



Workflow WEDNESDAYS

Max My Sync



Topic:

Selecting the Right Medications to Sync

Presenters: Chelsea Anderson, CPhT, Chief Financial Officer at Tyson Drugs Inc & Tiffany Capps, CPhT, Pharmacy Ops and Communications Expert, CPESN USA

Click [HERE](#) to watch the recorded webinar.

Selecting the right medications to sync can seem daunting at first. This will provide confidence as you are reviewing a patient's medication profile.

#1 - Assess Patient Medication Profile

Comprehensive Assessment of Medication Regimen

- Prepare before engaging the patient
- Note any exceptions or potential adherence challenges

Clean up the Patient Medication Records

- Deactivate any outdated prescriptions
- Identify any duplicate therapies

Medications Not Typically (or Easily) Included in Sync*

- Acute Meds (antibiotics)
- Certain eye drops, ointments and creams
- Rescue inhalers
- Pain medications

**Tip: Some medications may be less suitable for med sync - but that doesn't mean they can't be synced*

#2 - Prioritize and Select Maintenance Medications

Which Medications to Include?

- Focus on Chronic Maintenance Medications - Targeted Drug Classes (EQUIPP)
- Medications regularly refilled by the patient

Recognize Priority Meds By Drug Class - [See Page 3](#)



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#3 - Operational Considerations for Sync Cycle

Sync Cycle Rationale

- 30-day cycle (Can be a mix of 30 & 90 days)
- 90-day cycle (When ALL meds are 90 days)
- 28-day cycle (To keep sync date the same each cycle)

Minimize Barriers for the Patient

- Fewest amount of short fills
- Consider max clinical benefit for the patient - typically the 30-day cycle

Document Sync Decisions

- Provides clear understanding for sync caller in the future
- Sets initial synchronization up for success

#4 - Educate and Engage the Patient

Confirm Sync Medication List with the Patient

- Discuss and agree upon which medications will be synchronized

Educate Patient on Which Meds are Best for Sync

- Opportunity to reiterate the importance of adherence
- Tailor med sync to meet the needs of individual patient

Set Expectations for Exceptions and PRN Medications

- Establish a plan so the patient understands how to handle refills for the non-sync meds



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Targeted drug classes tied to Part D adherence measures:

- ➔ **Diabetes PDC - non-insulin diabetes meds**
 - BIGUANIDES - i.e. **Metformin, Janumet[®]** (Metformin/Sitagliptin)
 - Sulfonylureas - i.e. **Glipizide, Glyburide**
 - TZDs - i.e. **Pioglitazone, Rosiglitazone**
 - DPP-4 Inhibitor - i.e. **Januvia[®]** (sitagliptin), **Janumet[®]** (Metformin/Sitagliptin)
 - SGLT2 inhibitors - i.e. **Invokana[®]** (canagliflozin), **Farxiga[®]** (dapagliflozin), **Jardiance[®]** (empagliflozin)
- ➔ **RASA PDC - Hypertension meds (high blood pressure)**
 - ACE Inhibitors - i.e. **Benazepril, Lisinopril, Ramipril**
 - ARBs - i.e. **Losartan, Olmesartan, Valsartan, Irbesartan, Telmisartan**
- ➔ **STATIN PDC - Cholesterol meds**
 - Statins - i.e. **Simvastatin, Atorvastatin, Lovastatin, Pravastatin, Livalo[®]** (Pitavastatin)

Tip

Recognize drugs in therapeutic categories by the suffix (-pril / -sartan / -statin)



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