



## Policy and Procedure

Policy Name:	Drug Expiration Protocol		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)  Department of Health Care Services (DHCS) All Plan Letter 20-004, Facility Site Reviews.		

**Purpose:**

Establish a procedure to check expiration dates of all drugs (including vaccines and samples), and infant and therapeutic formulas.

**Definition:**

Expiration Date — The expiration date identifies the time during which medications may be expected to meet the requirements of the Pharmacopeia monograph, provided it is kept under the prescribed storage conditions.

**Policy:**

The manufacturer’s expiration date must appear on the labeling of all drugs. All prescription, sample and over-the-drugs not bearing the expiration date are deemed to have expired. Expired drugs may not be distributed or dispensed. If a drug is to be reconstituted at the time of dispensing, its labeling must contain expiration information for both the reconstituted and un-reconstituted drug.

**Procedure:**

Specified staff will maintain Monthly Equipment, Medication Verification and Replacement Logs. (See Appendix A)

All medications (vaccinations, prescription, sample or over-the-counter) will be verified monthly. Any expired drugs will be removed, properly disposed of and replaced.

Any medication vials should be discarded whenever sterility is compromised or questionable. If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different date for the opened vial.

_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date
_____ First Name Last Name – Title	_____ Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Appendix A

Document day of month and initials when equipment is verified to be in Working order, medications are within expiration dates, oxygen tank is full and Medication dosage chart is present.

MONTHLY EQUIPMENT, MEDICATION VERIFICATION AND REPLACEMENT LOG

YEAR \_\_\_\_

Please initial each category as you check the medication and equipment.

An initial indicates that the items have been checked; expired medications and lab supplies purged, properly disposed of and replaced.

Month/Date	Meds, In Refrigerator Freezer	All other meds and samples	Emergency Equipment/ Medication used and Replaced	Oxygen level, key, mask, and tubing attached	All Lab reagents, hemocults etc.	All vacutainers, tubes, culture medium & collection system	Other
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Initials	Signature	Initials	Signature