



2021 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 all three conditions apply:

1. You take eight or more Medicare Part D covered maintenance drugs, and
2. You have three or more of these long-term health conditions:
 - Chronic obstructive pulmonary disease
 - Diabetes
 - Chronic heart failure
 - Conditions such as high blood pressure or high cholesterol, and
3. You exceed an average of \$364.67 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:

- Comprehensive Medication Review (CMR)
This review is a one-on-one discussion with a pharmacist, to answer questions and address concerns you have about the medications you take, including:
 - Prescription drugs
 - Over-the-counter (OTC) medicines
 - Herbal therapies
 - Dietary supplements and vitamins



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. At the end of your discussion, the pharmacist will provide you a *Personal Medication List* with the medications you discussed during your review. A blank copy of the *Personal Medication List* for tracking your prescriptions is shown at the end of this document.

You will also receive a *Medication Action Plan*. Your plan may include suggestions from the pharmacist for you and your doctor to discuss during your next doctor visit.

- **Targeted Medication Review (TMR)**
With this review, we mail, fax or call your doctor with suggestions about prescription drugs that may be safer, or work better than your current drugs. As always, your prescribing doctor will decide whether to consider our suggestions. Your prescription drugs will not change unless you and your doctor decide to change them. We may also contact you, by mail or phone, 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.

PERSONAL MEDICATION LIST FOR:	, DOB: __/__/____
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This medication list was made for you after we talked. We also used information from < *insert sources of information* >.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

<p>Keep this list up-to-date with:</p> <p><input type="checkbox"/> prescription medications</p> <p><input type="checkbox"/> over the counter drugs</p> <p><input type="checkbox"/> herbals</p> <p><input type="checkbox"/> vitamins</p> <p><input type="checkbox"/> minerals</p>
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

Allergies or side effects:

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR : _____, DOB: ____ / ____ / ____

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR : _____, DOB: ___ / ___ / ___

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR : _____, DOB: ___ / ___ / ___

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850
