

## **Expired aid-in-dying medications**

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From an Academy consulting pharmacist:

Here's a general guideline on how the expiration date is calculated vs the actual ingredients' likely potency:

Per federal pharmacy law, any compound has a maximum shelf life of 180 days. It does not matter if a scientist did potency testing 3 years later and showed the compounded drug has a 100% potency. The law still mandates a 180-day expiration date. We have many compounded formulas where the potency was studied and tested 99% after 360 days in a bottle at room temp. However, on our RX labels, we still put a 180-day expiration date.

In the pharmacy, we dispense aid-in-dying medications as a mixture of powders. The container with our large source of individual medications might have an expiration date of two years after our purchase. We scoop the powder from the large container into the patient's dispensing bottle — and the new expiration date is magically 180 days from that date.

The main condition that makes a powder less effective is moisture. We cannot prove that when mixing the multiple powders to make DDMAPh (or any formulation) is if moisture and mixing during the process leads to a shorter period of potency. Each powder on its own will likely have a 12+ month shelf life. Once you blend them, will that create an environment that degrades powder? The answer is likely 99% no it will not, but we have no such proof.

I hope it helps you see how these expiration dates are broken down.

## Academy suggestion:

Each clinician asked about whether the patient can use "expired" medications can explain a summary of the above to the patient. We cannot guarantee potency, but there is strong evidence and logic that vouches for continued potency well past the written expiration date. Also, Academy-gathered data (<a href="https://www.acamaid.org/datareport/">https://www.acamaid.org/datareport/</a>) has shown that even when a patient ingests 50% of the full dose, time to sleep and time to death show minimal

increases. The dosage and potency of present pharmacology protocols are roughly double the needed dose.

It is up to each patient to understand the above in deciding whether to replace medications that are beyond the written expiration date, or to replace them with a fresh set. Our responsibility is to provide information and discussion.

Thank you!

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