

Pharmacy Board Report
May 2015

	2013	2014	2015	May-15
Administrative Filings	37	52	9	15
Criminal Filing/Felony	3	0	0	0
Letter of Concern	60	146	43	5
Referred to Diversion	1	2	0	0
PR/Outreach	3	4	0	0
Cases Received	710	567	247	42
Case Assigned	676	555	243	42
Closed Cases	731	595	218	63
Citations Issued	103	60	30	14
Pharmacy Inspections	225	335	87	28
Pharmacy Alerts	191	261	65	27
Dr. Shopper Letters	209	571	132	472

NOTES: Pharmacy Group

- Administrative Action Pharmacist falsified her renewal regarding criminal convictions. The Pharmacist signed a Stipulation and Order with \$1,000 fine, and her license was placed on Probation.

- Citation Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.

- Citation Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.

- Citation Pharmacy was issued a Citation with a \$1,050 fine for Pharmacy Violations found during a Random Inspection.



TULSA COUNTY
Medical Society

Physicians Advancing Health Care

- [Home](#)
- [Leadership](#)
- [Alliance to TCMS](#)
- [Tulsa Medicine Newsletter](#)
- [Membership Directory](#)
- [Specialty Societies](#)
- [Member Web Sites](#)
- [Room Rental Guidelines](#)
- [Golden Oldies](#)
- [Drug Recycling-Drug Disposal](#)
- [Government Information](#)
- [Tulsa Healthcare History](#)

Drug Recycling – Utilization of Unused Prescription Drugs Act

Current Oklahoma law allows the transfer of drugs from nursing homes to the Tulsa County Pharmacy. Effective November 2004, the pilot program became a full program, with expanded formulary of all drugs except for controlled substances. Oklahoma Statute 59-367.

For A Brief History of the Drug Recycling Program [Click here](#)

Oklahoma Board of Pharmacy Rules and Regulations [Link to Pharmacy Board](#)

The Drug Recycling Program has been recognized and received a number of Awards [Click here](#)

Blue Cross Blue Shield awarded the Champions of Health Award to the Tulsa County Recycled Medication Program. [Champions of Health Award.](#)

2015 Drug Recycling through May
7,956 prescriptions filled
\$790,343 Average Wholesale Price value

2004 start in November to end of May 2015
173,551 prescriptions filled
\$16,759,227 Average Wholesale Price of medication

If you are at a nursing home and would like to donate prescriptions, contact Linda Johnston, Director of Social Services, Tulsa County, email ljohnston@tulsacounty.org or Jerry Gustafson, MD, retired physician, email orsos@cox.net for more information.

If you want to dispose of expired medications, you can do so at the following locations. [List of Medication Disposal Sites.](#)

Follow us on Facebook

5315 South Lewis Avenue | Tulsa, Oklahoma 74105-6539 | 918-743-6184

© 2012 Tulsa County Medical Society | Website design by Sensus Marketing

B:

THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTION 308.1(A), WITH AN EFFECTIVE DATE OF JULY 1, 2005.

**TITLE 535. OKLAHOMA STATE BOARD OF PHARMACY
SUBCHAPTER 12. UNUSED PRESCRIPTION DRUG PROGRAM FOR OKLAHOMA'S
MEDICALLY INDIGENT**

Section

- 535:12-1-1. Purpose
- 535:12-1-2. Definitions
- 535:12-1-3. Eligibility to donate unused prescription drugs
- 535:12-1-4. Consultant pharmacist requirements for eligible nursing homes or approved assisted living centers (ALC) who donate unused prescription medications
- 535:12-1-5. Eligible prescription drugs, formulary
- 535:12-1-6. Eligible recipients of unused prescription drugs
- 535:12-1-7. Protection for participants in the unused prescription drug program.
- 535:12-1-8. Pharmacies eligible to accept and dispense unused prescription medications
- 535:12-1-9. Requirements for eligible Oklahoma Licensed Charitable Pharmacies dispensing unused prescription medications
- 535:12-1-10. Responsibilities of pharmacist manager of eligible licensed pharmacies
- 535:12-1-11. Labeling
- 535:12-1-12. Violations

535:12-1-1. Purpose

- (a) The rules of this Chapter describe a statewide program to take unused prescription drugs from nursing homes, assisted living centers; and donated drugs from pharmaceutical manufacturers and utilize them for dispensing to medically indigent Oklahoma residents as authorized under Title 59 O.S. Section 367.1 through 367.7, et seq., the Utilization of Unused Prescription Medication Act.
- (b) The rules of this Chapter describe the eligibility to donate. They describe the eligible prescription drug formulary, the eligible recipients, and the protections for participants. They describe pharmacies eligible to accept and dispense such drugs, the requirements for eligible pharmacies, and the responsibilities for pharmacist managers.
- (c) The rules of this Chapter describe safe handling of medications to protect drug integrity, tracking, sanitation, security and dispensing requirements for these unused prescription drugs. The rules of this Subchapter describe confidentiality requirements as well as violations.

535:12-1-2. Definitions

The following words or terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Assisted living center" means assisted living center as defined in Title 59 O.S.

Section 367.2.

"Cancer drugs" means cancer drugs as defined in Title 59 O.S. Section 367.2.

"Charitable Clinic" means charitable clinic as defined in Title 59 O.S. Section 367.2.

"Eligible Pharmacy" means a pharmacy eligible to participate in the unused prescription drug program and includes those pharmacies operated by the following:

- (A) A County in Oklahoma;
- (B) A City-County Health Department in Oklahoma;
- (C) A firm under contract with a City County Health Department in Oklahoma;

(D) A Charitable Clinic; or

(E) The Oklahoma Department of Mental Health and Substance Abuse Services.

"Health care professional" means health care professional as defined in Title 59 O.S. Section 367.2.

"Manifest" means an invoice used to list drugs being transferred or destroyed.

"Medically indigent" means medically indigent as defined in Title 59 O.S. Section 367.2

"Prescription drug" means prescription drug as defined in Title 59 O.S. Section 367.2.

535:12-1-3. Eligibility to donate prescription drugs

(a) Oklahoma licensed Nursing homes, and approved Oklahoma licensed Assisted Living Centers (ALC) may donate eligible unused prescription drugs.

(1) Oklahoma Nursing Homes are eligible to participate if they are licensed and in good standing with the Oklahoma State Department of Health (OSDH) and are meeting OSDH drug handling standards:

(A) The OSDH will be consulted regarding rules for Nursing Homes' participation in this program;

(B) The OSDH sets requirements under which nursing homes shall maintain prescription drugs. Such rules establish security, sanitation and control;

(C) Licensed healthcare personnel shall have kept control of such unused prescription drugs in sanitary and secure conditions as required under OSDH rules for Nursing Homes; and

(D) Such unused prescription drugs kept to these standards shall be eligible for donation.

(2) Approved licensed ALC eligibility requirements for participating in donation of unused prescription drugs under the provisions of this Subchapter:

(A) An application for participation shall be completed by the consultant pharmacist of the ALC and submitted to the Board.

(B) Only those ALC's that maintain prescription drugs under the control of licensed healthcare professionals in sanitary and secure conditions in a manner similar to the OSDH rules for nursing home drug control may be approved.

(C) Such application must show adequate controls exist in ordering, storage, security, etc.

(D) Application must be reviewed and approved by OSBP with the advice of the Oklahoma State Health Department.

(b) A licensed prescription drug manufacturer may donate samples or eligible prescription drugs to eligible pharmacies in this program.

(1) Manufacturer's patient assistance program (PAP) prescriptions that are not claimed in a reasonable length of time or abandoned by the patient may be used for another medically indigent patient.

(2) A patient specific stock bottle sent by a drug manufacturer and not claimed in a reasonable length of time or abandoned by the patient may be used for another medically indigent patient.

(c) A prescription is the property of the patient for whom it is prescribed regardless of who paid for the prescription as described in 59 O.S. Section 354. The patient or agent of the patient must authorize the donation of the unused prescription drugs, unless the:

(1) Patient has died; or,

(2) Drug has been discontinued as described in OSDH nursing home rules.

- (d) Prescription medications donated under this Subchapter shall only be transferred to eligible pharmacies.
- (e) Prescription medications donated under this Subchapter shall not be sold, resold, offered for sale nor traded, except the transfer as allowed in 535:12-1-9 (d) between eligible pharmacies.
- (f) Violations of the unused prescription drug program are described in 535:12-1-12.

535:12-1-4. Consultant pharmacist responsibilities in eligible nursing homes or approved assisted living centers (ALC) participating in the program

- (a) All donating nursing homes or approved ALC's must have a consultant pharmacist.
- (b) Consultant pharmacists for the nursing home or the ALC eligible to donate unused prescription drugs shall be responsible to:

- (1) Determine quality and suitability of the unused prescription drugs for reuse by assuring;
 - (A) Drugs have been kept under control of a health care professional
 - (B) Drugs have been stored properly (e.g. heat, cold, moisture),
 - (C) Drugs can be identified, and
 - (D) Drugs are not adulterated, mutilated, etc.
- (2) Determine that the expiration date exceeds 45 days to allow time for re-distribution;
- (3) Determine if it is cost effective to transfer such drugs to an eligible pharmacy;
- (4) Assure manifest is properly filled out with the following;
 - (A) Names of Consultant Pharmacist and Director of Nursing (D.O.N.) or designee, the nursing home and the name of the receiving pharmacy;
 - (B) Name and strength of the eligible prescription drug (EPD);
 - (C) Expiration date of the EPD;
 - (D) Number of tablets or capsules or volume if liquid or injectable; and
- (5) A copy of this manifest shall be provided to the pharmacy and a copy shall be maintained by the nursing home or ALC for two years;
- (6) Assure controlled dangerous substances (CDS), also known as Scheduled drugs, are not transferred but handled as required under state and federal law;
- (7) Assure that the selected pharmacy is eligible to receive unused prescription medications under these rules; and,
- (8) Notify the eligible pharmacy when the drugs are ready to be picked up. The transportation of the unused drugs shall be the responsibility of the eligible receiving pharmacy. Such eligible pharmacy shall pick up donated drugs in an expedient manner.

(c) The consultant pharmacist and Director of Nursing [D.O.N.] (or designee) of the Nursing Home will initiate a manifest of the unused prescription drugs to be sent to the eligible pharmacy as described in (b)(4) and (5) above. They will be responsible for determining that the patient has authorized the donation of the drugs.

(d) The consultant pharmacist and the D.O.N. shall assure the name of the patient, name of the pharmacy, and directions on the label will be redacted with black ink or removed before sending to the eligible receiving pharmacy to protect confidentiality.

535:12-1-5. Eligible prescription drugs, formulary

(a) All FDA approved prescription drugs excluding any controlled dangerous substances (e.g. Prescription drugs found in Schedule I, II, III, IV, or V) subject to the following:

- (1) Only eligible prescription drugs in original sealed unit dose or unused injectables;
- (2) Packaging must be unopened;
- (3) No expired drugs;

- (4) No lost identity or unknown drugs;
 - (5) No adulterated drugs; and,
 - (6) No drugs held outside of licensed healthcare person's control where sanitation and security can not be assured.
- (b) Compounded drugs shall not be eligible for transfer.
- (c) Cancer Drugs as approved by the Board and American Cancer Society representatives.
- (1) Such cancer drugs shall be in manufacturer's unit dose packaging.
 - (2) Receiving pharmacy must have the capacity to safely handle cancer drugs.
- (d) Licensed prescription drug manufacturers may donate eligible prescription drugs.

535:12-1-6. Eligible recipients of unused prescription drugs

- (a) Oklahoma medically indigent residents are entitled to receive dispensed unused prescription drugs as described in this subchapter.
- (b) This program is to provide medications to needy Oklahomans. OAC 535:12-1-12 discusses possible action for abuse and violations.

535:12-1-7. Protection for participants in the unused prescription drug program

Title 59 O.S. Section 367.6 describes protection for donors and participants in the unused prescription drug program under this act.

535:12-1-8. Pharmacies eligible to accept and dispense unused prescription medications

- (a) The following Oklahoma licensed pharmacies may accept unused prescription drugs as described in 535:12-1-4 for dispensing under this act, when operated by:
- (1) a County in Oklahoma;
 - (2) a City-County Health Department in Oklahoma;
 - (3) a firm under contract with a City County Health Department in Oklahoma;
 - (4) a Charitable Clinic; or
 - (5) The Oklahoma Department of Mental Health and Substance Abuse Services
- (b) All eligible pharmacies prior to beginning or terminating participation shall send written notice to the Board. A list of these eligible pharmacies will be posted on the Board web-site.
- (c) The Board will request input and consult with the Oklahoma State Health Department regarding rules for City-County Health Department pharmacies.
- (d) The Board will request input and consult with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) regarding rules for ODMHSAS pharmacies.

535:12-1-9. Requirements for Pharmacies dispensing unused prescription drugs

- (a) The following are requirements for eligible Oklahoma licensed pharmacies dispensing unused prescription drugs;
- (1) Maintain a current drug identification book, or may have a current computer program or online service for the same;
 - (2) Dispense unused prescription drugs only upon the valid prescription of an Oklahoma licensed health care practitioner;
 - (3) Properly label all dispensed unused prescription drugs;
 - (4) Comply with all federal and state law and rules regarding storage and distribution of prescription drugs;
 - (5) Inspect all prescription drugs prior to dispensing to determine that the donated drugs shall meet all federal and state requirements for product integrity;

(6) Unused prescription drugs, prescription drug manufacturer's drug samples and donated manufacturers drug stock obtained or donated under this Subchapter shall not be resold, except transfers as allowed in 535:12-1-9 (d) between licensed eligible pharmacies.

(b) If it is determined by the pharmacist's professional judgment that it would be best for the patient, the drugs can be removed from bingo cards (unit dose packaging [UDP]) and placed in a proper vial for dispensing. If the bingo card is relabeled and used the pharmacist must ensure that the patient is made aware that the medication is not in a child resistant container.

(1) See expiration dating requirements in labeling 535:12-1-11.

(2) The removal of the medication from the bingo card (UDP) may only be done by the dispensing pharmacy's licensed pharmacist or permitted pharmacy technician.

(3) Samples must remain in original package as required under federal law, and cannot be removed from original packaging for dispensing.

(c) Eligible Oklahoma licensed charitable pharmacies may establish the following policy and procedures for dispensing of unused prescription drugs to the medically indigent.

(1) May limit the number of prescriptions per patient per visit or per month, to allow a greater number of individuals access to such prescription drugs.

(2) When established, this should be a written policy that is enforced equally to prevent discrimination.

(d) Eligible Pharmacies (EP) may transfer unused prescription drugs to another pharmacy in the program when one EP has the need for a drug and another EP has it available.

(1) A manifest will be prepared by the transferring pharmacy and kept on file for two (2) years.

(2) A copy of the manifest will be sent with the transferred drugs and kept on file in the receiving pharmacy for two (2) years.

(e) The Board will request input from the Oklahoma Department of Mental Health and Substance Abuse Services regarding rules for their eligible pharmacies.

(f) The Board will request input from the Oklahoma Department of Health regarding rules for their eligible pharmacies.

535:12-1-10. Responsibilities of pharmacist manager of eligible licensed pharmacies

(a) The pharmacist manager of eligible licensed pharmacies shall be responsible for the following:

(1) Coordinate retrieval of donated unused prescription drugs from nursing homes and eligible ALC. Such retrieval shall be in an expedient manner;

(2) Check unused prescription drugs (UPD) against the manifest and resolve any discrepancy;

(3) Store and secure these UPD as required under state and federal law and rules;

(4) Check the unused prescription drugs for adulteration;

(5) Assure expired, adulterated, lost identity drugs are not dispensed;

(6) Assure such unacceptable drugs are not put in dispensing stock. Destroy such unacceptable drugs within 14 days as described in 535:12-1-10 (a) (8).

(7) Assure safety in drug recalls. If a drug is recalled and the eligible pharmacy does not have the lot number on the label to differentiate between the recall and non-recalled, all such donated recalled drug shall be destroyed.

(8) Assure destruction of expired, adulterated, and/or recalled unused prescription medications.

(A) A manifest shall be made of unused prescription drugs expired, adulterated and/or recalled to be destroyed.

(B) Following destruction such manifest shall be signed by the pharmacist manager and witness verifying such destruction.

(C) Drug destruction manifest shall be kept in the files of the pharmacy for two (2) years.

535:12-1-11. Labeling

(a) All previous patient or pharmacy labeling on an unused prescription drug will be redacted or removed by dispensing eligible pharmacy.

(b) Dispensed prescription for a medically indigent patient will clearly indicate the final dispensing pharmacy and the current patient information to assure clarity for receiving patient and shall be properly labeled.

(c) Expiration date is required on all unused prescription drugs dispensed.

(1) The expiration date is brought forward to the filled prescription if only one expiration date is used in the filling of the prescription.

(2) If multiple packages of unused prescription drugs are used to fill a single prescription with varied expiration dates, the shortest expiration date is used for the dispensed prescription.

535:12-1-12. Violations

(a) Theft or diversion of any of the unused prescription drugs is a violation of these rules. This includes any expired, lost identity drug, recalled drug, or other drug found to be unusable under the requirements of this Subchapter.

(1) Such violation by a licensed nursing home or licensed Assisted Living Center of these rules will be referred to the Oklahoma State Health Department and/or other proper authorities for possible action.

(2) Such violation by the Oklahoma Department of Mental Health and Substance Abuse Services facility of these rules will be reported to the Oklahoma Department of Mental Health and Substance Abuse Services and/or other proper authorities for possible action.

(3) Such violation by a registrant of the Board may result in action under Title 59 O.S. Section 353.26.

(b) Dispensing of expired unused prescription drugs is a violation of these rules.

(c) Sale, trade, offer for sale or trade (except transfer as allowed in 535:12-1-9 (d) between licensed eligible pharmacies) any of the drugs obtained pursuant to this Subchapter and shall include any expired, lost identity, recalled or other such drug unacceptable for dispensing that comes into the program shall be a violation of these rules.

(d) Violation of this section by a registrant may result in loss of the ability to participate in this program; and may include Board action against the registrant as described in Title 59 O.S. Section 353.26.

(e) Abuse of this program shall be reported to the legislature and may result in the loss of this program.



ABOUT US LEGISLATORS & STAFF RESEARCH MEETINGS & TRAINING NCSL IN D.C. MAGAZINE BLOG

STATE PRESCRIPTION DRUG RETURN, REUSE AND RECYCLING LAWS

Updated September 2012; material added January 2015

NCSL has identified and tracked state legislation to create prescription drug "recycling," "repository" or "redistribution" programs for unused medication. While details of the laws vary, most allow the return of prescription drugs in single use or sealed packaging from state programs, nursing homes and other medical facilities. The medicines are then redistributed for use by needy residents who cannot afford to purchase their prescribed drugs. Some states include provisions for the financial terms of the donations or regulating resale. Virtually all laws include some restrictions designed to assure purity, safety and freshness of the products. Unless otherwise noted, all programs require:

All donated drugs must not be expired and must have a verified future expiration date. [see consumer guidelines]

Controlled substances, defined by the federal Drug Enforcement Administration (DEA) usually be excluded and prohibited.

A state-licensed pharmacist or pharmacy to be part of the verification and distribution process.

Each patient who is to receive a drug must have a valid prescription form in his/her own name.

At least 38 states and Guam have enacted such laws and programs to date. Not all laws or programs are operational. See state table below for further details and definitions.

Drugs for Cancer: The enacted program designs in five states, **Colorado, Florida, Kentucky, Minnesota, and Nebraska**, focus on accepting and distributing cancer-related prescription drugs. A program is referenced in Michigan but may not be operational. In 2009, the Wisconsin legislature passed SB 455 which deleted specific references to cancer drugs from the statutory language of the prescription drug donation program.

Legislative History: 1997-present (Enacted laws in bold)

YEAR STATES WITH ACTIVITY OR LAWS

- 1997- 98** **Georgia** passed the first known state law permitting reuse within a long-term care facility. In 1998 **Louisiana** began a pilot program without statutory authority.
- 2000** **Connecticut** enacted the second of the earliest laws
- 2001** **Oklahoma** and **Montana** authorized long-term-care based programs
- 2002** **New Jersey** and **Virginia** enacted authorizing language
- 2003** **Ohio** and **Florida** authorized a program; **Alabama** Department of Health adopted Administrative Code CHAPTER 420-11-1: Procedures for Donation of Certain Prescription Drugs to Charitable Clinics.
- 2004** **Massachusetts** and **Louisiana** enacted similar laws; **Michigan** permitted the Department of Corrections to redistribute drug products
- 2005** The following 21 states considered legislation on this topic: **Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Nebraska, Oklahoma, Pennsylvania, Rhode Island, Virginia, Washington, West Virginia, Wisconsin** and **Wyoming**.
- 2006** The following 25 states considered legislation on this topic: **Alabama, Arizona, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Mississippi, Nebraska, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Washington, West Virginia, Wisconsin**.
- 2007** The following 15 states considered legislation on this topic: **Alabama, Colorado, Illinois, Maine, Massachusetts, Minnesota, Mississippi, New Mexico, New York, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas** and **Wisconsin**.
- 2008** **Kansas** added a reuse program, signed into law 3/20/08; **Minnesota** expanded an earlier program; **Pennsylvania** created a cancer reuse repository. Ten other states, including **Alaska, Illinois, Massachusetts, Nebraska, New Mexico, New York, Oklahoma, South Carolina** and **West Virginia** considered legislation that was not passed.
- 2009** **New Mexico** created a reuse program within the Corrections Department; **Virginia** expanded its program to allow both hospitals and clinics to dispense donated drugs. Additional laws passed in **IA, ID, MT, NE, NV (2), OR, VA (4)** and **WY**
- 2010** Pennsylvania Senate OKs bill allowing jails to recycle unused medicine (Pittsburgh Tribune-Review). The state Senate this week approved legislation allowing jails to redistribute their unopened prescription medicines. It's a cost-cutting measure that's already being done at the Armstrong County Jail in Rayburn. Read More
- 2011** Both **Alabama** and **Indiana** passed bills related to unused drugs and each state's Department of

NAVIGATE

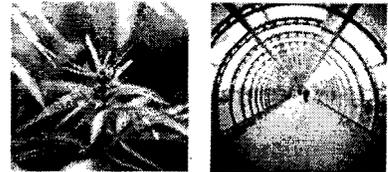
Home

Health

- Cost and Quality
- Diseases and Conditions
- Federal Health Issues
- Health Insurance
- Medicaid and CHIP
- Pharmaceuticals
- Population Groups
- Providers and Facilities
- Health Reform
- Public Health and Prevention

Other Research Topics

Share this:



SUMMIT
DEEP DIVE
SESSIONS
 Seattle, Aug. 3-6, 2015

We are the nation's most respected bipartisan organization providing states support, ideas, connections and a strong voice on Capitol Hill.

- 2011** Both **Alabama** and **Indiana** passed bills related to unused drugs and each state's Department of Corrections. **New Hampshire** passed legislation to allow manufacturer's samples to be donated as an 'unused prescription drug' to the preexisting NH program. **New Mexico** passed legislation allowing for a prescription drug donation program by enacting a new section of the New Mexico Drug, Device and Cosmetic Act. This new section provided standards and procedures for accepting, storing, labeling and redistributing donated prescription drugs by clinics
- 2012** **California** passed and signed SB 1329, which significantly expanded the prescription drug donation and distribution law enacted in 2005.
- 2013** **Colorado** updated their program.

Source: NCSL legislative research

Evidence of Effectiveness: It is still too early to know the overall impact these programs have on offsetting the costs of caring for the uninsured in emergency rooms and clinics. But hopes are high in some states. For example, between 2007 and 2012, **Iowa's** drug recycling program reports \$5,896,000 worth of drugs donated to 28,800 eligible residents. The main obstacles: lack of awareness about the programs and added work for repository sites accepting the donations.

EPA 2010 Guidelines for Safe Permanent Disposal

The U.S. Environmental Protection Agency released draft guidelines on September 8, 2010 for the proper disposal of unused pharmaceuticals by hospitals and other health care facilities. The 43-page document describes techniques for reducing or avoiding pharmaceutical waste, practices for identifying and managing types of unused pharmaceuticals, and applicable disposal regulations. EPA is seeking public comment on the draft until Nov. 8 and expects to publish a final draft later this year. *Note that this NCSL report is cited as the source for pages A1-A5 of the EPA document.*

Practical Guidelines for Consumers Hoping to Donate Drugs

Most state programs described in this report have substantial restrictions on who can donate, and what types of prescription products may be donated. Very strict safety rules also apply, intended to protect the patient that ultimately obtains and takes the drug. See the state law table below for specific examples or language. In many states, all donations must meet standards such as:

Only certain, professionally-designated persons can make a donation. For example the Kansas law states, "Health facilities and pharmacies." Connecticut, Pennsylvania and Rhode Island have similar limitations. Other states do allow patients to donate directly, for example, Arizona, Florida and Iowa.

Pills in opened or partly used bottles are never accepted. Generally the packaging must be intact, meeting an exact standard such as the Kentucky law, "Upon inspection, the drug must be in its original, unopened, sealed, and tamper-evident unit dose packaging."

Old drugs are never accepted. Expiration dates must be visible, and usually at least six months later than the date of donation. (Many prescription products carry an expiration date approximately one year after the original date of the purchase)

Commonly, donated drugs must be delivered to a specific type of medical or pharmacy facility. Some may require the donor to sign a form or waiver.

Usually financial compensation is prohibited. Donations may be tax-deductible if paid for by the individual patient and taxpayer. Beyond donation programs, patients and other individuals may not sell any prescription drugs - such transactions are strictly regulated by State Boards of Pharmacy and other state and federal laws.

If your goal as a consumer is simply to protect your local water supply or clean out your medicine cabinet, these programs will not meet your needs.

If you wish to participate, check with a local pharmacy or prescriber for practical advice on what may work in your situation, in your state.

Disclaimer: NCSL provides material about state laws as general information, primarily for policymakers. No information in this report is intended as personal legal or medical advice; NCSL is not responsible for any such uses or application of material in this report.

Media-related Resources

NCSL Article: "Donating Unused Drugs" - State Legislatures Magazine, July/August 2008.

Kansas sets up program to redistribute unused meds, AP news article: May 5, 2009.

Hurdles Facing Unused Prescription Drug Repositories: State-legislated programs for the donation of unused drugs have seen limited success. Scientific American, January 29, 2009.

Massachusetts: "Opportunity to Save Millions Missed" - Rep. Bard Jones newsletter, 12/30/09.

Oregon looks to Oklahoma for Re-use program example, 2/10/2009

State Programs - Alphabetical Order

The state table below includes two categories: 39 states with some enacted and/or operational program and 4 additional states with restricted purpose programs or policies. For the details of each law, please click the hyperlinked state name or see the state's website. This chart reflects the language enacted into law on the dates indicated; recent enacted laws are updated as of May 2009. States may have additional regulations or executive agency guidelines that clarify or modify the terms described below.

STATE Bill #: Year	DESCRIPTION; HISTORY
-----------------------	----------------------

Alabama SB 113 (2011)	What Rx: A Prescription drug that has been dispensed and has left the control of the pharmacy if the prescription drug is being returned by a correctional facility Who can donate: A corrections facility that has met certain requirements and has a registered professional or licensed practical nurse who is responsible for the security, handling and
------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

administration of the drugs.

Who Accepts: Department of Corrections or operated by a company under contract with the department

Program Status:

Arizona
HB 2382
Rep. Groe
(2006)

What Rx: Accept only in original sealed & tamper-evident unit dose packaging. Rx Board will issue list of un-acceptable products.

Who can donate: Person, manufacturer or health care institution.

Who accepts: Pharmacy, hospital, nonprofit clinic that volunteers to participate.

Donated to: Only state residents who meet eligibility standards set by Board.

Restrictions: Expiration must be more than 6 months from donation date. Recipient must sign waiver form about the source and non-liability.

Program Status: Final Regulations promulgated, effective 6/6/08. As of February 2011, the Arizona Pharmacy Board had not published information on the Prescription Medication Repository Program on their website.

Arkansas
HB 1031
Rep. Mahony
(2005)

What Rx: Accepts drugs only in their original sealed amper-evident packaging.

Who can donate: Nursing facility by the clinic pharr

Who accepts: Charitable clinic pharmacies.

Donated to: Appropriately screened and qualified indigent patients who are not eligible for Medicaid but cannot afford private health insurance.

Restrictions: The charitable clinic pharmacy cannot accept controlled substances. No product of which the integrity cannot be assured is accepted for re-dispensing.

Program Status: Signed into law by governor as Act 132, 2/15/05. Scheduled effective date: August 2005; Program currently operational.

California
SB 1329 (2012)
SB 798 (2005)
Sen. Simitian

What Rx: Drugs that are received and maintained in their unopened, tamper-evident packaging.

Who can donate: Licensed health facilities, licensed pharmacies, and drug manufacturers that are legally authorized under federal law to manufacture and sell pharmaceutical drugs.

Who accepts: Local ordinances established by counties that elect to create such a repository and distribution program.

Donated to: Persons in need of financial assistance to ensure access to necessary pharmaceutical therapies.

Restrictions: Must be ensured that drugs received have not been in the possession of any individual member of the public.

Program Status: Signed into law by governor as Chapter 444, 9/30/05; Program currently operational; In September 2012 California passed and signed SB 1329, which significantly expanded the prescription drug donation and distribution law enacted by SB 798 in 2005. It authorizes counties to act and adds primary care clinics and pharmacies to those who can participate in the program

Colorado
SB 07-231
Sen. Tochtrop
(2007)

What Rx: Unused cancer drugs or medical devices.

Who can donate: Cancer patients or the patients' family.

Who accepts: Health care facilities, medical clinics or pharmacies that elect to participate in the program.

Donated to: Eligible health care facilities, medical clinics or pharmacies for use under the program as well as eligible patients.

Restrictions: Cancer drugs or medical devices needs to be prescribed by a practitioner, as defined in section 12-22-102 (27), C.R.S., for use by an eligible patient and is dispensed by a pharmacist.

Program Status: The Act took effect 8/8/07; Program currently operational.

Connecticut
HB 6002
Rep. Lyons
(2000)

What Rx: Drug products.

Who can donate: Long-term care facilities.

Who accepts: Vendor pharmacy or the Department of Social services for drug repackaging and reimbursement.

Donated to: Eligible patients.

Restrictions: Prescription drug products that are not controlled substances, sealed in individually packaged units, returned to the vendor pharmacy within the recommended period of shelf life for the purpose of redispensing such drug products, determined to be of acceptable integrity by a

licensed pharmacist.

Program Status: Signed by governor 6/21/00; Program currently operational.

Delaware

Who can donate: State does not allow a drug repository/Donation program

Who accepts: State permits the return and use of medication, in specific cases (Source: NABP, 2014)

Florida
SB22A
(2003)

What Rx: Unused cancer drugs or supplies in its original, unopened, sealed and tamper-evident unit dose packaging.

Who can donate: A person, health care facility, hospital, pharmacy, drug manufacturer, medical device manufacturer or supplier, wholesaler of drugs or supplies, or any other entity may donate.

Who accepts: A physician's office, pharmacy, hospital, hospice, or health care clinic that participates in the program.

Donated to: Residents, except those Medicaid-eligible or under any other prescription drug program funded in whole or in part by the state are ineligible to participate.

Restrictions: All drugs submitted to the program will be administered by a pharmacist to determine the drugs and supplies are not adulterated or misbranded. Additionally a cancer drug may not be accepted or dispensed under the program if such drug bears an expiration date that is less than six months after the date the drug was donated.

Program Status: Fla. Stat. §409.908. The act took effect July 1, 2006; Program currently Operational.

Georgia

What Rx: Unused prescription drugs, but not those defined as controlled substances

Georgia

HB 430
Rep. Cooper
(2008)

What Rx: Unused prescription drugs, but not those defined as controlled substances.

Who can donate: Any person, including a drug manufacturer or any health care facility, may donate prescription drugs to the drug repository program.

Who accepts: Any pharmacy, hospital, or nonprofit clinic that elects to participate in the drug repository program and meets criteria for participation in the program.

Donated to: Medically indigent persons who are residents of Georgia.

Restrictions: Only drugs in their original sealed and tamper-evident unit dose packaging may be accepted and dispensed. The packaging must be unopened, except that drugs packaged in single unit doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is undisturbed. Drugs donated by individuals must have an expiration date that is more than six months from the date the drug is donated.

Program Status: The state-wide program required by this Code section was to be implemented no later than January 1, 2007.

Guam

Chapter 5
(2004)

What Rx: Prescription drugs, non-prescription drugs, over the counter drugs, medical supplies, and other items that are identified, dated, and transported to the Medicine Bank in accordance with accepted and required standards established by Guam law, Federal law and/or Federal guidelines to include the United States, Food and Drug Administration.

Who can donate: Any pharmacy, wholesale prescription drug distributor, pharmaceutical company, institutional facility, or practitioner, as well as, charitable, religious, or nonprofit organizations.

Who accepts: Medicine Bank, created at Community Health Centers and various institutional facilities that are government owned and operated.

Donated to: Eligible individuals in need as defined by the Guam MIP law or the Medicaid Poverty Guidelines.

Restrictions: No medication which has been previously dispensed by a practitioner to a private citizen will be accepted. Materials received which are not prescription medicines such as over-the-counter medicines, home health equipment, medical supplies, and any other items, will also be carefully inspected upon receipt. They must be judged fit for use before being distributed or will be properly disposed of in accordance with Guam law.

Program Status: Signed into law, 2004 as §5103 & 5104.

Hawaii

HB 2005 final
Rep. Say
(2004)

What Rx: Prescription drugs previously dispensed or distributed by a pharmacy for administration to patients in an institutional facility by personnel of the institutional facility may be returned to the pharmacist.

Who can donate: Patients or personnel of an institutional facility with unused drugs.

Who accepts: Institutional facilities or repositories of the state of Hawaii.

Donated to: Pharmacists.

Restrictions: The prescription drugs should be returned only to the original dispensing pharmacy. Also, prescription drugs from individual members of the public are not accepted for reuse.

Program Status: This act was effective July 1, 2004, and will sunset on July 1, 2010; Law has been **REPEALED**

Idaho

ID APPA
27.01.01.262

Who can donate: Only pharmacy wholesalers, manufacturers, hospitals, nursing homes. (Source: NABP, 2014)

Who accepts: Indigent care clinics

Indiana

HB 1251
Rep. Becker
(2004)

What Rx: Unused medications.

Who can donate: Health facilities with unused drugs.

Who accepts: Pharmacy or pharmacist who initially dispensed the medication.

Donated to: Pharmacists, hospitals, health care facilities or practitioners.

Restrictions: Requires the office of Medicaid policy and planning (office) to review the process of returning unused medication.

Program Status: Statute Sec. 1 - 6 effective 07/01/04; Program *not* operational as of August 2009.

Indiana

HB 1017
(2011)

What Rx: Unused medication

Who can donate: A county jail or a Department of Corrections facility

Who accepts: The pharmacy which dispensed the medication

Special provisions: Also allows entity to return unused medical devices or medical supplies that are used for prescription drug therapy. Allows a pharmacist or pharmacy to negotiate a fee for processing returns. Allows the use of an electronic prescription for certain controlled substances.

Program Status:

Iowa

HF 724
Human
Resources
(2005)

What Rx: Prescription drugs and supplies.

Who can donate: Any person may donate prescription drugs and supplies.

Who accepts: Medical facilities or pharmacies that elect to participate in the program and meet the requirements established by the department. **Donated to:** Drugs may be donated to individuals or may be distributed to another eligible medical facility or pharmacy for use.

Eligibility: Iowans at or below 200% of the federal poverty level as well as individuals who are uninsured or under-insured are eligible to receive donated drugs. Any organization or individual in the country can donate medications in their original sealed container or in tamper-evident packaging. Any pharmacy or medical facility with authorization to dispense per State of Iowa administrative rules may re-dispense donated medications.

Restrictions: Must be inspected to assure the prescription drug or supplies have not been adulterated or misbranded. The drug must be in its original sealed and tamper-evident packaging.

Program Status: The bill was approved and signed by the governor on May 3, 2005. NABP reports "rules in development establishing a Drug Donation Repository." As of 12/07. Dept. of Public Health Regulations ARC 5563B (Chapter 109) Effective March 2007; Program is currently Operational and reports \$5,896,000 worth of drugs donated to 26,800 eligible residents as of 2012.

The Iowa Prescription Drug Corporation is a not-for-profit organization that administers programs

The Iowa Prescription Drug Corporation is a not-for-profit organization that administers programs designed to help ease the financial burden of the high cost of prescription medications for uninsured and under-insured Iowans. The corporation contracts with the Iowa Dept. of Public Health to operate the Iowa Prescription Drug Donation Repository Program. Web site: Toll Free: 1-866-282-5817

The Iowa Prescription Drug Donation Repository Program Website [updated Feb. 2014]

Kansas
HB 2578
House
Appropriations
Comm.

What Rx: Unused medications; excludes controlled substances.
Who can donate: Residents of adult care homes and donating entities that volunteer to participate in the program.
Who accepts: A qualifying center or clinic in consultation with a pharmacist.
Donated to: Medically indigent residents of Kansas.
Restrictions: The medications must come from a controlled storage unit of a donating entity and be in its original packaging or tamper-evident packaging. Drugs purchased under Medicaid or SCHIP do not apply.
Program Status: Signed into law by governor on March 20, 2008. (KS Article 5/5/09); Program currently operational.

Kentucky
SB 23
Sen. Denton
(2005)

What Rx: Cancer prescription "Legend" drugs or supplies needed to administer such drugs.
Who can donate: Health facilities and pharmacies.
Who accepts: Donations can be made on the premises of a health facility or pharmacy that elects to participate in the program and meets requirements specified by the cabinet by an administrative regulation promulgated by the cabinet.
Donated to: Individuals who meet the eligibility criteria specified by an administrative regulation promulgated by the cabinet or eligible health facility or pharmacy for use under the program.
Restrictions: The legend drug cannot be classified as a controlled substance. Upon inspection, the drug must be in its original, unopened, sealed, and tamper-evident unit dose packaging. In addition, the legend drug or supplies must be prescribed by a physician, advanced registered nurse practitioner, or physician assistant and dispensed by a pharmacist.
Program Status: Signed into law by the governor on March 18, 2005; Program not operational as of August 2009.

Louisiana
HB 1402
Rep. Walker
(2004)

What Rx: Prescription drugs.
Who can donate: Any person, including a drug manufacturer, hospital, health care facility, or governmental entity.
Who accepts: Charitable pharmacies.
Donated to: Appropriately screened and qualified patients.
Restrictions: Drugs must be in their original sealed and tamper-evident packaging. In addition, donor shall execute a form stating the donation of the drugs. The pharmacy should retain that form along with other acquisition records.
Program Status: A pilot program began in 1998 without statutory authority.
HB 1402 Signed into law as Act 811 of 2004; Program effective August 15, 2004.

Louisiana
SB 19
Sen.
McPherson
(2006)

What Rx: Unused portions of or surplus prescription drugs that are within the expiration date.
Who can donate: A hospital, health care facility, or governmental entity enrolled in the Medicaid program.
Who accepts: Charitable pharmacies.
Donated to: Medically indigent residents of Louisiana.
Restrictions: Drugs must be in their original sealed and tamper-evident packaging. Pharmacists of the charitable pharmacies should determine if the drug is not adulterated or misbranded and is safe to dispense.
Program Status: Signed into law by governor as Act 643 of 2006, 6/29/06; Program currently Operational.

Maine
HP 105
Rep. Watson
(2005)

What Rx: Unused prescription drugs.
Who can donate: Drug manufacturers, drug wholesale or terminal distributors, hospitals, health clinics, federally qualified health centers, Indian health centers and rural health centers and assisted living facilities licensed by the department.
Who accepts: Pharmacies, hospitals, health clinics and federally qualified health centers, Indian health centers and rural health centers. **Donated to:** Qualified residents of Maine, which include family income below 350% of the federal non-farm income official poverty level and not receiving benefits from Mainecare.
Restrictions: The program will only accept prescription drugs that are unopened and packaged in tamper-evident unit dose packages or that are unopened injectable, aerosol or topical medications.
Program Status: Signed into law by governor as Chapter 20, 5/31/05.
A 2007 law, Special Act Chapter 27, signed 6/27/07, provided \$300,000 funding for the Maine Drug Enforcement Agency to establish a pilot program for return of unused prescription drugs by mail, "consistent with the Main Drug Return Implementation Group established by Public Law chapter 670 of 2003.

Maryland
SB 1059
Sen. Teitelbaum
(2006)

What Rx: Prescription drugs or medical supplies.
Who can donate: Any person.
Who accepts: Board approved drop-off sites and/or repositories which meets specified criteria.
Donated to: A needy patient who is a resident of Maryland, as indicated by the individual's health care practitioner.
Restrictions: The drugs must be in their original unopened and sealed packaging; or packaged in tamper-evident unit dose packaging and unadulterated. The donor must sign a statement that indicates the donor is the owner of the drugs and are voluntarily offering them to the program. Controlled dangerous substances may not be donated.
Program Status: Signed by governor as Chapter 287, 5/2/06. Effective July 1, 2006; Program currently Operational.

<p>Massachusetts Ch. 111, Section 25I (2004)</p>	<p>What Rx: Unused medications. Who can donate: Residents or consultant pharmacist in a health care facility. Who accepts: Health care facilities. Donated to: Eligible residents of Massachusetts. Restrictions: The donated medication should be sealed in unopened, individually packaged units and within the recommended period of shelf life. Excluded are schedule I or II controlled substances as defined in MA chapter ninety-four C. Program Status: Signed by governor in 2004; Program currently Operational. Opinion article: Massachusetts: "Opportunity to Save Millions Missed" - Rep. Brad Jones newsletter, 12/30/09.</p>
<p>Michigan Public Act 329 of 2004 Rep. Pumford (2004)</p>	<p>What Rx: Drug repository program for corrections. A separate cancer program is referenced in Michigan but may not be operational. Who can donate: The Michigan Department of Corrections (DOC) is permitted to return and reuse medications. Restrictions/Analysis: The DOC estimates that redistributing unused medications would save approximately \$800,000 per year, but the actual extent of the savings would depend on both the costs of the redispensed medications and the frequency with which they otherwise would have been discarded. The DOC's estimate, however, did not assume that only unitpackaged medications could be reused. This provision likely would diminish potential savings. Link to analysis of HB 6021 Bill summary by House Fiscal Agency, 2004 Program status: HB 6021 by was signed as Public Act 329, effective September 23, 2004. The public program may not be operational.</p>
<p>Minnesota Statute 151.55 (2007)</p>	<p>What Rx: Cancer drugs or supplies. Who can donate: A pharmacy, medical facility, drug manufacturer, or wholesale drug distributor, can donate if the donated drugs have not been previously dispensed. In addition, any individual over the age of 18 may donate. Who accepts: Pharmacies or medical facilities on the premises that volunteer to participate in the program. The medical facilities or pharmacies need to be licensed and in compliance with all applicable federal and state laws and administrative rules. Donated to: Any Minnesota resident who is diagnosed with cancer is eligible to receive drugs or supplies. The drugs will be distributed upon a priority base. Restrictions: Drugs must be in its original, unopened, tamper-evident unit dose packaging and not adulterated or misbranded. The donation must also be accompanied by a cancer drug repository donor form that is signed by the person making the donation or that person's authorized representative. Program Status: Statute effective 2007; Program Operational as of August 2009.</p> <p>SF 2941 expanding terms for a state repository and reuse of unused drugs program. (Passed Senate; passed House; signed into law as Chapter 327 of 2008, 5/15/08)</p>
<p>Mississippi Miss. Code Ann. § 43-13-503 (2004)</p>	<p>What Rx: Prescription drugs. Who can donate: The State Board of Pharmacy; the State Department of Health; the Division of Medicaid; any person, including a drug manufacturer, or health care facility or government entity. Who accepts: Any pharmacy, hospital, nonprofit clinic or health care professional. Donated to: Individuals who meet the eligibility standards or to other government entities and nonprofit private entities to be dispensed to individuals who meet the eligibility standards. Restrictions: Only drugs in their original sealed and tamper-evident packaging may be accepted and dispensed. Program Status: The drug repository program shall be fully implemented not later than July 1, 2005; Program <i>not</i> operational as of August 2009.</p>
<p>Missouri HB 898, SB 1160 Sen. Shields (2004)</p>	<p>What Rx: Sealed and unopened prescription drugs. Who can donate: Any person or entity may donate prescription drugs. Who accepts: Any pharmacy, hospital, or non-profit clinic that elects to participate in the program. Donated to: Eligible Missouri residents. Restrictions: Prescription drugs must be in their original sealed and tamper-evident unit dose packaging. Prescription drugs donated by individuals should bear the manufacturer's lot number and an expiration date that is more than six months from the date the prescription drug is donated. Program Status: The act was effective 8/28/04; Program currently operational.</p>
<p>Missouri HB 1687 Rep. Mark Wright (2006)</p>	<p>What Rx: Prescription drugs. Who can donate: Any person, including but not limited to a prescription drug manufacturer or health care facility, may donate prescription drugs to the prescription drug repository program. Who accepts: Any pharmacy, hospital, or nonprofit clinic that elects to participate in the prescription drug repository program and meets the criteria for participation established by rule of the department pursuant to section 196.984. Donated to: People who are residents of Missouri and who meet the eligibility requirements of the program, or to other governmental entities and nonprofit private entities to be dispensed to persons who meet the eligibility requirements of the program. Program Status: Approved by governor 07/12/2006. Appears to be not yet operational as of 4/09.</p>
<p>Montana SB 288 Sen. Christiaens (2001)</p>	<p>What Rx: Unused prescription drugs. Who can donate: Long-term care facilities. Who accepts: Provisional community pharmacies. Donated to: Qualified patients for transfer free of charge or at a reduced charge to those</p>

individuals.

Restrictions: Drugs defined as a dangerous drug or a drug designated as a precursor to a controlled substance cannot be accepted.

Program Status: This act was effective 10/1/01; it was to be fully implemented by 1/1/05; Program currently operational.

Nebraska
LB 756
Sen. McDonald
(2003)
LB 331
(2005)
LB 1116
(2006)

What Rx: Cancer drugs.
Who can donate: Any person or entity, including, but not limited to, a cancer drug manufacturer or health care facility.
Who accepts: Any physician's office, pharmacy, hospital, or health clinic that elects to participate in the program and meets criteria established by the department for such participation.
Donated to: Eligible Nebraska residents.
Restrictions: The drug needs to be in its original, unopened, sealed, and tamper-evident unit dose packaging, except that a cancer drug packaged in single unit doses may be accepted and dispensed if the outside packaging is opened but the single-unit-dose packaging is unopened.
Program Status: The Act, RRS Neb. 71-2424 et seq., became operative on 9/15/03.

In addition, LB 1116 of 2006 clarified the program, including eliminating a restriction on the number of doses that can be donated; allowing donation of injectible cancer drugs and requiring donation forms to include the name of the original patient. (Signed into law 3/13/06)

Nevada
SB 327
Sen. Wiener
(2003)

What Rx: Prescription drugs.
Who can donate: A public or private mental health facility may return a prescription drug that is dispensed to a patient of the facility, but will not be used by that patient.
Who accepts: A dispensing pharmacy.
Donated to: The drug will be used to fill other prescriptions for patients in the pharmacy facility.
Restrictions: The drug cannot be a schedule II drug specified in or pursuant to chapter 453 of NRS. The drug must be dispensed in a unit dose, in individually sealed doses or in a bottle that is sealed by the manufacturer of the drug.
Program Status: The act becomes effective on July 1, 2003; Program currently operational.

New Hampshire
HB 111
(2011)
(State law, N.H. RSA §318.58 authorized a reuse program)

What Rx: Manufacturer's samples.
Who Can Donate: Grants the New Hampshire pharmacy board rule making authority regarding other persons and entities allowed to donate to the program.
Who can accept: The New Hampshire donation program for unused prescription drugs.
Program Status:

New Jersey
Title 24
Assemblyman
Conaway
(2007)

What Rx: Prescription drugs.
Who can donate: Unopened, unexpired prescription drugs dispensed to, but not used by, a patient within a licensed health care facility, may be reused at the facility in accordance with regulations issued by the State Board of Pharmacy.
Restrictions: Must be unopened and unexpired.
Program Status: This provision was not operational as of 12/2007 according to the National Association of Boards of Pharmacy; No program in operation as of August 2009.

New Mexico
SN 82
Sen. Beffort
(2009)

What Rx: Unused medication
Who can donate: A corrections facility that has a registered or licensed nurse.
Who accepts: A pharmacy operated by, or under contract with, the Corrections Department.
Restrictions: Product "has not been altered, defaced or tampered with and include the identity, strength, expiration date and lot number of the prescription drug; and the prescription drug was dispensed in a unit-dose package or unit-of-issue package."
Program Status: Signed into law by governor as Chapter No. 2009-236, 4/7/2009; Program currently operational.

New Mexico
SB 37
(2011)

What Rx: Unused and donated prescription drugs.
Who can donate: Clinics.
Who Accepts:
Program Status:

New York
S 2803-e
Sen. Golden
(2007)

What Rx: Unused medication.
Who can donate: A resident or consultant pharmacist or his designee in a residential health care facility.
Who accepts: The pharmacy from which the medication was purchased.
Donated to: Eligible New York residents.
Restrictions: The medication must be unopened in the original manufacturer's packaging and must be in tamper evident packaging.
Program Status: The new law was referred to the NY Health Department on 1/9/08.

North Carolina
Rules, 21 NCAC 46.2513

Who can donate: State does allow a drug repository/Donation program
Who accepts: State permits the return and use of medication (Source: NABP, 2014)

North Dakota
HB 1256
Rep. Weisz
(2007)

What Rx: Legend drugs, devices, or supplies.
Who can donate: Any person or entity.
Who accepts: Practitioners or pharmacies that meets the criteria established for participation in the program.
Donated to: Eligible patients.
Restrictions: A drug donated, prescribed, or dispensed under the program must be in the

original, unopened, sealed, and tamper-evident unit dose packaging, except a drug packaged in single-unit doses may be accepted and dispensed if the outside packaging has been opened and the single-unit-dose package is unopened.

Program Status: Signed into law by governor in April 2007; Program currently operational.

Patients may find out if a prescription is available by visiting www.nodakpharmacy.com. A drug donor form can be printed online. To find participating pharmacies and available drugs, devices and supplies, residents can visit www.freemedsnd.com, sponsored by the North Dakota Board of Pharmacy and the North Dakota Pharmacists Association.[updated 9/09]

<p>Ohio HB 221 Rep. Schuring (2003)</p>	<p>What Rx: Prescription drugs. Who can donate: Any person, including a drug manufacturer or health care facility. Who accepts: Any pharmacy, hospital, or nonprofit clinic that has elected to participate in the program and meets certain eligibility requirements established in rules adopted by the Board. Donated to: Individuals with a prescription issued by a health care professional authorized to prescribe drugs. Restrictions: Drugs must be in their original sealed and tamper-evident unit dose packaging. Program Status: Signed by governor 1/6/03; Program currently operational.</p>
<p>Oklahoma HB 1297 Rep. Gilbert (2001) SB 1640 Sen. Johnson (2006)</p>	<p>What Rx: Unused prescription drugs. Who can donate: Drugs may be transferred from residential care homes, nursing facilities, assisted living centers, public intermediate care facilities for people with mental retardation (ICF/MR) or pharmaceutical manufacturers. Who accepts: Any pharmacies operated by a county, pharmacy operated by a city-county health department or a pharmacy under contract with a city-county health department, a pharmacy operated by the Department of Mental Health and Substance Abuse Services or a charitable clinic for the purpose of distributing the unused prescription medications. Donated to: Oklahoma residents who are medically indigent. Restrictions: Prescription drugs defined as controlled substances will not be accepted. Program Status: This act became effective 11/1/06; Program currently operational.</p>
<p>Pennsylvania SB 638 Sen. Wonderling (2008)</p>	<p>What Rx: Unused cancer drugs Who can donate: health care facility, health clinic, hospital, pharmacy or physician's office. Who accepts: Authorized participating pharmacies, designated by the Cancer Drug Repository Program of the State Board of Pharmacy. Donated to: Needy residents, as defined in "Income eligibility criteria and other standards and procedures for individuals participating in the program, determined by the Department of Public Welfare and the Pharmacy Board. Restrictions: Unit dose medication must be maintained by a health care facility, health clinic, hospital, pharmacy or physician's office rather than an individual patient, as "part of a closed drug delivery system." Expiration date must be at least six months in the future. A pharmacy "may charge a handling fee", to be determined by the Board of Pharmacy. Regulations to be drafted within 90days of effective date. Program Status: signed into law by governor as Act No. 14 on 5/13/08; effective date 7/12/08; Program not operational as of August 2009.</p>
<p>Rhode Island HB 5107 Rep. Sullivan (2005) HB 5850 (2007)</p>	<p>What Rx: Unused prescription medication. Who can donate: Nursing homes, assisted living centers and prescription drug manufacturers. Who accepts: Authorized participating pharmacies. Donated to: Medically indigent Rhode Island residents. Restrictions: The packaging of the medication should not be opened, except cancer drugs packaged in single-unit doses. Program Status: The program was scheduled to begin 1/1/06. In 2007 HB 5850 extended the implementation date to 4/1/07 and required notification to all nursing homes of the new program; Program not operational as of August 2009.</p>
<p>South Carolina</p>	<p>Who can donate: State does not allow a drug repository/Donation program. (Source: NABP, 2014) Who accepts: State permits the return and use of medication, "with pharmacist's professional judgment."</p>
<p>South Dakota HB 1165 Rep. Glenski (2004)</p>	<p>What Rx: Unused unit dose drugs. Who can donate: Patients in hospice programs, nursing facilities, or assisted living facilities. Who accepts: Hospice programs, nursing facilities, or assisted living facilities. Donated to: Eligible patients. Restrictions: The drugs are provided in the manufacturer's unit dose packaging or are repackaged by the pharmacy in a hermetically sealed single unit dose container. Program Status: Signed by governor 2/19/04; Program not operational as of August 2009.</p>
<p>Tennessee HB 3560 & SB 3680 Sen. Haynes (2006)</p>	<p>What Rx: Unused prescription medications; controlled substances are excluded. Who can donate: Nursing homes or hospice services programs. Who accepts: Charitable clinic pharmacies. Donated to: Tennessee residents who are indigent. Restrictions: Drugs only in their original sealed and tamper-evident packaging should be accepted. Program Status: The act took effect 7/1/06; Program currently operational.</p>
<p>Texas SB 1896 Sen. Lucio (2007)</p>	<p>What Rx: Unused drugs; controlled substances are excluded. Who can donate: A pharmacist who practices in or serves as a consultant for a health care facility or a licensed health care professional responsible for administration of drugs in a penal institution. Who accepts: Pharmacies. Donated to: Eligible patients. Restrictions: Drugs must be sealed in unopened tamper-evident packaging and either</p>

individually packaged or packaged in unit-dose packaging.

Program Status: Signed into law by governor 6/15/07; Program currently operational.

Utah
58-17b-503
Rep. Last
(2005)

What Rx: Unused drugs.
Who can donate: A pharmacist may accept back and redistribute any unused drug, or a part of it, after it has left the premises of the pharmacy.
Who accepts: n/a
Donated to: n/a
Restrictions: The drug must have been prescribed to a patient in a nursing care facility, an ICFMR, or state prison facility, county jail, or state hospital; the drug must have been stored under the supervision of a licensed health care provider according to manufacturer recommendations; the drug should be in a unit pack or in the manufacturer's sealed container; the drug should have been returned to the original dispensing pharmacy; the drug should have initially been dispensed by a licensed pharmacist or licensed pharmacy intern; and back and redistribution of the drug complies with Federal Food and Drug Administration and Drug Enforcement Administration regulations.
Program Status: This law became effective on July 1, 2005; Program not operational as of August 2009

Vermont
H.711
Rep. Canfield
(2005)

What Rx: Any unsold or unused prescription drugs and medical supplies that the facility or distributor cannot sell or otherwise use.
Who can donate: Any health care facility and wholesale drug distributor.
Who accepts: Any participating pharmacy, hospital, or nonprofit clinic.
Donated to: Vermont residents who meet the eligibility standards.
Restrictions: Drugs or medical supplies must be in their original sealed and tamper-evident unit dose packaging to be accepted and dispensed, except for drugs packaged in single unit doses when the outside packaging is opened if the single unit dose packaging is undisturbed. The board of pharmacy shall allow donation of only those drugs bearing an expiration date that is less than six months beyond the date the drug is donated and shall allow drugs to be dispensed only when the expiration date is more than one month from the date of dispensing.
Program Status: 01/24/2006.

Virginia
HB 154
(2002)

HB 1854
Del. Eisenberg
(2005)

HB 2682
Del. Eisenberg
(2009)

What Rx: Prescription drugs.
Who can donate: Hospitals are authorized to donate drugs that were originally dispensed to hospital patients, but have been returned.
Who accepts: Pharmacies. May be redispensed by clinics (2005) and hospitals (as of 2009 law)
Donated to: Indigent patients, without charge.
Restrictions: The pharmacist-in-charge at the pharmacy shall be responsible for determining the suitability of the product for re-dispensing. A re-dispensed prescription shall not be assigned an expiration date beyond the expiration date or beyond-use date on the label from the first dispensing and no product shall be re-dispensed more than one time. No product shall be accepted for re-dispensing by the pharmacist where integrity cannot be assured.
Program Status: H 154 signed 4/6/02. HB 1854 Signed by governor as Chapter 68, 3/24/05; Program currently Operational.
2009 HB 2682 signed as Chapter No. 114, 2/5/09. **Statute:** Va. Code Ann. 54-3411.1

West Virginia

Who can donate: State does allow a drug repository/donation program
Who accepts: State permits the return and use of medication (Source: NABP, 2014)

Wisconsin
SB 56
Sen. Fitzgerald
(2003)

What Rx: Prescription drugs.
Who can donate: State prison pharmacies.
Who accepts: State prison pharmacies.
Donated to: Any patients in any state prison.
Restrictions: The prescription drug should never have been in the possession of the patient to whom it was originally prescribed. The prescription drug is returned in its original container. A pharmacist determines that the prescription drug has not been adulterated or misbranded.
Program Status: Approved by governor 8/20/03.

Wisconsin
AB 845
Rep. Underheim
(2004)

What Rx: Cancer drugs or supplies.
Who can donate: Any person or entity.
Who accepts: Medical facilities or pharmacies that elects to participate in the program and meets requirements specified by rule by the department.
Donated to: Individuals who meets eligibility criteria or to another eligible medical facility or pharmacy for use under the program.
Restrictions: The cancer drug or supplies needed to administer a cancer drug must be in its original, unopened, sealed, and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit-dose packaging must be unopened.
Program Status: Enacted April 6, 2004. **What Rx:** Expands Wisconsin's Rx recycling cancer drug repository to include prescription drugs and supplies for all other chronic diseases such as diabetes.
Program Status: Signed into law by governor as Act 16, 7/5/05.

Wyoming
HB 194
Rep. Hastert
(2005)

What Rx: Prescription drugs.
Who can donate: Any person or entity, including but not limited to a drug manufacturer, physician or health care facility.
Who accepts: Any physician's office, a pharmacy or health care facility that elects to participate in the program and meets criteria established by the department.
Donated to: Wyoming residents.
Restrictions: Drugs shall be accepted or dispensed under the drug donation program only if they are in their original, unopened, sealed packaging or, if the outside packaging is opened, the contents are single unit doses that are individually contained in unopened, tamper evident packaging.

Program Status: Signed by governor as Chapter 158, 3/2/05; Program currently operational.

Restricted Purpose State Programs or Policies

North	Specific guidelines are being developed for a drug repository/return program. ♦
Carolina	
Oregon	Repository not permitted. Return and reuse is permitted only in long-term-care pharmacies where drugs have remained in the control of facility staff and are packaged in tamper-resistant containers. ♦
South Carolina	Repository/donation not permitted. Return and reuse of medications are allowed with pharmacist's professional judgment. ♦
West Virginia	Return of unit-dosed non-controlled substance drugs allowed. ♦

Notes:

♦ = Facts confirmed or obtained from National Association of Boards of Pharmacy: 2009 Survey of Pharmacy Law.

Definitions:

Controlled Substances: generally a drug or chemical whose manufacture, possession, and use are regulated by a government. It may include illegal drugs and prescription medications. The federal government sets the standard for controlled substances; states may modify regulation by, for example, requiring additional restrictions on certain individual products. For complete lists, refer to the Controlled Substances Act and "Schedules I through V" detailed at Sec. 812. Schedules of controlled substances, online at <http://www.usdoj.gov/dea/pubs/csa/812.htm#a>

Legend Drugs: any drug that requires a prescription. This may be a controlled substance (narcotic) or a non-narcotic drug.

APPENDIX A: ARTICLES OF INTEREST

EPA issues guidelines on proper drug disposal (Wednesday, September 8, 2010)

U.S. EPA released draft guidelines today for the proper disposal of unused pharmaceuticals by hospitals and other health care facilities. The 43-page document describes techniques for reducing or avoiding pharmaceutical waste, practices for identifying and managing types of unused pharmaceuticals, and applicable disposal regulations.

U.S. EPA released draft guidelines September 8, 2010 for the proper disposal of unused pharmaceuticals by hospitals and other health care facilities. The 43-page document describes techniques for reducing or avoiding pharmaceutical waste, practices for identifying and managing types of unused pharmaceuticals, and applicable disposal regulations. EPA is seeking public comment on the draft until Nov. 8 and expects to publish a final draft later in 2010.

Sewage- and water-treatment plants that are often located just up or downstream from one another are generally not equipped to block or filter trace concentrations of pharmaceuticals. Scientists fear such concentrations may have long-term effects on people and animals, accounting in part for fish that have both male and female sex organs. "All of this stuff, this huge soup of pharmaceuticals, is ending up in our drinking water," said Mae Wu, an attorney for the nonprofit Natural Resources Defense Council. "What is the effect of taking these small doses every day? Who knows?"

EPA has research under way to investigate the health effects. Since 2008, EPA has launched or helped fund six studies to better understand the sources and occurrence of pharmaceuticals in wastewater discharges, human waste disposal and fish tissues. By focusing on health care facilities, the draft document concentrates on a single but prolific source of drug waste.

The report includes recommendations for improving inventories, tightening purchasing and dispensing practices, and arranging for the return, donation or segregation of unused drugs for proper disposal. Except in cases where state or federal hazardous waste laws apply, the report generally recommends sending excess drugs to a reverse distributor or otherwise segregating nonhazardous, noncontrolled drugs from other waste and sending them to a landfill or incinerator. [Click here to read the draft.](#)

Kansas sets up program to redistribute unused meds

AP News: Kansas article, May 5, 2009

KANSAS CITY, Mo. (AP) -- A new effort in Kansas to redirect some types of unused medications to safety net clinics is off to a slow start, but supporters are confident it will eventually benefit patients and the state.

Under a program approved by the Legislature in 2008, adult care homes, mail service pharmacies and medical care facilities can donate unused prescription drugs to clinics and health centers that serve the uninsured and poor.

When the law took effect in January, the state joined at least 37 states with similar laws or programs, according to the National Conference of State Legislatures. The organization and success of those programs vary widely. A program started in Missouri in 2004 never got off the ground.

The Kansas program got its first donation in April, when Prescription Solutions of Overland Park, a mail-order pharmacy, gave about \$250,000 of unused medicines that will eventually go to 36 clinics in 30 cities.

So far, the focus has been on notifying qualified donors and clinics and organizing the logistics, said Robert Stiles,

director of primary care for the Kansas Department of Health and Environment. The state also is trying to arrange clearinghouses where drugs could be stored.

"We are hearing a lot of interest," Stiles said. "It's still early. But it's such a great idea, to use medicines that are usually thrown away. I think it will be popular."

Authors: Richard Cauchi, Program Director; Karmen Hanson, Program Manager; 2011-2012 revisions and updates by Kara Hinkley, Research Analyst - for the NCSL Health Program, Denver.

NCSL Member Toolbox

Members Resources

- Get Involved With NCSL
- Jobs Clearinghouse
- Legislative Careers
- NCSL Staff Directories
- Staff Directories
- StateConnect Directory

Policy & Research Resources

- Bill Information Service
- Legislative Websites
- NCSL Bookstore
- State Legislatures Magazine

Meeting Resources

- Calendar
- Online Registration

Press Room

- Media Contact
- NCSL in the News
- Press Releases

Denver

7700 East First Place
Denver, CO 80230
Tel: 303-364-7700 | Fax: 303-364-7800

Washington

444 North Capitol Street, N.W., Suite 515
Washington, D.C. 20001
Tel: 202-624-5400 | Fax: 202-737-1069