when selecting the most appropriate treatment regimen for patients.

Previous attempts to weaken these essential patient protections have been defeated. Altering the policy would have major, life-threatening consequences for patients; increase the likelihood of costly hospitalizations and emergency room visits; and adversely impact public health.

### 6PC Saves Lives

- ✓ Requires insurance plans to cover all or almost all medications in six drug classes, including HIV antiretrovirals.
- ✓ Prevents insurers from imposing barriers, like prior authorization and step therapy, on life-saving HIV therapies.
- ✓ Ensures that doctors and patients are empowered to make the best medical decisions for each patient.
- ✓ Brings policymakers one step closer to addressing existing disparities and ensuring all people can live successfully with HIV.

## Providers and Patients Know Best

### Safe & Effective Regimens

Choosing a safe, effective HIV ARV regimen is complex. Providers consider many factors: drug resistance, other illnesses or conditions, potential drug interactions, and how life circumstances may impact the patient's ability to follow a drug regimen.



**“Selection of a regimen should be individualized for a particular patient based on factors such as virologic efficacy, toxicity, potential adverse effects, pill burden, dosing frequency, drug–drug interaction potential, resistance-test results, comorbid conditions, and childbearing potential.”**

**-The Department of Health and Human Services (DHHS)**

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents

### Comprehensive Treatment Options

Older people with HIV need access to comprehensive treatment options. Studies show that as people with HIV age they are more likely to develop additional health issues and tend to develop them earlier than people who do not have HIV.<sup>1</sup> This often means taking additional multiple medications for other non-HIV comorbidities with the potential for adverse drug-drug interactions, which underscores the importance of access to a wide range of HIV treatment options.

### Choice is Key

Limiting providers and patients to options pre-selected by an insurance company can be particularly dangerous for PLWH because it can lead to lower rates of medication adherence and persistence, complications, poorer health outcomes and increased likelihood of drug resistance and HIV transmission.<sup>2,3</sup> That's why policymakers have determined that ARVs are exempt from requirements like prior authorization and step therapy for Medicare Part D plans under the 6PC.

## Better Health, Lower Costs

### Healthier Outcomes

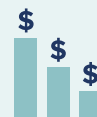
Outcomes improve when providers and patients can select the most appropriate ARV regimen.<sup>4</sup> This results in better medication adherence and persistence, thereby increasing a patient's ability to achieve and sustain viral suppression.<sup>5,6,7,8</sup> By using ARVs as prescribed and sustaining viral suppression, PLWH cannot transmit the virus. This is referred to as TasP (Treatment as Prevention) and U=U (Undetectable=Untransmittable).

### Prompt Access Leads to Lower Costs

By improving treatment and adherence, patients can better control their HIV, resulting in decreased rates of hospitalization and lower healthcare costs. Utilization management can delay or compromise treatment, potentially endangering individual and public health. Ultimately, suboptimal therapy selection, if 6PC is not maintained, could lead to the progression of costly resistant viruses.<sup>9</sup>

### Rapid Start

Patients who begin ARV treatment within a week of diagnosis – preferably the same day – are more likely to stay in care and to achieve viral suppression.<sup>10</sup> Prompt access to the right treatment helps PLWH live healthier and longer lives and can dramatically reduce the risk of HIV transmission to others.<sup>11,12</sup>



**Avoiding one new HIV infection can result in an average of \$850,557 in lifetime healthcare cost savings.<sup>13</sup>**

Average annual and cumulative healthcare costs are estimated to be up to seven times higher for people living with HIV compared to those without HIV.

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