



PRIME

THERAPEUTICS®

P.O. Box 64812 · Eagan, MN 55164-0812

November 26, 2022

GH.113629.303399

CONFIDENTIAL INFORMATION

Important information about your
patient(s) from GuidedHealth®

MARANDA FAIN
7461 EAST DRIVE
SUITE 102
MONTGOMERY, AL 36117

Dear MARANDA FAIN,

Prime Therapeutics' GuidedHealth program offers valuable insights that may enhance the care you provide to your patients. Many of these opportunities are also considered to be important patient outcome measures by the Centers for Medicare & Medicaid Services (CMS). The following potential clinical situations may not be apparent from medical records alone.

Patient Name	Date of Birth	Drug Therapy Opportunity	Page Number
PORTIA BRONSON	06-16-1983	Non-adherent to diabetes medication	3

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, please disregard this message.

We identify prescribers based on the National Provider Identifier (NPI) submitted by pharmacies on prescription drug claims. **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 enclosed *Provider Follow-up form* and fax it with a copy of this letter to 1-877-869-8127. Please shred or otherwise destroy this document to protect patient confidentiality.**

If you have any questions, please call us at 1-866-203-6010, or fax us at 1-877-869-8127. Thank you for taking the time to review the enclosed health guide(s).

Sincerely,

David Lassen, PharmD
Chief Clinical Officer

Enclosures

12/15/22
Will Discuss @ next
or
Pharmacy
club

GuidedHealth® is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company.

Prime Therapeutics LLC (Prime) is an independent pharmacy benefit management company dedicated to providing innovative, clinically based, cost-effective pharmacy solutions.

Health Guide

Considerations to help your patients improve their health

PORTIA BRONSON
DOB: 06-16-1983
Member ID#: 80769783502
Plan: Blue Cross and Blue Shield of Alabama

Prepared for MARANDA FAIN

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



Bottom line: Non-adherent to diabetes medication

Action requested: Evaluate drug refill patterns

The Adherence diabetes program identifies patients whose proportion of days covered (PDC) is less than 80%. This patient's PDC is 77% 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 DM** on the Supplemental Information page(s).

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.

Health Guide

Supplemental Information

PORTIA BRONSON**DOB: 06-16-1983****Member ID#: 80769783502****Plan: Blue Cross and Blue Shield of Alabama**

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 **11-16-2022**.

Drug Therapy Opportunity	Date Filled	Drug Name/Strength	Quantity	Days Supply	Pharmacy Name/Phone	Prescriber of Record Name/Phone
Adh DM	10-06-2022	TRULICITY INJ 3/0.5	6.0	84	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	09-28-2022	GLIPIZIDE ER TAB 5MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	MARANDA FAIN 334-244-3281
Adh DM	09-28-2022	METFORMIN TAB 500MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	09-03-2022	GLIPIZIDE ER TAB 5MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	MARANDA FAIN 334-244-3281
Adh DM	09-03-2022	METFORMIN TAB 500MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	07-19-2022	METFORMIN TAB 500MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	06-15-2022	GLIPIZIDE ER TAB 5MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	MARANDA FAIN 334-244-3281
Adh DM	06-15-2022	TRULICITY INJ 3/0.5	6.0	84	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	03-08-2022	GLIPIZIDE ER TAB 2.5MG	30.0	30	WAL-MART STORES EAST LP 334-284-4282	LINDSEY BARTON 334-568-2120
Adh DM	03-07-2022	METFORMIN TAB 500MG	30.0	30	WAL-MART STORES EAST LP 334-284-4282	LINDSEY BARTON 334-568-2120
Adh DM	01-19-2022	GLIPIZIDE ER TAB 2.5MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	01-19-2022	METFORMIN TAB 500MG	30.0	30	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120
Adh DM	01-12-2022	TRULICITY INJ 3/0.5	6.0	84	WAL-MART STORES EAST LP 334-272-2043	MARANDA FAIN 334-244-3281
Adh DM	12-03-2021	TRULICITY INJ 3/0.5	2.0	28	WAL-MART STORES EAST LP 334-272-2043	LINDSEY BARTON 334-568-2120

