

Medication Therapy Management Program

Community Care's Medication Therapy Management (MTM) Program is intended to promote medication safety for the frail elderly. The Community Care MTM will be directed to ensure that all members' medication regimens are reviewed for the purpose of:

- Ensuring that the prescribed medications are clinically necessary in order to treat their condition.
- Ensuring that the prescribed medications effectively address the condition(s) being treated.
- Ensuring that participants receive the lowest effective dose and the most appropriate duration.
- Maximizing a medication's potential benefits versus its risks.
- Attempting to reduce the potential negative outcomes as they relate to a medication.
- Evaluating participant negative outcomes, decline or emerging symptoms, and focusing on the medication regime as a causative factor.
- Ensuring cost effective medication therapy.

All Community Care participants will receive some level of coverage in the medication therapy management program. Community Care will offer four levels of MTM:

- 1) Pharmacy Benefit Manager (PBM),
- 2) Network pharmacies
- 3) Clinical Case Managers
- 4) Community Care Clinical Pharmacist

Targeted members for enrollment in the MTM program are based on the following criteria:

- have multiple chronic diseases
- have multiple covered Part D medications
- likely to incur annual costs for covered part D drugs that exceed \$4,000.00

Level 1

Level 1 of the MTM program is offered to all Community Care participants. This level involves the PBM and adjudication of claims which encompasses an analysis of the following:

- Member demographic information
- Drug-drug interactions
- Over/under-utilization
- Formulary Support
 - Prior Authorization and Step Therapy Process
- Duplicate Therapy
- Age/Gender Verification
- Appropriate Dose Verification
- Review of comprehensive database compiled through the adjudication process.

Level 2

Level 2 relates to the network pharmacies that fill prescriptions for Community Care participants. The network pharmacist performs a clinical review based upon patients' drug allergies, appropriate drug dose, directions for use, drug indication, and drug-drug interactions.

Level 3

Level 3 incorporates a monthly medication review by the Community Care clinical case managers. This review includes:

- medication profile for accuracy,
- effectiveness of the medication (i.e., how is the drug working, how is the pain, etc.)
- potential side effects
- compliance tracking

Level 4

Level 4 is completed by the Community Care clinical pharmacist and identified as a necessary step due to one of the following criteria:

1. Initial Medication Review
2. Psychotropic Medication Review
3. Complexity of pharmacologic regimen
4. Diabetes at risk as evidenced by $HgA1c \geq 10$
5. Greater than 10 scheduled medications

Following identification of a need, the Community Care pharmacist conducts a drug utilization review (DUR). As outlined in the attached Clinical Pharmacist Review, the following steps and criteria are utilized by the pharmacist during the DUR:

1. comparison of medication regimen from the participant's medical record to pharmacy claims with an emphasis on compliance
2. allergy status
3. number of medications at the time of review (scheduled and prn)
4. plan of care from the physician plan of care (PPOC)
5. documented outcomes identified by medication goals
6. drug interactions
 - drug- drug interactions
 - drug- lab interactions
 - drug- food interactions
 - drug contraindications
7. evaluation provided to the PCP.

The Community Care clinical pharmacist is also able to bill for cognitive services as described in #2 above.