

Prescription Drug Repositories

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M.D. Candidate, 2019

What happens to medications when patients change regimens or pass away?

“It would not surprise me if as much as 20 percent of the medications we receive we end up having to destroy,” – Mark Coggins, Diversicare, Chain of 70+ nursing homes across 10 states

Colorado officials have said the state’s 220 long-term care facilities throw away a whopping 17.5 tons of potentially reusable drugs every year, with a price tag of about \$10 million.

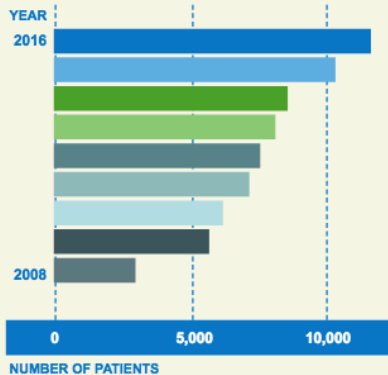
The Environmental Protection Agency estimated in 2015 that about 740 tons of drugs are wasted by nursing homes each year.

Donation of unused, unopened, and unexpired medications for reuse

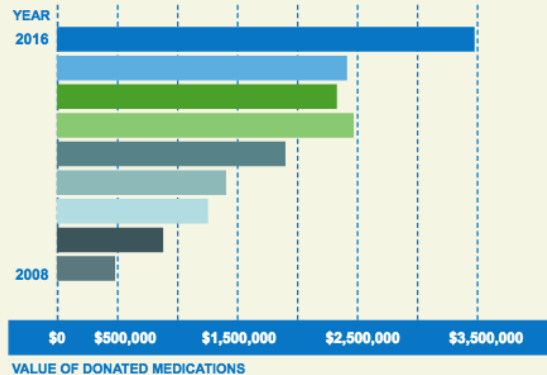
Although most states technically allow some leftover drugs to be recycled, Iowa is one of the few rescuing a significant percentage of the drugs from destruction. The state funds the program for about \$600,000 a year, said SafeNetRx CEO Jon Rosmann, who calls it a “common sense” solution. In fiscal 2016 the program recovered and distributed drugs valued at about \$3.4 million. This year it’s on pace to top \$5 million.

Over 71,000 patients served

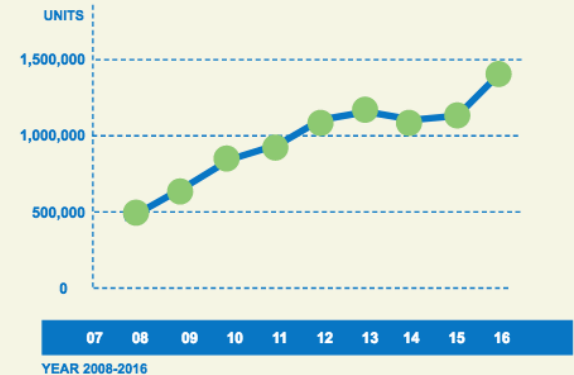
including uninsured, underinsured, Medicaid and Medicare patients



More than \$17.7 million in cost-savings



9,148,000 Units in free medical supplies and medications provided



SIRUM

SIRUM has provided enough for

150,000

patients to receive medicine they need to be healthy

SIRUM has prevented at least

241,000

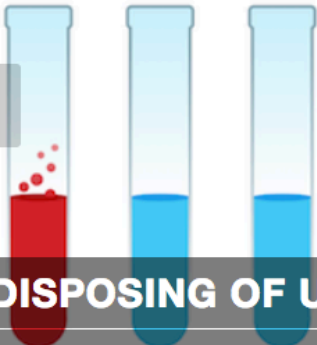
pounds of waste by eliminating the need to produce new medicine

We aim to get medications to all

50,000,000

people who skip their prescriptions due to cost in the U.S.

1 IN 3 WATER SAMPLES contain hormones widely used in pharmaceuticals



EVERY POUND of medicine that we redistribute **PREVENTS UP TO 30,000 POUNDS OF WASTE** from the production of new medicine.



70% OF WATERWAYS used for drinking water **IN 25 STATES** had traces of one or more pharmaceuticals.



Medical waste incinerators are America's **THIRD LARGEST SOURCE OF DIOXINS**, a highly toxic pollutant that can cause cancer and harm the immune system.



DISPOSING OF UNUSED DRUGS HARMS OUR ENVIRONMENT AND OUR HEALTH

unused medication is currently dumped or burned and ends up in our waterways and our air

The situation in Illinois



Connections
for the
Homeless



connections
FOR THE HOMELESS

Connections for the Homeless has a walk-in health clinic devoted to undomiciled individuals.

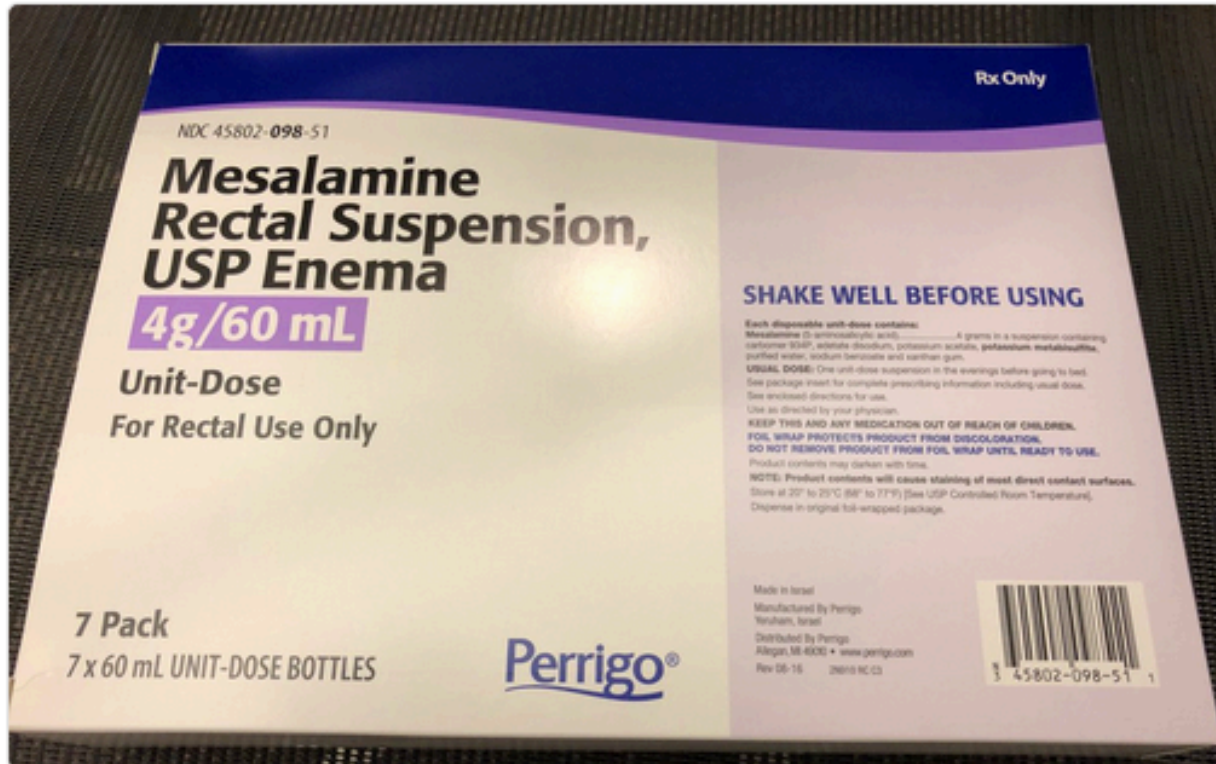
- In addition to helping obtain health coverage, the clinic also has a full time RN and an assortment of medications and supplies
- These medications are donated from local doctor's offices where volunteer nurses work, as well as from known trusted individuals
- These medications are used for
 - Acute asthma exacerbations
 - Infections
 - MSK
 - Individuals who have misplaced/lost their documentation

The situation in Illinois



David T. Rubin, MD @IBDMD · Aug 15

In response to my tweet about the outrageous price of 5-ASA enemas (and the refusal of @BCBSIL to pay), a grateful and generous patient who doesn't need them donated these today. (Unopened and not expired). We will try to use them. @UChicagoIBD



6



8



70



Current legislation in Illinois

SB 2849 – IDPH Prescript Drug Repository

Creates the Prescription Drug Repository Program Act. Requires the Department of Public Health to, by rule, establish a prescription drug repository program, under which any person may donate a prescription drug or supplies needed to administer a prescription drug for use by an individual who meets eligibility criteria specified by the Department.

2014 – Rep. Laura Fine (D), Rep. La Shawn K. Ford (D)

2015 – Sen. Pamela J. Althoff (R), Sen. Christine Radogno (R)

2018 – Sen. Patricia Van Pelt (D)

The Plan

1. Quantify the magnitude of the problem in Illinois
2. Recruit peer medical and pharmacy schools and free clinics to advocate

Advocates at UIC are already working on this

Josiah A. Baker, PharmD Candidate, 2021

Dr. Henri Manasse, PharmD, Former ASHP Pres.

Dr. Dima Qato, MPH, PharmD

Carter McCormick, MPH, PhD candidate

Henry Okoroike, PharmD candidate

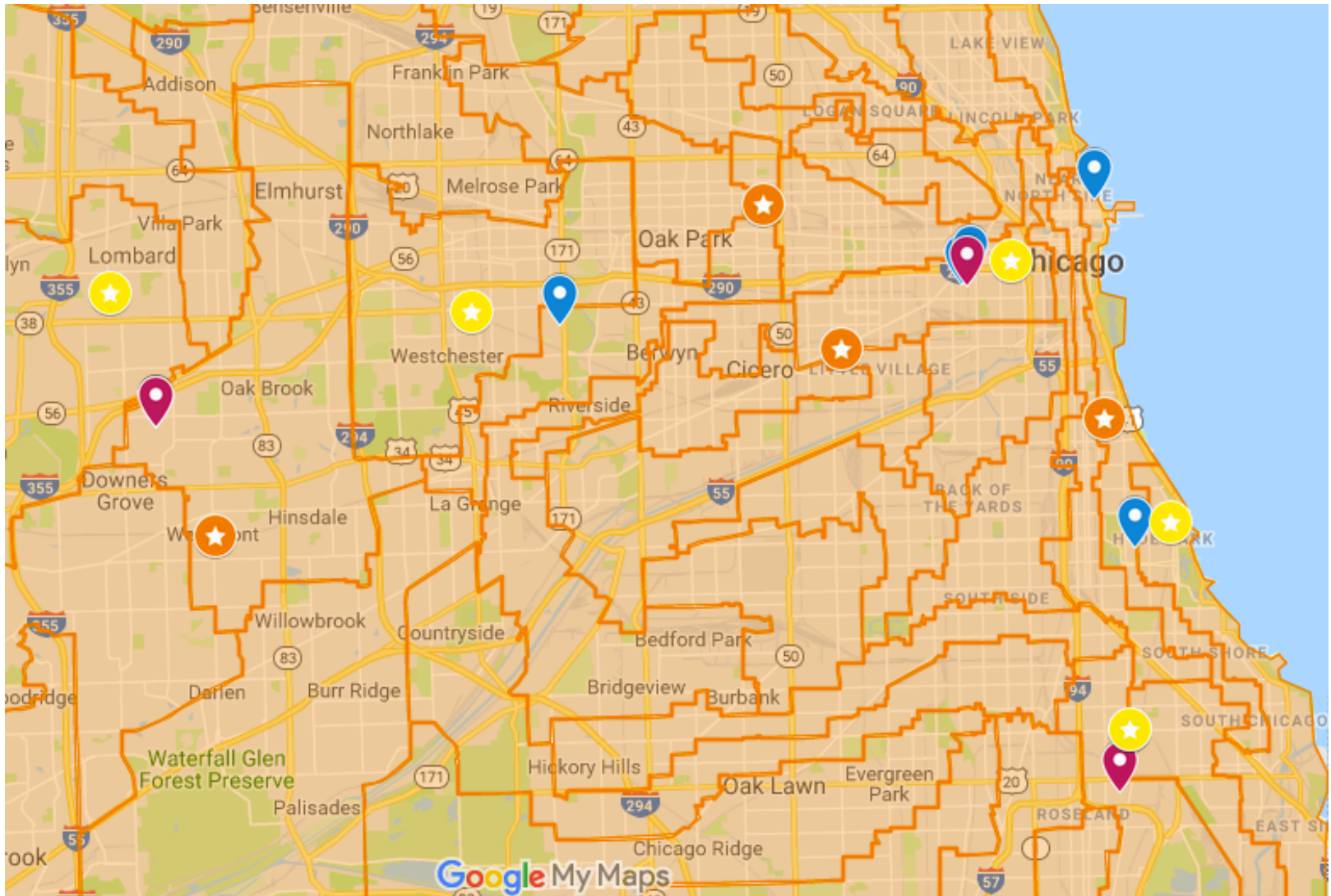
1. Briefing book

2. Objective data that would support initiation of
this program

The Plan

1. Quantify the magnitude of the problem in Illinois
2. Recruit peer medical and pharmacy schools and free clinics to advocate
3. Recruit Physician Professional Societies, Patient Advocacy Societies, and local governmental institutions to participate
4. Petition legislators to pick up this issue
5. Raise awareness
- ...
- N. Get this bill passed

The Plan



Why this advocacy?

“But Alan, why not just change the system so that everyone can afford medications, and we don’t need to do this donation thing?” -Tiffany

1. Local
2. Evidence of success in other states
3. Bipartisan
4. Cost-saving
5. Manageable
6. Personal

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(fun fact:
alan hutchinson uchicago
will work too)

