

Assessment of Risk for USP <800> Compliant Alternative Containment Strategy

Drug Name: Leuprolide	Assessment of Risk Completed on (Date): 7/28/19
Type of HD <ul style="list-style-type: none">Antineoplastic	
Dosage Form <ul style="list-style-type: none">Injectable of conventionally manufactured product that requires only packaging	
Pregnancy Category: X	
Risk of Exposure <ul style="list-style-type: none">NIOSH Table 1: The drug meets one or more of the NIOSH criteria for a hazardous drug. Many of these drugs are cytotoxic and may also be hazardous to males or females who are actively trying to conceive, women who are pregnant or may become pregnant, and women who are breast feeding, because they may be present in breast milk. Supplemental Information: Route of exposure: Contact with skin (injectables, repackaged oral liquids) Ingestion of HD materials (capsules) Inhalation (powder)	
Containment Strategies <ul style="list-style-type: none">Anti-neoplastic drugs will be segregated and labeledAll pharmacy staff wear proper PPE when dispensing anti-neoplastic drugs.When cleaning any device, equipment, counting tray that comes in contact with a HD, a single glove must be usedCounting or repackaging of HDs must be done carefully. Clean equipment should be dedicated for use with HDs and should be decontaminated after every use.Tablet and capsules forms of anti-neoplastic HDs must not be placed in automated counting machines, which subject them to stress and may create powdered contaminants.Student Health Pharmacy does not cut, crush, or otherwise manipulate medications before dispensing to the patient.Medication containers of anti-neoplastic drugs, P-rated drugs, trace contaminated PPE materials (i.e. gloves, masks) will be disposed of using the black RCRA Hazardous Waste Container.	
Based on Assessment of Risk our pharmacy will proceed as follows: <ul style="list-style-type: none">Follow containment strategies documented above and in SHS Hazardous Drugs Policy & ProceduresFollow USP <800> recommendations	

Reviewed by Pharmacy Manager:

Date: _____