Physician outrage over CVS’ new diabetic testing policy

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Self-monitoring of blood glucose is an essential part of managing diabetes. It is both a necessary practice for those who adjust their insulin based on their glucose levels and an educational tool for patients who want to know what happens if/when they eat three slices of pizza instead of a salad for dinner.

Monitoring glucose is also a kind of safety precaution. Patients with diabetes who feel weak or dizzy are instructed to check their glucose to make sure it’s not too low. Glucose monitoring is so important for diabetes management that Medicare will pay for one test strip per day for patients who have diabetes and are only taking oral agents. Medicare will pay for three test strips per day for those on insulin. Beyond that, Medicare will cover more if there is a documented need, such as episodes of hypoglycemia or for medication adjustment.

However, I learned from several local CVS pharmacies and endocrinologists in other states that CVS as a company has decided it will not dispense more than Medicare’s basic allowance, one if on pills and three if on insulin. I was told that is all they will dispense regardless of what a physician prescribes or any circumstances that may justify more frequent testing.

I believe this is tantamount to practicing medicine without a license. I could not believe that a pharmacy would take it upon itself to decide what is appropriate testing for patients.

Physicians Practice reached out to CVS for comment (see below). CVS confirmed it has decided to restrict patients to the number of strips covered under Medicare’s “standard utilization guidelines.” For those who have been prescribed more than the ‘standard,’ CVS is asking for new prescriptions that meet such guidelines. The company makes no mention of accommodations for patients with legitimate reasons to check more often nor does the company mention that Medicare makes exceptions for patients with documented reasons for more frequent testing.

I was so incredulous at this new development and so upset on behalf on my patients that I wrote two my state representatives and state senator. My state senator’s chief of staff reached out to me, and he is also going to contact CVS. I’m waiting for his reply. I also wrote to our local paper. The deafening silence has me even more perturbed. To me, this is an emergency. What are patients who need these supplies supposed to do?
To make sure this wasn’t a change in Medicare’s policy I was unaware of, I also called a local Walgreens to find out if they have similar protocol. I was told no—it’s business as usual. However, Walgreens sends physicians a form asking for a diagnosis code and for a reason for more frequent testing, if applicable.

Some colleagues have tried to talk me off the edge. They tell me patients can get their supplies cheaper on Amazon. While some patients can go to different pharmacies, some payer plans require them to go to specific pharmacies. And yes, patients can also use a durable medical equipment supplier.

But I don’t think patients should have to seek care elsewhere or potentially pay out of pocket because their pharmacy refused to fill a prescription that a physician wrote and the payer authorized.

It’s bad enough that decisions are made by non-medical people at payers or insurance companies, which are more concerned about profit than patients. This is unacceptable, and we must draw a line.

If we allow CVS to make this decision on behalf of physicians and our patients, then where does this end? What else can pharmacies restrict? Will pharmacies now dictate what our patients can and cannot have?

If so, the healthcare system is even more broken than I thought.