

**From:** Metz, Robert <Robert.Metz@carefirst.com>  
**Sent:** Monday, October 18, 2021 10:39 AM  
**To:** Senkewicz, MaryBeth E. (DCHBX) <marybeth.senkewicz@dc.gov>  
**Subject:** RE: Standard Plan Meeting Notes October 12, 2021

Hi MaryBeth,

In follow-up to our discussion about the appropriate drug list for the zero cost-share requirement, CareFirst discussed the issue with our pharmacy team and recommends use of the Generic Product Identifier (GPI). GPI is similar to the National Drug Code (NDC) that was used by Oliver Wyman, but NDC also includes the drug manufacturer – which is not appropriate for the purposes of this requirement. United States Pharmacopeia (USP) is not commonly used by Pharmacy Benefit Managers, so may pose more issues in appropriate implementation. It is also a less granular coding system. Specifically, CareFirst recommends the following GPI-6 subclasses:

- 271500 AMYLINOMIMETICS
- 271700 INCRETIN MIMETICS
- 272000 SULFONYLUREAS
- 272500 BIGUANIDES\*
- 272800 MEGLITINIDES
- 273040 ANTIDIABETIC AG
- 275000 A-GLUCOSIDASE I
- 275500 DDP-4 INHIBITOR
- 275740 ANTIDIABETIC AG
- 276070 THIAZOLIDINEDIONES
- 277000 ANTIDIABETIC (SGLT2s)
- 279910 INSULIN / GLP1RA Combo
- 279925 DDP-4 INHIBITOR (Combo Products)
- 279940 DDP-4 INHIBITOR (Combo Products)
- 279960 ANTIDIABETIC (SGLT2s Combo Products)
- 279965 ANTIDIABETIC (SGLT2s Combo Products)
- 279967 ANTIDIABETIC (SGLT2s Combo Products)
- 279970 SULFONYLUREAS (Combo Products)
- 279978 THIAZOLIDINEDIONES (Combo Products)
- 279980 THIAZOLIDINEDIONES (Combo Products)

CareFirst recommends that only generic, not preferred, drugs that are covered by the insurer be included in the requirement for the list above. These drugs are “second line” treatments to be used when diabetes becomes uncontrolled. “First line” treatments for diabetes include insulin, diabetic supplies, lab testing, and nutrition counseling – all quarterbacked by the Primary Care Physician. The Social Justice and Health Disparities Working Group used the term “prevent and manage” when crafting the recommendation, indicating a focus on “first line” treatments rather than “second line” treatments. It is also important to recognize that inclusion of preferred drugs will have a larger pricing impact with

more limited benefit, as these drugs comprise a relatively small portion of drug utilization but a relatively large portion of drug spending due to their higher prices. We believe that inclusion of generic, but not preferred, “second line” drugs strikes the appropriate balance between the factors.

Thank you,

**Robert Metz, MBA**  
CareFirst BlueCross BlueShield  
Director, Public Policy | Public Policy & Government Affairs  
840 First Street, NE  
Washington DC 20065  
w (202) 680-5365 | m (202) 271-0257  
[Robert.Metz@CareFirst.com](mailto:Robert.Metz@CareFirst.com)