



CONFIDENTIAL INFORMATION

TOURON	DATE:	12/09/2024
	RE:	Important drug therapy information from Prime Therapeutics
	ATTN:	LINDSEY BARTON NPI: 1215285879
	PHONE:	(334) 568-2120
	FAX:	(334) 244-3396
	FROM:	Prime Therapeutics Contact: www.primetherapeutics.com/ProviderFollowUp for PHI disclosure concerns or opt out requests
	MESSAGE:	Prime Therapeutics' GuidedHealth program offers valuable insights that may enhance the care you provide to your patients. Many of these opportunities are important patient outcome measures for the Centers for Medicare and Medicaid Services (CMS). We encourage you to use the information in the enclosed health guide(s) to supplement your patient records, as well as to help evaluate whether a change in therapy or discussion with your patient is appropriate. Please communicate any changes directly to your patient and your patient's pharmacy. If you feel the recommendation(s) does not apply, kindly disregard this message.

Number of pages including cover: 2

Confidential/Protected Health Information (PHI) Provider Follow-Up

If you have received a profile for a patient for whom you are not the prescriber and/or have not provided care, or if this prescriber is not located here, please visit www.primetherapeutics.com/ProviderFollowUp to answer a few short questions about the incorrect patient/prescriber information. Please destroy this message to protect patient confidentiality.

If you are the provider and the enclosed patient information is correct -- NO FURTHER ACTION IS REQUIRED.

Fax and address information for prescribers is taken from the NPPES NPI Registry Primary Practice Address. Prescribers are responsible to make all contact updates directly at <https://nppes.cms.hhs.gov/#/>.

Health Guide Survey

If you would like to provide feedback to help us improve our communications with you, please visit this website to complete a short survey: <https://www.primetherapeutics.com/GHSurvey>. To protect patient confidentiality, please do not include any patient identifiable information in this survey.

Insurer Code: AL1000 BCBSAL

Batch ID: 21ef0e8f93

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Health Guide

A recent review of pharmacy and / or medical claims has identified the following drug therapy opportunity for your patient:

AL1000 BCBSAL

The most recent asthma medication claim for which you have been identified as the prescriber is listed below.

Date Filled	Drug Name/Strength	Dispensed Quantity	Days Supply	Pharmacy Name	Pharmacy Phone	Prescriber of Record Name	Prescriber Phone
20240913	QVAR REDIHA AER 80MCG	10.6	30	CVS PHARMACY #04838	(334) 365-0661	LINDSEY BARTON	(334) 568-2120

IMPORTANT WARNING: We identify prescribers based on the National Provider Identifier (NPI) submitted by pharmacies on the prescription drug claims. Due to the potential for claim submission errors, please validate the above information. This information is not intended to replace your clinical judgement and is being provided to you for purposes of quality, care coordination, and other health care operations as permitted by the Health Insurance Portability and Accountability Act (HIPAA). Only a physician in direct consultation with the patient may determine whether to pursue drug therapy opportunities.

er is not located here,
ct patient/prescriber

Reviewed
12/12/24
@Pittman
CCL

the prescription drug
to replace your original
ed by the Health
together to pursue drug