



May 3, 2019

Troyen Brennan, MD, MPH
Executive Vice President & Chief Medical Officer
CVS Health
One CVS Drive
Woonsocket, RI 02895

Dear Dr. Brennan:

On behalf of the American Association of Clinical Endocrinologists (AAACE), American Diabetes Association (ADA), Endocrine Society (ES), and JDRF we are concerned about a recent policy change by CVS that prevents Medicare patients from accessing the diabetes testing supplies needed to effectively monitor their blood glucose levels in order to appropriately manage their disease. The policy, which took effect January 29, 2019, states that CVS will:

“limit quantities of diabetic testing supplies (DTS) covered under Medicare Part B to Medicare’s standard utilization guidelines in order to meet Medicare’s medical necessity requirements. Under these guidelines, CVS will dispense DTS—including diabetic test strips and lancets—to non-insulin dependent Medicare Part B patients for testing no more than once per day; and to insulin dependent Medicare Part B patients for testing no more than three times per day. Medicare Part B patients with current DTS prescriptions that exceed the guidelines will require a new prescription that meets Medicare’s standard utilization.”

Our organizations are hearing from constituents that this new policy is jeopardizing access for patients who require additional test strips to effectively manage their diabetes.

The Centers for Medicare and Medicaid Services (CMS) states in its coverage determination that Medicare will cover additional test strips and lancets for the beneficiary if the prescribing physician documents why it is medically necessary. These documentation requirements include the diagnosis, nature of treatment, and quantity of supplies needed; the information is housed in the patient’s medical record. In instances when the requested supplies exceed utilization guidelines set by CMS, physicians should provide specific information that the patient is testing at the frequency recommended (e.g. copy of the blood glucose log or a narrative statement from the physician). In addition, the treating physician must have seen the patient within the past 6 months.

It is our understanding that this documentation has been difficult for CVS to access, resulting in extensive audits. Our organizations urge you to work with CMS and relevant provider



organizations to resolve this issue so that patients can have access to the testing supplies they need, physicians understand the documentation required by CMS without adding additional administrative burdens on them, and the pharmacy has the information it needs for submission to Medicare. While you work through potential solutions to this problem, we urge CVS to rescind this policy and allow patients to access the number of test strips prescribed by their physician.

We would be pleased to discuss this issue by phone or in-person. Should you have questions, please contact Dr. Rob Lash, Chief Clinical and Professional Affairs Officer, Endocrine Society at rlash@endocrine.org; Dr. Will Cefalu, Chief Scientific, Medical & Mission Officer, American Diabetes Association at wcefalu@diabetes.org; Ms. Kate Sullivan Hare, Chief Public Affairs Officer, AAACE at ksullivanhare@aace.com; or Mr. Jesse Bushman, Senior Director, Health Policy, JDRF at jbushman@jdrf.org.

Thank you for your attention to this important matter.

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