



Safe Medication Return Program Operator Application and Proposal Packet

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In order to process your request:

Mail your application with initial documentation to:

Department of Health
P.O. Box 47852
Olympia, WA
98504

Send additional program proposal documents not sent with the application to:

SafeMedReturn@DOH.WA.GOV

Contact us:

360-236-4698

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Application Instructions Checklist

When the department receives your application for approval as a safe medication return program operator it will be reviewed. Your organization will be notified in writing of any outstanding documentation needed to complete the process. All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Demographic Information:

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Physical Address: Enter the program operator's complete physical address.

Mailing Address: Enter the program operator's complete mailing address if different from the physical address.

Phone and Fax Numbers: Enter the training program's phone and fax numbers.

Web Address: Enter the program operator's web addresses, if applicable.

Program Contact: Identification and contact information for program operator point of contact

Program Operator's Attestation

Your organization must have an authorized person sign and date this for us to process the application.

Application Requirements

Thank you for submitting an application and proposal to be a Safe Medication Return Program Operator. In order to qualify you must complete the following:

- Complete and submit the application, with an authorized signature and date.
- Submit additional program proposal requirements electronically to SafeMedReturn@DOH.WA.GOV.

Additional Program Proposal Requirements:

Program proposals should be submitted with a table of contents clearly denoting where each required component under RCW 69.48.050 can be found in the proposal. All programs must provide the information required per chapter 69.48 RCW and chapter 246-480 WAC, which includes, but is not limited to:

Contact information

- Identification and contact information of each covered manufacturer participating in the program.
- Identification and contact information of participating authorized collectors.
- Identification and contact information for excluded potential authorized collectors and reasons why they were excluded.

Describe the proposed collection system which is in compliance with the provisions and requirements of chapter 69.48 RCW and chapter 246-480 WAC. This includes, but is not limited to the following requirements:

- Include an implementation plan and schedule for initiating operation of the approved drug take-back program.
- A detailed description of the geographical distribution of collection sites that will provide equitable and reasonably convenient access to all residents.
- Include receptacle and inner liner specifications.
- Describe receptacle collection system standards.
- Describe the general receptacle service schedule.
- Prompt service procedures for receptacles full prior to scheduled service date.
- Demonstrate that receptacle signage prominently displays a toll-free telephone number and website for the program.
- Provide a template of the proposed agreement between the operator and the authorized collectors, transporters, disposal sites, and any other vendors used as a part of the collection, handling, and disposal of covered drugs.
- Include detailed description of alternative collection methods for any covered drugs, other than controlled substances, that cannot be accepted or commingled with other covered drugs in secure collection receptacles, through a mail-back program, or at periodic collection events as permissible under applicable state and federal law.

- Include a detailed description of how covered entities and retail pharmacies can request the prepaid, preaddressed mailers.
- Include an example of the prepaid, preaddressed mailers to be utilized.
- Describe how the program operator will work with Washington state counties and the department to incorporate local programs into the statewide plan.

Describe how supplemental mail-back distribution locations and collection events will be used in any area determined by the department to be underserved by collection sites.

- Describe how the program operator will work with the department, local health jurisdictions, local law enforcement, and local communities to determine the number and locations of mail back distribution locations and/or the frequency and locations of collection events.
- If using supplemental collection events, include a detailed description of how take-back events will be scheduled and operated, including how the program operator will consult with the department, local law enforcement, and local health jurisdictions when planning these events.
- If using supplemental mail-back service, include a detailed description of how the mail-back service will be provided in areas underserved by collection sites including how the program operator will consult with the department, local law enforcement, and local health jurisdictions when identifying mail-back distribution locations.
- Identification of potential take back event or mail-back distribution locations to be provided in areas underserved by collection sites.

Describe the disposal and handling of covered drugs.

- Include vendor, transporter, and disposal facility information
 - Include what type of covered drug collected by the program (inhalers, medicine collected via mail-back envelopes, medicines collected via kiosks, etc.) is to be taken to each disposal facility, the facility type, and facility permit number.

Describe policies and procedures to be followed by all persons handling unwanted covered drugs collected under the safe medication return program. This includes, but is not limited to the following requirements:

- Describe how all collectors, processors, transporters, and waste disposal facilities utilized will safely and securely track medication from collection through final disposal.
- Describe how all entities participating in the safe medication return program will operate under all applicable federal and state laws and rules including, but not limited to, the United States Drug Enforcement Administration.
- Describe how any participating pharmacy collection site will operate under applicable rules from the Washington state pharmacy quality assurance commission.
- Include a description of how patient information of drug packaging will be protected during processing, collection, transportation, and disposal of medications.

Describe public education efforts and promotion strategies that will be employed. This includes, but is not limited to the following requirements:

- Provide copies of the educational and outreach materials developed which meet requirements in RCW 69.48.070(1)(e). The materials must use plain language and explanatory images to make collection services and discouraged disposal practices readily understandable to all residents, including residents with limited English proficiency.
- Describe how the education and outreach materials developed will be disseminated to pharmacies, health care facilities, and other interested parties.
- Describe how the program operator will promote the use of the drug take-back program so that where and how to return covered drugs is widely understood by residents, pharmacists, retail pharmacies, health care facilities and providers, veterinarians, and veterinary hospital.
- Include a detailed description of how the required toll-free number and website will provide residents, pharmacists, retail pharmacies, health care facilities and providers, veterinarians, and veterinary hospital with: information about the safe storage and disposal of medicines, information about disposal options, how to request pre-paid preaddress mail back envelopes, how to request alternative disposal collection for medicines as described in RCW 69.48.060(3)(f), and how members of the public may provide feedback on the program.

Provide a report demonstrating adequate funding for all administrative and operational costs of the program. Include a budget estimate for providing the statewide program.

- Total administrative costs, including, but not limited the requirements listed in WAC 246-480-040(5)(a).
- Total collection and disposal costs, including, but not limited the requirements listed in WAC 246-480-040(5)(b).
- Total communication costs, including, but not limited the requirements listed in WAC 246-480-040(5)(c).
- The total operational costs for the statewide program.
- Propose long-term and short-term goals with respect to collection amounts and public awareness.

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Safe Medication Return Program Operator Application

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Federal ID Number (FEIN)

Physical Address

City	State	Zip Code
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Mailing Address (If different from physical address)

City	State	Zip Code
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Phone Number	Fax Number
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Website

2. Program Contact Information

Name	Title
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Email Address	Phone Number
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3. Program Operator Representative Attestation

I, _____, declare under penalty of perjury under the laws of the state of Washington the documentation provided in support of this application and proposal is accurate to the best of my knowledge.

I understand that the Department of Health may require more information before deciding on my organization's application and proposal.

Signature: _____ Date: _____