



Academy of Aid-in-Dying Medicine

Expiration Timing of Aid-in-Dying Medications

The following is a discussion in January of 2025 on the Academy's Listserv. Please note that all posts to the Listserv represent personal, individual opinions. They do not represent the opinions, conclusions, or policies of the Academy. We include these opinions here so that clinicians might inform their own opinions or conclusions.

Susan Quinones Thu, Jan 23, 2025 8:25 PM

Hi
All,

We just had a patient on our Hospice service who used his MAID prescription (DDMAPh) 8.5 months after it was filled. I was told that death occurred after 2.5 hours. It was my recollection that once the script was filled, it was stable for no longer than 6 months. I am unable to remember the source of this. What have others experienced and what is correct? (I am familiar with all the reasons NOT to fill until the patient is much closer to taking the medications so please hold your advice on that.)

Susan Quinones RN
SLO County CALive Simply and Care Deeply

Jessie Lucey Thu, Jan 23, 2025 at 8:56 PM

EMRAP did a wonderful segment about how all medications (except for sulfas and nitros) are shelf-stable for five years after their stated expiration date, so I suspect our medications are much more durable than we say. But I'm very curious to hear from a pharmacist!

Jess Kaan Thu, Jan 23, 9:01 PM

Attached, the Academy guidance on this.

S Gess
Jan 23, 2025, 9:06:11 PM

Pharmacists by compounding law have to put a 6 mo expiration on anything extemporaneously prepared, like DDMA-Ph. It is unlikely that you would lose much potency in the first few months after passing the 6mo "expiration date". When people want to refill their medication, then it is prudent to say that time to death

may be a little prolonged. Of course, this is also assuming storage in a cool dark place (not on an upper cupboard or shelf of hot closet or in moist space).

When approaching a year, I think most would feel more comfortable with a fresh batch, just to be sure. And, yes, I know those who advise just to keep the Rx on hold in the pharmacy and not even fill it until ready. There are, however, many people who feel such relief having the preparation in their house, that we need to be ready for issues such as that raised this thread. Thanks -

Susan Gess, PharmD

Liberty Drug Fri, Jan 24, 2025 at 6:16

I've had patients use the med after it was sitting at home for a year. Things went according to plan as far as I was aware.

-Amit

Pope, Thaddeus Fri, Jan 24, 2025 at 6:22

Aren't the meds already sitting at the pharmacy? So, why count expiration time only once prescription written?

Professor Thaddeus Mason Pope, JD, PhD, HEC-C www.thaddeuspope.com

Will Steel Fri, Jan 24, 2025 at 7:25

When the prescription is filled (mixing all the powders into one bottle) by the compounding pharmacy the date it is processed sets the 180 days beyond use date clock running, after which USP 795 guidance as discussed earlier would state it should be replaced.

If the prescription is placed on hold at the pharmacy for future filling the date the prescription was written then drives the need for it to be re-written, which I believe each State's Board of Pharmacy stipulates. For example in California a controlled drug prescription is only valid for 6 months (180 days) from date written. So a pharmacy could action it anytime within that time frame. When filled then 180-day dating would appear on the label based on the date it was filled not when the script was written.

Pope, Thaddeus Fri, Jan 24, 2025 at 7:31

Thank you.

But it seems that the expiration time limits are dictated by regulations.

Yet those regulations themselves may not be terribly well-grounded in pharmacology, chemistry, science? Is that fair?

Professor Thaddeus Mason Pope, JD, PhD, HEC-C Mitchell Hamline School of Law

JKaan Fri, Jan 24, 2025 at 7:33

Certainly seems that way to me.

Jess Kaan

Justin Levesque Fri, Jan 24, 2025 at 7:44AM

The beyond use date of this medication in particular is 180 days from the date compounded, as stated very nicely by Will.

Thaddeus is not wrong with his statement RE regulations and their grounding in science.

I would not advise any patient to utilize the medication beyond the 180-day date, due to the legal liability presented if that is done. But that's me. I realize this may not be entirely rational from a science perspective.

Justin Levesque MS, MBA, PharmD

Principal Coastal Pharmacy & Wellness

Valerie Lovelace Fri, Jan 24, 2025 at 8:00

This thread is really helpful for a layperson like myself.

One of the most frequent questions I get about the prescription after "How much does it cost" is "How long is it good for?" I'm already feeling like I have a better way to respond to this question (while I'll still recommend patients speak with the prescriber and pharmacist to get clarity on their prescription).

ValRev. Valerie Lovelace, MS

Executive Director, Maine Death with Dignity

Maury Hafermann Fri, Jan 24, 2025 at 10:59

I believe this (attached) is the original Shelf-Life Extension Program (SLEP) study and list done for the DOD in 2006 for all us medgeeks out there.

--MDH

'Geraldyn Ponzio' Jan 26, 2025 at 9:15 AM

I've heard from pharmacists that solids such as powders and tablets will be stable for eons. Liquids, less so. This makes sense to me.

That being said, I also believe in Murphy's law, which states that if anything can go wrong, it will. Our patients' MAID scripts are their final act, and we definitely want this to go smoothly.

I tell my patients ahead of time that there is an expiration date, and that they do not HAVE to use the medication by any specific date, but if they hold on to it past the expiration date, they need to ask me for a REPLACEMENT and HAND IN THE OLD SCRIPT one to get the new one.

I've had one patient who needed to exchange his script. I documented the need for the refill of the medication and the exchange of the old for the new. The pharmacy had no problem with this. His eventual death by ingestion of the new script was very peaceful. Mission accomplished and we lost no sleep over this

whatsoever.

Geralyn Ponzio MD

Rebecca Hudson

Hi Geralyn,

I am wondering how the financial aspects of the second prescription were handled for your patient? For some replacing the RX might be a reasonable path, but for many End of Life Washington clients, the cost of the prescription is a significant hardship. I can't imagine asking them to pay for the script a second time when all evidence seems to indicate the original RX would still be effective.

I would also be very curious to hear from folks in states who have figured out state or institutional funding for the RX cost, how this might be handled.

Thanks all,

Rebecca Hudson, MA

Client Services Manager

she/they

End of Life Washington

Kasey March Mon, Jan 27, 2025 at 2:02

Vermonters here, where we don't have a residency requirement for MAiD. When I work with clients, whether they live in-state or out-of-state, I explain to them the important factors to consider when choosing to fill their prescriptions including cost, safe storage, expiration, and communication with involved parties (their prescribing physician and the pharmacist).

Many clients choose not to fill the prescription until just before their chosen ingestion date. Cost is certainly a factor. When they wait to fill there are no worries about paying for a prescription they don't end up using (if that's the case), safe storage until it's used (especially if they will leave the state), or safe disposal if the medication was obtained and it goes unused.

There's no requirement that they wait and we have been incredibly fortunate that the pharmacy is generally able to fill the prescription within 1-2 business days. If the prescription could take longer to fill I think concerns about not having the meds when they were needed would be a bigger concern for folks who are worried about health changes that could quickly take away their ability to safely or legally use the medication.

With great care,

Kasey March (she/her) Death Doula,

'Geralyn Ponzio' Jan 27, 2025 at 2:08

I've really only had this happen once, most of the patients that I write for have used the medication within 6 months of receiving the prescription.

That being said, I don't feel that I could recommend otherwise. I agree that most solid-form meds will last a great deal longer than the expiration date. But if it doesn't work for the patient, who takes this blame if I recommended that they just use the expired medication? Me.

Patients here in New Jersey have to pay for the medication out of pocket, almost \$1000. This is steep. I would not harass a patient into refilling it who can't afford it, that would be their choice. But I do tell them it should be refilled if they're going to hang on to it long-term, I would also document this. I feel that this is the best medico-legal way to do it.

I can't help anyone if I don't have a license.

January 27, 2025 1:00 pm

Lonny Shavelson, MD

Listserv Moderator

Thank you all for this superb and essential discussion about expired aid-in-dying medications. I'm closing the discussion because it is getting repetitive and I believe most significant points have been made.

But, as the moderator, of course I get the last word. :) I know that most of you are aware of this — but by keeping the Rx at the pharmacy and, when appropriate and feasible, not filling the Rx and delivering the meds until the patient has a date and is close to taking them, the expiration problem goes away. And there are many other reasons to follow this practice, when possible.

I've posted this excellent expiration discussion on the Pharmacology page of the new Academy website: <https://www.aadm.org/courses/pharmacology> Scroll down slightly and you'll see the related discussions: *When Should Medications Delivered*, and *What About Medications That Have Expired*.

Thank you all!!

Lonny

Dr. Catherine Sonquist Forest Jan 27, 2025

Hi all,

Tangential but related:

I have circumvented the med expiration problem somewhat by reassuring the patient that the written prescription is good for 6 months AND that the pharmacy can hold it for them and just dispense it when the patients contacts the pharmacist. Doing so both lowers the risk of diminishing potency, but also decreases the risk of opiate diversion.

Patients are reassured by this and most often choose this option.

Only once have I needed to re-submit the Rx because it had expired (and the person outlasted the 6 months!).

Since the prescription can be held by the pharmacist for months and filled and delivered more easily these days, most people have the request process is complete, the pharmacist will store the compound for them and fill quickly.

If explained well, so far our patients have been fine with these compounded fatal meds being dispensed when the patient's timing is nearer and therefore less chance for expiration or wastage.

What have other people's experiences been?

Best regards
Catherine

Ps.

An anecdote:

Hospice can provide a locked medication box for controlled medications. One of my patients had locked the meds in the med locker without sharing the combination. They died in the interval between the request and dying naturally - without using aid in dying. The pharmacist had to get the box unlocked by a locksmith to dispose of the MAID meds.

A reminder to instruct patient to share the combination with a trusted individual for lock med box!

12:27 PM (1 hour ago)

'Mark Apfel' 1/30/25

I also reassure my patients that I can have their meds delivered usually in 24 hours and on the outside 48 hours so they really don't need to get their meds prior to having a planned day to take them (and incur the expense of the meds). Since I also always attend the death we need to set a date which works for all of us. After giving them these assurances I have not had anyone push me to get their meds early

Mark Apfel, MD