

## Community Pharmacy Response to PCMA's Medication Synchronization Opposition

The National Community Pharmacists Association (NCPA) welcomes the opportunity to provide a response to the Pharmaceutical Care Management Association's (PCMA) June 19<sup>th</sup> memo, which circulated arguments against medication synchronization. NCPA would like to clarify that PCMA has disseminated extremely misguided information regarding medication synchronization legislation.<sup>1</sup> PCMA has claimed that such legislation is a "mandate" that would "create an administratively complex system" and "increase costs." PCMA's position echoes their arguments made in response to most pro-American small business and patient care legislation supported by NCPA. In actuality, however, medication synchronization legislation simply provides patients with the **option** to have the pharmacy coordinate all of their chronic or maintenance medications to be filled on the same date each month, to facilitate greater adherence, and improve their health. Again, NCPA would like to make clear that this is not a one-size-fits-all mandate, but rather a shared clinical decision between the patient, prescriber, and the pharmacist. In addition, the program has been shown to improve rates of medication adherence<sup>2 3</sup> and thus, **lower** overall health care expenditures.<sup>4 5</sup> NCPA and those supporting medication synchronization legislation across the nation strongly oppose the misguided comments made by PCMA and will continue to support medication synchronization efforts nationwide as legislation that improves the health outcomes for patients on multiple chronic medications, while lowering overall healthcare costs. We hope that PCMA will choose to do the same.

NCPA represents America's independent community pharmacists, including the owners of more than 23,000 community pharmacies, pharmacy franchises and chains. Together, they employ over 300,000 full-time employees and dispense nearly half of the nation's retail prescription medicines.

- **Medication Synchronization is NOT administratively complex for the PBM:** PCMA claims that medication synchronization is an "administratively complex process," even though all administrative work is completed at the pharmacy and does not necessitate any involvement with the PBM. NCPA would like to clarify that medication synchronization is a service targeted specifically towards patients who require **long term maintenance of a chronic condition**. Ironically, PCMA recognizes the benefits of such synchronization when they state in their memo that "it may improve the care coordination for patients by aligning their physician, pharmacist and health plan in improving patient's health status."
- **Medication Synchronization is NOT a mandate on the patient, plan or PBM:** PCMA incorrectly refers to the medication synchronization bill as a "mandate." Rather, this bill would give the patient the choice to opt-in to medication synchronization should the prescriber and the pharmacist deem it beneficial and appropriate for the patient. The Centers for Medicare & Medicaid Services (CMS), the largest payer for health care in the nation, has seen the benefits of medication synchronization, and is implementing several policy changes that will help remove current barriers to the process, reduce waste from unnecessary fills, and ensure that beneficiaries are only receiving the medications they need. As of January 1, 2014, Medicare Part D sponsors are required to apply a daily cost-sharing rate to most prescriptions that are dispensed for less than a 30-day supply. This provides a common sense approach when a patient is just starting out on new therapy and may not require a full month's supply, or is attempting to synchronize their refills.
- **Pharmacy understands that not all medications should be synched:** It should be noted that some medications are not appropriate to be in a synchronized refill program. For example, "as-needed" (PRN) medications for pain, or medications for acute conditions such as antibiotics are excluded from synchronization. Additionally, products such as eye drops, insulin, glucose strips, and inhalers pose challenges due to their packaging and variable quantities. For this reason, it is not advisable to include such medications in a coordinated refill program.
- **Medication Synchronization is beneficial to patient's health and lessens the burden of multiple pharmacy visits:** PCMA fails to recognize that this legislation would benefit the patient. Medication synchronization is particularly beneficial when the patient is initially prescribed a new medication that has significant side effects, the medication is frequently poorly tolerated, the medication may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescriptions is clinically appropriate. Additionally, medication synchronization will improve the ongoing

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issue of medication waste when medications are changed during a mid-30 day supply.

- **Medication Synchronization improves adherence and lowers overall healthcare costs:** While PCMA claims that medication synchronization would raise costs, the program has been shown to improve rates of medication adherence<sup>6 7</sup> and thus, lower overall health care expenditures.<sup>8 9</sup> Upon the patient's request, medication synchronization provides the pharmacy with the ability to coordinate a patient's prescriptions, without having to pay a full month's cost-sharing when less than a month's supply of medication(s) is dispensed during the synchronization process until all medications are on the same thirty or more days refill schedule.

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<sup>1</sup> Medication Synchronization, A. 8975/S6773, 2014 NY General Assembly.

<sup>2</sup> "Pharmacy's Appointment Based Model: A Prescription Synchronization Program That Improves Adherence." *APhA Foundation White Paper* (2013): 1-13. Web. 14 July 2014

<sup>3</sup> "Appointment-Based Model (ABM) Data Analysis Report." *Prepared for Thrifty White Pharmacy* (n.d.): 1-8. Web. 14 July 2014.

<sup>4</sup> Congressional Budget Office. *Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services*. N.p., 29 Nov. 2012. Web. 14 July 2014. <<http://www.cbo.gov/publication/43741>>.

<sup>5</sup> "Thinking Outside the Pillbox: Six Priorities for Action to Support Improved Patient Medication Adherence." *New England Health Institute* (2013): 1-5. Web. 14 July 2014.

<sup>6</sup> "Pharmacy's Appointment Based Model: A Prescription Synchronization Program That Improves Adherence." *APhA Foundation White Paper* (2013): 1-13. Web. 14 July 2014

<sup>7</sup> "Appointment-Based Model (ABM) Data Analysis Report." *Prepared for Thrifty White Pharmacy* (n.d.): 1-8. Web. 14 July 2014.

<sup>8</sup> Congressional Budget Office. *Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services*. N.p., 29 Nov. 2012. Web. 14 July 2014. <<http://www.cbo.gov/publication/43741>>.

<sup>9</sup> "Thinking Outside the Pillbox: Six Priorities for Action to Support Improved Patient Medication Adherence." *New England Health Institute* (2013): 1-5. Web. 14 July 2014.