

Expiry Date Guidelines for Care Homes

1. If the manufacturer gives an 'expiry date from opening' or a 'dispose of after X time after opening' then this must be followed. Good practice to write on product 'date opened' AND 'date expired' at first opening.
2. If the manufacturer does NOT specify an expiry date from opening, then use the product until the manufacture printed expiry date on the product.
3. If there is no expiry date (either from opening or other expiry date), then use 6 months from date of dispensing as a pragmatic option.

Any product whose appearance suggests it may be unfit for use should be discarded, regardless of expiry date.

There is NO requirement for a medicine, including emollient creams, to be disposed of early, and stocks should be carried over to the next 28-day cycle.

NICE SC1 – Managing Medicines in Care Homes

(available from <https://www.nice.org.uk/guidance/sc1/evidence/full-guideline-pdf-2301173677>)

INTERNAL PREPARATIONS	EXPIRY DATE- UNOPENED	EXPIRY DATE- WHEN OPENED
Liquids	Manufacturer's expiry	Manufacturer's expiry, unless stated otherwise
Antibiotic liquids	Pharmacy will usually open this to reconstitute	Usually 7 or 14 days after <i>dispensing</i> ; see pharmacy label
Tablets/capsules in original blister packs	Manufacturer's expiry printed on box/strips	Manufacturer's expiry, unless stated otherwise
Tablets/capsules in pharmacy dispensing (brown) bottle (including halved tablets)	See pharmacy dispensing label	Up to 6 months after <i>dispensing</i>
Tablets/capsules in sealed compliance aids (including MDS)	See pharmacy dispensing label	Usually 8 weeks from <i>dispensing</i> date
Inhalers	Manufacturer's expiry	Manufacturer's expiry, unless otherwise stated (e.g. Relvar Ellipta has a 6 week expiry after opening)
Insulin	Manufacturer's expiry	4 weeks after opening

EXTERNAL PREPARATIONS	EXPIRY DATE- UNOPENED	EXPIRY DATE- OPENED
ALL Creams/Ointments (tubes, pump dispensers, jars and tubs)	Manufacturer's expiry	Manufacturer's expiry, unless stated otherwise. Please note some products have a 3 month expiry on opening (Epimax, Excetra, Cetaben)

DROPS	EXPIRY DATE- UNOPENED	EXPIRY DATE- OPENED
Eye Drops/Ointment	Manufacturer's expiry	28 days unless stated otherwise (e.g. Hylo-Tear, Hylo-Forte and Vita-Pos have a 6 month expiry once opened)
Single-Use Eye Drops	Manufacturer's expiry	Discard after each use
Ear or Nose Drops/Sprays	Manufacturer's expiry	Manufacturer's expiry, unless stated otherwise.

UNDERSTANDING EXPIRY DATES	
EXAMPLE OF WORDING ON PACKAGING	WHAT DOES THIS MEAN?
Use By June 2019	Use before 1 st June 2019, do not use after 31 st May 2019
Use Before June 2019	Use before 1 st June 2019, do not use after 31 st May 2019
Discard After June 2019	Use before 1 st July 2019, do not use after 30 th June 2019
Use Before End June 2019	Use before 1 st July 2019, do not use after 30 th June 2019
Expiry June 2019	Use before 1 st July 2019, do not use after 30 th June 2019

This information is supplied as a guideline only; always comply with the information on individual products or contact your pharmacy with any queries.

Shorter Expiry Dates

Certain preparations have a shorter manufacturer's expiry date once they have been opened. The following list is not exhaustive and is only intended to cover some of the most frequently used products. Many specials will have a short shelf life; see the Patient Information Leaflet or contact the manufacturer for further information.

Product	Shelf life once opened
Citalopram drops	16 weeks
Oramorph 10mg/5ml liquid	90 days
Risperidone 1mg/ml liquid	90 days
Dipyridamole MR/PR capsules	30 days-6 weeks (depending on brand)
Neoral 100mg/ml oral solution	2 months
Memantine 10mg/ml oral solution	12 weeks

Longer Expiry Dates

There are now certain eye preparations that have a longer expiry date than the standard 28 days, some examples are:

- Optive and Optive Plus eye drops (6 months)
- VitA-Pos eye ointment (6 months)
- Hylo Tear and Hylo Forte ocular devices (6 months)

Key points for basic storage conditions

- Keep all medication in the original container in which they were dispensed and ensure it is only used for the person for whom it was prescribed.
- Keep medicines in their original outer packaging, to protect from sunlight.
- All medicines should be stored in a cool (below 25°C), dry place unless refrigeration is required (between 2°C and 8°C); temperatures should be recorded daily and a documented process should be in place should the temperature fall out of range.
- The expiry date of the product can change once opened.
- Rotate stock so the earliest expiry is at the front; this way it will be used first.
- Set up a system to check all expiry dates monthly.
- Record the date opened and the calculated expiry on the medicine package/label at the time of opening for liquid medicines, insulins, eye/ear/nose drops, eye ointments and nose sprays.
- Seek advice from the community pharmacist if medicines are found to have been stored outside their intended conditions or if their dispensing labels become illegible (e.g. on creams etc.). Do not discard on this basis alone.
- Medication under the responsibility of staff must be stored in a locked, designated area when not being administered (noting any specific storage instructions e.g. controlled drug).
- Residents who have their own medication and self-administer should keep it locked in a secure cupboard in their room, and any surplus stock should be stored and grouped together.
- Expiry dates are checked every time before use.
- Storage temperatures of medicines rooms and fridges are monitored and recorded daily; staff must know what to do if any deviation from the required range is recorded.
- Use of PRN medication should be closely monitored by the home staff so that excess stock is not ordered but that the person does not run out within the 28 day cycle. The home should liaise with the GP to order appropriate quantities of PRN medication based on usage levels, and only order at the usual monthly request time, not as an urgent interim.
- PRN medications should be reviewed at least every 6 months and should be kept in the original packs so expiry dates can be checked.
- Care home staff must NOT routinely dispose of all medication at the end of each month if it is appropriate to carry forward.

Prescribed medication is the property of the service user.

- Care home staff must NOT dispose of unopened medicines and reorder new supplies.
- The use of 'as directed' instructions should be avoided; communicate with GPs and tweak 'as directed' and 'when required' instructions to match how the resident actually takes the medicine.
- Any product whose appearance suggests it may be unfit for use should be discarded irrespective of expiry date. If there is any doubt contact the community pharmacy or dispensary for advice. Be aware of the expiry date of PRN (when required) medication especially if they are not used frequently.
- Creams containers should be discarded when empty. If cream still in container after 6 months, order smaller size replacement, if cream is still clinically required.

The expiry date for any medication is calculated by the manufacturer, based on the efficacy and stability of the product after a certain amount of time; when the medicine is no longer within an acceptable condition, this is when it is considered to be 'out of date'.

It is a legal requirement for the manufacturer to print the expiry date on the original container of the product; this date can also be found on the individual strips of tablets/capsules in boxes, on the label of bottles and at the end of tubes of creams and ointments. This date can vary between products and can be a fixed time after manufacture, or after opening the container or after dispensing.

As part of good medicines management, patients should always receive medication that is 'in date'

- To ensure that the active ingredients are fully effective
- To reduce the risk of contamination
- To ensure that it is safe to use
- To avoid patient discomfort or a safety hazard due to toxic degradation products

Certain external factors can affect expiry- contact with water, temperature, air or light.

(Antibiotics to be taken as a liquid formulation are stored in the pharmacy as a dry powder, which is then reconstituted with water and given a shorter expiry date.)

Ensuring that products are stored correctly and 'in date' when given to patients is important both for patient safety, and to reduce medicines wastage. There are many avoidable reasons why medicines are discarded even though 'in date'. All staff can help reduce this waste stemming from:

- Inefficient prescribing or re-ordering systems
- Stockpiling
- Receiving excessive quantities
- Poor stock rotation and not checking expiry dates

Tablets and Capsules packaged in a monitored dosage system (dosette box)

If medicines are packaged in a dosette box they will no longer be covered by the terms of their product license; they should only be used up to the date as labelled by the dispensing pharmacy/GP dispensary.

- Not all medicines can be packaged in a dosette box
- The pharmacist/dispenser should consider the suitability of the medicine for use in a dosette box since some medicines should only be stored in their original packaging
- If controlled drugs (CDs) are incorporated into a dosette box then the whole box is subject to Misuse of Drugs (Safe Custody) Regulations, meaning the whole box should be stored in the controlled drug cupboard
- Dosette box systems should not be used for PRN medication as it can lead to increased wastage

For further information see NICE guidance: <https://www.nice.org.uk/guidance/sc1>

And RPS: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>