PROFESSION

Drugs in physician sample closets often past expiration dates

Clinics frequently fail to track drug samples, a study finds. Experts say practices either should monitor samples carefully or stop accepting them.

By KEVIN B. O'REILLY, amednews staff. Posted June 5, 2012.

One in seven drug packages stored in physicians’ pharmaceutical sample closets is expired, and an estimated $2.2 billion worth of drug samples go to waste each year, a study says.

Researchers took inventories of the drug sample closets at 10 primary care clinics in the Phoenix metropolitan area. Of the 12,581 sample boxes or packages examined, 14% were expired, said the study, published in the May-June issue of the Journal of the American Board of Family Medicine (ncbi.nlm.nih.gov/pubmed/22570403/).

It is unlikely that the expired medicines would pose much of a danger to patients, though drugs lose potency with time and dispensing ineffective medication could lead to future mistakes in care, the study authors said.

The more pressing problem the study highlights is the burden that accepting pharmaceutical samples places on physician practices. Closets must be kept organized to prevent dispensing mistakes, make it easy to dispose of expired medicines and comply with drug recalls. Yet some clinics are much better at this than others, said Steven R. Brown, MD, co-author of the study.

“If there’s a recall, and you don’t know the lot numbers, that’s a problem,” said Dr. Brown, director of the Banner Good Samaritan Family Medicine Residency program in Phoenix. “It’s very unusual that doctors keep really accurate records. There was a wide variation in the organization of the closets. Some of them are like the Hogwarts castle after it was destroyed, with books lying everywhere — a total mess.”

Sample management

Nearly 30% of the drug packages in one clinic’s sample closet were expired, the study said. Dr. Brown said physicians should refuse samples, citing research showing they often go to insured patients and can lead to prescribing medicines based on sample availability rather than evidence on efficacy or safety.

Practices that continue to accept samples should develop formal policies to govern how the drugs are acquired, stored, labeled, organized, logged and dispensed, said Alyce C. Katayama, a health lawyer in the Milwaukee office of Quarles & Brady LLP. She added that someone in the clinic should be charged with tracking expiration dates to dispose of outdated drugs in a timely fashion.

A sample-medication error that leads to patient harm could expose a clinic to the same liability that pharmacies face, Katayama said.

“It’s the same risk as if they were dispensing drugs they had purchased wholesale,” she said. “They’ve got to make sure they do it right, that they document it. You don’t want to dispense the wrong drug or the wrong dose. And you need to have records of what you’ve done, as with any form of treatment you provide to the patient in the office.”

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