

United States Senate

WASHINGTON, DC 20510-0908

April 22, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Ms. Liz Richter
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Becerra and Acting Administrator Richter:

We write to request that the Department of Health and Human Services, and within the Department, Centers for Medicare & Medicaid Services (CMS) prioritize protection of and maintain the six protected classes policy in Medicare Part D to ensure the most medically complex patients have access to life-saving and life-sustaining medications. We appreciate your decision to halt the Medicare Part D Payment Modernization Model and Application Process for Calendar Year 2022. Many of us previously sent a letter on Medicare's six protected classes policy to the prior administration on March 13, 2019, and write to express our ongoing support for the six protected classes policy.

Congress created the Medicare Part D program to provide comprehensive, outpatient prescription drug coverage for Medicare beneficiaries. The six protected classes policy has been part of the Part D program since the program launched and has enjoyed strong bipartisan support. It is critical that Part D plans are not able to limit access to critical medicines to patients in need of immunosuppressants, antidepressants, antipsychotics, anticonvulsants, antiretrovirals, and antineoplastic medicines, by permitting prior authorization or step therapy. We urge the Biden Administration to champion protection for these policies to protect the health of our most vulnerable beneficiaries.

We look forward to working with the Administration on proposals to make pharmaceuticals more affordable, and we want to ensure that no efforts undermine the protected class status of medications that could have much larger consequences in the long-term. As you know, modern medicine reduces the risk of contracting HIV from another person by up to 97 percent, if the correct medication is taken directly as prescribed. However, if a patient is required to first try drugs that are older, less expensive, and ineffective, we fear decades of HIV prevention work could be undone. Cancer patients also often need highly personalized therapies and cannot afford treatment interruptions caused by insurers second guessing their doctors. Patients with schizophrenia and depression often struggle to find a medicine that works for them and could risk relapse if forced to switch to alternatives. Epilepsy patients often find that only one treatment works for them, and any disruptions in treatment could increase the likelihood of seizures. Organ transplant patients have complex medical needs and should not be required to jump through hoops in order to prevent transplant rejection.

Patients who are stable on a medicine that is currently protected should not be forced to unnecessarily jeopardize their health. We strongly oppose any proposal that would result in very few Part D plans offering the specific types of therapies these patients need.

Thank you for your attention to this critical issue. It is our hope that the Biden Administration will safeguard this important policy. We stand ready to work with the Administration to lower prescription drug costs for all beneficiaries, including its most vulnerable.

Sincerely,



Marco Rubio
U.S. Senator



Kyrsten Sinema
U.S. Senator



Kevin Cramer
U.S. Senator



Mark Kelly
U.S. Senator



Roger Marshall, M.D.
U.S. Senator



Thom Tillis
U.S. Senator



Shelley Moore Capito
U.S. Senator



John Boozman
U.S. Senator



Roy Blunt
U.S. Senator



John Hoeven
U.S. Senator