Fiscally challenged drug-donation program helps needy Wyoming residents

The ability to help patients who cannot afford their medications offsets some of the daily resource challenges at Wyoming’s pharmacist-run drug-donation program.

The program was created through a 2005 state law, the Drug Donation Program Act, and began operating the next year, said Donna Artery, pharmacist consultant for the office of Pharmacy Services at the Wyoming State Department of Health.

The program provides donated medications at no cost to low-income state residents who lack prescription drug insurance coverage. Preliminary data from the first half of this year show that the clinic filled 2179 prescriptions with an estimated retail value of about $217,000.

Artery said the typical patient served by the pharmacy is someone 50–64 years old, retired or out of work, and made poor by the ongoing recession.

“When you see these patients come in, they just got off of the bus coming from nowhere, and they need some diabetic meds or something like that,” Artery said. “They are so grateful. And when you see that those meds have a purpose, and there are people who need them, I think it just inspires you to work harder.”

The pharmacy’s inventory list in early August was more than 60 pages long and included medications useful in treating a variety of conditions. Quantities on hand for each medication varied from a single tablet to many thousands of units.

Artery said one of her first challenges in starting the pharmacy was finding space for it, because the state legislature had not authorized funding for rent. She said the initial plan was to house the new pharmacy in the Cheyenne Community Clinic.

But when drug donations started coming in, it quickly became clear that the clinic space was insufficient for the new pharmacy. Cheyenne Regional Medical Center stepped in and donated space at the hospital for the pharmacy, Artery said.

The health department’s information technology staff used “leftover computers” to hook up the pharmacy to the state network, she said.

Today, the Laramie County Centralized Pharmacy has funding support for one half-time pharmacist plus one full-time and one part-time pharmacy technician. The pharmacy is open four hours a day, four days a week.

Artery said funding from the United Way pays for labor costs. The state legislature has authorized additional labor hours for the donation program, but a state hiring freeze that was implemented this spring has prevented Artery from bringing on additional staff.

“You just fight for every penny you can get,” Artery said.

She hopes that when the hiring freeze ends, the ever-growing pharmacy can use funds from the United Way to rent a larger space.

Artery said she tries to help out at the pharmacy at least half a day each week to assist Pharmacy Manager Natasha Gallizzi.

Gallizzi, in turn, said she would like to afford another pharmacist so that the technicians’ time can be better used.

“A technician can’t work on the medications unless there’s a pharmacist here,” Gallizzi said. When she is not there to supervise the technicians, they help out with the patient assistance program. The technicians also process vouchers, funded through a grant, that allow the program to obtain certain medications from another pharmacy for patients with special needs. Still, the technicians usually work less than full-time, Gallizzi said.

Anyone may donate medicines to the program, and sorting and logging in donated medications takes much of the staff’s time. By law, the pharmacy accepts for dispensing only unopened original containers of medications and unit dose packages of drugs.

Gallizzi said there is a mismatch between the types of medications donated and those that are requested.

“Most of our donations are from the nursing homes,” she said, which means there are plenty of dementia drugs coming in, as well as things like potassium chloride and digoxin. These may pass their expiration or beyond-use date while in the centralized pharmacy.

Gallizzi said the most frequently requested medications include drugs to treat hypertension and diabetes, as well as antidepressants and antipsychotic medications.

“We’ve got lots of really nice letters from some of our mental health patients saying this is the first time in several years that they’ve been able to have a normal life, and they feel so much better and are so thankful that they can actually get their drugs,” Gallizzi said.

Artery emphasized that the program is not a reliable solution for patients with long-term medication needs.

“Our inventory depends on donations, so we might have it one or two months but we might not have it the third month,” she said.

She said the hospital’s patient assistance program, located next to the donation pharmacy, tries to find a reliable way to meet patients’ medication needs.

The state donation program does not accept controlled substances for reuse.