
A short-sighted proposal from the Medicare Payment Advisory Commission (MedPAC) would undermine a long-standing policy which guarantees access to life-saving drugs for patients with the most severe health conditions, including mental illness, organ transplants, epilepsy, Parkinson’s Disease, lupus, cancer and HIV.

Washington, D.C. – A broad-based and diverse group of patient organizations and health care stakeholders today announced its opposition to a draft recommendation from the Medicare Payment Advisory Commission (MedPAC) that would remove two classes of drugs from the six protected classes under current law. The proposed changes would restrict access to immunosuppressants and anti-depressants, and violate the long-held, congressionally-supported protections for patients with conditions requiring therapies in the following six classes: anticonvulsants, antidepressants, antineoplastic, antipsychotics, antiretrovirals, and immunosuppressants.

Historically, due to the unique and variable ways in which patients respond to different drugs, and the complicated interplay of co-morbidities and drug interactions, it has been widely recognized that doctors need to be provided complete discretion to prescribe the most appropriate medicines for their patients. MedPAC’s staff recommendation would undermine this policy.

“Restricting timely access to medicine jeopardizes patient health, puts patients at greater risk for poor clinical outcomes, and increases costs for patients and taxpayers. The Partnership for Part D Access is activating to alert patients and affected stakeholders about the danger of MedPAC’s ill-advised proposal to limit access to essential medications,” said Chuck Ingoglia, Executive Director of the
Partnership for Part D Access and Senior Vice President of the National Council for Behavioral Health.

“Without protected class status, there is no other guarantee under Medicare that would ensure patient access to all immunosuppressive drugs. It is the nature of transplant surgery that physicians must work with patients to fine tune the right combination of drugs to effectively suppress the immune system while minimizing dangerous side effects. An improper balance of medications could result in rejection of the transplanted organ, hospitalization or even death. In order to find the right combination for individual patients, physicians must have the full-range of approved immunosuppressive drugs at their disposal.” Dr. Matthew Cooper, Transplant Surgeon and Board Member of the National Kidney Foundation.

Since its inception in 2008, Medicare Part D has been effective at both improving health outcomes and lowering costs for patients. Despite the success of the program, and without offering evidence that such a policy would either protect patient health or save the program money, MedPAC recently issued a draft recommendation to change Medicare’s current policy requiring Part D plans to include on the formularies all of six protected classes of medication.

“Medicare Part D, including the six protected classes, is working,” said Carl Schmid, Deputy Executive Director of The AIDS Institute. “Beneficiaries, including those with HIV, are currently able to access the therapies that their providers prescribe, and maintaining access to the full range of formulations on the market is essential to their health. We don’t understand why MedPAC would propose a policy that diminishes that access.”

“The Epilepsy Foundation is extremely troubled by the proposed MedPAC changes to the protected classes. We strongly urge MedPAC’s commissioners to reject their staff’s recommendation and to instead consider strengthening the protected classes to ensure there are no unnecessary administrative barriers to care.” said Angela Ostrom, Chief Operating Officer & Vice President Public Policy, Epilepsy Foundation.

In a February 5, 2015 letter to the Centers for Medicare & Medicaid Services (CMS) concerning its previously offered (and rescinded) proposed rule to eliminate certain of the protected classes, every member of the Senate Finance Committee expressed opposition to the proposed restrictions on the protected classes and strongly urged CMS to continue providing access to these drug classes exactly as it does today. Further, on February 19, 2015, Senate Finance
Committee Chairman, Sen. Orrin Hatch (R-UT), House Energy and Commerce Committee Chairman Rep., Fred Upton (R-MI), and House Ways and Means Committee Chairman, Rep. Dave Camp (R-MI), sent a letter to CMS requesting that CMS reject harmful changes to the Part D program and withdraw the proposed rule.

The Partnership for Part D Access encourages stakeholders to reach out directly to MedPAC (meetingcomments@medpac.gov) to express their opposition to this draft recommendation.

About the Partnership for Part D Access
The Partnership for Part D Access is a coalition of leading national patient groups, pharmaceutical industry participants and other advocates committed to maintaining open access to all available medications under Medicare Part D. The coalition has come together to urge the Centers for Medicare and Medicaid Services (CMS) and MedPAC to withdraw their proposals to reduce the number of “protected classes” of medication in Medicare Part D. In addition to raising awareness of how these proposals will jeopardize the health of some of our nation’s most vulnerable patients, the Partnership for Part D Access also aims to mobilize patients and concerned citizens by providing a means for them to speak out against the proposed limitations on their access to appropriate care. For more information and a full list of members, visit www.partdpartnership.org.