Recycling Unused Cancer Drugs

**Country:** USA

**Partner Institute:** Department of Behavioral Science and Health Education, Rollins School of Public Health, Emory University

**Survey no:** (13) 2009

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**Health Policy Issues:** Pharmaceutical Policy, Funding / Pooling, Access

**Current Process Stages**

<table>
<thead>
<tr>
<th>Idea</th>
<th>Pilot</th>
<th>Policy Paper</th>
<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
</tr>
</thead>
</table>

1. Abstract

In the fall, Pennsylvania passed the Cancer Drug Repository Program Act, under which pharmacies will collect unused cancer drugs and distribute them to needy patients. The program is part of a larger trend of prescription drug recycling programs that states have increasingly adopted in recent years in order to provide necessary medications to poor and uninsured patients at low cost. The programs appear to be politically popular but often face administrative challenges.

2. Purpose of health policy or idea

In May of 2008, Pennsylvania Governor Ed Rendell signed into law Pennsylvania's Cancer Drug Repository Act. The law (originally Senate Bill 638) is one of several adopted by states in recent years in order to redistribute costly unused cancer drugs (some state laws cover other drugs) to indigent and uninsured patients. The laws are also designed to divert unused drugs from the waste stream, in which they are increasingly found to contaminate drinking water sources.

Under Pennsylvania's program, which was effective as of summer 2008, pharmacies that volunteer to collect and redistribute unused cancer drugs must be approved by the Pennsylvania State Board of Pharmacy. Following procedures that are being drawn up by the pharmacy board, participating pharmacies can accept unused drugs from "closed drug delivery systems" - that is, a health facility, clinic, hospital, pharmacy or physician's office, in which control of the drug's administration is retained by a licensed professional, and not an individual user. Following rules established by the board, the pharmacies can then redistribute those drugs to patients in need.

The law covers any drug used to treat cancer, its side effects, or the side effects of cancer treatment. Only drugs in their original, sealed, tamper-proof packaging, at least six months from their expiration date, can be accepted and redistributed by the program. Drugs that are considered controlled substances under federal law (such as sleep, pain and anxiety medications) are excluded from the program. None of the drugs in the program may be resold, but the State Board of Pharmacy is authorized to establish an administration fee to cover the cost of collecting and redistributing the drugs. The law also renders doctors, pharmacies and other participants immune from liability should any harm result from the recycled drugs' use.

Pennsylvania's and other states' laws have been prompted in part by demand from patients, and in part by studies that have tallied the dollar value of drugs that go unused each year--either because prescriptions change, conditions resolve, drugs have adverse effects, or patients die. A 2001 study estimated that the value of prescription medications
discarded by patients over 65 in a single year totaled at least US$1 billion.

Main objectives
Pennsylvania's Cancer Drug Repository Act aims to cut back on healthcare costs for the indigent and uninsured by establishing a cost-effective mechanism for providing them with necessary medications. The law also diverts an increasingly common set of pollutants-unused prescription drugs-from the waste stream.

Type of incentives
Thus far, the program does not provide any specific incentives for either healthcare facilities or pharmacies to participate in the program. Some supporters of the program, however, point out that it provides healthcare facilities with a logistically preferable alternative to disposing of unused pharmaceuticals as hazardous waste.

3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
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</thead>
<tbody>
<tr>
<td>Degree of Controversy</td>
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<td>highly controversial</td>
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<tr>
<td>Structural or Systemic Impact</td>
<td>marginal</td>
<td>fundamental</td>
</tr>
<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
</tr>
</tbody>
</table>

Pennsylvania's program is not new, but unanimous support for it testifies to the universal political appeal of such programs.

4. Political and economic background

The Pennsylvania Cancer Drug Repository Act was one of two cancer-drug recycling bills introduced in the Pennsylvania state legislature in 2007. The enacted bill, introduced in the Senate by Republican State Senator Robert Wonderling, was prompted by demand from patients, as discussed below. An identical bill (HB 186) had simultaneously been introduced in the House by Democratic Representative Timothy Solobay. Solobay has also pushed for a bill (HB 185) that would expand the program to include all unused prescription medications.

5. Purpose and process analysis

| Idea | Pilot | Policy Paper | Legislation | Implementation | Evaluation | Change |

 Origins of health policy idea
According to the National Conference of State Legislatures, nearly 40 states and territories had adopted drug reuse or
recycling programs by early 2009. The first of these, though it was relatively limited in scope, was adopted by Georgia in 1997 and allowed for reuse of drugs within a long-term care facility; a 2006 law expanded the program considerably, and allows anyone to donate unused and unopened drugs to participating pharmacies for redistribution to indigent state residents.

From 2005 to 2008, 60 drug recycling bills were introduced in state legislatures; ultimately, 28 states adopted laws to collect and redistribute unused drugs. According to a 2009 report by the NCSL, most of the existing state drug recycling programs share several key features:

- they only accept drugs in single-use or sealed packaging;
- drugs must not be expired;
- they exclude federally defined controlled substances;
- the drugs must be verified and distributed by state licensed pharmacies;
- and recipients of donated drugs must hold prescriptions for the requested drugs.

Programs in at least seven states, now including Pennsylvania, focus exclusively on cancer drugs.

Pennsylvania’s law was modeled after those cancer drug-specific programs adopted by other states, including Colorado, Minnesota, Nebraska and Wisconsin. Some key differences between Pennsylvania’s and these other laws exist, however. In Colorado, cancer drugs and devices can be donated by cancer patients and their families. In Minnesota, cancer drugs or supplies can be donated by anyone over the age of 18 and any state resident can receive donated drugs, though those with greatest need receive priority. In Wisconsin, the drug recycling program was originally limited to prescription drugs administered in prison facilities; it was later expanded to cover unused and unopened cancer drugs, and then drugs for any chronic disease, donated by any person or entity.

Initiators of idea/main actors

- Government
- Providers
- Patients, Consumers
- Civil Society

Approach of idea

The approach of the idea is described as: renewed: The program mimics a general approach that has been adopted in more than two dozen states in recent years.

Stakeholder positions

Cancer patients and family members of cancer patients who have watched costly medications go to waste have been key advocates and supporters of bills to recycle such drugs. The laws appear to receive bipartisan support in state legislatures. They are also supported by the American Cancer Society, advocates for the poor and uninsured, and by many healthcare providers. Doctors and other providers have expressed ambivalence toward the programs.

Actors and positions

Description of actors and their positions

Government

Republican lawmakers very supportive

strongly opposed
Influences in policy making and legislation

Patients were key to the introduction of the drug recycling program in the legislature. One of the figures behind Pennsylvania's program was Michael Neal, whose wife, Sherrie, was diagnosed with pancreatic cancer in 2005. Neal was prompted to advocate for a change in state law when his wife received a delivery of cancer drugs worth US$16,000—only to learn that her prescription had been changed. Neal contacted state legislators, including Solobay, as well as the American Cancer Society. Solobay subsequently introduced a bill in the House; meanwhile, Wonderling, who had also been contacted by patients requesting a state drug reuse program, had submitted his version of a bill, largely modeled after those adopted by other states, in the Senate. Solobay ultimately supported Wonderling's bill, which passed unanimously in both the House and the Senate.

Legislative outcome

success

Actors and influence

Description of actors and their influence

Government

- Republican lawmakers
  - very strong
- Democratic lawmakers
  - very strong
- Gov. Ed Rendell
  - very strong
- State pharmacy board
  - very strong

Providers

- Providers
  - very strong

Patients, Consumers

- Cancer patients
  - very strong

Civil Society

- American Cancer Society
  - very strong

Positions and Influences at a glance

Adoption and implementation

The Pennsylvania law required the State Board of Pharmacy to specify rules and conditions for the program’s implementation. The regulations will eventually determine who is eligible to participate, who is eligible to receive donated drugs, what fees will be assessed to cover administration costs, and which drugs will be allowed in and
6. Expected outcome

Thus far, there is limited evidence of the effectiveness of state cancer drug recycling programs. In an 18-month pilot program in Oklahoma, where the program is not restricted to prescription drugs, more than US$100,000 worth of drugs was diverted from nursing homes to individual patients in need and another US$20,000 worth was diverted to state mental health clinics. In Iowa, the program collected drugs and supplies—again, not specific to cancer—worth US$292,000 in 2007.

The NCSL report and the American Cancer Society point out that many state programs are not fully operational. In some cases, pharmacies have not volunteered to participate, as many have been unwilling to participate uncompensated; others have expressed concern about the need to dispose of donated drugs that expire before they can be used. In many cases, patients are unaware of state programs due to lack of publicity.

The director of Wisconsin’s cancer drug reuse program, meanwhile, has pointed out some of the hurdles the state’s program has faced. Doctors have been reluctant to recommend the program to patients because it does not provide a steady supply of drugs; in other words, what may be available one month may not be available the next. Provisions of the law pertaining to expiration date and packaging significantly cut down on the drugs eligible for donation.
Furthermore, absent accessible databases of inventory at participating pharmacies, patients are often left calling pharmacy after pharmacy to find the drugs they need.

Pennsylvania's law, by allowing pharmacies to charge a board-approved fee, addresses the need for participating pharmacies to be partially compensated for time spent collecting and dispensing drugs. Advocates for packaging provisions, which are included in Pennsylvania's law, argue that they are necessary to ensure patient safety. Whether the pharmacy board's complete set of implementation guidelines, and other state and facility measures, address the shortcomings evident in other state programs remains to be seen. Evidence from other states so far suggests that Pennsylvania may be successful in collecting unused drugs, but that the state may also face challenges in getting those drugs to the patients who need them.

**Quality of Health Care Services**

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<tr>
<th></th>
<th>marginal</th>
<th>system more equitable</th>
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**Level of Equity**

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<tr>
<th></th>
<th>system less equitable</th>
<th>system more equitable</th>
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**Cost Efficiency**

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<th>very low</th>
<th>very high</th>
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In theory, cancer drug recycling programs promise a more equitable health care system, by making high-cost drugs available at no (or minimal) cost to those in need. Their ultimate success, however, appears to be dependent on pharmacies' willingness to participate in the programs, patients' knowledge of them, provider confidence in them, and overall program usability.

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### 7. References

**Sources of Information**


Senate Bill No. 638. [www.legis.state.pa.us](http://www.legis.state.pa.us).


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**Suggested citation for this online article**