



## Core and Enhanced Gaps in Care Pharmacy Edits

The Gaps in Care Pharmacy solution utilizes proprietary software systems to identify potential high-risk plan participants by running pharmacy data through disease-specific clinical algorithms. CVS Caremark reviews high-risk plan participants' profiles in detail (based on edits), monitors for over- or under medication utilization (optimizing medication therapy) and contacts the prescriber, if necessary. Drug profiles are assessed daily. Prescribers are contacted via fax.

**Core:** Focuses on opportunities to improve compliance with national guidelines for diabetes, cardiovascular disease and osteoporosis prevention.

**Enhanced:** Targets 24 conditions and works collaboratively with the plan participant's prescribers and case managers to further improve adherence, reduce risk and subsequent medical costs.

Category	Description
<b>Core Edits</b>	
<b>Suggest Therapy</b>	<ul style="list-style-type: none"> <li>• Suggest the addition of ACE-inhibitor therapy in the diabetic population</li> <li>• Suggest the addition of lipid-lowering therapy in the diabetic population</li> <li>• Suggest osteoporosis preventative therapy in women</li> </ul>
<b>Enhanced Edits</b>	
<b>Adherence</b>	Notification is sent to the physician about potential nonadherence with various therapies
<b>Discontinue Therapy</b>	<ul style="list-style-type: none"> <li>• Suggest discontinuing antidepressant therapy for plan participants meeting certain criteria</li> <li>• Suggest reevaluating therapy in plan participants who may be over utilizing acetaminophen</li> <li>• Suggest discontinuing therapy considered unsafe in pregnancy (category D or X drugs)</li> </ul>
<b>Discontinue/Reevaluating Therapy</b>	<ul style="list-style-type: none"> <li>• Suggest reevaluating potential drug-drug interactions</li> <li>• Suggest reevaluating therapy for plan participants who are receiving behavioral health therapy from multiple prescribers</li> <li>• Suggest reevaluating therapy for plan participants who may be prematurely changing antidepressant therapy</li> <li>• Suggest reevaluating potential drug-drug interactions with HIV therapy</li> <li>• Suggest discontinuing short-acting calcium channel blocker therapy and adding long-acting therapy</li> <li>• Suggest reevaluating therapy for plan participants who may be over utilizing controlled substances</li> <li>• Suggest reevaluating potential drug-disease interactions</li> </ul>

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	<p>for plan participants with COPD</p> <ul style="list-style-type: none"> <li>• Suggest reevaluating therapy for elderly plan participants receiving potentially inappropriate therapy</li> <li>• Suggest reevaluating daily dosing for metformin</li> <li>• Suggest reevaluating therapy for plan participants receiving thiazolidinediones and heart failure therapy</li> <li>• Suggest reevaluating HIV therapy for adherence to national guidelines</li> <li>• Suggest reevaluating nitrate therapy that may lead to tolerance</li> <li>• Suggest reevaluating potential over-utilization of migraine therapy or multiple physicians</li> <li>• Suggest reevaluating potentially conflicting therapy prescribed in conjunction with organ transplant medications</li> <li>• Suggest reevaluating pain therapy and adhere to the World Health Organization's step therapy guidelines</li> <li>• Review therapy for plan participants deemed to be receiving polypharmacy</li> <li>• Suggest reevaluating behavioral health therapy for plan participants who have current therapy augmented with additional therapy</li> <li>• Suggest reevaluating hormone therapy for women who are using long-term estrogen/methyltestosterone therapy</li> </ul>
<p style="text-align: center;"><b>Suggest Therapy</b></p>	<ul style="list-style-type: none"> <li>• Suggest the addition of a GI protective agent for elderly plan participants receiving NSAIDs</li> <li>• Suggest appropriate addition of therapy in heart failure based on clinical guidelines</li> <li>• Suggest the addition of lipid-lowering therapy in specific disease states</li> <li>• Suggest osteoporosis preventative therapy in men receiving chronic oral corticosteroids</li> <li>• Suggest a step-wise approach to treating asthma and preventing further asthma attacks based on National Institutes of Health Guidelines</li> <li>• Suggest appropriate therapy for plan participants with rheumatoid arthritis</li> </ul>