

HAZARDOUS WASTE PHARMACEUTICALS & AMENDMENT TO THE NICOTINE LISTING (P075) FINAL RULE

PUBLIC WEBINAR PRESENTED BY EPA

APRIL 2019

Introduction to
Part 266 Subpart P

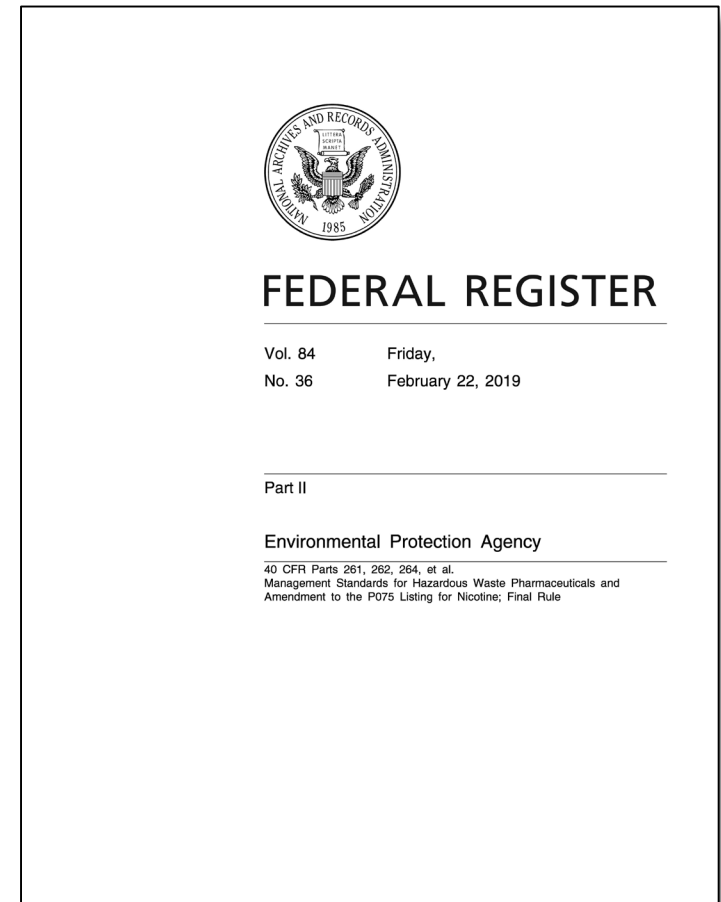


OUTLINE

1. Goals & Overview of the Pharmaceuticals Final Rule
2. Effective Dates & State Adoption
3. Amendment of the Nicotine Listing
4. Reverse Distribution and Reverse Logistics
5. Part 266 Subpart P Overview
 - Definitions
 - Applicability
 - Healthcare Facility Standards
 - VSQG Healthcare Facilities
 - Sewer Ban
 - DEA Controlled Substances
 - Empty Containers
 - Shipping
 - Reverse Distributor Standards

FEDERAL REGISTER PUBLICATION

- The final rule was published in the Federal Register on February 22, 2019
- 84 FR 5816
- FR publication date drives
 - Effective dates
 - State adoption deadlines





GOALS & OVERVIEW OF THE PHARMACEUTICALS RULE

SECTION I



GOALS OF THE PHARMACEUTICALS RULE

Part 266
Subpart P

- Create regulations that are a better fit for the healthcare sector for the management of hazardous waste pharmaceuticals

- Eliminate the intentional sewerage of hazardous waste pharmaceuticals

- Reduce overlapping regulations (e.g., DEA, FDA)

Subpart P &
Reverse
Logistics Policy

- Provide regulatory clarity and national consistency on how RCRA applies to reverse distribution and reverse logistics

Part 261

- Reevaluate whether nicotine replacement therapies should be regulated as acute hazardous waste

OVERVIEW OF PART 266 SUBPART P

- Subpart P is a waste-specific and sector-specific final rule
 - for the management of hazardous waste pharmaceuticals
 - at healthcare facilities and reverse distributors
- These hazardous wastes and this sector are already regulated under RCRA
- We are not newly applying RCRA regulations to hazardous waste pharmaceuticals at healthcare facilities and reverse distributors
- We are changing **HOW** they are regulated under RCRA moving forward



EFFECTIVE DATES & STATE ADOPTION

SECTION II



EFFECTIVE DATE - AMENDMENT TO NICOTINE LISTING

- The effective date will be August 21, 2019
- The amendment to the nicotine listing is effective 6 months after publication in the Federal Register in:
 - Non-authorized states: Iowa, Alaska,
 - Indian Country
 - US Territories (except Guam)
- Once effective, the amendment to the nicotine listing applies to any generator of waste OTC NRTs; it is not limited to healthcare facilities and reverse distributors

EFFECTIVE DATE

2019

August 21

STATE ADOPTION - NICOTINE AMENDMENT

- In authorized states, the amendment to the nicotine listing is effective only after the state adopts the amendment
- The amendment to the nicotine listing is considered LESS stringent, therefore:
 - Authorized states are NOT required to adopt the amendment to the nicotine listing
 - Authorized states do NOT have a deadline to adopt the amendment to the nicotine listing

EFFECTIVE DATE - PART 266 SUBPART P

- The effective date will be August 21, 2019
- Subpart P is effective 6 months after publication in the Federal Register in:
 - Non-authorized states: Iowa, Alaska,
 - Indian Country
 - US Territories (except Guam)

EFFECTIVE DATE

2019

August 21

STATE ADOPTION - PART 266 SUBPART P

- In authorized states, Subpart P is effective only after the state adopts Subpart P
- Subpart P is considered MORE stringent; therefore authorized states are required to adopt it
 - Promotes stakeholders' request for national consistency
- State adoption deadlines:
 - Authorized states have until July 1, 2021 to adopt Subpart P
 - Authorized states that require a statutory amendment, have until July 1, 2022 to adopt Subpart P

STATE ADOPTION DEADLINES

2021

July 1

2022

July 1

EFFECTIVE DATE – SEWER PROHIBITION

- The prohibition on sewerage hazardous waste pharmaceuticals is promulgated under the authority of Hazardous and Solid Waste Amendments (HSWA)
- The sewer prohibition is effective in ALL states 6 months after publication in the Federal Register, regardless of whether the state
 - Is authorized, or
 - Has adopted Subpart P
- The effective date of the sewer prohibition will be August 21, 2019 for ALL states
- Applies to all healthcare facilities and reverse distributors

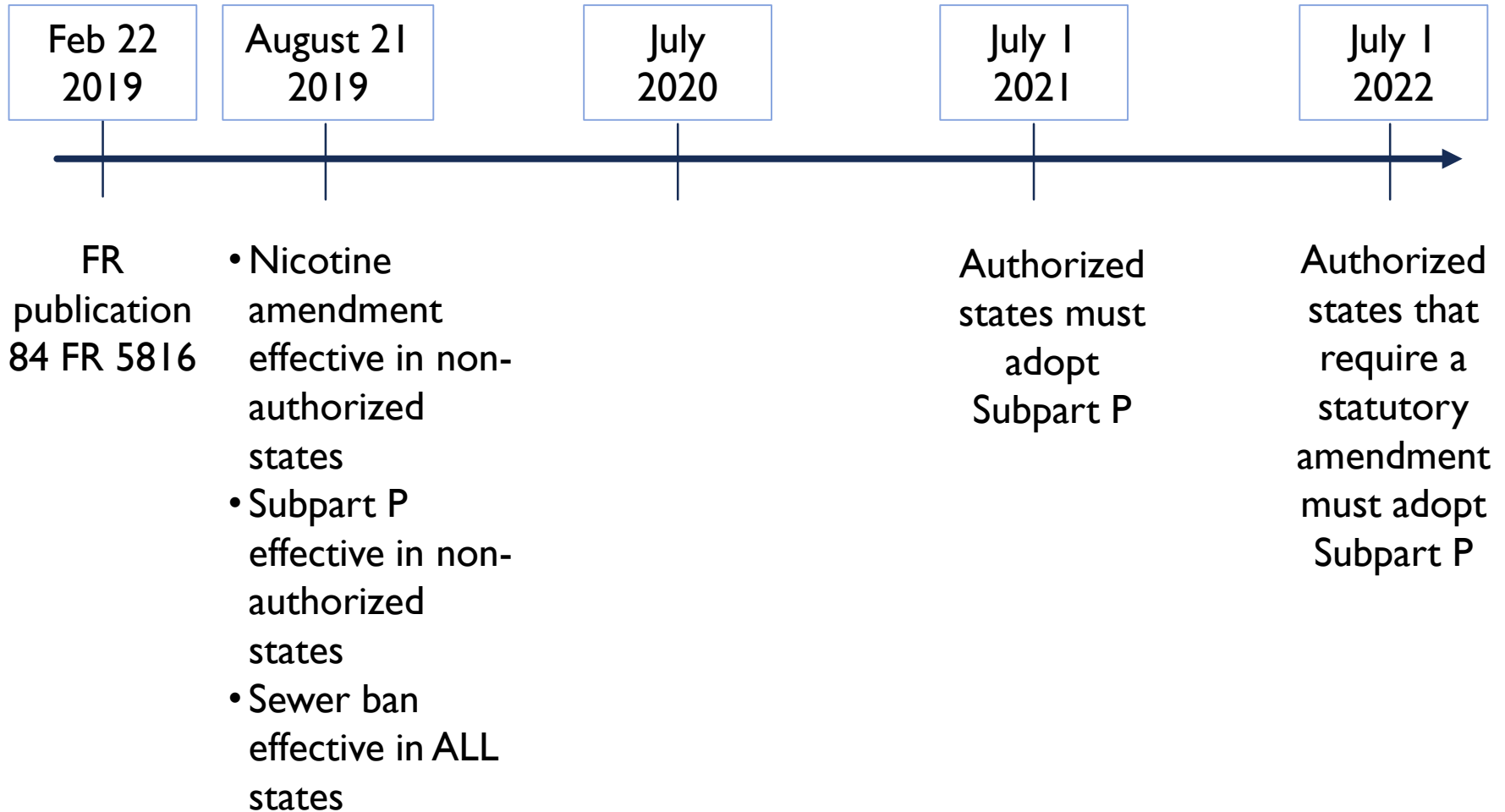
EFFECTIVE DATE

2019

August 21

FOR ALL STATES

EFFECTIVE DATES & STATE ADOPTION TIMELINE





AMENDMENT OF NICOTINE LISTING

SECTION III



AMENDMENT OF THE NICOTINE LISTING

- The P075 listing for nicotine is being amended such that FDA-approved over-the-counter nicotine replacement therapies will no longer be included under the P075 listing for hazardous waste
 - EPA has concluded that nicotine patches, gums and lozenges do not meet the regulatory criteria for acute hazardous waste
 - Nicotine patches, gums and lozenges can be discarded as non-hazardous waste



≠ P075

NICOTINE IS STILL LISTED AS P075

- Nicotine continues to be a listed, acute hazardous waste with the hazardous waste code P075
- Other unused formulations of nicotine will still be considered P075 when discarded, including
 - E-liquids/e-juices in e-cigarettes, cartridges, or vials
 - Prescription nicotine (e.g., nasal spray, inhaler)
 - Legacy pesticides containing nicotine
 - Nicotine used in research and manufacturing



= P075



REVERSE DISTRIBUTION & LOGISTICS

SECTION IV



REVERSE DISTRIBUTION vs REVERSE LOGISTICS

We have adopted the terminology suggested by a significant number of commenters that distinguishes between:

- **REVERSE DISTRIBUTION** of
 - Prescription (Rx) pharmaceuticals and
- **REVERSE LOGISTICS** of
 - Nonprescription pharmaceuticals (e.g., OTCs, supplements, etc.)
 - All other unsold retail items

REVERSE LOGISTICS

NON-RX HW PHARMACEUTICALS & OTHER UNSOLD RETAIL ITEMS

- Commenters noted that reverse logistics centers are designed to
 - evaluate unsold retail items including nonprescription pharmaceuticals
 - analyze secondary markets, and
 - assess the suitability of the unsold retail items for reuse in those secondary markets
- The final rule reaffirms & codifies EPA's long standing policy that nonprescription pharmaceuticals (e.g., OTCs) that are sent through reverse logistics are not wastes at the healthcare or retail facility IF they have a reasonable expectation of being lawfully used/reused for their intended purpose or reclaimed
- The preamble to the final rule reaffirms the same policy for all unsold retail items (other than prescription pharmaceuticals)

Reverse Logistics of Unsold Retail Items & Non-Rx Pharms

Reasonable Expectation
of Use/Reuse or
Reclamation



Healthcare
Facility

No Reasonable Expectation
of Use/Reuse or Reclamation



Reverse Logistics Center



Donate



Sell



Recycle



Repair



HW
TSDF



Non-Compliant
Disposal



Sewer

REVERSE LOGISTICS POLICY: THEN AND NOW

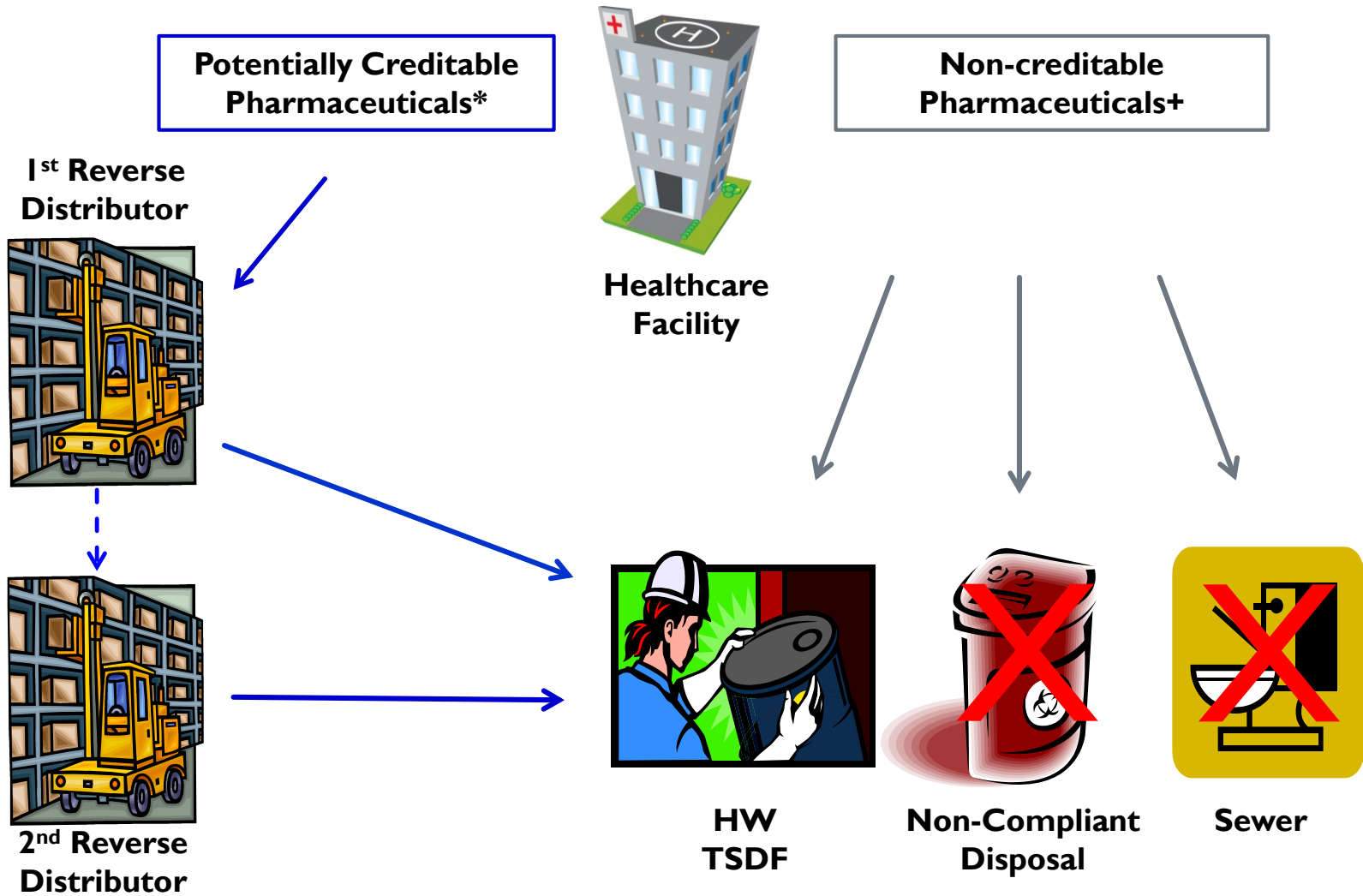
THEN May 16, 1991 memo	NOW Pharmaceuticals Final Rule
<p>...to the extent that the materials involved are unused commercial chemical products with a <u>reasonable expectation</u> of being recycled in some way when returned, the materials are not considered as wastes...</p> <p>RCRA Online #11606</p>	<p>Nonprescription pharmaceuticals and other retail items that are sent through reverse logistics are not solid wastes at the retail store if they have a <u>reasonable expectation</u> of being legitimately use/reused (e.g., lawfully redistributed for their intended purpose) of reclaimed</p> <p>also see § 266.501(g)(2)</p>

REVERSE DISTRIBUTION

RX HW PHARMACEUTICALS

- Commenters confirmed that
 - reverse distributors receive shipments of unused/expired prescription pharmaceuticals from healthcare facilities and, on behalf of manufacturers, facilitate the process of crediting healthcare facilities for these unused pharmaceuticals
 - prescription pharmaceuticals at RDs are not reused, nor resold, and are discarded
- The final rule maintains the position from the proposed rule that prescription pharmaceuticals moving through reverse distribution are wastes at the healthcare facility
- The fact that the hazardous waste pharmaceuticals have **value** in the form of manufacturer credit has allowed us to take a tailored and more flexible regulatory approach
- EPA developed a regulatory system that is designed with existing business practices in mind for unused/expired prescription pharmaceuticals that are sent through reverse distribution

Reverse Distribution of Rx HW Pharmaceuticals



* Unsold/unused pharmaceuticals that have a reasonable expectation of receiving credit from the manufacturer

+ Pharmaceuticals with no reasonable expectation of receiving credit from the manufacturer

REVERSE DISTRIBUTION v REVERSE LOGISTICS

Reverse Distribution	Reverse Logistics
Rx pharmaceuticals	
No redistribution occurs	
Rx pharmaceuticals sent to reverse distributors <u>are solid waste</u> at the healthcare facility	
<p>In Part 266 Subpart P, which is</p> <ul style="list-style-type: none"> • Effective in non-authorized states August 21, 2019 • Effective in authorized states when state adopts Subpart P 	

REVERSE DISTRIBUTION v REVERSE LOGISTICS

Reverse Distribution	Reverse Logistics
Rx pharmaceuticals	Non-Rx pharmaceuticals <ul style="list-style-type: none"> e.g., OTCs & dietary supplements All other unsold retail items
No redistribution occurs	Redistribution sometimes occurs via: <ul style="list-style-type: none"> Donation Liquidation (secondary market)
Rx pharmaceuticals sent to reverse distributors <u>are solid waste</u> at the healthcare facility	Non-Rx pharmaceuticals and other unsold retail items sent to reverse logistics <u>are not solid waste</u> IF there is a reasonable expectation of legitimate use/reuse or reclamation
In Part 266 Subpart P, which is <ul style="list-style-type: none"> Effective in non-authorized states August 21, 2019 Effective in authorized states when state adopts Subpart P 	Newly codified in Part 266 Subpart P. But affirms existing policy <ul style="list-style-type: none"> Effective immediately federally Check with your state



PART 266 SUBPART P

SECTION V



PART 266 SUBPART P – NEW TERMS DEFINED

- ***Pharmaceutical***
- ***Hazardous waste pharmaceutical***
 - ***Non-creditable hazardous waste pharmaceutical***
 - ***Potentially creditable hazardous waste pharmaceutical***
 - ***Evaluated hazardous waste pharmaceutical***
- ***Healthcare facility***
 - ***Long-term care facility***
- ***Reverse distributor***
- ***Household waste pharmaceutical***
- ***Non-hazardous waste pharmaceutical***
- ***Non-pharmaceutical hazardous waste***

DEFINITION OF PHARMACEUTICAL

Pharmaceutical includes, but is not limited to:

- Dietary supplements
- Prescription drugs
- Over-the-counter drugs
- Homeopathic drugs
- Compounded drugs
- Investigational new drugs
- Pharmaceuticals remaining in non-empty containers
- PPE contaminated with pharmaceuticals
- Clean-up material from spills of pharmaceuticals

- Electronic nicotine delivery systems (ENDS) e.g. e-cigarettes, vaping pens
 - Nicotine e-liquid/e-juice packaged for retail sale for use in ENDS e.g. pre-filled cartridges or vials
-

Pharmaceutical does NOT include:

- Dental amalgam
- Sharps
- Medical waste

DEFINITION OF HAZ WASTE PHARMACEUTICAL

Hazardous Waste Pharmaceutical means

- A pharmaceutical that is a solid waste, as defined in § 261.2, and
 - Exhibits one or more characteristics or
 - Is listed
- A pharmaceutical is not a solid waste, as defined in § 261.2, and therefore not a hazardous waste pharmaceutical, if it is legitimately used/reused (e.g., lawfully donated for its intended purpose) or reclaimed
- An over-the-counter pharmaceutical, dietary supplement, or homeopathic drugs is not a solid waste, as defined in § 261.2, and therefore not a hazardous waste pharmaceutical, if it has a reasonable expectation of being legitimately used/reused (e.g., lawfully redistributed for its intended purpose) or reclaimed

TYPES OF HAZ WASTE PHARMACEUTICALS

There are 3 types of *Hazardous Waste Pharmaceuticals*:

1. Non-creditable hazardous waste pharmaceutical
2. Potentially creditable hazardous waste pharmaceutical
3. Evaluated hazardous waste pharmaceutical

3 Types of HW Pharmaceuticals

Healthcare Facility



HW
TSDF

- I. Non-Creditable**
- Broken or leaking
 - Repackaged
 - Dispensed
 - Expired > 1 yr
 - Investigational new drugs
 - Contaminated PPE
 - Floor sweepings
 - Clean-up material

3 Types of HW Pharmaceuticals

1st Reverse Distributor



2. Potentially Creditable



- Original manufacturer packaging (except recalls)
- Undispensed
- Unexpired or less than 1-yr past expiration

Healthcare Facility



I. Non-Creditable



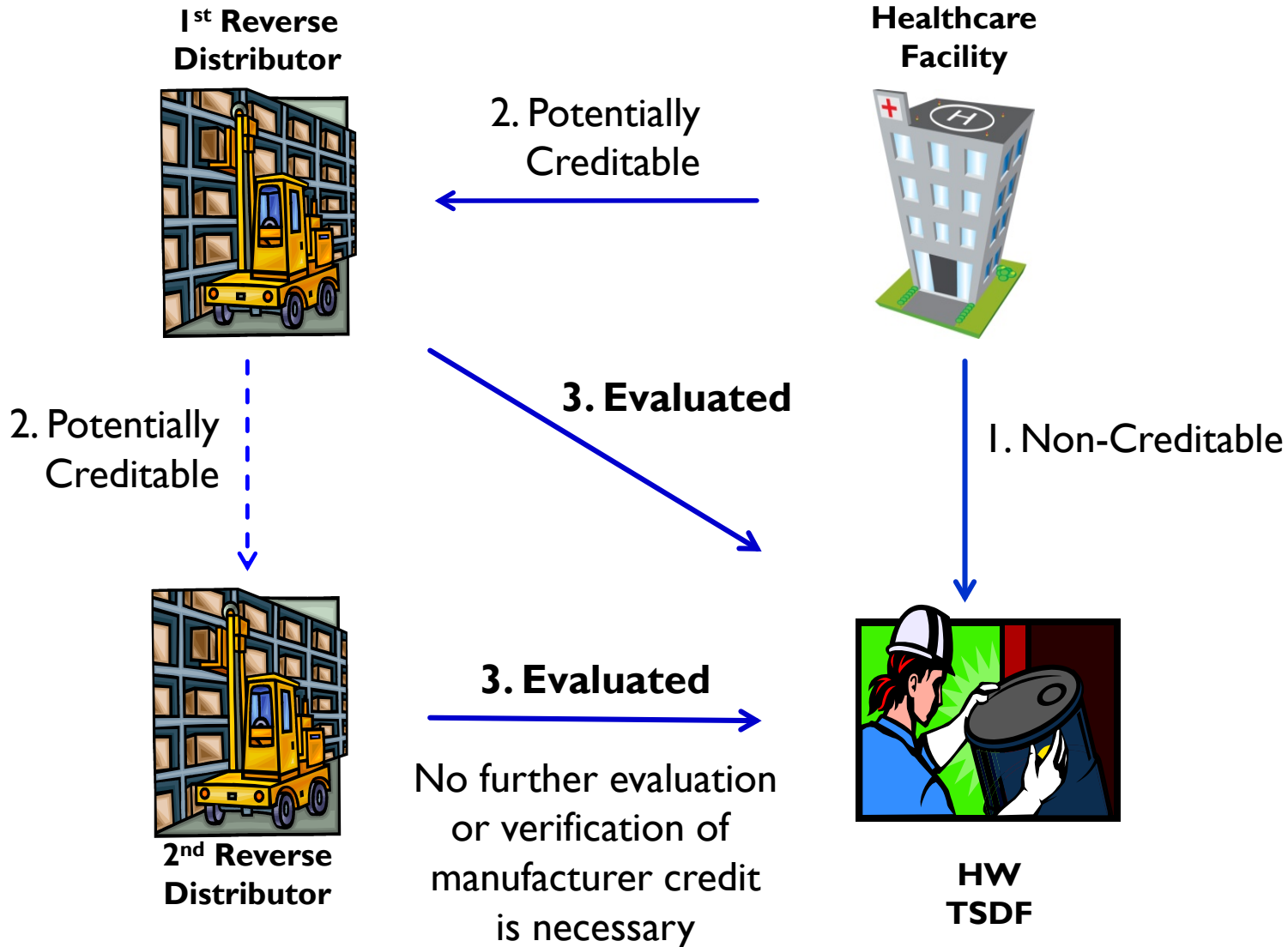
HW TSDF

2. Potentially Creditable



2nd Reverse Distributor

3 Types of HW Pharmaceuticals



DEFINITION OF HEALTHCARE FACILITY

Healthcare Facility includes, but is not limited to:

- Wholesale distributors
 - Third-party logistics providers (3PLs) that serve as forward distributors
 - Military medical logistics facilities
 - Hospitals
 - Psychiatric hospitals
 - Ambulatory surgical centers
 - Health clinics
 - Physicians' offices
 - Optical and dental providers
 - Chiropractors
 - Long-term care facilities
- Ambulance services
 - Pharmacies
 - Long-term care pharmacies
 - Mail-order pharmacies
 - Retailers of pharmaceuticals (includes vape shops)
 - Veterinary clinics & hospitals

Healthcare Facility does NOT include:

- Pharmaceutical manufacturers
- Reverse distributors
- Reverse logistics centers

DEFINITION OF LONG-TERM CARE FACILITY

Long-term Care Facility includes, but is not limited to:

- Hospice facilities
- Nursing facilities
- Skilled nursing facilities
- Nursing and skilled nursing care portions of continuing care retirement communities

Long-term Care Facility does NOT include:

- Group homes
- Independent living communities
- Assisted living facilities
- Independent and assisted living portions of continuing care retirement communities

DEFINITION OF REVERSE DISTRIBUTOR

Reverse Distributor means

- Any person that receives and accumulates prescription pharmaceuticals that are potentially creditable hazardous waste pharmaceuticals for the purpose of facilitating or verifying manufacturer credit
- Any person, including forward distributors, third-party logistics providers, and pharmaceutical manufacturers, that processes prescription pharmaceuticals for the facilitation or verification of manufacturer credit is considered a reverse distributor

SUMMARY MATRIX OF PART 266 SUBPART P

	Standards for Healthcare Facilities	Standards for Reverse Distributors
	Potentially Creditable	Potentially Creditable
On-site accumulation		
Shipping to a reverse distributor		
	Non-Creditable	Evaluated
On-site accumulation		
Shipping to a TSDF		

PART 266 SUBPART P APPLICABILITY

- Part 266 Subpart P is considered more stringent, and therefore is **NOT** optional for
 - States to adopt
 - Healthcare facilities and reverse distributors
- Hazardous waste pharmaceuticals must be managed under Part 266 Subpart P by:
 - All healthcare facilities
 - If healthcare facility generates above VSQG amounts of hazardous waste
 - All reverse distributors
- Part 266 Subpart P is both waste-specific and sector-specific

WASTE SPECIFIC & SECTOR SPECIFIC RULE

	Hazardous Waste Pharmaceuticals	Other Hazardous Wastes
Healthcare facilities & reverse distributors	Part 266 Subpart P	<ul style="list-style-type: none"> • Part 262 (e.g., lab waste) • Part 273 (universal waste) • Part 279 (used oil) • Etc.
Other facilities (e.g., farms/ranches, reverse logistics centers, manufacturers)	Part 262	<ul style="list-style-type: none"> • Part 262 • Part 273 (universal waste) • Part 279 (used oil) • Etc.

PART 266 SUBPART P APPLICABILITY

- Once subject to Part 266 Subpart P
 - There are NO generator categories under Part 266 Subpart P
 - All healthcare facilities are regulated the same for their hazardous waste pharmaceuticals
 - All reverse distributors are regulated the same for their hazardous waste pharmaceuticals
 - Healthcare facilities & RDs operating under Subpart P do not have to
 - Keep track of how much hazardous waste pharmaceuticals they generate per month
 - Segregate the acute and non-acute hazardous waste pharmaceuticals
- Provides an incentive to over-manage non-hazardous pharmaceuticals as hazardous, without having to worry about bumping up generator category & incurring additional regulations

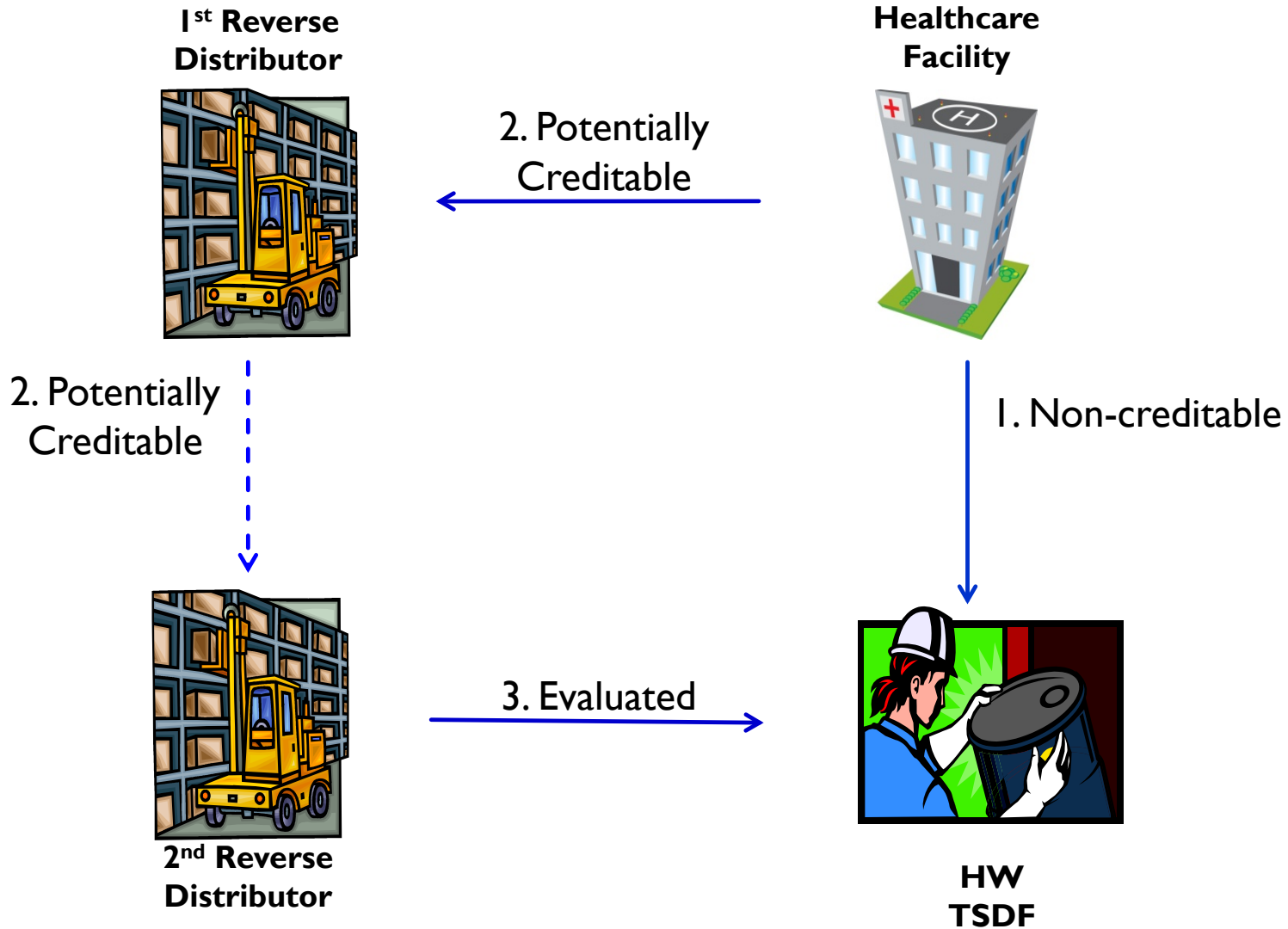
PART 266 SUBPART P APPLICABILITY

The following are NOT subject to RCRA regulation:

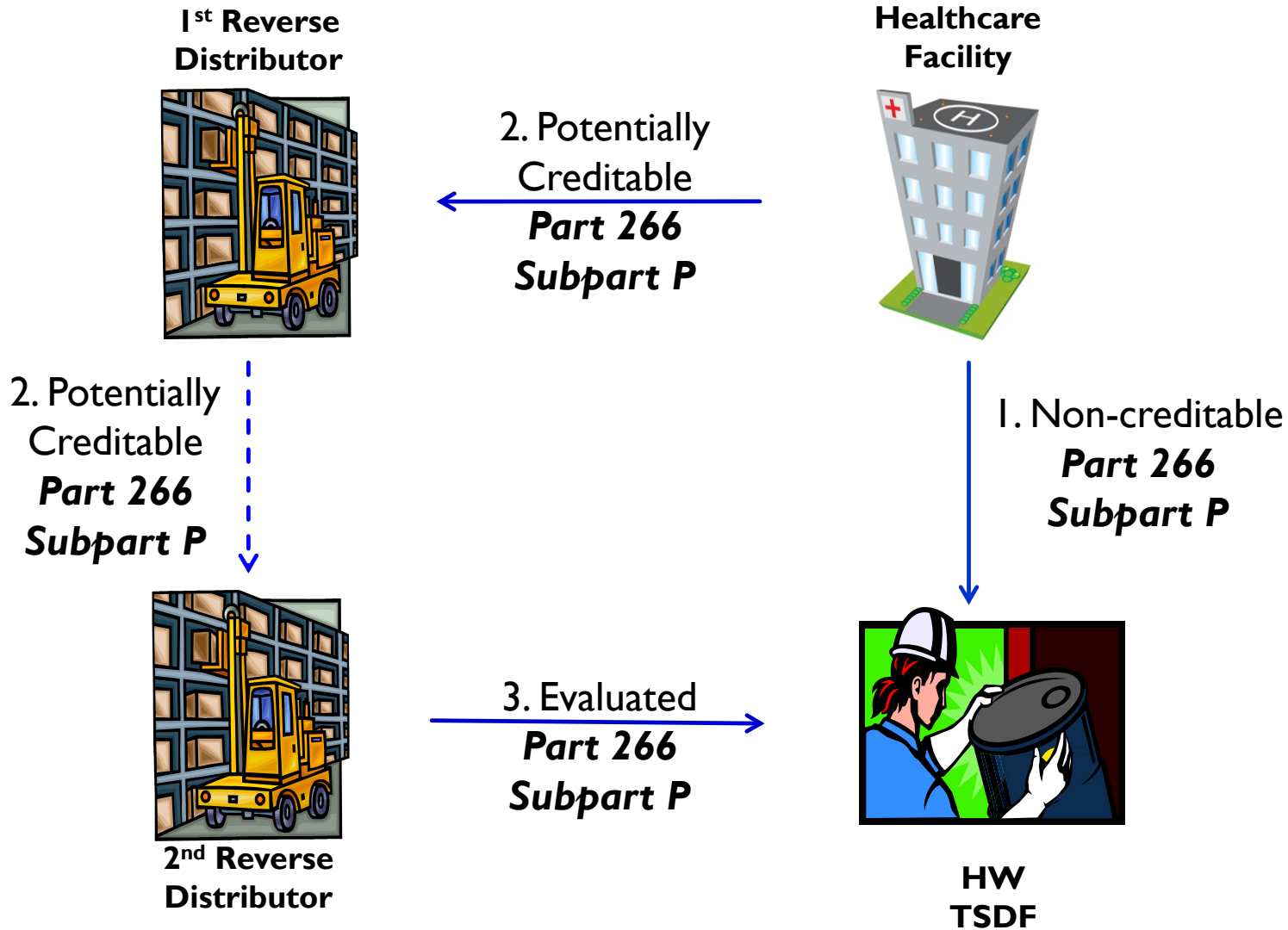
1. Pharmaceuticals that are not solid waste because they are legitimately used/reused or reclaimed
2. OTC pharmaceuticals, dietary supplements or homeopathic drugs that are not solid waste because they have a reasonable expectation of being legitimately used/reused or reclaimed
3. Recalled pharmaceuticals*
4. Pharmaceuticals under preservation order, or during an investigation or judicial proceeding*
5. Investigational new drugs*
6. Household waste pharmaceuticals
 - Healthcare facilities that are DEA registrants & collectors of household pharmaceuticals (i.e., takebacks) must comply with conditions in § 266.506

* Become subject to Subpart P when decision is made to discard

Applicability for Rx HW Pharmaceuticals



Applicability for Rx HW Pharmaceuticals



Applicability for Non-Rx HW Pharmaceuticals (e.g., OTCs)

Healthcare
Facility



Non-creditable
Part 266
Subpart P
(new)



HW
TSDF

Applicability for Non-Rx HW Pharmaceuticals (e.g., OTCs)

**1st Reverse
Logistics Center**



**2nd Reverse
Logistics Center**

Not Solid Waste
←
IF there is a
reasonable expectation of
use/reuse or reclamation
(status quo)

**Healthcare
Facility**



Non-creditable
**Part 266
Subpart P
(new)**



**HW
TSDF**

Applicability for Non-Rx HW Pharmaceuticals (e.g., OTCs)

**1st Reverse
Logistics Center**



Not Solid Waste

←
IF there is a
reasonable expectation of
use/reuse or reclamation
(status quo)

**Healthcare
Facility**



↓
Non-creditable
**Part 266
Subpart P
(new)**



**2nd Reverse
Logistics Center**

Part 262

→
(status quo)



**HW
TSDF**

HEALTHCARE FACILITY STANDARDS

- Notification: all healthcare facilities must submit a one-time notification that they are operating under Subpart P (using Site ID Form: 8700-12)
 - Facilities that are not required to submit a biennial report for their other hazardous waste must notify within 60 days of the rule going into effect
 - Non-authorized states: notifications will be due in October 20, 2019
 - Facilities that are required to submit a biennial report may notify on their normal biennial reporting cycle
 - Non-authorized states: notifications will be due with March 1, 2020 BR
- Training: all personnel managing non-creditable hazardous waste pharmaceuticals must be thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies

HEALTHCARE FACILITY STANDARDS

- Hazardous Waste Determinations: healthcare facilities must determine whether a waste pharmaceutical is a hazardous waste pharmaceutical
 - Applies to both potentially creditable and non-creditable waste pharmaceuticals
 - Exception: If a healthcare facility manages all of its waste pharmaceuticals as hazardous, individual hazardous waste determinations are not necessary
- Commingling: healthcare facilities may accumulate both their hazardous and non-hazardous waste pharmaceuticals in the same container
 - Potentially creditable: hazardous + non-hazardous
 - Non-creditable: hazardous + non-hazardous

HEALTHCARE FACILITY MANAGEMENT STANDARDS

Non-creditable hazardous waste pharmaceuticals:

- Labeling:
 - Accumulation containers must be labeled with the words “Hazardous Waste Pharmaceuticals”
 - No hazardous waste codes or other labeling requirements
- Container Standards:
 - Structurally sound, will not react with contents (i.e., compatible)
 - Remain closed and secured in a manner that prevents unauthorized access to its contents
- Accumulation time limit: 1 year

Potentially creditable hazardous waste pharmaceuticals:

- No labeling, containers standards or accumulation time

HEALTHCARE FACILITY STANDARDS

	Non-creditable HW Pharms	Potentially Creditable HW Pharms
Labeling	✓	None
Container Standards	✓	None
Maximum Accumulation Time	✓	None
Hazardous waste determinations*	✓	✓
Over-managing non-hazardous pharmaceuticals & commingling with hazardous waste pharmaceuticals	Allowed	Allowed
Include hazardous waste pharmaceuticals on BR	No	No

*Not required for either type if managing all pharmaceutical waste as hazardous

SUMMARY MATRIX OF PART 266 SUBPART P

	Standards for Healthcare Facilities	Standards for Reverse Distributors
	Potentially Creditable	
On-site accumulation	<ul style="list-style-type: none"> • No standards • No time limit 	
Shipping to a reverse distributor		
	Non-Creditable	
On-site accumulation	<ul style="list-style-type: none"> • UW-like standards • 1 year maximum 	
Shipping to a TSDF		

OPTIONS FOR VSQG HEALTHCARE FACILITIES

Healthcare facilities that are VSQGs are not subject to Part 266 Subpart P (except the sewer prohibition) but can

- Opt into Subpart P and comply with all its provisions OR
- Use the optional provisions of Part 266 Subpart P:
 1. A VSQG healthcare facility can continue to send potentially creditable hazardous waste pharmaceuticals to a reverse distributor
 2. A VSQG healthcare facility can send its hazardous waste pharmaceuticals off-site to another facility, provided the receiving facility is either
 - A healthcare facility operating under Part 266 Subpart P and meets certain conditions, OR
 - An LQG operating under Part 262 and meets the conditions for off-site consolidation

OPTIONS FOR VSQG HEALTHCARE FACILITIES

- Optional provisions only for VSQG long-term care facilities
 3. A long-term care facility that is a VSQG can dispose of its hazardous waste pharmaceuticals in an on-site collection receptacle that complies with DEA regulations
 - Note that DEA collection receptacles can only be used for controlled substances that are from the ultimate user
 4. A long-term care facility with 20 beds or fewer will be presumed to be a VSQG and not subject to Part 266 Subpart P, except the sewer prohibition
 - Note that long-term care facilities with >20 beds may also be VSQGs

SEWER PROHIBITION

- Hazardous waste pharmaceuticals may not be sewerred (e.g., no disposal down the drain and no flushing)
- The sewer prohibition applies to
 - All healthcare facilities, including healthcare facilities that are VSQGs
 - All reverse distributors
- Hazardous wastes that are DEA controlled substances are also subject to the sewer prohibition
- We strongly discourage sewerred of any pharmaceuticals by any entity
- REMEMBER: The sewer prohibition will be effective in ALL states on August 21, 2019

DEA CONTROLLED SUBSTANCES

- Two new conditional exemptions for healthcare facilities and reverse distributors for:
 1. The handful of RCRA hazardous wastes that are also DEA controlled substances (see next page)
 2. Household waste pharmaceuticals that are collected in DEA authorized collection receptacles (kiosks)
 - Retail pharmacies and hospitals that are already DEA registrants, can amend their DEA registration to become “collectors” of household pharmaceuticals
 - Collectors can install kiosks for permanent take-backs of household pharmaceuticals
 - Under DEA regulations, the collected household pharmaceuticals have to be destroyed to a “non-retrievable” standard

HW THAT ARE ALSO DEA CONTROLLED SUBSTANCES

Name of Drug	Other Name(s)	Medical Uses	RCRA HW Code	DEA CS Schedule
Chloral/ Chloral hydrate	Acetaldehyde, trichloro; Aquachloral Noctec, Somnote, Suppettes	Sedative	U034 Toxic	IV
Fentanyl sublingual spray	Subsys	Analgesic	D00I ignitable	II
Phenobarbital	Bellergal-S Donnatal Luminal	Anticonvulsant	D00I ignitable	IV
Testosterone gels/solutions	Androgel Axiron Fortesta, Testim	Hormone	D00I ignitable	III
Valium injectable/gel	Diazepam Diastat	Anti-anxiety	D00I ignitable	IV

DEA CONTROLLED SUBSTANCES (CONTINUED)

In both cases, the hazardous waste pharmaceuticals are exempt from RCRA, provided they meet the following conditions:

- Not sewerred, and
- Managed in compliance with DEA regulations, and
- Destroyed by a method that the DEA has publicly deemed in writing to meet their non-retrievable standard, or
- Combusted at one of the following types of permitted facilities
 - Large or small municipal waste combustor (MWC)
 - Hospital, medical and infectious waste incinerator (HMIWI)
 - Commercial and industrial solid waste incinerator (CISWI) or
 - Hazardous waste combustor

EMPTY CONTAINERS

- New empty container standards apply to
 - Containers with hazardous waste pharmaceuticals – acute & non-acute
 - Healthcare facilities and reverse distributors subject to Part 266 Subpart P and
 - Anyone else with containers of hazardous waste pharmaceuticals
- Residues remaining in “RCRA empty” containers are not regulated as hazardous waste
- Can be used to determine whether a healthcare facility is subject to Part 266 Subpart P
- Four different standards for different types of containers found in a healthcare setting
- Triple rinsing of containers with acute hazardous waste pharmaceuticals is not required/allowed anymore

EMPTY CONTAINER STANDARDS

	"RCRA EMPTY"	
	Non-acute HW Pharms	Acute HW Pharms*
Stock/Dispensing Bottles (1 liter or 10,000 pills) & Unit-dose containers	Remove contents	Remove contents
Syringes		
IV Bags		
Other Containers		

*No triple rinsing of containers with acute hazardous waste pharmaceuticals

EMPTY CONTAINER STANDARDS

	"RCRA EMPTY"	
	Non-acute HW Pharms	Acute HW Pharms*
Stock/Dispensing Bottles (1 liter or 10,000 pills) & Unit-dose containers	Remove contents	Remove contents
Syringes	Fully depress plunger	Fully depress plunger
IV Bags		
Other Containers		

*No triple rinsing of containers with acute hazardous waste pharmaceuticals

EMPTY CONTAINER STANDARDS

	“RCRA EMPTY”	
	Non-acute HW Pharms	Acute HW Pharms*
Stock/Dispensing Bottles (1 liter or 10,000 pills) & Unit-dose containers	Remove contents	Remove contents
Syringes	Fully depress plunger	Fully depress plunger
IV Bags	Fully administer contents or § 261.7(b)(1)	Fully administer contents
Other Containers		

*No triple rinsing of containers with acute hazardous waste pharmaceuticals

EMPTY CONTAINER STANDARDS

	“RCRA EMPTY”	
	Non-acute HW Pharms	Acute HW Pharms*
Stock/Dispensing Bottles (1 liter or 10,000 pills) & Unit-dose containers	Remove contents	Remove contents
Syringes	Fully depress plunger	Fully depress plunger
IV Bags	Fully administer contents or § 261.7(b)(1)	Fully administer contents
Other Containers	§ 261.7(b)(1) or (2)	Can not be RCRA empty

*No triple rinsing of containers with acute hazardous waste pharmaceuticals

SHIPMENTS OF HW PHARMACEUTICALS

- Non-creditable & evaluated hazardous waste pharmaceuticals
 - Both must be sent to a TSDF
 - Both must be sent with manifest and hazardous waste transporter
 - Non-creditable: healthcare facility must use “PHARMS” code on manifest in item 13 (other hazardous waste codes are allowed but not required)
 - Evaluated: reverse distributor must list all hazardous waste codes on manifest
- Potentially creditable hazardous waste pharmaceuticals
 - Can be sent to a reverse distributor before going to a TSDF
 - Manifest and hazardous waste transporter are **NOT** required
 - Common carrier (e.g., UPS, USPS, FedEx) is acceptable
 - Shipper must receive delivery confirmation from reverse distributor
 - 35 days from date the shipment was sent
 - Electronic delivery confirmation that common carriers use will typically be sufficient

SUMMARY MATRIX OF PART 266 SUBPART P

	Standards for Healthcare Facilities	Standards for Reverse Distributors
	Potentially Creditable	Potentially Creditable
On-site accumulation		
Shipping to a reverse distributor	<ul style="list-style-type: none"> • Confirmation of delivery • Common carrier 	<ul style="list-style-type: none"> • Confirmation of delivery • Common carrier
	Non-Creditable	Evaluated
On-site accumulation		
Shipping to a TSDF	<ul style="list-style-type: none"> • Manifest (PHARMS) • HW transporter 	<ul style="list-style-type: none"> • Manifest (waste codes) • HW transporter

REVERSE DISTRIBUTOR STANDARDS

- A reverse distributor is a new type of hazardous waste management facility that can only accept hazardous waste that is “potentially creditable hazardous waste pharmaceuticals”
 - No RCRA storage permit required
 - No generator categories for reverse distributors (e.g., VSQG, SQG, LQG)
 - All reverse distributors are regulated the same for hazardous waste pharmaceuticals
- Standards are similar to LQGs, with some additions:
 - One-time notification as a reverse distributor
 - Inventory of hazardous waste pharmaceuticals
 - Security requirements

FLOW OF HW PHARMACEUTICALS



- Maximum transfers allowed between RDs
- 180 days after evaluation allowed at each RD

HCF/Pharmacy



1st RD
can be a
manufacturer



2nd RD
can be a
manufacturer



3rd RD
must be a
manufacturer



HW
TSDF

FLOW OF HW PHARMACEUTICALS



As long as manufacturer's credit is being determined/verified, and pharmaceuticals are destined for an RD, they are still considered

“Potentially Creditable HW Pharmaceuticals”

HCF/Pharmacy



**1st RD
can be a
manufacturer**



**2nd RD
can be a
manufacturer**



**3rd RD
must be a
manufacturer**



**HW
TSDF**

FLOW OF HW PHARMACEUTICALS



HCF/Pharmacy

Once manufacturer's credit has been determined/verified, and pharmaceuticals are destined for a TSDF, they are considered **“Evaluated HW Pharmaceuticals”**



1st RD
can be a
manufacturer



2nd RD
can be a
manufacturer



3rd RD
must be a
manufacturer



HW
TSDF

REVERSE DISTRIBUTOR STANDARDS

- A reverse distributor must inventory and evaluate each potentially creditable hazardous waste pharmaceutical within 30 days of arrival to determine if it is destined for:
 - Another reverse distributor (still considered “potentially creditable HW pharmaceutical”) or
 - A permitted/interim status TSDF (considered “evaluated hazardous waste pharmaceutical”)
- Accumulation on-site at reverse distributor:
 - 180 days maximum accumulation time after evaluation

$$\begin{array}{rcccl} 30 \text{ days} & & 180 \text{ days} & & 210 \text{ days} \\ \text{evaluation} & + & \text{accumulation} & = & \text{total per RD} \end{array}$$

REVERSE DISTRIBUTOR STANDARDS

- Potentially creditable hazardous waste pharmaceuticals:
 - No specific labeling or container standards
 - Not included on Biennial Report
- Evaluated hazardous waste pharmaceuticals:
 - Must designate an on-site accumulation area and conduct weekly inspections
 - LQG training for personnel handling evaluated hazardous waste pharmaceuticals
 - Label as “hazardous waste pharmaceuticals” during accumulation
 - Containers must be in good condition and managed to prevent leaks
 - Hazardous waste codes prior to transport off-site
 - Included on Biennial Report

REVERSE DISTRIBUTOR STANDARDS

	Potentially Creditable HW Pharms	Evaluated HW Pharms
Labeling	None	✓
Container Standards	None	✓
Accumulation Area	None	✓
Maximum Evaluation or Accumulation Time	✓	✓
Include hazardous waste pharmaceuticals on BR	No	✓

SUMMARY MATRIX OF PART 266 SUBPART P

	Standards for Healthcare Facilities	Standards for Reverse Distributors
		Potentially Creditable
On-site accumulation		Evaluate w/in 30 days
Shipping to a reverse distributor		
		Evaluated
On-site accumulation		<ul style="list-style-type: none"> • LQG-like standards • 180 days after evaluation
Shipping to a TSDF		

SUMMARY MATRIX OF PART 266 SUBPART P

	Standards for Healthcare Facilities	Standards for Reverse Distributors
	Potentially Creditable	Potentially Creditable
On-site accumulation	<ul style="list-style-type: none"> • No standards • No time limit 	Evaluate w/in 30 days
Shipping to a reverse distributor	<ul style="list-style-type: none"> • Confirmation of delivery • Common carrier 	<ul style="list-style-type: none"> • Confirmation of delivery • Common carrier
	Non-Creditable	Evaluated
On-site accumulation	<ul style="list-style-type: none"> • UW-like standards • 1 year maximum 	<ul style="list-style-type: none"> • LQG-like standards • 180 days after evaluation
Shipping to a TSDF	<ul style="list-style-type: none"> • Manifest (PHARMS) • HW transporter 	<ul style="list-style-type: none"> • Manifest (waste codes) • HW transporter



REMINDERS & WRAP-UP

SECTION VI



EFFECTIVE DATES & STATE ADOPTION TABLE

	Less Stringent	More Stringent	
	Nicotine Exemption	Sewer Ban	Subpart P
Non-authorized states (IA,AK) territories & Indian Country	August 21, 2019*	August 21, 2019*	August 21, 2019*
Authorized States & territories no legislative session required	<ul style="list-style-type: none"> • Effective when state adopts • State adoption not required 	August 21, 2019*	<ul style="list-style-type: none"> • Effective when state adopts • July 1, 2021+
Authorized States & territories legislative session required	<ul style="list-style-type: none"> • Effective when state adopts • State adoption not required 	August 21, 2019*	<ul style="list-style-type: none"> • Effective when state adopts • July 1, 2022+

*effective date

+state adoption deadline

CONTACT INFORMATION

- Kristin Fitzgerald Fitzgerald.Kristin@epa.gov
- Brian Knieser Knieser.Brian@epa.gov
- Laura Stanley Stanley.Laura@epa.gov
- Narendra Chaudhari Chaudhari.Narendra@epa.gov
- Jessica Young Young.Jessica@epa.gov

Final rule webpage: <https://www.epa.gov/hwgenerators/final-rule-management-standards-hazardous-waste-pharmaceuticals-and-amendment-p075>