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FROM THE EDITOR

Prescription Drug Reuse and Recycling

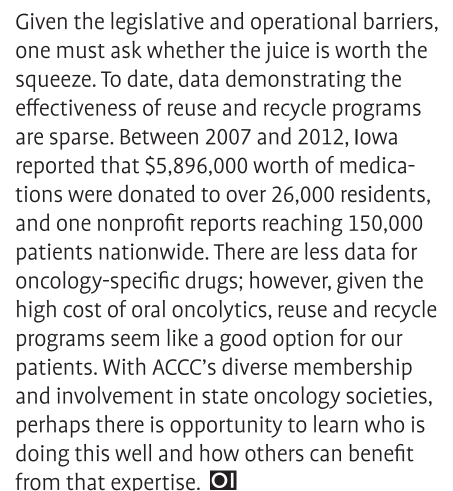
BY JENNIE CREWS, MD, MMM, FACP

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 that could be considered operational.[1] Specific operational barriers include:

- Inadequate marketing and communication despite widespread media coverage, including by the *Wall Street Journal*, NPR, and local media outlets.
- Coordination effort, including meeting regulatory compliance, matching donors with recipients, and handling inventory and distribution of drugs.
- Lack of funding. Financial compensation to donors is usually prohibited, although tax deductions may be allowed. Sales of medication by donation programs are highly regulated.
- Manufacturing and packaging constraints. For example, it is much easier to donate blister packs than pill bottles due to requirements that medication not be opened.
- Limitation of participating entities. In many states, medical facilities or pharmacies are the only entities that can participate. Though arguments have been made to allow physician offices to recycle medications,[2] the complexities cited above may be prohibitive and the impact to patients limited. Nonprofits have entered this space and may be uniquely positioned to partner with providers, healthcare entities, and pharmacies to scale medication reuse and recycle efforts nationally.



Given the legislative and operational barriers, one must ask whether the juice is worth the squeeze. To date, data demonstrating the effectiveness of reuse and recycle programs are sparse. Between 2007 and 2012, Iowa reported that $5,896,000 worth of medications were donated to over 26,000 residents, and one nonprofit reports reaching 150,000 patients nationwide. There are less data for oncology-specific drugs; however, given the high cost of oral oncolytics, 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. OI

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1. National Conference of State Legislatures. State prescription drug return, reuse and recycling. Available online at: www.ncsl.org. Last accessed August 26, 2019.
2. Layton JL, Lewis B, Ryan C, et al. Recycling discarded drugs: improving access to oral antineoplasic drugs. *Oncologist*. 2019;24:291-292.