

# **How to Minimize Pharmaceutical Waste at your Facility (Updated 08-2012)**

## **Sample Pharmaceutical Waste:**

1. Have all drug reps sign in and list what they leave behind so you can maintain an accurate inventory of the drugs on hand.
2. Only accept drugs you know you will use.
3. Do not accept short dated drugs (less than 1 year).
4. Make sure products are rotated on the shelves.
5. Some clinics are going to a voucher system and eliminating sample all together.

## **Managing samples from Doctors offices:**

1. Expired sample medicines can be returned to the distributor. They are required to take them back through a Florida Board of Pharmacy regulation. Text of the regulation states: "All out-of-date drug samples must be returned to the manufacturer or distributor of that drug sample." [ Ch. 499.028(9), F.S]
2. If your facility is associated with a hospital, talk to them about including your unwanted medicine with their pharmaceuticals that are handled by a Reverse Distributor.
3. In the future, consider a more stringent policy for sample medicines to ensure that fewer expire.

## **Hospital Drug Waste:**

The information in this section is partially taken from Practice Greenhealth's Managing Pharmaceutical Waste-A 10 Step Blueprint for Healthcare Facilities in the United States available at:

<http://cms.h2e-online.org/ee/hazmat/hazmatconcern/pharma/>

1. Consider Lifecycle Impacts In the Purchasing Process
  - a. Do not accept drugs with less than one year dating unless that is all that is available and you know the drugs will be used.
  - b. Select products with less packaging, especially P-listed drugs. If packaging from a P-listed drug comes in contact with the drug it must be handled as hazardous waste.
  - c. Select products without preservatives, especially Thimerosal or phenylmercuric acetate which must be handled as hazardous waste.
  - d. Consider single dose containers which do not need preservatives.
2. Maximize the Use of Opened Chemotherapy Vials.
3. Label Drugs for Home use

Medications must be returned to the pharmacy for destruction when the patient is discharged unless there is a discharge prescription from the doctor and proper labeling for the container(s). Because this causes delays in the discharge process, the prescriptions are often abandoned by the patient.

  - a. Consider including pre-authorized discharge orders for maintenance medications.
  - b. Produce labels in the units to avoid waiting for prescriptions from the pharmacy.

4. Prime and Flush IV Lines
  - a. Pharmacies should prime all chemotherapy IV's with saline prior to dispensing.
  - b. Nurses should flush the tubing after administration. This ensures that patient gets the full dose and reduces opportunity for employee exposure.
  - c. Flushed IV lines can be managed as trace chemotherapy waste.
  
5. Examine the Size of Containers Relative to Use
  - a. Conduct a survey of drugs routinely wasted due to the prepared product being too large for complete administration.
  - b. Purchase different dosage formulations of these drugs to allow for varied dosage to patients.
  - c. Tell your General Purchasing Organization if the correct product size is not available.

### **Disposal of Controlled Substances**

A practitioner may dispose of out-of-date, damaged or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioners should contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA form 222. While Schedule III-V compounds may be transferred via invoice. The practitioner should maintain copies of records documenting the transfer and disposal of controlled substances for a period of two years.

Please refer to the code of Federal Regulations, Section 1307.21 Procedures for disposing of controlled substances for further guidance.

### **FDEP List of Pharmaceuticals that are Potentially Hazardous Wastes when Discarded and DEA Controlled**

<b>Pharmaceutical</b>	<b>Waste Code</b>
Chloral/chloral hydrate	U034
Paraldehyde	U182
Paral (Paraldehyde 30 ml viles)	U182

If you have any questions please call the Pollution Prevention Program at (239) 652-6126. We are here to serve your interest in the proper management of hazardous waste.