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To: Senkewicz, MaryBeth E. (DCHBX) <marybeth.senkewicz@dc.gov>

Subject: CareFirst Input on Services and Drugs

Hi MaryBeth,

In advance of tomorrow's meeting, I wanted to provide CareFirst's promised input. I defer to you about the best way to share with the workgroup – happy to walk through during our call. After discussion with our physicians and pharmacists, CareFirst recommends the following services at \$0 with a primary diagnosis code of diabetes to implement VBID for diabetes beyond the existing \$0 preferred insulin and diabetic supplies:

- PCP visit
- The following drugs, to the extent they are covered by the insurer:
 - acarbose
 - alogliptin
 - alogliptin/metformin
 - alogliptin/pioglitazone
 - glimepiride
 - glipizide
 - glipizide ext-rel
 - glipizide/metformin
 - glyburide
 - glyburide, micronized
 - glyburide/metformin
 - metformin
 - metformin ext-rel
 - miglitol
 - nateglinide
 - pioglitazone
 - pioglitazone/glimepiride
 - pioglitazone/metformin
 - repaglinide
 - tolbutamide
- Lipid panel test (1x per year at \$0)
- Hemoglobin A1C (2x per year at \$0)
- Microalbumin urine test or nephrology visit (1x per year at \$0)
- Dilated retinal exam (1x per year at \$0)
- Basic metabolic panel (1x per year at \$0)
- Liver function test (1x per year at \$0)
- Nutrition counseling visits (unlimited at \$0)

Key notes:

- CareFirst does not recommend specialist visits at \$0. Continuity of care is vital and the PCP is in the appropriate place to quarterback the member's care. Moreover, specialist intervention is required when diabetes is uncontrolled. We believe it is important to incentivize enrollees to control their diabetes.
- NDC is too granular to define drugs for this requirement. In addition, the existing NDC list includes many drugs that are not indicated for diabetes. For example, Klonopin is a benzodiazepine (controlled substance for anxiety) and CellCept is an immunosuppressant (to prevent transplant rejection).

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