

How to save billions in prescription drugs

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Every medicine cabinet in America has leftover prescription drugs; we might say every medicine cabinet contains a “mini-pharmacy.” Middle-aged and older people often have large quantities of left-over medicine. Can we return these drugs to the pharmacy? Pharmacies will not take them back. Can we advertise on Craigslist for people to take the prescription drugs for free? If you do, you could end up in prison.

People usually store their unused medicines, as if they might need them one day. If people in fact need more, they will ask for a new prescription due to the expiration date.

The annual expense on prescription drugs in America is around half a trillion dollars. The New England School of Pharmacy confirmed my estimate that about 10-20% of all these drugs are wasted. The waste amounts to about \$50-100 billion annually, a colossal amount of money. Prescription expense per capita in the US is the largest in the world: the average American consumes \$1500 of prescription drugs per year, with older people consuming more. This amount is twice as much as in the UK.

We are a medicated nation. According to *AARP Magazine*, 20% of adults over 40 and half of those over 65 suffer from chronic pain. Preventive medicine in the US is not as common as in Scandinavia, for example.

A person who visits his doctor with a minor issue such as coughing or headache would likely have been dismissed by his doctor a generation ago. When a patient insists that the doctor do something, anything, what will a doctor who is concerned about a lawsuit or his reputation do? The doctor is likely to give the patient prescription drugs. After a week, the patient feels ok, but she is now stuck with unused drugs in her medicine cabinet.

The main offender is the pharmaceutical companies. I am not talking about the criminal conduct that caused the oxycodone and opioid crisis. Pharma companies provide a bogus expiration date, usually of 1 year after the initial dispensing.

According to *ProPublica*, researchers have analyzed the potency of drugs manufactured before we landed on the moon, 50 years ago. The old drugs were found not to have decomposed or degraded. A researcher from the University of California, San Francisco, has seen people recover from sickness by taking expired drugs with no ill effects.

In a June, 2003, address to the New Britain Hospital, CT, President George W. Bush said that pharma companies will do anything to delay the expiration of a patent for an expensive drug. This delay will prevent the introduction of inexpensive generic drugs to replace the more expensive one. President Bush also said that he was dismayed and would prevent the pharmaceuticals from changing the color of the tablets and marketing them as if they were new drugs. Bundling a few cheap drugs and marketing them as an expensive new “cocktail” is not an uncommon practice.

The Shelf-Life Extension Program administered by The Department of Defense and FDA regularly extends the expiration date of their emergency stockpiles of drugs. Why is this not done for our prescription drugs?

In 2005, when I despaired of the waste, I came up with an idea: We should develop a system for the safe return of unused prescription drugs. I reasoned that expensive drugs should use tamper-proof packages, such as bubble packets, so when a patient is stuck with leftovers, she will place them in a pre-stamped envelope. It will be sent to national centers for processing. The package will include a barcode that provides the information so a financial credit can be issued as an incentive. If deemed safe and potent by the processing center, these drugs will be dispensed again.

Fed up, I wrote an outline and my plan caught the attention of media such as the *New York Times*, *The Boston Globe*, and *Nature*. One reporter told me that she had tried expensive fertility drugs, but could not tolerate the side effects. She asked her doctor to take them and give them to other patients. The doctor refused, so she was left with thousands of dollars of leftover drugs. My plan to eliminate such waste was disseminated widely abroad and was written up in publications, such as *Le Monde*.

When this plan was published in *AARP Magazine*, people sent me hundreds of leftover packages. Some said that their mother or wife had just died, leaving large packets of prescriptions. One person sent \$10,000 worth of expensive cancer drugs, just dispensed. They all said they were not looking for refunds or payments but asked me to give the drugs free to anybody who might need them. Clearly, the public is concerned about the

waste. I donated these drugs to an international organization that sends leftover drugs to developing countries.

Slowly I concluded that this plan for the return of leftover prescription is a morass. To whom should credit be given: the patient who returns the leftover or to the insurance company? How do you force the pharma companies to provide drugs in new tamper-proof packets? Will they lobby to scrap the plan? Eventually this plan whimpered and died.

Since then, I have become older and prone to medical conditions. I recently had sleep difficulties, so I was prescribed \$400 worth of drugs. After taking the tablets for three nights, I could not tolerate the side effects, so I quit. The tablets were wrapped in tamper-proof bubbles. I asked my physician to take the drugs back and give them to anybody who might need them. The doctor refused.

A year ago, I visited a specialist at Mass General Hospital. He said he would prescribe an expensive new drug for my condition. Because I am sensitive to the waste of leftover drugs, I said the following:

“I’ve tried expensive drugs that did not work, or whose side effects I could not tolerate. So, please give me two prescriptions, one for 5 or 10 tablets and another for 30 or a larger amount. After using a few tablets, if I find that I cannot tolerate the side effects or that I have healed, I will not ask the pharmacy to fill the second larger prescription.”

My doctor was delighted with this initiative and did what I asked. I used this approach of getting two portions, one smaller and one larger, successfully for a second prescription from another doctor who also was glad to do so.

I call now for the development of a grassroots movement. People need to use this approach to save on drugs.

Ask your doctor to give you two prescriptions for the same drugs: one with only a few tablets and a second for the larger portion of the drug regimen. If you find you cannot tolerate the side effects or you have healed during the usage of the smaller portion, do not ask your pharmacy to fill the larger portion of the prescription. Of course, this approach cannot be done with some drugs, such as antibiotics, where you must consume the entire regimen for compliance.

But even if you receive a one large prescription, you can still ask your pharmacy to divide it into two parts: one small to test and one larger portion to fill later, if necessary. It doesn't matter who pays for the drugs: the patient, insurance or Medicare. If you save money for the insurance company, your premium might be reduced. If Medicare pays, it will save resources for Social Security, whose resources are dwindling. Tell your family and friends to do the same to prevent waste. This approach might go viral.

Do this for yourself and for all of us.