

Health Guide

Considerations to help your patients improve their health

ALLISON BOWEN

DOB: 04-25-2005

Member ID#: 83559715301

Plan: Blue Cross and Blue Shield of Alabama

Prepared for LINDSEY BARTON

A recent review of pharmacy claims has identified the following drug therapy opportunities for your patient.



Bottom line: Non-adherent to asthma medication

Action requested: Evaluate drug refill patterns

The Adherence asthma program identifies patients whose proportion of days covered (PDC) is less than 80%. This patient's PDC is 37% over the previous 365 days. Common reasons for non-adherence may include: side effects, affordability, or changes in the drug regimen. Please provide a new prescription if the regimen has changed, and/or discuss the importance of adherence and ways to address barriers with your patient.

Medication History: For a complete listing of the pharmacy claims associated with this drug therapy opportunity, please see Drug Therapy Opportunity **Adh Asthma** on the Supplemental Information page(s).

*6/16/23
L. Barton
CRP*

Due to the potential for claim submission errors, please validate the above information. This information is not intended to replace your clinical judgment 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 or not to pursue potential drug therapy opportunities. If you have received a profile for a patient for whom you are not the prescriber and/or have not provided care, please complete the form found on the back of this letter and fax with a copy of this letter to 1-877-869-8127. Please shred or otherwise destroy this document to protect patient confidentiality.

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Supplemental Information

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This supplement is provided for drug therapy opportunities involving multiple prescribers or prescriptions. This document provides a more detailed view of medications that have been dispensed to the patient.

The chart below identifies the pharmacy claims submitted for your patient during a recent review. It is current as of **04-19-2023**.

Drug Therapy Opportunity	Date Filled	Drug Name/Strength	Quantity	Days Supply	Pharmacy Name/Phone	Prescriber of Record Name/Phone
Adh Asthma	02-02-2023	FLOVENT DISK AER 100MCG	60.0	30	ALABAMA CVS PHARMACY, L.L.C. 334-261-1071	JOHN MEADOWS 334-272-6062
Adh Asthma	11-07-2022	ADVAIR DISKU AER 250/50	60.0	30	ALABAMA CVS PHARMACY, L.L.C. 334-261-1071	LINDSEY BARTON 334-568-2120

