

Medication Synchronization: “One Size Fits All” Doesn’t Work

What is medication synchronization?

Medication synchronization allows a pharmacist to dispense all of a patient’s prescription drugs on the same refill cycle. All new prescriptions are initially filled on a partial basis until they are synchronized with the existing medications, allowing all of a patient’s prescription drugs to be dispensed on the same day throughout the year. For some patients suffering from chronic illnesses, medication synchronization may be a useful tool to promote long-term medication adherence.

Appointment-based medication synchronization requires patients to make an appointment each month to pick up their prescriptions, but patients can request or waive counseling with a pharmacist to review their therapies. Advocates for this approach claim that it will improve patient adherence to their drug regimens. Medication synchronization increases customer loyalty to the sponsoring pharmacy—increasing pharmacy revenues and lowering its operating costs.

Medication synchronization is not appropriate for most patients.

Medication synchronization may make sense for patients with several chronic conditions who take multiple drugs and have a high risk of medication error and overmedication. Most plans will accommodate a request for medication synchronization for a patient who needs it. It is not, however, appropriate for all patients, including those who:

- Have acute illnesses treated with short-term therapies;
- Take specialty drugs requiring more frequent monitoring;
- Are starting new therapies where medications and dosages are subject to change;
- Have interruptions in drug therapy due to hospitalization or long term care; or
- Need to spread the cost of multiple prescriptions over the course of the month.

Medication synchronization may enhance pharmacy, not customer, convenience.

- Information about these programs emphasizes the cost savings, potential for revenue enhancement, and staff convenience for participating pharmacies, not for consumers.
- Partial fills for new prescriptions may increase customer costs due to higher dispensing fees, or may disrupt patients’ personal budgets if a large number of copays are due on the same day.
- Medication synchronization imposes severe limits on customer choice and convenience.
- The pharmacy benefit manager (PBM) or payer does not necessarily know how, when, or why the dispensing cycle has been adjusted, which can trigger red flags for fraud, waste, and abuse, especially without proper communication by the pharmacy.

Key principles to keep in mind when considering medication synchronization:

- Medication synchronization is a one-size-fits-all approach and has limited application in a diverse market for pharmacy services. It has not been shown to be cost-effective for consumers.
- Health insurers and PBMs need flexibility on whether to offer medication synchronization, and need to be able to make a note of the timing of medication synchronization in the event the patient needs it.
- Synchronization (and resynchronization) should be limited to once per year, unless necessitated by a change in patient health status. Frequent re-synching poses significant logistical and monitoring challenges and defeats the purpose of synchronization for patients.
- Drug therapies for chronic illnesses should be the focus of any synchronization plan.
- Prescription drugs for acute conditions and those that carry high risk for addiction and diversion, such as opioids, should be excluded from medication synchronization plans.
- Dispensing fees are part of contract negotiations between health plans, PBMs, and pharmacies and should not be part of any legislative package.
- Communication between PBMs and pharmacies is of utmost importance. The plan needs to keep a record of synchronization and understand the cycle of dispensing, so as not to raise red flags for fraud, waste, and abuse.