

GAO Highlights

Highlights of [GAO-19-520](#), a report to congressional committees

Why GAO Did This Study

Medication adherence—that is, taking medications as prescribed—is important because not doing so increases the risk of hospitalization and can result in avoidable medical costs. According to some pharmacy industry groups, medication synchronization may help improve medication adherence, particularly for patients with multiple chronic conditions. More than 40 percent of Medicare beneficiaries had two or more chronic conditions in 2015.

Congress included a provision in the Bipartisan Budget Act of 2018 for GAO to review and report on the use of medication synchronization. In this report, GAO examines (1) what is known about the use and potential effects of medication synchronization and (2) steps CMS and selected states have taken to support its use.

GAO identified and reviewed 22 peer-reviewed studies on medication synchronization. In addition, GAO interviewed CMS officials and 30 stakeholders to gather a wide range of perspectives on medication synchronization. Among others, GAO interviewed six selected pharmacies and two selected Medicare health plans. GAO also reviewed CMS regulations as well as medication synchronization laws from five selected states that vary by geographic region.

GAO provided a draft of this report to the Department of Health and Human Services, which provided technical comments. GAO incorporated these comments, as appropriate.

View [GAO-19-520](#). For more information, contact James Cosgrove at (202) 512-7114 or CosgroveJ@gao.gov.

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MEDICARE

Limited Information Exists on the Effects of Synchronizing Medication Refills

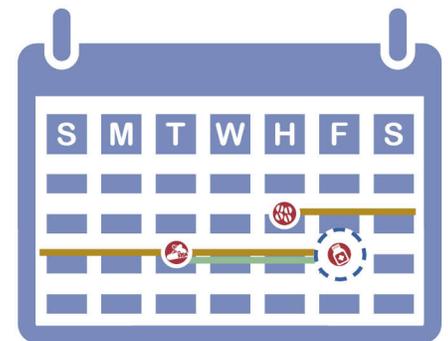
What GAO Found

Medication synchronization is a process whereby a pharmacist aligns the refill dates of two or more of a patient's medications to a single day (see figure below). GAO found that no comprehensive national data exist on the extent to which medication synchronization has been used or its potential effects. However, limited information suggests that the use of medication synchronization has increased in recent years and that it may have benefits. According to a study published in the American Journal of Managed Care that examined survey data on retail pharmacies, the number of pharmacies using medication synchronization increased from 3,324 in 2013 to 5,534 in 2014. Most of the studies that GAO identified found positive effects from medication synchronization, primarily on patients. For example, a 2018 study reported a 3 percent improvement in medication adherence among patients using medication synchronization than those who were not. Several stakeholders also identified potential limitations of using medication synchronization. For example, some patients may not be able to afford paying all the copayments for their medications at one time each month, and some patients prefer the social interaction of multiple trips to the pharmacy each month.

Synchronizing Medication Refills

To initially align the refill dates of multiple medications, a pharmacist may refill one or more medications with a quantity for less than a month's supply (for example, 8 days' supply [■] and 3 days' supply [■]). When synchronized, the medications can be picked up on a single day every month.

Source: GAO analysis. | GAO-19-520



The Centers for Medicare & Medicaid Services (CMS) issued a regulation and some states enacted laws that may help support the use of medication synchronization. While CMS does not have a formal medication synchronization policy for Medicare, a CMS regulation allows for reduced beneficiary cost sharing (for example, a lower copayment) when the beneficiary receives less than a month's supply of a medication. Similar laws pertain to private health plans that provide prescription drug coverage for patients in the five states GAO selected—Georgia, Illinois, Maine, Texas, and Washington. Such measures support medication synchronization because initially aligning the refill dates of multiple medications may require one or more of these medications to be refilled with a quantity that is less than a month's supply. Officials from CMS and four of the selected pharmacies said that lowering the copayments for these refills reduces the financial burden on patients when they first have their medications synchronized. They noted that requiring full copayments for a shorter supply may have discouraged or prevented patients from using medication synchronization.