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RemediChain

Key Terms

Reclaimed Value – Estimated retail value of all medications rescued through donation

Matched Value – Estimated retail value of donated medications that were successfully dispensed to patients

Unique Donors – Each individual person who donated eligible medications

Rescued Meds – Medication units collected and approved for reuse

Matched Meds – Donated medications successfully matched and dispensed to patients

Unique Patients – Each individual person who received medications

Our Vision

RemediChain's vision is to **put an end to prescription waste** and to **ensure every patient has access to the lifesaving medication they need**, regardless of financial status. We look forward to healing a broken pharmaceutical industry and re-building on the foundation of patients helping patients.

Our Mission

RemediChain's mission is to **solve the financial and environmental problems of prescription waste** by legally rescuing unused, good condition prescription medication to share with patients who could not otherwise afford it. By treating extra medication as a resource and through partnerships with lawmakers, providers, advocates, pharmacists, nonprofits and patients, **we strive to ensure no patient in need goes without.**

Our Values

- 1. RemediChain strives to solve the financial and environmental problems of prescription waste.** No viable prescription drugs should be wasted while a patient goes without lifesaving medications.
- 2. Price should not prevent patients from accessing the medications they need.** We help close the gap between unused, unexpired medications and the patients who need them.
- 3. Make Medication Rescue[®] an accessible and acceptable practice across the world.** RemediChain has made great strides in making prescription rescue legal in the United States, and we are actively working to make dispensing those drugs legal nationwide. Eventually, such a program can and should be global in nature.

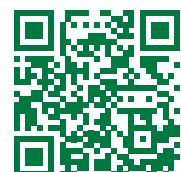
med-i-ca-tion res-cue /,medə'kāSHən / /'reskyoo / – the collection by a nonprofit of unused, unopened, unexpired, good condition prescription medications with the intent of sharing them with patients in need in an approved pharmacy setting.

*In medication rescue, the donation and reuse program **operates as a nonprofit** with the **oversight of a licensed pharmacist**, and neither donors nor patients pay as a condition of participation.*

Donate



Receive



A Letter from Our Founder



The past year has been pivotal for RemediChain in the best of ways. Back in 2018, when we first worked with Tennessee lawmakers in support of allowing individuals to donate unused medication, the successes we experienced this year seemed like a long shot, a hope that one day we could help people.

We rescued our first unused medications in 2018 and dispensed our first prescription to a patient in need in 2020. Both numbers have grown annually ever since, and in 2025 we more than doubled our impact from the prior year, thanks in part to individual donors (of both the medication and financial support variety) and the many providers and caregivers helping us close the gap between unused medications and patients who need them.

These days, medication donation is not such a fringe concept, and we're so proud to be on the leading edge of it. Just last year, five states expanded their existing laws to make donated medication more accessible to their residents. As of this writing, 43 states allow it in some form. We look forward to the day it's universally accepted, and when donating unused medication becomes a societal habit, not just a one-off idea.

If you've followed us for a while, you may have noticed our new vernacular – referring to our work as Medication Rescue®. Many people would call what we do “medication reclamation,” but that term doesn't really tell the story. The drugs we take in are not simply household waste that can be repurposed, nor can most landfills properly dispose of the potent compounds so many of them hold. No, this isn't just reclamation. This is **rescue**. This life-saving operation prevents the accidental contamination of community water supplies and the discarding of costly medications. This gives patients in need a second chance to survive – thrive – when they may otherwise go without the medications they need.

In that pursuit, we've got more big things coming. We're now in progress on an app to help put into perspective the scale of medication waste in the United States – including portions we can't rescue, such as expired or previously opened medications. Coupled with the data we collect internally, we hope to, for the first time, provide the type of information that leads to real change: less waste, more accessible medications, new legal advancements to make medication rescue universally viable, and a shift in the U.S. health care landscape to put patients first. I hope you'll join us.

A handwritten signature in cursive script that reads "Phil".

Phil Baker, PharmD

RemediChain Founder & Pharmacist

2025 by the Numbers

Reclaimed Value
\$18,901,243

Rescued Meds
2,680

Unique Donors
753

Matched Value
\$8,922,353

Matched Meds
1,015

Unique Patients
381

2025 vs. 2024:

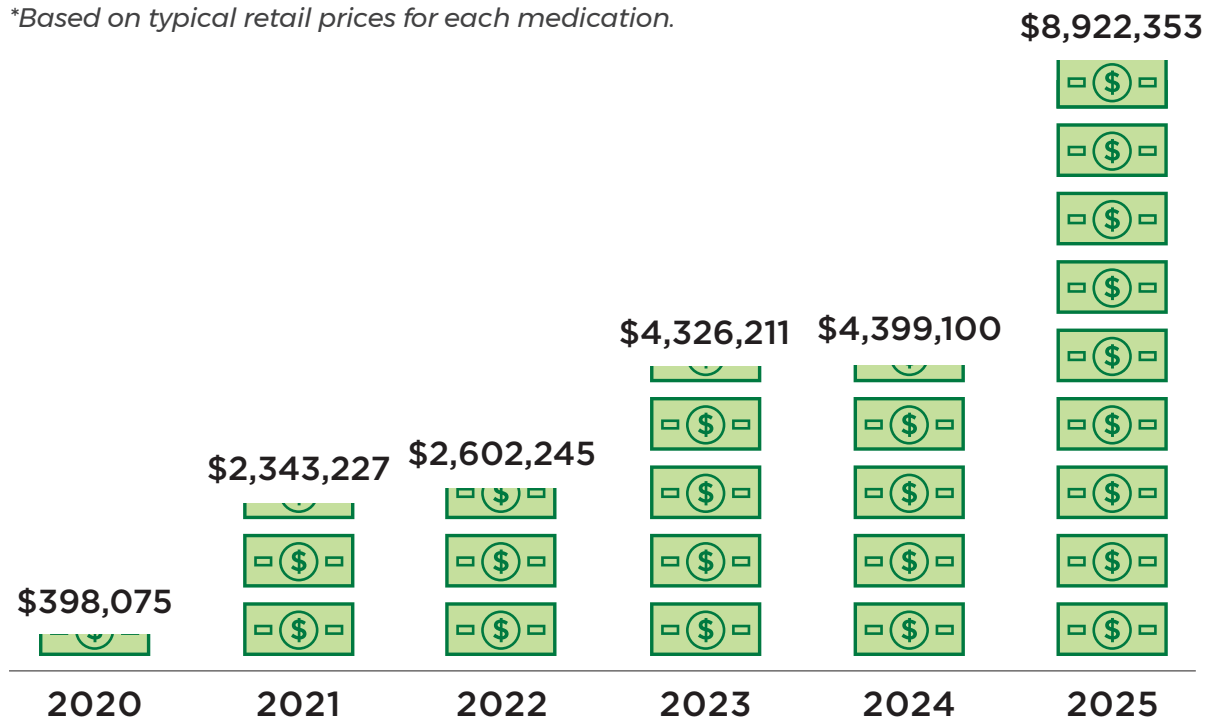
103% increase in matched medication value

109% increase in matched medication quantity

Year-By-Year Breakdowns

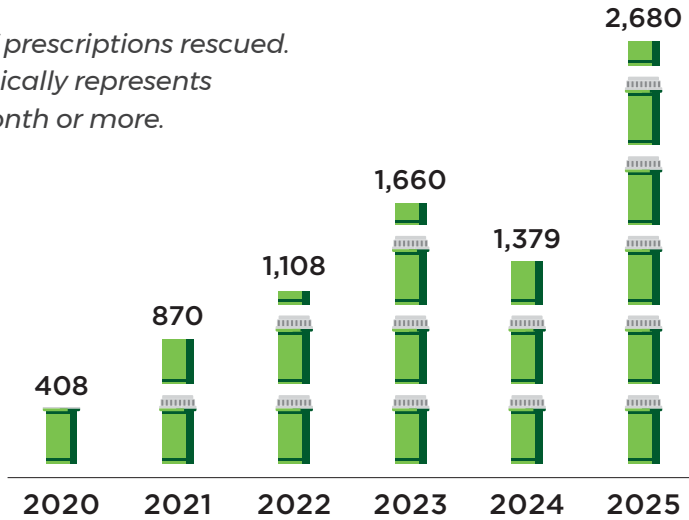
Reclaimed Value*

**Based on typical retail prices for each medication.*



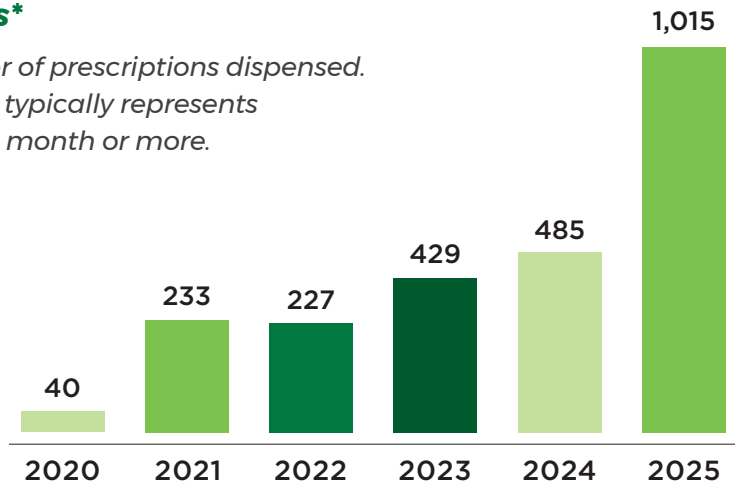
Reclaimed Meds*

*Based on number of prescriptions rescued.
Each prescription typically represents treatment for one month or more.



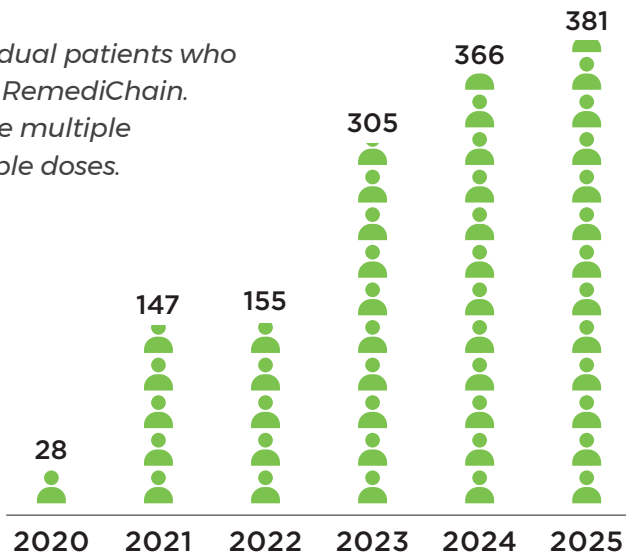
Matched Meds*

*Based on number of prescriptions dispensed.
Each prescription typically represents treatment for one month or more.



Unique Patients*

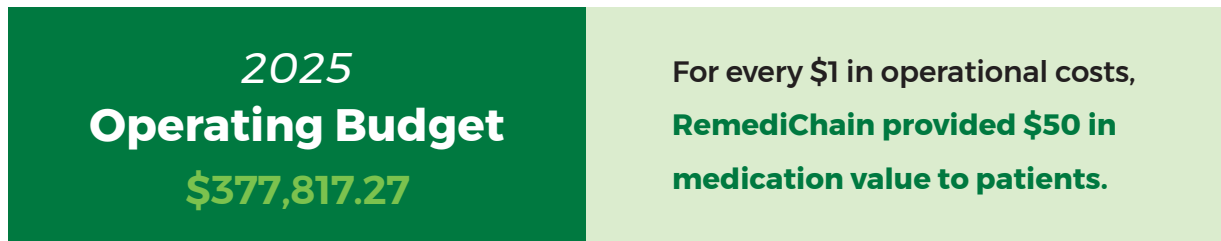
*Numbers represent individual patients who received medication from RemediChain.
Some patients may receive multiple medications and/or multiple doses.



Financial Impact

The cost of medication in the United States is a common point of discussion. It's a **major contributor to rising health insurance premiums.**

There is much debate about the *why* behind the price of any given medication, but the impact is obvious. Patients who cannot afford their medications often face gut-wrenching choices between life or death or between food and medication. Patients who go without experience disease complications that reduce their quality of life and ultimately cost their plans more to treat. Medication Rescue® creates enormous economic value for both patients and payers in a nonprofit system designed to put **people first, not profits.** Here's a snapshot of our results in 2025.



Operational costs – the total cost required to run RemediChain, including staffing, logistics, and pharmacy operations.

The Value of Rescue*

**Based on typical retail prices of each medication*

Value of Medications Rescued

\$18,901,243

Value of Medications Matched

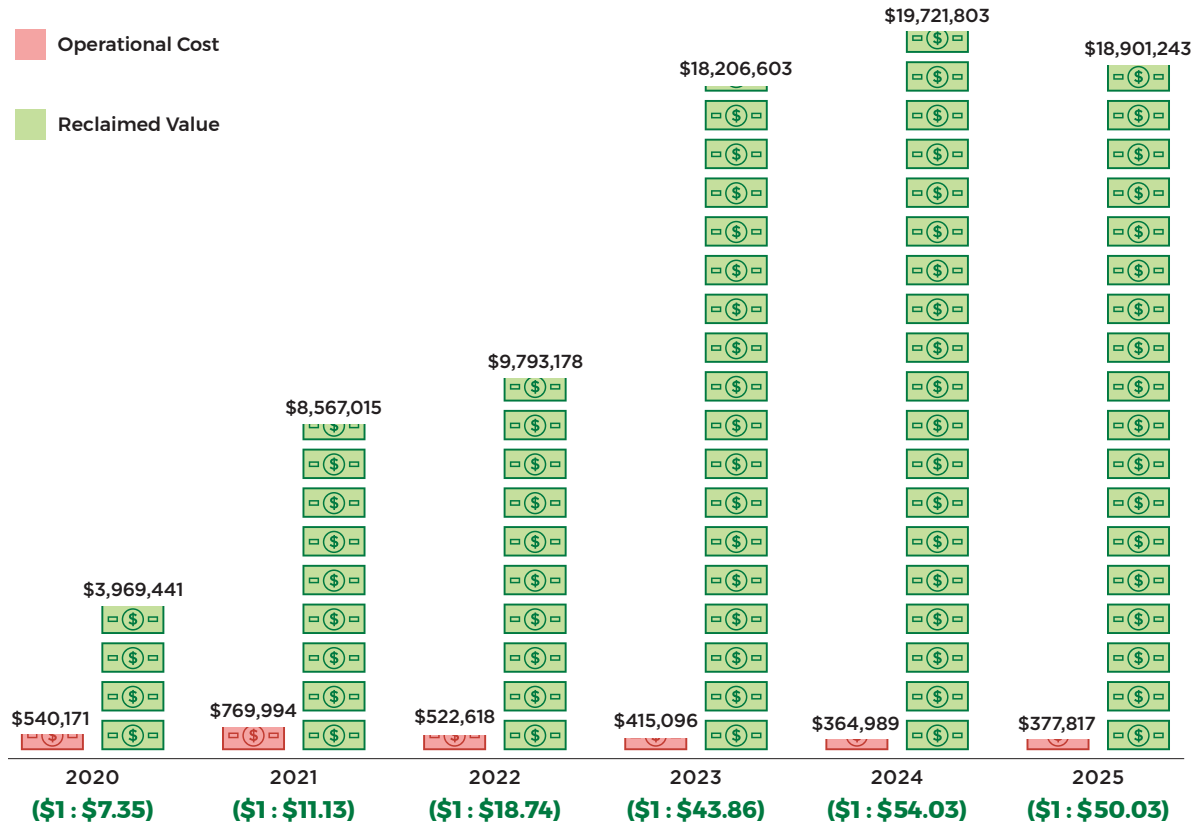
\$8,922,353

The Cost of Disposal

Disposal of regulated medical waste, like pharmaceuticals, costs **more than double** per pound versus the cost of regular trash disposal. Let's rescue these medications instead.

Leverage Ratio by Year

Leverage – the ratio of operational cost to medication value provided by RemediChain



Overall* Operational Cost
\$2,990,688

Overall* Reclaimed Value
\$79,159,283

Overall* Leverage
\$1 : \$26.47

*Over a 5-year period

Environmental Impact

Modern pharmaceuticals are engineered for extraordinary biological potency. They are intentionally designed to resist metabolic breakdown, survive digestive enzymes, remain stable in circulation, and exert therapeutic effects at microgram-scale concentrations.

But these same properties that make advanced therapies life-saving inside the body also make them environmentally persistent once discarded.

When unused medications are thrown in household trash, flushed, or landfilled, they do not simply deactivate. Most wastewater treatment plants cannot remove complex oncology agents, kinase inhibitors, or specialty antibiotics. As a result, measurable concentrations of anti-cancer drugs and other high-potency pharmaceuticals have been detected in wastewater, surface water, groundwater, and even drinking water.

These compounds are cytotoxic by design. Many interfere with cellular replication, DNA repair pathways, and metabolic signaling systems. In aquatic organisms, even trace levels may disrupt reproduction, immune function, and endocrine systems. Some are classified as hazardous waste in clinical settings due to their mutagenic or teratogenic properties.

Medication Rescue® changes that trajectory.

By intercepting high-potency medications before disposal, RemediChain reduces environmental contamination while also delivering financial and patient access impact.

In 2025 alone, the top 10 most-diverted active ingredients represent millions of milligrams of biologically active compounds prevented from entering landfills and wastewater.

To understand the magnitude, ***just these ten most-rescued medications weigh approximately 3.17 kilograms (nearly 7 pounds) of highly engineered chemicals.***

That is roughly the weight of:

- A standard bowling ball
- A newborn infant
- A full gallon of paint

These are not inert powders; they are potent oncology and specialty agents designed to alter human cellular biology. Many are kinase inhibitors, PARP inhibitors, oral chemotherapies, and targeted oncology agents, meaning their environmental activity is real, not theoretical.

Medication Rescue® is not just reducing waste – it is reducing pharmaceutical pollution by preventing persistent, cytotoxic compounds from entering ecosystems and converting potential toxic load into patient benefit.

Top 10 Most-Diverted Active Ingredients

Medication (Brand)	Active Ingredient Diverted Weight	Approximate U.S. Weight Comparison	Typical Dose	Estimated Doses Rescued
Lanthanum carbonate (Fosrenol)	896,500 mg 896.5 g 1.98 lb	 A large hardcover textbook	500– 1,500 mg	Up to 1,800
Abemaciclib (Verzenio)	620,900 mg 620.9 g 1.37 lb	 A basketball	150– 200 mg	>4,000
Darolutamide (Nubeqa)	432,000 mg 432 g 0.95 lb	 A soccer ball	300 mg	>1,400
Olaparib (Lynparza)	372,000 mg 372 g 0.82 lb	 A 12 oz ceramic mug	300 mg	>1,200
Rifaximin (Xifaxan)	198,500 mg 198 g 0.44 lb	 A tube of 3 tennis balls	200– 550 mg	Up to 900
Sucroferric oxyhydroxide (Velporo)	180,000 mg 180 g 0.40 lb	 A large tomato	500 mg	>350
Capecitabine (Xeloda)	180,000 mg 180 g 0.40 lb	 A medium orange	1,250 mg	>140
Encorafenib (Braftovi)	105,750 mg 105.8 g 0.23 lb	 A bar of soap	300– 450 mg	Up to 350
Osimertinib (Tagrisso)	98,400 mg 98.4 g 0.22 lb	 A deck of cards	80 mg	>1,200
Telotristat ethyl (Xermelo)	84,000 mg 84 g 0.19 lb	 One medium kiwi	250 mg	>330

Medication Rescue®

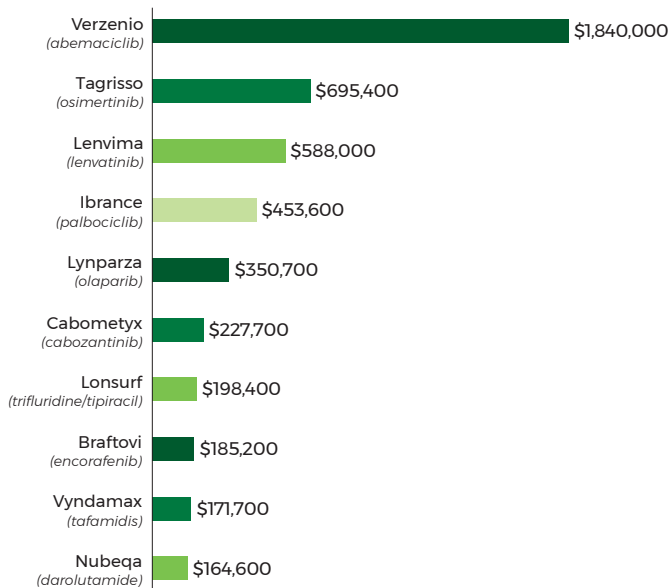
Every medication donated to RemediChain provides a second chance to a patient in need. Tennessee law allows us to accept a variety of medications. Some of the treatments available in our current inventory include medications to treat conditions in a variety of categories, such as:

- Oncology
- Endocrine and Hormonal
- Cardiovascular (including anti-coagulants and more)
- Immunologic and Autoimmune
- Neurological (including Multiple Sclerosis-related medications)
- HIV and Infectious Disease
- Chronic Diseases

Top 10 Most-Rescued Medications

By Value

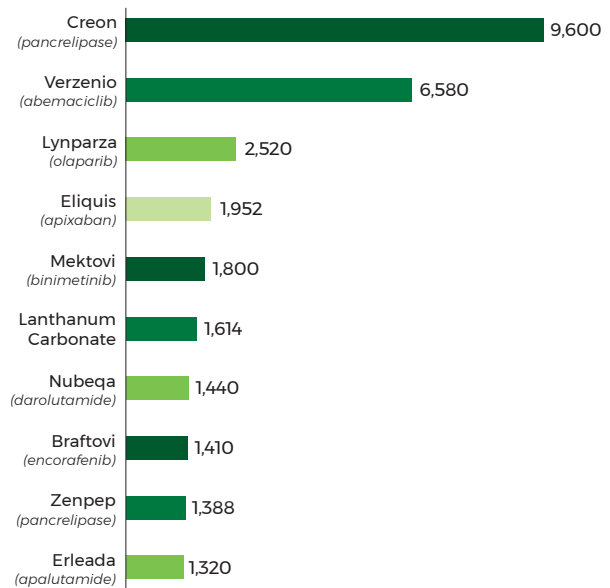
(Med Name – Approx Value)*



*Values are approximate

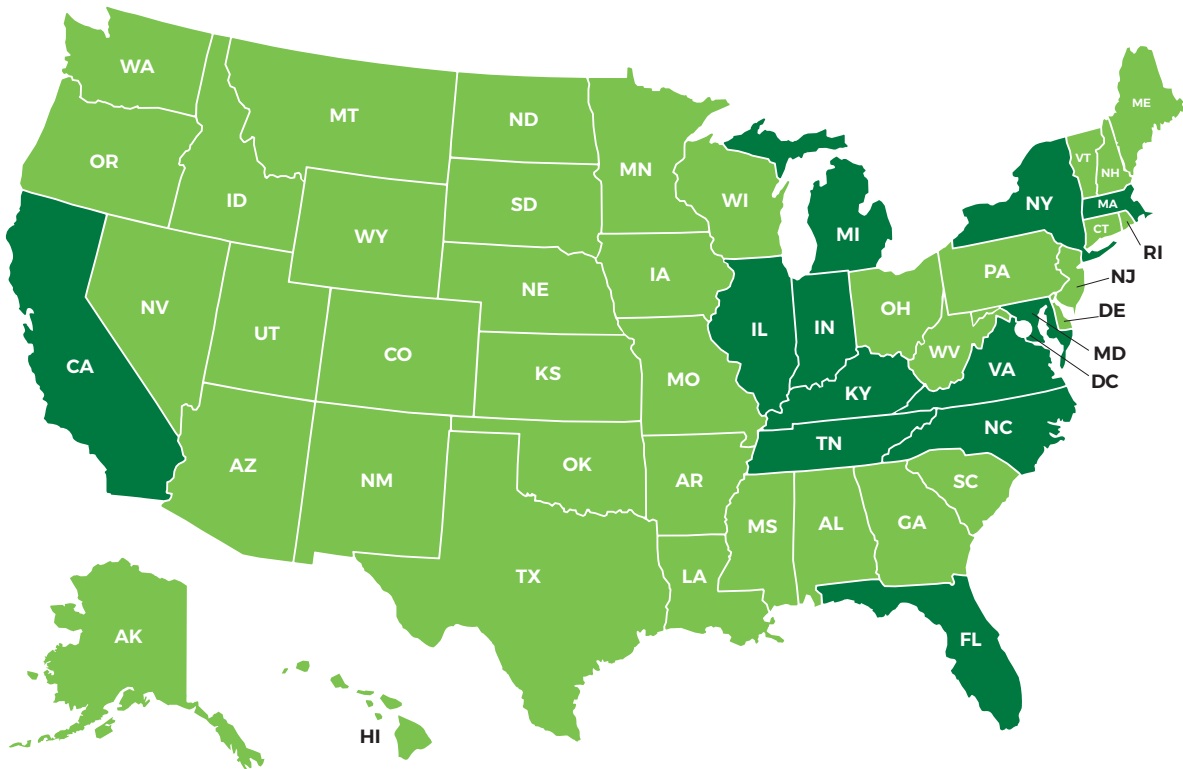
By Quantity

(Med Name – Amount Rescued)*



*Amounts per individual medication unit (tablet, capsule, etc.)

Top 10 Donor States



By Number of Donations

(State – # of Med Donations)

1. Tennessee – 212
2. North Carolina – 146
3. California – 102
4. Maryland – 84
5. Illinois – 79
6. Florida – 77
7. Michigan – 73
8. New York – 66
9. Indiana – 56
10. Kentucky – 51

**Donations are per prescription.
One prescription typically represents
a month or more of treatment*

By Value

(State – Approx Value)*

1. North Carolina – \$1,040,000
2. Tennessee – \$1,000,000
3. Illinois – \$791,500
4. Kentucky – \$476,500
5. Indiana – \$371,200
6. Maryland – \$292,400
7. California – \$277,700
8. New York – \$253,800
9. Massachusetts – \$243,800
10. Virginia – \$223,800

**Values approximate and based
on Average Wholesale Price of
each medication*

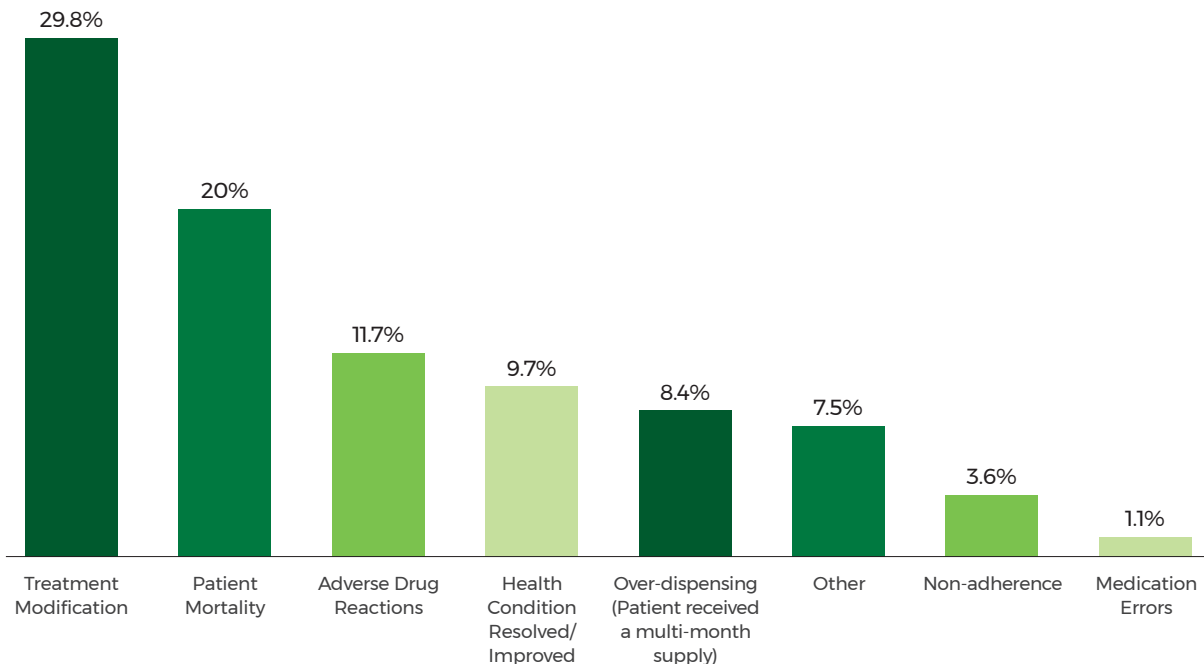
Why Do Medications Go Unused?

For too long, this question has gone unanswered by health care systems in the United States. Fragmented efforts to quantify waste do not paint an accurate picture of the scale of the problem, and there has, to our knowledge, never been an attempt to define why the waste exists.

This year, RemediChain set out to change that. In prior years, our insight into the why was anecdotal. But in 2025, we made intentional changes to our rescue process to capture additional information that will help make medication rescue viable, safe and accessible to patients across the United States and – eventually – across the globe. The information we tracked is statistically significant and provides in-depth analysis of trends related to medication waste. For more information beyond what is included in this report, please contact us. We’d love to support you in spreading the word or improving policy in your area.

Primary Drivers of Medication Surplus – 2025*

Nearly half (49.8%) of all medication surplus stems from treatment modification and/or patient mortality – factors largely outside patients’ control that represent systemic opportunities for intervention.



*Some donors cited more than one reason the medication had gone unused, so percentages do not add up to 100.

Supporting Patients in Need

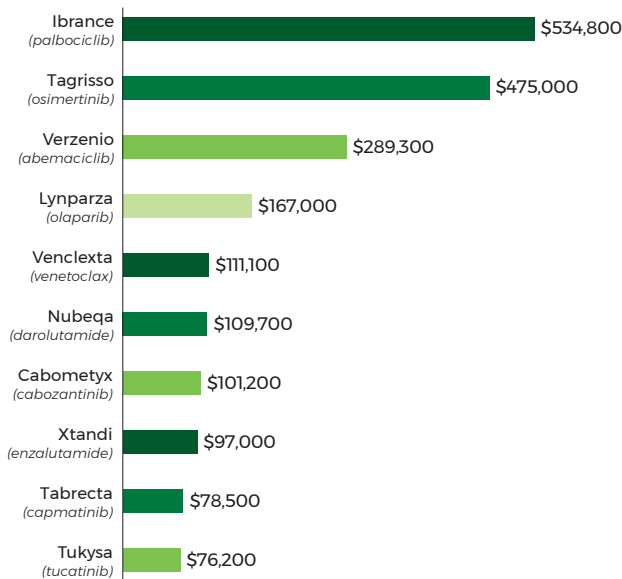
“My heart is overwhelmed with joy! I am forever grateful for your donation through my difficult health journey.” – Franklin

The patients are our “why.” Many of the medications RemediChain rescues cost thousands of dollars per month – even with health insurance. Yet going without, for many patients, could mean disease progression or even death. At RemediChain, we see both sides. We’re not just a middleman who collects medications and passes them on to a vague network of “partners” to reach patients. That means we work quickly – including the ability to have medications sent out as soon as the same day we receive a prescription – all to the benefit of the people who need us most. **That’s Medication Rescue®.**

Top 10 Most-Matched Medications

By Value

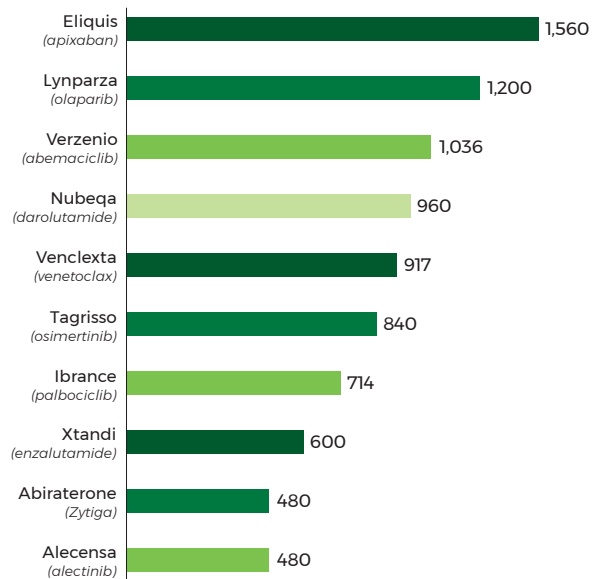
(Med Name – Approx Value)*



*Values are approximate and based on the Average Wholesale Price of each medication

By Quantity

(Med Name – Quantity Dispensed)*



*Amounts per individual medication unit (tablet, capsule, etc.)

Where Matched Medications Go

State-Level Matches by Number of Prescriptions Dispensed

These numbers are reported by the number of fills, not individual units, as the number of units may vary depending on individual prescriptions. The values represent the approximate total dollar value of all matches sent to patients.

- **Tennessee** – 71 prescriptions dispensed worth approximately \$518,600
- **Other States (combined)** – 944 prescriptions dispensed worth approximately \$8.4 million

Patient Total Cost: \$0

“Here is a donation of unused meds from a few of our patients. We are happy to partner with RemediChain. Thank you for the great work you do!” – *Debbie, a patient navigator who helps her patients to both donate and receive necessary medication*

“Thank you for your lifesaving work.” – *Heath*

“I send this donation with deep gratitude. You are keeping me alive!” – *Susan*

“a second chance from someone I’ll never meet”
– *a medication recipient*

“Thank you for being able to take these. I know they are quite expensive.” – *Ruth*

A Picture of Our Patients

A review of patient registration data from 2020 through early 2026 reveals a clear, consistent demographic profile: **the majority of recipients are insured, moderate-income households who are under-insured rather than uninsured.**

Note: This table represents all patients who registered and requested medication. Numbers may not match the number of dispensed medications in any given year.

Year	Total Patients Registered	% With Insurance	Avg. Household Income	Avg. Household Size
2020	34	88.2%	\$27,631	2.21
2021	178	89.9%	\$58,185	2.40
2022	190	86.3%	\$54,249	1.98
2023	364	90.4%	\$50,787	2.02
2024	497	87.1%	\$51,114	1.91
2025	863	84.6%	\$48,122	1.92
2026*	223	85.7%	\$40,385	1.92

**2026 reflects partial-year data.*

Key Observations

- More than **85% of patients served are insured.**
- Patients' average income consistently reflects **lower to moderate-income households.**
- **Household sizes smaller than two indicate financial vulnerability**, particularly among elderly and single-adult households.
- **Patient registrations** – an indicator of both need and the ongoing growth of the medication rescue program – have **grown dramatically**, increasing from 34 in 2020 to 863 in 2025.

From Patient to Donor

Craig Thompson's Story



Craig Thompson is both a patient and a medication donor at RemediChain. In fact, he's one of the originals, having matched with a donated prescription in RemediChain's first year.

Craig was diagnosed with aggressive, late-stage prostate cancer in 2012. He has private insurance, but it doesn't cover specialty medications. In 2016, his doctor prescribed hormone therapy to prevent the cancer from spreading. At the time, he qualified for a program to reduce the cost of his necessary medications to just \$10 per month. But after taking a break in 2019 to try experimental radiation, he lost access to that program.

The costs he faced were astronomical – more than \$2,000 per month, seemingly forever. He couldn't afford it, at least not for long. But by not taking the drugs regularly and as prescribed, he risked the spread of his cancer, the need for even more expensive interventions, and possibly death.

That's when Craig contacted RemediChain. One year after the Tennessee law changed to allow for the legal, safe rescue of unused medications to share with patients in need, Craig thought it was a shot in the dark that the fledgling program could help. But his medication was in stock. Craig got – at no cost to him – a three-month supply of the costly hormone therapy, giving him time to work through a web of access programs.

Luckily, another patient assistance program came through sooner than expected, leaving Craig with two months' worth of unused Zytiga. That's when he also became a donor. The unopened specialty cancer medication went right back to RemediChain to be shared with other patients in need.

"I don't worry about cancer spreading or going into financial toxicity because I can't afford the medications. I've gotten several calls over the years about lapses in assistance programs that would make my out-of-pocket costs thousands of dollars per month. When that happens now, I think... no it won't. RemediChain takes that worry away." – Craig Thompson



July 2025 – Craig spending a day at the river with his wife, Cindy, and their five (now six) grandchildren

Since then, Craig has continued as both donor and recipient. When his medications change, he donates what he hasn't used. When his assistance program eligibility lapses, RemediChain helps him bridge the gap. Over the years, Craig has received or donated multiple different specialty drugs.

And the benefits extend beyond his personal health. Although Craig's insurance doesn't cover specialty medications, if his cancer spreads, the plan would cover additional scans, surgeries or other costly interventions – and maintaining his medications prevents that. The peace of mind and the improvement to his quality of life benefit his family, his clients and his friends. Craig's cancer is considered managed, thanks in part to his ability to stay on his necessary medications.

Craig's experience is a perfect example of the cycle of Medication Rescue®.

A Tale of Two Take-Back Programs: Disposal Versus Reuse

Much modern drug take-back policy grew out of public safety and environmental concerns. They aimed to safely divert opioids and prevent accidental poisonings and pharmaceutical contamination of landfills and waterways. Early take-back efforts were led by law enforcement, pharmacies, and community coalitions, often supported by grants or local budgets.

But as these programs expanded, a structural imbalance became impossible to ignore: ***communities were paying to destroy a waste stream created by commercial drug distribution***. That pressure pushed several states toward an extended producer responsibility (EPR) approach, shifting the cost of end-of-life medication management from taxpayers to manufacturers. Today, multiple states operate statewide manufacturer-funded drug take-back systems, including [Washington](#), [California](#), [Oregon](#), [Maine](#), [Massachusetts](#), and [New York](#). These programs represent the high-water mark of disposal policy: permanent infrastructure, stable financing, and clear accountability.

At the same time, most take-back laws still measure success primarily in pounds collected and destroyed. They rarely distinguish between drugs that could be safely reclaimed and redistributed and those that require disposal, and they generate little usable data about upstream drivers of waste.

In parallel, and often earlier, some states pursued a different solution: drug repository and donation statutes that made it legal to reclaim and reuse certain medications. These laws were driven less by diversion risk and more by access: ***the growing visibility of cost barriers and the ethical tension of destroying valuable therapies while some patients went without***. Repository programs authorized eligible entities like charitable pharmacies, clinics, hospitals, and other approved sites, to accept unopened, unexpired medications under defined safety controls and liability protections.

Over time, states expanded who could donate, who could dispense, and which medications could be included. Tennessee's [Kevin Clauson Drug Donation Act](#) represents a major culmination of this trajectory, modernizing and clarifying operational pathways for reuse while deliberately leaving open questions about financing and infrastructure.

Addressing the Limitations of State-by-State Legislation

By 2025, the limits of state-bound donation models were increasingly apparent. Many laws had legalized reuse, but programs remained fragmented, underfunded, and difficult to scale – especially across state lines. That is where 2025 marks a clear inflection point. The year opened with **renewed legislative focus on making repository programs workable rather than theoretical**, especially where [DSCSA](#)-era documentation expectations had created uncertainty.

Nebraska

The Nebraska legislature approved [LB10](#) in March 2025, which adjusted record-keeping requirements that had complicated the operational launch of the state’s donation program. While technical in nature, this change was foundational: it removed legal friction and allowed a long-planned interstate model anchored in Iowa to become operational.

Arizona

In the Southwest, similar groundwork was laid. Arizona enacted [SB1377](#) in May 2025, explicitly authorizing donated medications to be transferred to participating programs in other states, with appropriate safeguards. This was a quiet but powerful acknowledgment that **modern donation systems must be designed to function as networks, not silos**.

Maryland

That same month, Maryland enacted [House Bill 1310 \(Chapter 705\)](#), one of the most consequential prescription donation updates of the year. The law expanded Maryland’s Prescription Drug Repository Program to allow pharmacies and repositories located in other states to participate, broadened what could be donated (including certain OTC medications), and strengthened immunity protections. Just as importantly, it created a legal pathway for medications accepted and dispensed through an established out-of-state repository to reach Maryland residents – something that had not previously been possible.

Maryland’s interstate posture took on even greater significance earlier in the year, when the state paired its updated repository authority with a charitable pharmacy delivery model to expand access to low-cost medications for residents. In this structure, medications dispensed under another state’s repository authority could reach Maryland patients, illustrating how **thoughtful legislation can convert donation laws into real access**, not just permission on paper.

Medication reuse is no longer theoretical – it is operational, scalable, and crossing state lines.



Georgia

In parallel, Georgia continued refining its [Donated Drug Repository Program](#) rules (Chapter 511-5-12) throughout 2025, tightening definitions and operational requirements. Those refinements mattered not only within Georgia, but beyond it.

Together, Georgia's mature repository framework and Maryland's expanded statute created a lawful bridge: a way for medications accepted, inspected, and dispensed through a Georgia-based charitable pharmacy to reach patients across the border in Maryland. The result was not a one-off exception, but a **repeatable interstate model built squarely on aligned state law.**



Colorado

Also in May, Colorado passed [SB25-289](#), establishing a statewide drug donation program and explicitly recognizing participation by entities involved in donation programs operated by other states. Colorado's law reinforced a growing national pattern: states were no longer writing donation statutes as closed systems, but as **interoperable components of a broader reuse infrastructure.**

By mid-year, these policy decisions translated into real interstate operation. In July 2025, SafeNetRx, operating from Iowa, expanded into Nebraska, launching the **first operational multi-state prescription drug donation repository.** This collaboration demonstrated that when states align statutory authority with operational discipline, donated medications can move safely across borders without compromising oversight, pharmacist review, or patient safety.

Where We Stand Today

Although there is no federal framework for medication donation, throughout the year, the continued rollout of the Drug Supply Chain Security Act (DSCSA) shaped the environment in which these networks emerged. While DSCSA does not directly regulate donation programs, its emphasis on serialization, verification, and documentation has influenced how states design systems capable of supporting interstate reuse safely. The FDA's continued exemptions for qualifying small dispensers – extending certain enforcement timelines through November 27, 2026 – gave community and charitable pharmacies the breathing room needed to **build compliant, network-ready systems rather than abandon donation efforts altogether.**

About RemediChain

Our Staff



PHIL BAKER, PharmD

Founder/Pharmacist

A Christian, husband, and father of seven, Phil considers his role a vocation. After working in community pharmacy, he became deeply troubled by the disconnect between millions of Americans unable to afford prescriptions and the large volume of unused medication discarded each year. Through RemediChain, Phil is working to address that gap in pursuit of a patients-first pharmacy future. He believes pharmacists should be compensated based on the value they create, not the cost of the prescriptions they administer; that every patient deserves access to necessary prescription medication; that we can reduce prescription waste; and that together we can create opportunities to fundamentally redefine the pharmacy industry.



MICHELL ZULU, PharmD

Chief Operating Officer/Pharmacist

As Chief Operating Officer at RemediChain, Michell uses her expertise as a pharmacist to improve the health and well-being of the under-served. She oversees daily pharmacy operations, counsels patients, and supports both intake and dispensing for the RemediChain Medication Rescue program. Michell is committed to serving RemediChain donors, recipients, and partners while advancing the field of pharmacy.



LIZ ROBINSON

Program Director

A cancer survivor herself, with extensive experience in customer service and relations, Liz brings compassion and practical expertise to her role at RemediChain. She helps match donated medications with patients in need and serves as a primary point of contact for nurse and patient navigators, pharmacists, physicians, and individuals seeking to donate medication or access prescriptions.



STEPHEN HALL, PharmD
Chief Technology Officer/Pharmacist

Stephen Hall followed his passion for science and problem-solving when he pursued a career in pharmacy. At RemediChain, he bridges clinical care and innovation – developing smarter technology workflows while remaining hands-on with medication fulfillment and patient care. Stephen applies his pharmacy experience to support programs like Medication Rescue® and challenge traditional health care approaches.



ANN AUKERMAN, CPHT
Inventory Director/Pharmacy Technician

A certified pharmacy technician with nearly 30 years of experience, Ann Aukerman manages inventory and medication safety at RemediChain. Her perspective on medication affordability became deeply personal when her husband was diagnosed with leukemia. Today, she oversees donated medication verification, pharmacy inventory, licensing support, and patient assistance to help ensure life-saving prescriptions reach those who need them.

Partners

Partners assist RemediChain in reaching more donors and patients in need by sharing information and directing patients to RemediChain as a resource.

- NeedyMeds
- American Cancer Society
- FindHelp
- Blue Cross NC
- Community Foundation of Greater Memphis
- National Brain Tumor Society
- Living Beyond Breast Cancer
- City of Hope
- United Way of the MidSouth

Supporters

Supporters provide necessary financial support to help advance RemediChain’s mission and ensure no patient goes without lifesaving medication because of an inability to pay.

MCKESSON Foundation



Scan to learn more about our partners and supporters.

About RemediChain

Our History



2013

Deeply concerned by his experience in retail pharmacy, Phil Baker forms the nonprofit Good Shepherd Health to help address disparities in access to necessary medications.



2015

The nonprofit launches Good Shepherd Pharmacy in Memphis, Tennessee. It operates outside insurance, with patients in need enrolling as members to receive necessary medications at-cost or free.



2017

Driven by the sheer volume of medication waste in the United States – while many patients go without – Phil successfully partners with the Tennessee General Assembly to shepherd a new medication donation law into action. The law allowed anyone in the United States to donate unused, unopened, unexpired, good condition oral chemotherapy medication to approved Tennessee facilities.



2019

- RemediChain, a program of the nonprofit focused on medication reclamation and reuse, officially launches to collect unused, mint-condition medications and dispense them to patients in need.
- RemediChain founder Phil Baker and co-founder Ayilé Arnett are named Memphis Magazine's Innovators of the Year.



2020

RemediChain launches #FlipYourScrip, a technology-driven donation platform to streamline and ensure the safety of all rescued medications.



2021

RemediChain's #FlipYourScrip medication rescue program is named a **World-Changing Ideas finalist** by Fast Company.



2023

RemediChain and Phil Baker support the passage of Tennessee's **Kevin Clauson Drug Donation Act**, which expands the types of medications eligible for donation and the eligibility criteria for patients in need to receive those donated medications.



Why RemediChain

RemediChain is a pioneer in medication rescue, working to make donated medication viable, safe and accessible to patients nationwide while always putting patients first.

Nonprofit

As a nonprofit organization, our priority is the patients we serve. Our funding comes from grants, partnership support and individual donations – not investors, private equity, or pharmaceutical companies. **Patients never pay** out of pocket for medication received from RemediChain, and **donors never pay** to give donation-eligible medications.

Legal Know-How

Medication rescue is not federally regulated. It's subject to an intricate web of state-level laws that differ across the United States. RemediChain has a deep understanding of and actively tracks these laws nationwide, ensuring that our operation is 100% above-board.

Direct-to-Patient Support

While many organizations collect unused medications, we are one of very few that both **collect and share** those medications. This results in several advantages:

- 1. Efficiency** – As soon as we receive a donated medication, it can be inspected, added to our inventory, and even sent to a patient in need as soon as the same day.
- 2. Widespread impact** – Some organizations are specific to a certain state or region. We serve patients across the majority of U.S. states where legally permitted.
- 3. One-Stop-Shop** – Donations remain within our pharmacy and are immediately made available to patients who need it, eliminating reliance on third-party networks.

Pharmacist-Run

Medication management requires precision. RemediChain was founded and is operated by pharmacists, ensuring every step of the rescue process meets the highest standards of safety and care.

Safety First

Every donated medication is subject to a 14-point safety review by a licensed pharmacist, ensuring a trusted and reliable inventory for every patient we serve.

Spread the Word

Help RemediChain help more patients!

Whether you're a donor, a patient, a provider, or an interested individual, join us in closing the gap between unused medication and patients who need it. Scan the QR code or visit DonateMyMeds.org/Spread-the-Word to access shareable content – from social media graphics to printable brochures and more.



