

Medication Synchronization

The Academy of Managed Care Pharmacy (AMCP) supports the concept of medication synchronization as one tool that may improve adherence. Prescription drug therapy provides a tremendous value to the overall healthcare system and that value is only realized when medication therapies are taken by patients as prescribed.ⁱ AMCP supports continued industry development and rollout of medication synchronization programs and believes that the best practices currently being developed will benefit patients and payers. However, medication synchronization programs are not standardized and may not be appropriate for all patients. A medication synchronization program may be unique to the patient, the health plan or other healthcare delivery systems and should be developed by the appropriate parties specific to the needs of the designated population. Therefore AMCP will oppose legislation that mandates medication synchronization and requires a specific government framework as an unnecessary barrier to best practices.

The literature contains studies and pilot programs that have demonstrated that medication synchronization programs can increase adherence, measured by proportion of days covered, and may deliver better downstream health outcomes, although further research is required.^{ii, iii} AMCP believes that such programs administered currently through managed care organizations (MCOs) through care coordination and medication therapy management (MTM) are already making a positive impact for patients and payers.^{iv} Since best practices for the synchronization of medications are still being developed and tested by various industry partners it is our belief that strict government regulatory frameworks will hinder progress. AMCP does not see the need to mandate something that is already occurring in health plans across the nation for the appropriate patients in appropriate situations.

Medication synchronization programs can reduce the administrative burden on patients who take multiple medications by centering all prescription refills to a common monthly or quarterly fill date. To function properly, the process requires involvement and cooperation of the patient, payer, PBM or prescription drug plan administrator and the dispensing pharmacy.

As these programs continue to develop best practices that should be identified by MCOs in order to implement a successful medication synchronization program include:

- defining the minimum number of scripts for program eligibility,
- will the program be an opt-in or a mandated program,
- will only maintenance medications be included or maintenance and acute medications,
- will specialty medications be included or excluded, and
- will commonly abused medications be included or excluded.

In addition, retail/mail pharmacy systems must be able to communicate correctly with PBM systems to properly adjudicate partial fills with/without pharmacy dispensing fees and partial refills to properly align medications to the common fill date. The process must be designed to integrate with current pharmacy practices so as not to overburden the pharmacy with a new program.

An efficient medication synchronization program also must have safeguards in place to protect against stockpiling of medications, outdated dispensing due to therapy change, diversion, and waste. Processes must be put in place to guard against each of these for the program to achieve the desired outcome. All of these factors must be studied and evaluated in order to develop best practices.

Given the level of details that must be analyzed and the system adjustments that have to be made in order to have an effective program, AMCP does not believe that government has the experience to legislate the structure of these programs. For example, legislation that establishes cost-sharing, prohibits prorating of dispensing fees and that requires the synchronization plan to be determined by the prescriber, patient and pharmacist without involvement by the MCO create potential barriers to development of best practices. While legislation may appear to be patient-centric, the reality is that a mandate will have unintended and unforeseen consequences and impact on the patients, providers, health plans, and the pharmacy benefit managers (PBMs) that service them as well as introduce unplanned costs (administrative and cost of care) into the healthcare system. In fact, at least one study has shown that educational interventions had a greater impact on helping patients achieve their blood pressure goals rather than medication synchronization.^v From the patient perspective, those who use multiple pharmacies may have to move prescriptions to one pharmacy in order to be eligible for the program. Provisions will need to be considered for patients who cannot afford all their medications when filled on one common date. Government intervention that mandates medication synchronization and requires a specific government framework will hamper the development of this tool being designed by MCOs with the experience and expertise of managed care pharmacists.

AMCP believes that medication synchronization has a role within standard of care concepts for patients requiring a complex medication regimen. AMCP will continue to advocate for the ability of MCOs to develop and implement these programs within the confines of existing healthcare benefit operations without unnecessary regulatory intervention.

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Please see AMCP's website for revisions and updates to our *Where We Stand* series:
www.amcp.org/positionstatements.

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- ⁱ Understanding and Overcoming Barriers to Medication Adherence: A Review of Research Priorities, *J Manag Care Pharm.* 2014;20(8):775-83.
- ⁱⁱ Holdford DA and Inocencio TJ. Adherence and persistence associated with an appointment-based medication synchronization program. *J Am Pharm Assoc.* 2013;53(6):576-83. Available online at: http://www.aphafoundation.org/sites/default/files/ckeditor/files/JAPhA_53_6_576.pdf.
- ⁱⁱⁱ Ross A, Jami H et al. Sync and Swim: The impact of Medication Consolidation on Adherence in Medicaid Patients. *J PrimCare&Comm Health.* 2013. 4(4):240-244.
- ^{iv} Watson LL and Bluml BM. Pharmacy's Appointment Based Model: Implementation Guide for Pharmacy Practices. APhA Foundation. 2013. Available online at <http://www.naspa.us/resource/med-sync-implementation-guide>.
- ^v DiDonato KL, Vetter RR, et al. Examining the Effect of Medication Synchronization or an Education Program on Health Outcomes of Hypertensive Patients in a Community Pharmacy Setting. *Innovations in Pharmacy.* 2014/5(3). Article 175. Available online at: <http://conservancy.umn.edu/handle/11299/171869>