

## **Standard Plans Working Group VBID Project – Type 2 Diabetes**

Following are the recommendations of CareFirst and Kaiser Permanente regarding implementing \$0 cost-sharing for certain services, equipment and Rx for Type 2 diabetes. We are soliciting the thoughts of the Working Group members regarding these two proposals and which they prefer.

### **Kaiser Permanente:**

Primary care visits

Specialist visits

Lab tests

Preferred Medications (includes generic drugs)

**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

**Note from Dania:** We have to adjust the drug proposal from Carefirst in order to consider it because we can't do a list of drugs. We have to do categories of drugs. I lean towards covering a drug in each USP category and class as the ones on the Carefirst list because that fits with how the EHB list.

- 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).