MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM
2015 plan year

This document contains information about the MTM Program for plan year 2015.

Our goal is to help you get the best results from your medications at the lowest possible price. This program will help you to:

- Make sure all your medications are the right choice for your medical conditions
- Learn how to get the most from your medications
- Lower your risk for potential harmful drug reactions and side effects
- Learn why it's important to take your medications on time
- Potentially find ways to save money

MEMBER ELIGIBILITY

You are automatically enrolled if you meet the following criteria:
1) Have three or more of the conditions listed below:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- Heart failure
- High blood pressure
- High cholesterol
- Osteoarthritis
- Osteoporosis

2) Take six or more covered Medicare Part D prescriptions, AND:

3) Expect to spend more than $3,138 in 2015 on covered Medicare Part D prescriptions

SERVICES OFFERED:
- Yearly Comprehensive Medication Review (CMR)
- Quarterly Targeted Medication Review (TMR)

These services are provided by telephone, or in some cases in-person.

WHAT YOU CAN EXPECT

What can you expect from the following services?

- For a Comprehensive Medication Review(CMR)**:**

You will be asked to have all your medications with you. A trained MTM provider will review each of them, including how much and how often you take them. The review usually takes about 30 minutes. After the review, you will receive a summary of the discussion, Medication Action Plan, and a Personal Medication List. A sample of the list is included at the end of this document.

- For a Targeted Medication Review (TMR)

Once every few months, your medications will be reviewed for certain medication issues. We may contact your health care provider if we find a potential problem.

IT'S EASY TO GET STARTED

If you meet the eligibility criteria above, you will be **automatically enrolled** in the MTM Program, including CMR and TMR services. You will get a welcome letter that tells you how to schedule a CMR .

There is *no added cost* to eligible members for this program. You may cancel your enrollment in the MTM program at any time. You may also choose to take part in only certain services you find valuable. Your prescription drug coverage will not change if you do or do not take part in this program

For more information, or to receive MTM service documents, call the customer or member service phone number on the back of your member ID card. Ask to speak to someone about the MTM Program.

The MTM Program is a service offered to eligible members at no extra cost; this service is not considered a benefit.

Our purpose is to help you get the medicine you need to feel better and live well.

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.

Keep this list up-to-date with:
☐ prescription medications
☐ over the counter drugs
☐ herbals
☐ vitamins
☐ minerals

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:	

(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:	

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:	

(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:	

Other Information:

If you have any questions about your medication list, *(to be filled in).*