

PERSONAL MEDICATION LIST FOR: <Insert Member's name, DOB: mm/dd/yyyy>

This medication list was made for you after we talked. We also used information from <insert sources of information>.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: <Insert date>

Allergies or side effects: <Insert beneficiary's allergies and adverse drug reactions including the medications and their effects>

Medication: <Insert generic name and brand name, strength, and dosage form for current/active medications.>

How I use it: <Insert regimen, including strength, dose and frequency (e.g. 1 tablet (20mg) by mouth daily), use of related devices and supplemental instructions as appropriate>

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| Why I use it: <Insert indication or intended medical use> | Prescriber: <Insert prescriber's name> |
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<Insert other title(s) or delete this field>: <Use for options product-related instructions, such as additional instructions, product image/identifiers, goals of therapy, pharmacy, etc., and change field title accordingly. This field may be expanded or divided. *Delete this field if not used.*>

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| Date I started using it: <May be estimated by Plan or entered based upon beneficiary-reported data, or leave blank for beneficiary to enter start date> | Date I stopped using it: <Leave blank for beneficiary to enter stop date> |
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Why I stopped using it: <Leave blank for beneficiary's notes>

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| Medication: | |
| How I use it: | |
| Why I use it: | Prescriber: |
| <Insert other title(s) or delete this field>: | |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | |

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

First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

First Choice VIP Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-978-0862 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-978-0862 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-978-0862 (رقم هاتف الصم والبكم: (TTY: 711)).

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