

# Safe Meds VIP

Being a Safe Meds VIP is as easy as one, two, three.

1. **Communicate** – Use the Conversation Checklist to prepare for your doctor’s visit and ensure your questions & concerns are addressed during your appointment. Be sure to communicate any specialists you’re seeing for your medical conditions, any/all prescription or other medications, vitamins, and supplements you’re currently taking (print your Medication List), and any concerns you have about your diagnosis and proposed treatments.

During the conversation with your health care provider (HCP), be sure to ask

- a. What are the risks vs benefits of proposed treatment/medication(s)?
- b. What are the common and/or serious side effects/complications of the proposed treatment/medication(s)?
- c. Are other, less expensive/equally effective, treatment/medication options available?

\*Safe Meds VIP Tip: If your HCP gives you instructions, get them in writing in a language and reading level you understand or take notes then state them back in your own words to ensure clarity and compliance.

2. **Compare** – If your HCP prescribed medication(s), show your National Drug Card (NDC) to the pharmacists/pharmacy tech and ask them to give you the lower price of insurance co-pay or the NDC discounted price.

Print your medication discount card, download the mobile app, and compare medication prices at: <https://nationaldrugcard.com/ndc3506>

\*Safe Meds VIP Tip: It is best to get all of your prescription medications filled at the same pharmacy to decrease the likelihood of medication interactions. If you must use more than one pharmacy, provide both with a complete list of your medications.

3. **Comply** – Your HCP prescribed medication(s) to treat your medical condition after discussing the risks vs benefits and alternatives with you. For your health and safety
  - a. Take your medications following the directions
  - b. Take all of the medication dispensed unless advised otherwise by your HCP or pharmacists – don’t stop taking prescribed medications because you feel better
  - c. Contact you HCP before your medications run out to discuss continued treatment

\*Safe Meds VIP Tip: Contact your HCP or seek medical assistance immediately if you experience unanticipated or serious side effects after starting a new medication. (E.g. trouble breathing, skin rash, face/throat/tongue swelling, wheezing, bloody stools/urine, fainting, seizure)

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## Conversation Checklist

Fill in and print this checklist and the Medication List before your appointment with your health care provider and take it with you to help you and your provider have a focused and productive conversation.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname/Goes By: \_\_\_\_\_

Primary Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialists 1 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Specialists 2 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Specialists 3 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Allergies: \_\_\_\_\_

## Health Care Provider Discussion

Reason for today's visit: \_\_\_\_\_

Prescription Refills Needed: Yes  No  Refill: \_\_\_\_\_

1. What is my suspected diagnosis: \_\_\_\_\_

2. What are my treatment options: \_\_\_\_\_

3. What are the risks vs Benefits: \_\_\_\_\_

4. Next steps:  Imaging  Labs/Path  Specialist Consult  Medication(s)

5. Vaccinations up to date: Yes  No

## New Medication Discussion

1. Why am I being prescribed this medication: \_\_\_\_\_

2. How often & when do I take this medication: \_\_\_\_\_

3. Is a generic or lower-cost option available: \_\_\_\_\_

4. What are the possible/common side effects: \_\_\_\_\_

5. When should I stop taking this medication: \_\_\_\_\_

6. Teach back done: Yes  No

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## Medication List

Patient Sticker

MRN: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname/Goes By: \_\_\_\_\_

Primary Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialists 1 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Specialists 2 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Specialists 3 Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Primary Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Allergies: \_\_\_\_\_

### Current Medications

Include prescription meds, non-prescription (OTC), & vitamins/supplements

	Medication Name	Dose	Frequency	Prescribed by	Taken For
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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## Medication Cost Comparison


1. Visit [https://nationaldrugcard.com/ndc3506/prices\\_locations](https://nationaldrugcard.com/ndc3506/prices_locations) to compare prices
2. Tell your pharmacists to give you the lower price. In many cases, the drug card price may be lower than insurance co-pays.
3. Ask your pharmacist to add your discount card to your profile to ensure future savings.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

	Medication Name	Dose	#	Normal Price	Drug Card Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



**Pharmacist Please Note:**  
**GROUP ID:** NATIONAL01  
**MEMBER ID:** NDC3506  
**BIN:** 009893  
**PCN:** ROIRX  
Pharmacists requiring assistance, please contact our help desk at 1-800-760-7616

Type of Plan: Household

\*This is not insurance. This is a national discount program available to anyone in the U.S. Program details and disclosures at <https://nationaldrugcard.com/ndc3506>

<https://safemeds.vip/>