

<Month, DD,YYYY>

<Member Name>

<Address>

<City>, <State> <Zip Code>

Dear < Member Name >

Thank you for talking with me on <Month DD, YYYY>, 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 <Pharmacist Name> at <Phone Number>, <Hours of operation (if applicable)>. TTY users call <711 (if applicable)>.

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

Sincerely,

<Pharmacist's Signature>

<Pharmacist's Printed Name>

<Title>, <Encounter Location Name>

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Prepared on: <MM/DD/YYYY>

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

What we talked about: <insert topic=""></insert>	What I should do: ☐ <insert do="" items="" to=""></insert>
What we talked about: <insert topic=""></insert>	What I should do: ☐ <insert do="" items="" to=""></insert>

How to Safely Dispose of Unused Prescription Medications

Prepared on: <MM/DD/YYYY>

Get rid of unused or expired medicine as soon as possible. Read the information that came with your medicine. It might tell you how to safely get rid of it. If you don't have the information, follow one of these safe options:

- 1. **Ask your local pharmacy** if they have a program to get rid of medicine you do not need anymore.
 - Some pharmacies (and other DEA approved sites) allow medicine to be mailed to the pharmacy.
 - Ask for the special packages needed to mail medicine.
- 2. Bring the medicine to a community Drug Take Back program.
 - This is the best method for controlled substances.
 - Drug Take Back programs near you:
 - Cocation 1 Name
 - <Location 1 Address>
 - ° <Location 2 Name>
 - <Location 2 Address>
- 3. Visit **DEATakeBack.com** to find other collection sites in your area. You can search by your city or zip code at
 - https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1.
- 4. Follow the steps below to **throw away medicine in the trash** or flush approved medications. Do not flush medicine in the toilet or sink unless there are instructions telling you to do so. Learn more about the flush list and safe medicine disposal at https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html.
- Take or scratch off personal information, including Rx number, from the packaging before getting rid of medicine.

Throwing away medicine at home

There are three simple steps to throw away your medicine in your household trash:

1. **Remove** the medicine from its container and **mix** with an unappealing substance, such as dirt, used coffee grounds or kitty litter.

garbage bag. 3. Place in the trash.	2. Put in sealable bag or other container. This will prevent leaking or breaking out of the				
3. Place in the trash.	garbage bag.				
	3. Place in the trash.				

Medication List

Prepared on: <MM/DD/YYYY>



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
<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>
<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>
<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>

<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>
Medication	How I take it	Why I use it	Prescriber
<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>
<medication name,<br="">Strength, Form></medication>	<directions for="" use=""></directions>	<diagnosis indication=""></diagnosis>	<prescriber name=""></prescriber>

Medication	How I take it	Why I use it	Prescriber



<Insert Allergies>

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





Side effects I have had:

<Insert Side Effects>



My notes and questions:

Highmark Health Options West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Health Options Duals offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

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