

## 2026 Medication Therapy Management Program (MTMP)

Our medication therapy management program helps you get the greatest health benefit from your medications by:

- Preventing or reducing drug-related risks
- Increasing your awareness
- Supporting good habits

### Who qualifies for the program?

We will automatically enroll you in the MTMP program at no cost to you if you are in a Drug Management Program to help better manage and safely use medications such as opioids and benzodiazepines

OR

If all three of the following conditions apply:

1. You take eight or more Medicare Part D covered maintenance drugs, and
2. You have three or more of the following chronic health conditions:
  - Alzheimer's Disease
  - Respiratory Disease (including Asthma, Chronic Obstructive Pulmonary Disease (COPD), and other chronic lung disorders)
  - Chronic Congestive Heart Failure (CHF)
  - Mental Health (including Depression, Schizophrenia, Bipolar Disorder, and other chronic/disabling mental health conditions)
  - Diabetes
  - High Blood Pressure
  - High Cholesterol
  - Bone Disease-Arthritis (including Osteoporosis, Osteoarthritis, and Rheumatoid Arthritis)
  - End-Stage Renal Disease (ESRD)
  - HIV/AIDS
3. You exceed an average of \$106.33 per month in prescription drug costs paid by you and the plan.

Your participation is voluntary and does not affect your coverage. This program is no cost to you and is open only to those who are invited to participate. The program is not a benefit for all members.

## **What services are included in the program?**

The program provides you with a Comprehensive Medication Review and quarterly Targeted Medication Reviews

### Comprehensive Medication Review (CMR)

A CMR is a review of a member's medications (including prescription, over-the-counter (OTC), herbal therapies and dietary supplements) intended to aid in assessing medication therapy as well as optimizing outcomes.

The CMR includes three components:

1. Review of medications to assess medication use and identify medication-related problems. This may be conducted person-to-person or by a qualified provider and/or using computerized, clinical algorithms.
2. An interactive, person-to-person consultation performed by a qualified provider at least annually to all MTM-eligible members. The pharmacist will offer ways to manage your conditions with the drugs you take. If more information is needed, the pharmacist may contact your prescribing doctor. The review takes about 30 minutes and is usually offered once each year — if you qualify
3. An individualized, written summary of the consultation for the member, including but not limited to a:
  - *Medication List\**, a list of your medications discussed during the CMR, and
  - 
  - *Recommended To-Do List\**, your to-do list may include suggestions from the pharmacist for you and your doctor to discuss during your next doctor visit.

*\* Examples of the Medication List and the Recommended To-Do List are shown at the end of this document.*

### Targeted Medication Review (TMR)

TMRs are quarterly programs that assess medication profiles for duplicate therapy or drug-disease interaction in which members' prescribers may receive a member-specific report. After this review we may contact your doctor with suggestions about prescription drugs that may be safer or work better than your current drugs. Your doctor will decide whether our suggestions are best for you. Your prescription drugs will not change unless you and your doctor decide to change them. We may also contact you with suggestions about your medications.

## **How will I know if I qualify for the program?**

If you qualify, we will mail you a letter. Also, you may receive a call, inviting you to participate in this one-on-one medication review.

### **Who will contact me about the review?**

You may receive a call from a pharmacy where you recently filled one or more of your prescriptions. You will be given the option to choose an in-person review or a phone review.

You may be contacted by a call center pharmacist to provide your review and ensure that you have access to the service if you want to participate. These reviews are conducted by phone.

### **Why is a review with a pharmacist important?**

Different doctors may write prescriptions for you without knowing all the prescription drugs and/or OTC medications you take. For that reason, a pharmacist will:

- Discuss how your prescription drugs and OTC medications may affect each other
- Identify any prescription drugs and OTC medications that may cause side effects and offer suggestions to help
- Help you get the most benefit from all of your prescription drugs and OTC medications
- Review opportunities to help you reduce your prescription drug costs

### **How do I benefit from talking with a pharmacist?**

- Discussing your medications can result in real peace of mind knowing that you are taking your prescription drugs and OTC medications safely
- The pharmacy can look for ways to help you save money on your out-of-pocket prescription drug costs
- You benefit by having a *Personal Medication List* and a *Medication Action Plan* to keep and share with your doctors and health care providers

### **How can I get more information about the program?**

Please contact us at the number printed on the back of your Member ID card if you would like additional information about our program, or if you do not want to participate after being enrolled in the program.

These programs are provided at no additional cost as part of your coverage and are not considered a benefit.

### **Do you have unused expired medications and are looking for a safe way to dispose of them?**

For safety reasons, dispose of unused medications as soon as possible. Here are a few tips for safe disposal:

- Find a nearby pharmacy or other local resource with a medication take back service.

- The US Drug Enforcement Administration (DEA) allows unused prescription medications to be returned to pharmacies or other authorized sites. You can locate participating locations at:  
<https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>.
- Community take back sites are the preferred method of disposing of unused controlled substances.
- Additional drug disposal information can be found on the DEA website at:  
[www.deatakeback.com](http://www.deatakeback.com).
- If you cannot get to a drug take back location promptly, or there is none near you:
  - Mix the unused supply with an undesirable substance such as dirt or coffee grounds.
  - Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag, then place the sealed container in your trash.
  - Make sure to conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off to protect your privacy.
  - Place both the sealed container with the mixture and the empty drug containers in the trash.
  - Only flush approved unused or expired medications down the toilet only if indicated on the label, patient information, or no other disposal options are available.

More information on the safe disposal of medications can be found on the United States Department of Health and Human Services website:

<https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>

< *letter date* >

< *member name* >

< *member address 1* >

< *member address 2* >

< *member city, state, and zip code* >

Dear < *member name* >,

Thank you for talking with me on < *CMR date* >, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call < *MTM provider/department name* > at < *contact information for MTM provider/plan, phone number, days/times, TTY, etc.* >.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

< *MTM provider name* >

< *MTM provider title*>, < *Part D plan/pharmacy name/organization name* >

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## Recommended To-Do List

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Prepared on: < CMR date >

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You can get the best results from your medications by completing the items on this “**To-Do List.**”



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

### My To-Do List

|   |  |
|---|--|
| <b>What we talked about:</b><br>< summary of discussion for topic 1 > | <b>What I should do:</b><br><input type="checkbox"/> < action item for topic 1 ><br><input type="checkbox"/> < action item for topic 1 > |
|---|--|

|   |  |
|---|--|
| <b>What we talked about:</b><br>< summary of discussion for topic 2 > | <b>What I should do:</b><br><input type="checkbox"/> < action item for topic 2 ><br><input type="checkbox"/> < action item for topic 2 > |
|---|--|

|   |  |
|---|--|
| <b>What we talked about:</b><br>< summary of discussion for topic 3 > | <b>What I should do:</b><br><input type="checkbox"/> < action item for topic 3 ><br><input type="checkbox"/> < action item for topic 3 > |
|---|--|

|   |  |
|---|--|
| <b>What we talked about:</b><br>< summary of discussion for topic 4 > | <b>What I should do:</b><br><input type="checkbox"/> < action item for topic 4 ><br><input type="checkbox"/> < action item for topic 4 > |
|---|--|

Information on the safe disposal of unused prescription medications for <  
*member name*>, DOB: <*member DOB*>

# How to Safely Dispose of Unused Prescription Medications

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Prepared on: <*CMR date*>

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## Medication List

Prepared on: < CMR date >



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications. Cross out medications when you no longer use them.

| Medication  | How I take it  | Why I use it                           | Prescriber          |
|---|--|--|---------------------|
| < generic name and brand name, strength, and dosage form for current/active medications > | < regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate > | < indication or intended medical use > | < prescriber name > |
|   |  |  |                     |
|   |  |  |                     |
|   |  |  |                     |
|   |  |  |                     |



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

| Medication | How I take it | Why I use it | Prescriber |
|------------|---------------|--------------|------------|
|            |               |              |            |
|            |               |              |            |
|            |               |              |            |

**! Allergies:**

< allergy information >

 **Side effects I have had:**

< *side effect information* >

 **Other information:**

< *Optional* >



**My notes and questions:**