UNIVERSITY OF MINNESOTA MnTAP
Minnesota Technical Assistance Program
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helping businesses implement solutions that maximize resource efficiency, prevent pollution and reduce costs and energy use

November 10, 2008

Water Docket
Environmental Protection Agency
Mailcode: 4203M
1200 Pennsylvania Ave NW
Washington, DC 20460
Via email : *OW-Docket@epa.gov*

Re: Docket ID No. EPA–HQ–OW–2008– 0517, Questionnaire for Unused Pharmaceuticals Disposal in the Health Services Industry

The Minnesota Technical Assistance Program (MnTAP) is pleased to offer comments regarding the "Questionnaire for Unused Pharmaceuticals Disposal in the Health Services Industry". MnTAP is a non-regulatory program at the University of Minnesota whose mission is to assist Minnesota businesses with the source reduction of waste. MnTAP has 11 years experience working with the healthcare sector on pollution prevention, including extensive hands on work related to pharmaceutical source reduction.

MnTAP's comments are as follows:

1. To better understand the amount of pharmaceuticals distributed to, and used by the healthcare and veterinary industries, it may be useful to collect information on the total amount of pharmaceuticals purchased per facility per year. From these numbers the relative magnitude of the various entities (manufacturers, healthcare facilities, households) contributing to pharmaceutical pollution might be better elucidated.

2. Regarding question A-26:
    a. Statement 1: "Use of an automatic dispensing system (e.g., Pyxis®, Omnicell, Baxter)", should be modified to include, "Use of an automated dispensing system to run inventory reports and set par usage levels".
    b. Statement 2: "Central collection system for companies with multiple facilities", is a waste management system, not a pollution prevention strategy and should be deleted from this question.
    c. Statement 3: "Render ***controlled substances*** inert by combining with solvent waste, such as chloroform, for ***disposal*** as hazardous waste with a licensed off-side hazardous waste provided" is not a pollution prevention strategy. It is a waste treatment method, and should be deleted from this section.
    d. Statement 4: "Inventory analysis" should be modified to read, "Inventory analysis to assess overstocking and leading to reduction in inventory".
    e. Statement 4: "Stock rotation", should be modified to read" Stock rotation to move short dated pharmaceuticals to locations of higher use potential".
    f. Other source reduction strategies include:
        - Minimizing dosage forms, e.g. utilizing dosage forms that can be multiplied or divided to get the appropriate dose.
        - Providing therapeutic substitutions.
        - Eliminating or minimizing samples.
        - Use of multi-dose vials
        - Labeling patient medications for home use when dispensed to minimize re-orders at discharge.

- Providing trial prescriptions rather than 30 or 90 day with patients starting a new medication.
- Offering alternative therapies to pharmaceuticals.
- Reviewing all patient medications from all clinicians prior to prescribing new pharmaceuticals that may interact or may be duplicative.
- Use of non-PVC (polyvinyl chloride) intravenous bags, which weigh one-third less.

I hope these comments assist with fine tuning and improving the quality of responses and data for developing pharmaceutical pollution prevention strategies.

Thank you for the opportunity to comment.

Sincerely,

Catherine Zimmer, MS, BSMT
Healthcare Specialist