

PROFESSION

Charity helps medical practices donate unused drug samples

Safety-net clinics pay an annual subscription fee of \$7,500 and get more than \$70,000 worth of medications in return.

By **KEVIN B. O'REILLY**, *amednews* staff. *Posted Aug. 22, 2012.*

Nearly 800 physician practices around the country are participating in a program that gives soon-to-expire pharmaceutical sample medications to low-income, uninsured patients at safety-net clinics.

The Nashville, Tenn.-based service, Dispensary of Hope, has brought in more than \$9 million worth of samples in the last year from practices in 30 states. In turn, the drugs have been dispensed to 80 community health centers and charitable pharmacies in 15 states.

Participating practices are asked to donate sample medicines six months before they are set to expire so needy patients who are prescribed the drugs can benefit from them.

Donor practices place the drugs in a secured box provided by the service, which covers shipping costs. The service's staffers, volunteers and interns go through the box, log the medications and send back a receipt with the information for the practice to have for recordkeeping and regulatory compliance purposes.

Disposing of sample medications can be time-consuming and costly for physician practices, because it involves noting which drugs have expired, their chemical names, indications, lot numbers and the dates when they were disposed of. Dispensary of Hope estimates that this so-called delogging process takes four hours of a health professional's time each month.

"If you donate, then all you have to do is the inventory," said Chris Palombo, CEO of Dispensary of Hope.

It is unclear how much sample medication goes to waste each year, but it is not rare for the drugs to go unused. *A Journal of the American Board of Family Medicine* study of drug sample closets at 10 primary care clinics in the Phoenix metropolitan area found that 14% of the packages were expired. If that rate prevails nationally, it is equivalent to \$2 billion in samples going unused each year, said the study, published in the journal's May-June issue (ncbi.nlm.nih.gov/pubmed/22570403).

Recipients of Dispensary of Hope drugs pay an annual subscription fee of \$7,500 and get more than \$70,000 worth of medications in exchange. These are usually brand-name drugs that are unavailable in generic form, and the cost per script for the clinics is less than \$8, according to Dispensary of Hope.

The service, which is affiliated with the Nashville-based Saint Thomas Health system, has annual expenses of about \$1.1 million, and 40% of those costs are covered by the safety-net clinics' subscriptions. The health system contributes \$500,000, and the rest comes from private foundations and in-kind contributions, Palombo said.

St. Vincent Medical Group, a health system-owned group with 100 clinics in the Indianapolis area, signed on to donate to the service in June.

"We get so many samples that oftentimes the samples do expire, and then the problem is what do you do with that medicine and how do you dispose of it properly," said Mark Mason, director of operations for St. Vincent. "Now we send those meds to [Dispensary of Hope], and they can get them into the hands of people who need it. It's been a huge win-win for all of us. It's an easy process, and it's great for the communities that we work in."

Information about donating samples to Dispensary of Hope is available on its website (dispensaryofhope.org/).

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