Report to
The Vermont Legislature

Unused Drug Repository Report
2019 Report to the Legislature
In Accordance with Act 114
An act relating to establishing the Unused Prescription Drug Repository Program

Submitted to:	**House Committee on Human Services and Health Care** **Senate Committee on Health and Welfare**
Submitted by:	**Mark Levine, M.D.** **Commissioner of Health**
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VERMONT
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Introduction

Act 114 (2018) requires the Agency of Human Services, in consultation with stakeholders, to "evaluate the feasibility of implementing an unused prescription drug repository program to accept and dispense donated prescription drugs and supplies to Vermont residents who meet specified eligibility standards."

There is no way to specifically track medical waste in the U.S., but in 2015 the Environmental Protection Agency (EPA) estimated that approximately 740 tons of drugs are disposed of by nursing homes each year. Unused drug repository programs collect, inspect and redistribute prescription medication to individuals in need. This would mean fewer drugs being incinerated or otherwise disposed of in Vermont. This will reduce environmental hazards as well as reduce cost to institutions who must pay for their disposal. Access to this program will help Vermonters in need of critical medications who cannot afford them. Of note, many of the drugs will be medications paid for with taxpayer dollars (e.g. Medicare, the Veteran's Administration or the Department of Corrections), going back to individuals who need them instead of being thrown away.

The Agency held two stakeholder meetings to discuss the different potential approaches for establishing such a program in Vermont (see Workgroup Members for list of attendees). Through these discussions the following recommendations were developed. The group agrees that it makes sense for Vermont to participate in an unused drug repository program – these programs reduce waste, improve access to critical medications, and reduce system cost. The program in Iowa estimates that for every $1 invested, $8 of medication is donated.[1]

The Program

Implementation

While over 40 states have passed laws allowing for unused drug repository programs, only about half of them have successfully implemented a program. After researching other states' experiences and reviewing existing programs, the stakeholder group recommends that Vermont contract or grant out the system to an existing program.

If Vermont contracts, or grants out, the program Vermonters could benefit from a greater inventory of drugs than if Vermont is the only donor state. Additionally, the program would not require new infrastructure and startup costs, which could be prohibitive and would include:

- Hiring pharmacists and pharmacy techs.
- Leasing or purchasing a warehouse space that could also be used for drug inspection, sorting and shipping.
- Purchasing or creating an inventory software system.
- Developing a shipping and collection method.

[1] https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.164/S.164~Jon-Michael%20Rosmann~Testimony~1-25-2018.pdf

Cost

Based on an estimate from SafeNetRx, the nonprofit 501c3 unused drug repository program in Iowa, contracting with them would cost Vermont approximately $236,880.

Item	Amount
Salary and Benefits: Pharmacist 1.0 FTE	$ 135,200.00
Salary and Benefits: Pharmacy Tech 1.0 FTE	$ 45,500.00
Incoming Donations Shipping (400 Units @ 25-35 lbs.)	$ 12,000.00
Outgoing Donation Orders (1020 Units @ 5 - 20 lbs.)	$ 9,180.00
Supplies: Totes, Boxes, Tape, Labels	$ 3,000.00
Legal Counsel	$ 6,000.00
Insurance	$ 8,500.00
Overhead: Office lease, Phone, Security, Internet	$ 17,500.00
Total	**$ 236,880.00**

Funding Source

The stakeholders agreed that patients, pharmacies, and clinics who use the program should not pay to do so. The pharmacists and clinics will not be reimbursed for their services, and therefore will be contributing in-kind.

Outreach and Administration

The stakeholders agreed that the program itself should be contracted or granted out to a third party. However, the Agency would need to be responsible for the contracting or granting process and would need to implement an outreach plan. This will require 0.25 full-time position or $25,000.

To be successful, the program would have to come with an outreach campaign to providers and pharmacists to make them aware of its existence. Below is an estimate of such a campaign to increase awareness about the program, educate providers on which patients qualify, and inform providers how to order.

Item	Amount
Planning, strategy, and project management	**$5,000**
Formative research and outreach strategy recommendations	$10,000
Creative Development	$10,000 to $15,000
Implementation (digital outreach and/or print)	$15,000 to $20,000
Total Estimate	**$40,000 to $50,000**

Drug Collection

Donors

The stakeholder group recommends collecting drugs exclusively from institutional settings. Collecting from institutions will limit the number of collection points, ensure greater volume per collection run, and increase the probability that the medication will be usable (e.g. in a sealed blister pack). These would include:

- Long-term care pharmacies
- Veteran's Administration facilities

- State Correctional facilities
- Hospitals

Drugs Accepted

To ensure that drugs are safe to be redistributed, the program would have to determine that the drugs:

- Be in sealed or original packaging, or tamper-evident packaging (e.g. blister pack)
    - Unless they are opened bulk bottles from a secured pharmacy setting (such as hospitals, or retail pharmacies)
- Not require refrigeration
- Not be a controlled substance
- Be within 6 months of the expiration date

Drug Inspection

Inspection of the drugs should be done by a licensed pharmacist. The drugs must be inspected to ensure that they have not been cracked or tampered with in any way. The pharmacist must check to make sure that the drug label matches the drug. Once inspected, all patient information must be removed, but the drug name, strength, NDC and expiration date must remain on the packaging.

Upon a drug recall, since lot number will not always be available, all drugs of the name and dose being recalled will be disposed of and any pharmacies or clinics who received an order that could potentially be implicated will be notified. These pharmacies and clinics would then be responsible for notifying any patients.

Eligibility

Patients would be screened by the dispensing pharmacy or clinic requesting drugs from the unused drug inventory. The stakeholder group recommends the following eligibility criteria:

- Under 400% of the federal poverty level
    - Including those with high deductible coverage, or high copays –specifics to be determined in rule
- Those in the Medicare ‘donut hole’
- Uninsured
- Underinsured – to be determined by rule
- Medicaid beneficiaries are NOT eligible

Workgroup Members

1. Nancy Hogue and Lisa Hurteau, Department of Vermont Health Access, Division of Pharmacy Services
2. Mark DiParlo and Jason Williams, University of Vermont Medical Center
3. Devon Green, Vermont Association of Hospitals and Health Systems
4. Shayla Livingston and David Englander, Vermont Department of Health
5. Toby Howe, Vermont Health Care Association
6. Jill Olson, Visiting Nurses Association
7. James Feehan, CVS
8. Carrie Phillips, Office of Professional Regulation