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if required



<DATE>

<Provider Name>

<Address>

<City>, <ST> <Zip>

Re: New clinical pharmacist medication optimization program

Dear Physician/Prescribing Clinician,

We are pleased to introduce our Comprehensive Medication Management (CMM) program, a patient-centered, interactive review of current medications that may include prescription and non-prescription medications, as well as herbal supplements. This pharmacist-led program evaluates medication therapy for indication, effectiveness, safety and adherence, and includes data obtained through pharmacy claims, medical claims and patient reporting. This program was previously offered to UnitedHealthcare® Medicaid members and is now being offered to select members who have UnitedHealthcare Medicare Advantage and/or commercial products.

Brief overview of the Comprehensive Medication Management program

- **Patient opt-in and release of information.** This patient-centered initiative is an “opt-in” program. Prior to any notification or request for information going out to you, the participating individual is provided with introductory materials and has a conversation with a pharmacist. Individuals who opt in agree to the release of information to their treating physicians and back to the health plan.
- **Outreach to you.** You will receive information for all of the involved prescribers to support collaboration and coordination of care for your patient.
- **Physician action.** You may receive a notification with request for action for an eligible member who opted in to the program (sample attached). The notification will include a list of current medications and recommendation(s) for you to consider that are related to 1 or more medications you are prescribing for which there may be an opportunity for therapy optimization. The notification/request has 3 steps:
 - **Review and respond** to recommendations
 - **Sign and return** completed form within 14 days (optional)
 - **Communicate** all prescription changes with the patient and to the patient’s dispensing pharmacy (if applicable)

Our goal is to be of service to both you and your patient, specifically with regard to medication therapy.

Thank you for your participation in our network. If you have any questions about this program, please call:

- Individual and Group Market fully insured health plans: 833-982-0720
- UnitedHealthcare Medicare Advantage Plans: 833-982-0720
- UnitedHealthcare Community Plan: 888-383-7908

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

U.S. Behavioral Health Plan of California doing business as OptumHealth Behavioral Solutions of California

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Sincerely,

Provider Relations
Optum Behavioral Health



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UNITEDHEALTHCARE

FACSIMILE TRANSMITTAL SHEET

■ REVIEW ■ RESPONSE NEEDED

DATE: <mm/dd/yyyy>

Dear: <Prescriber Name, Credentials>

I recently completed a medication review for one of your patients. Enclosed is a summary of the medication therapy problems that were identified along with my recommendations for resolution.

Please complete these 3 easy steps to assist with resolution:

1. **Review and respond** to the attached recommendations
2. **Sign and return** this completed fax within 14 days
3. **Communicate** all prescription changes with the patient and to the patient's dispensing pharmacy (if applicable)

Sincerely,

<Pharmacist's Name>
Clinical Pharmacist

Phone:

- Individual and Group Market fully insured health plans: 833-982-0720
- UnitedHealthcare Medicare Advantage Plans: 833-982-0720
- UnitedHealthcare Community Plan: 888-383-7908

Fax: 503-459-0525

Our Comprehensive Medication Management (CMM) program involves a patient-centered, interactive review of this patient's current medications that may include prescription and non-prescription medications, as well as herbal supplements. We evaluate current therapies for indication, effectiveness, safety, compliance, adherence, convenience and cost. It is our intention to be of service to both you and the patient, specifically with regard to medication therapy.

Confidential Notice – This fax may contain protected health information of a personal and sensitive nature related to an individual's health care. As recipient, you are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient authorization or as permitted by law is prohibited. This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

MEDICATION ACTION PLAN FOR: PATIENT SAMPLE (01/31/1901) ID #####
MEDICATION ALLERGIES OR ADVERSE EVENTS:

SUMMARY OF RECOMMENDATIONS		PROVIDER RESPONSE
<p>Recommend discontinuing by tapering the dose: Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 75 MG</p> <p>and</p> <p>Recommend starting and titrating the dose up: Sertraline HCl Oral Tablet 50 MG – Take 1 tablet by mouth every day.</p>	<p>Patient expressed ongoing depressive symptoms such as lethargy and lack of pleasure in activities. Also reports 225mg dose of venlafaxine causes jittery feeling. If clinically appropriate, consider alternative antidepressant therapy such as sertraline.</p> <p>As SNRI therapy does have some potential for discontinuation syndrome consider a cross taper by reducing venlafaxine from 150mg/day to 75mg/day for 1–2 weeks after sertraline has been initiated.</p>	<input type="checkbox"/> Approve <input type="radio"/> Already implemented <input type="radio"/> Will discuss with patient <input type="radio"/> With modifications below <input type="checkbox"/> Forward to provider listed below <input type="checkbox"/> Disapprove – Explain below
<p>Recommend continuing based on education provided to patient: Vitamin B-Complex Oral Tablet</p>	<p>Patient reports previously taking a B-complex but has since stopped this medication. Reports previously recommended for her but unsure if related to underlying anemia.</p> <p>Given patient reported complaints of daytime fatigue, consider restarting B-complex supplement to help with energy levels.</p>	<input type="checkbox"/> Approve <input type="radio"/> Already implemented <input type="radio"/> Will discuss with patient <input type="radio"/> With modifications below <input type="checkbox"/> Forward to provider listed below <input type="checkbox"/> Disapprove – Explain below

Additional notes:

Provider signature: _____ Date: _____

<Prescriber name, credentials>

After completing this form, please return this fax to 503-459-0525.