FROM THE EDITOR

Prescription Drug Reuse and Recycling

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The cost of prescription drugs is at the forefront of discussions on healthcare reform. At our recent state oncology society meeting, the topic stimulated discussion about medication reuse and recycling programs. In a country where millions of Americans struggle to afford their prescriptions and $2 billion worth of unused and/or unneeded medications are destroyed annually, why haven’t prescription drug reuse and recycling become more commonplace, particularly in oncology? The short answer is because of legislative and operational barriers.

Legislation allowing medication reuse and recycling was first introduced 1997 and 38 states have since enacted such laws. In most states, the legislation includes sensible provisions such as exclusion of controlled substances and adulterated medications and liability protection for donors and recipients. However, legislation varies from state to state, for instance, in the definition of eligible donors and recipients, types of drugs accepted, and allowable time to expiration. These variations make implementation more difficult in some states. Lack of agreements between contiguous states and the absence of federal legislation adversely affect execution of medication reuse and recycling across state lines.

Another barrier to widespread adoption of medication reuse and recycling is operational complexity. According to an online report from the National Conference of State Legislatures, only 21 states have programs seem like a good option for our oncology-specific drugs; however, given the complexities cited above and the high cost of oral oncology, reuse and recycle programs seem like a good option for our patients. With ACCC’s diverse membership and involvement in state oncology societies, perhaps there is opportunity to learn who is doing this well and how others can benefit from that expertise.

References