Pharmaceutical & Medical Waste Segregation Matrix

A one-page decision matrix: identify the waste, route it to the right stream, container, and rule. Post it where waste is generated.

If the waste is…	Stream	Container	Rule / method
A needle, syringe w/ needle, lancet, or blade	Sharps	Rigid sharps container	OSHA 1910.1030
Saturated/dripping with blood or OPIM	Regulated medical waste	Red bag	OSHA 1910.1030; DOT UN3291; autoclave/incinerate
A DEA controlled substance (Sch I–V)	Controlled substance destruction	Secure / DEA collection	21 CFR 1317; non-retrievable; Form 41
A P- or U-listed or characteristic drug	RCRA-hazardous	Black container	RCRA 40 CFR; Subpart P — no sewering
Chemo-contaminated PPE / RCRA-empty vials	Trace chemotherapy	Yellow container	USP <800>; incinerate at permitted facility
Bulk chemo / unused chemo drug	RCRA-hazardous (bulk)	Black container	RCRA 40 CFR; manifested
A non-controlled, non-hazardous drug	Non-hazardous pharmaceutical	Blue container	State rules; never flush/landfill
Unexpired, unopened, creditable stock	Reverse distribution	Segregated returns	Manufacturer policy; credit vs. destroy

When a drug fits two streams

Route to the most stringent applicable stream: controlled-substance rules take priority over RCRA-hazardous, which take priority over non-hazardous pharmaceutical. When in doubt, segregate up, not down — and confirm your state's rules, which can be broader than the federal baseline.

One vendor, every stream: Easy Rx Cycle handles all eight — mail-back or scheduled pickup — with a Certificate of Destruction every time.