Alliance FOR AGING RESEARCH

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May 4, 2026

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Limiting Insulin Delivery Supply Choice for Individuals with Diabetes

Dear Administrator Oz:

On behalf of older adults living with diabetes and the families who support them, the Alliance for Aging Research writes to express serious concern regarding Medicare Advantage Prescription Drug (MA-PD) formulary practices that restrict access to insulin delivery supplies to a single manufacturer or device type.

The Alliance for Aging Research is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. The Alliance strives for a culture that embraces healthy aging as a greater good and values science and investments to advance dignity, independence, and equity.

Living with insulin-dependent diabetes requires constant attention to device reliability. Insulin delivery supplies like pens, syringes, needles, and other delivery devices are vital components of safe and effective treatment. For many beneficiaries, the ability to choose among delivery options is of clinical importance.

CMS statutes and regulations recognize this, as insulin delivery supplies associated with the injection of insulin are covered as a Part D drug. Under 42 CFR 423.120(b)(2)(i), Part D sponsors are required to include at least two distinct drugs in each therapeutic category and class, unless only one drug is available. This enables beneficiaries to have meaningful choice, supports clinically appropriate care, and helps prevent sole-source dependency. Therefore, when insulin delivery supplies meet the definition of a Part D drug, they must be afforded these protections.

Despite these requirements, we have observed an increasing number of MA-PD plans offering coverage for only a single drug delivery device within a class (i.e. pen needles, safety pen needles, syringes). This thwarts the intentions of both the statute and regulations, resulting in formulary designs that eliminate choice for beneficiaries who rely on daily administration of insulin to manage their glycemic levels.

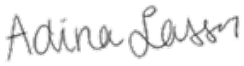
The consequences of these practices are significant. Insulin therapy depends not only on access to the drug itself, but on reliable dose delivery. When coverage is limited to a single device or technology (e.g. activation method), beneficiaries may be required to use products that do not function reliably, or meet their individual needs in their care setting.

Inadequate or inconsistent insulin delivery can lead to sustained hyperglycemia and, in severe cases, diabetic ketoacidosis (DKA)—a life-threatening emergency that often requires hospitalization. For older adults, even short-term disruptions in insulin administration can quickly escalate into avoidable emergency department visits or inpatient admissions. Limiting access therefore poses not only patient safety risks, but also increased costs to the Medicare program from associated preventable complications.

We respectfully urge CMS to undertake enforcement activities against MA-PD plans failing to comply with the requirements that insulin delivery supplies qualifying as Part D drugs are subject to standard formulary requirements, including the two-drug minimum.

Thank you for your consideration of this important issue.

Sincerely,



Adina Lasser
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Alliance for Aging Research