Please email this completed form to: MTM.Pharmacy@bluecrossmn.com

**Medication therapy management (MTM)**

**referral form**

Complete the sections that are applicable.

**Subject line: SECURE MTM Referral**

Care Coordinator Name or Referring Provider:

Care Coordinator Delegate Agency:

Care Coordinator Email:       Care Coordinator Phone:

Member Name:       Date of Birth:

Member Phone:

Primary Care Provider (PCP):       PCP Phone:

Who will be completing the visit with the pharmacist?

If not the member, provide alternate name/phone:

***Minimum requirements:***Adult members (age 18 and older and not on hospice) who agree to complete a Complete Medication Review during the call (this includes review of all RX, all OTC, diagnosis and background information).

***Examples of inappropriate referral:*** medication coverage /cost concern only (unwilling to do a complete med review), questions on prior authorization status, concerns regarding oncology, hematology, organ transplant therapy, controlled substance concerns when patient is already managed by pain specialists OR if patient has concerns with restricted access to control substances.

Reason for referral (not all inclusive – additional comments below if necessary):

Therapy duplications

Drug interaction concerns

Appropriate doses for age and comorbid conditions

Gaps in care noted for:

* Poor Blood sugar control (A1c >9%)
* Blood pressure >140/90
* No statin use and has diabetes or has cardiovascular disease
* Recent bone fracture but has not had DEXA scan or is not taking osteoporosis medication (other than calcium)

Member on medication(s) without an indication

Multiple prescribers

Drug Side Effects/Adverse Drug Event- member may be experiencing an unwanted effect from a medication

Concern for safe use of medication for the member

Medication effectiveness

Adherence issues- member self modifies medication doses or frequency, member forgets to take medication,

member confused on complex dosing regimen, member non-adherent.

Additional Comments: