Medication Action Plan for: <Insert Member's name, DOB: mm/dd/yyyy>
This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

## Date Prepared: <Insert date>

| What we talked about: <br> <Insert description of topic> |  |
| :--- | :--- |
| What I need to do: <br> <Insert recommendations for | What I did and when I did it: <br> <Leave blank for beneficiary's notes> |

What we talked about: <Insert description of topic>

| What I need to do: <br> <Insert recommendations for <br> beneficiary activities> | What I did and when I did it: <br> <Leave blank for beneficiary's notes> |
| :--- | :--- |


| What we talked about: <br> <Insert description of topic> |  |
| :--- | :--- |
| What I need to do: <br> <Insert recommendations for <br> beneficiary activities> | What I did and when I did it: <br> <Leave blank for beneficiary's notes> |

> What we talked about:
> <Insert description of topic>

What I need to do:
<Insert recommendations for beneficiary activities>

What I did and when I did it:
<Leave blank for beneficiary's notes>

| What we talked about: <br> <Insert description of topic> |  |
| :--- | :--- |
| What I need to do: <br> <Insert recommendations for <br> beneficiary activities> | What I did and when I did it: <br> <Leave blank for beneficiary's notes> |

My Follow-up plan (add notes about next steps):
<Leave blank for beneficiary's notes>

Questions I want to ask (include topics about medications or therapy): <Leave blank for beneficiary's notes>

If you have any questions about your action plan, call PerformRx at 1-888-349-0501 or 1-888-765-6351 (TTD/TTY) between 8:30 a.m. and 5 p.m. (EST), Monday through Friday.

