

# Wisconsin's Chronic and Cancer Drug Repository Program

The perspective of participating pharmacists

by Patrick Martin

**W**hen Nick Scavone passed away in 2003 after a 20-year battle with cancer, his wife Barbara attempted to donate his unused medications, worth approximately \$2,000. Since there were no programs in Wisconsin that would accept such a donation, Barbara Scavone was advised to flush the unused medications down the toilet. Unwilling to simply dispose of the medications, she instead donated them to an overseas relief organization. Afterward, she began working with the American Cancer Society to help establish a Wisconsin program to receive donated medication. In April 2004 Governor James Doyle signed into law Assembly Bill 845, otherwise known as "Nick's Law."

"Nick's Law" established the Wisconsin Cancer Drug Repository Program to be directed by the Department of Health and Family Services (DHFS). The law was later amended to include any chronic disease drug. The regulations set forth by the DHFS establish what drugs and supplies can be donated (see Table) and specify the eligibility criteria for donors, recipients, and sites. This article will discuss the current perception of the program and its accomplishments and barriers from the perspective of participating pharmacists.

## WHY THE WASTE?

The cost of medication waste has been estimated to exceed \$1 billion annually just for adults over the age of 65.<sup>1</sup> With a sizeable population medically uninsured, and even higher numbers lacking prescription drug coverage, these statistics are disturbing. Compounding this issue are systems or practices that may be contributing to further medication waste, such as



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mail order programs offering incentives to patients requesting three months of medication supply at a time. After factoring in many potential reasons for early discontinuation of a drug, such as condition resolution, patient-perceived ineffectiveness, prescription changes by physician, patient-perceived adverse effects, and patient death, the likelihood of some medication going unused appears highly probable.

It is possible that much medication waste may simply be attributed to lack of knowledge by patients regarding various disposal options. A recent survey of 300 patients at an outpatient pharmacy found over half of patients were storing unused and expired medications in their home and over half disposed of medications by flushing them down the toilet. Further analysis revealed that the variable most correlated with returning medications to a provider or pharmacy was previous counseling about medication disposal options.<sup>2</sup>

The Drug Repository Program is a great attempt to address these national issues at a state level. It can serve to educate patients about alternative options for medication disposal. The program has the potential to alleviate environmental concerns about disposing of medications via the water system, could help recycle all legally salvageable medications and could reduce wasted expenditure. The program also addresses the medication access issue with the availability of the recycled medications at little or no cost to those patients who lack the necessary financial resources.

## PROGRAM PERFORMANCE

But how has the program actually performed relative to its potential? To answer this question, I recently interviewed several Wisconsin pharmacists involved in the program in order to gain an understanding of the program's functioning. Currently, there are 19 pharmacies registered

as donation sites for the Drug Repository Program. Patient involvement at each site is relatively small, with more patients involved as donors than recipients. Overall, the integration of the program into the practice setting has been encouraging, but several issues have arisen.

An overwhelmingly positive pharmacist response was noted with regard to the program's idea and for the opportunity to offer another venue to those patients who are unable to afford their medication. The ease of enrollment was cited as an advantage of the program. A single form requesting the pharmacy's contact information with a pharmacist's signature is the only required documentation for enrollment. Similarly, short forms are all that are required for donor and recipient documentation. Background checks to assess financial need for recipients are not required. The program utilizes the honor system.

Pharmacists also noted a very positive reception among patients involved in the program, both donors and recipients. Patients and their families have expressed sincere gratitude for the opportunity to donate and receive medications. The main concern among patients was the limited number of donation sites within their geographic area.

### PROGRAM BARRIERS

As noted, the program has also encountered several barriers. Pharmacists pointed out four main concerns that appear to hinder the growth and development of the program. These include lack of public and professional knowledge about the program, difficulties with integration of the program into the practice setting, strict guidelines on what medications can be recycled legally, and a lack of com-

munication among pharmacies within the program.

A program such as this is only as good as its visibility to the public. If people are unaware of the Repository Program, it is unlikely to be fully utilized. Pharmacists and other health care providers should work to educate patients about the program. With an increasing number of Americans on chronic medications, it is likely that there is also a large population of potential donors of unused medications. Therefore, pharmacists should make an attempt during routine counseling to discuss medication disposal options. The positive correlation shown between counseling and the return of unused medications supports this concept. This effort should help to increase patient involvement and public knowledge about the program.

The implementation of the Repository Program into the practice setting has received mixed response. Some pharmacies noted a smooth transition, while others expressed difficulties with allocating sufficient storage space and maintaining an up-to-date and easily accessible inventory. This barrier appears to be related to pharmacies with limited space and high-prescription volume.

The strict guidelines on medication acceptance are a particularly important issue as participating pharmacists would like to accept any donated medications, but concerns over medication integrity and liability limit medication donations. Pharmacists are sometimes forced to dispose of certain medications for which integrity can be reasonably assured. The best examples of this are medications donated in manufacturers' bottles with the tamper-evident seals still intact. The law specifies

that only "unit-dose" containers with the tamper-evident seal intact can be donated. This requirement has caused significant frustration among pharmacists, as they are forced to dispose of what they perceive to be perfectly good medication.

The lack of communication among pharmacies within the program is an especially significant barrier. Every pharmacist expressed concern over the inability to match the patient's prescribed drug to their pharmacy's inventory of donated drugs. Each pharmacy often receives medications for which it has limited or no demand. Enhanced inter-pharmacy communication may help to disclose the inventories of the various participating pharmacies. Ideally, this might be done via a centralized inventory of all donated medications which would be readily accessible to any participating pharmacy. Medications could then be mailed between pharmacies as needed to reach the desired patients. Although there are obvious logistical issues with a solution like this, DHFS would be interested in hearing participants' and supporters' opinions regarding such an option.

Although these barriers are significant, the Wisconsin Cancer and Chronic Drug Repository Program has been received with an overall positive response, as noted by the enthusiasm among pharmacists and patients. While some of these obstacles could be removed by a legislative change, other solutions may be more difficult. Improvement of inter-pharmacy communication may require a deeper analysis of the problem to help identify potential solutions. Nonetheless, with careful planning of the logistics, I believe that the Wisconsin Cancer and Chronic Drug Repository Program can achieve its maximum potential, making it more accessible to higher numbers of patients. ●

Patrick Martin is a third-year PharmD student at the University of Wisconsin. This article was written in partial fulfillment of an independent study project. Pharmacists wishing to learn more about the Drug Repository Program should contact Doug Englebert, RPh, at [engleda@dhfs.state.wi.us](mailto:engleda@dhfs.state.wi.us).

### REFERENCES

1. Morgan TM. The economic impact of wasted prescription medication in an outpatient population of older adults. *J Fam Pract* 2001; 50:779-781.
2. Seehusen DA, Edwards J. Patient practices and beliefs concerning disposal of medications. *J Am Board Fam Med* 2006; 19:542-547.

### DRUG/SUPPLY DONATION REQUIREMENTS

- Donation must be accompanied by completed donor form signed by donor or donor's representative who is 18 years of age or older.
- Drug must be in its original, unopened, tamper-evident unit dose packaging that includes lot number and expiration date.
- The expiration date of the drug must be at least 6 months beyond the day of donation.
- Medical supplies are eligible if donation is in original, unopened, sealed packaging.
- Controlled substances are ineligible for donation.
- Adulterated or misbranded drugs are ineligible for donation.