# Hazardous Medication List

Reducing occupational exposure to hazardous medications for **ALL STAFF** 



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# Alberta Health Services / Covenant Health Hazardous Medication Classification

KNOWN Hazard Medication	These medications are mainly antineoplastic medications as per National Institute for Occupational Safety and Health (NIOSH) Table 1, predominantly used in the treatment of cancer (chemotherapy) and in some cases, used for the treatment of other conditions (e.g., psoriasis, rheumatoid arthritis). KNOWN hazard medications are carcinogenic, cytotoxic and/or have manufacturer special handling information (MSHI) to protect workers handling the medications. Not all KNOWN hazard medications are cytotoxic or anti-neoplastic. These medications present a serious risk to the health or welfare of healthcare staff during occupational exposure.
POTENTIAL Hazard Medication	These medications meet one or more of NIOSH's criteria for a hazardous medication but are not drugs that are known to be carcinogenic or probably carcinogenic.
REPRODUCTIVE Hazard Medication	These are mainly non-antineoplastic medications that only meet the NIOSH criteria as a developmental and/or reproductive hazard. They are not drugs that are known or probable carcinogenic agents.  These medications may present an occupational exposure risk only for certain individuals; staff of childbearing years regardless of gender with a potential to conceive or fertilize, women who are pregnant, or women who are breast feeding.
	Should staff members have specific questions, they should discuss with their supervisors in consultation with their personal physicians and Workplace Health and Safety (WHS) to assess the risk of occupational exposure to these medications and the option of temporarily refraining from handling hazardous medications.  Certain Reproductive Hazard Medications may only be applicable to a subset of the Reproductive population; see key points below.





## Hazardous Medication List – Key Points



Indicates the medication is a **CYTOTOXIC** agent. Cytotoxic refers to a substance or process which results in cell damage or cell death.

- **★** Indicates **REPRODUCTIVE Hazard Medications** applicable to a subset of the reproductive population.
  - Some REPRODUCTIVE Hazard medications have been identified to have specific parameters and may only be applicable to a subset of the reproductive population.
  - Refer to Appendix A for more detailed medication-specific information.
- Operational challenges have been identified and implementation is in progress.
- Gene therapy products require specialized clean up if spilled. AHS/COV staff:-Please contact the Hazardous Medication team at hazardousmedication@ahs.ca for details.

The following products are NOT listed on the Hazardous Medication List, but may require special handling precautions:

- Salts, PEGylated and liposomal medication only the parent compound is listed (e.g., doxorubicin)
- Combination products containing a hazardous medication. (e.g., spironolactone-hydrochlorothiazide)
- Investigational / Clinical Trial medication as toxicological data is often incomplete or unavailable, except where current data indicates a hazardous risk. Follow the study protocol for safe handling precautions.
- Chemicals and / or raw powders; follow the Safety Data Sheet (SDS) for safe handling precautions.
- Radiopharmaceuticals: Nuclear Medicine has policies and procedures for the handling of these products

The Hazardous Medication List will be reviewed and updated on a periodic basis as new medication or information becomes available.

Refer to Insite for the most current version.





# **HAZARDOUS MEDICATIONS**

#### **COMPLETE List:**

#### K = KNOWN, P = POTENTIAL, R = REPRODUCTIVE

abacavir	Р
abemaciclib	R
abiraterone	K
acalabrutinib	K
acitretin	R
AFAtinib	K
alefacept	Р
alitretinoin	R
alpelisib	R
altretamine	K
ambrisentan	R
amifampridine	Р
amifostine	R
amsacrine 🛕	K
anastrozole	K
apalutamide	Р
apomorphine	Р
arsenic trioxide	K
asciminib	R
avacopan	R
avapritinib	R
aXitinib	K
azaCITIDine 🛕	K
azaTHIOprine 🛕	K
В	
bacillus calmette- guérin (BCG)	K
baricitinib	Р
belantamab mafodotin	K
belinostat 🛕	K
bendamustine 🛕	K
bexarotene	K
bicalutamide	K
bleomycin	K
blinatumomab	Р
Δ.	K
bortezomib 🛕	

K = KNOWN, P = P	UII	<u> </u>
bosutinib		K
brentuximab vedotin	A	K
brigatinib		R
buserelin		K
busulfan	A	K
С		
cabazitaxel	6	K
cabergoline		R
cabozantinib		K
capmatinib		R
capecitabine	A	K
carBAMazepine		Р
carbetocin	*	R
CARBOplatin	A	K
carboprost		R
carfilzomib	A	K
carmustine	A	K
cenobamate		R
ceritinib		R
cetrorelix acetate		R
chlorambucil	A	K
chloramphenicol		K
chlormethine	A	K
choriogonadotropin alpha		R
cidofovir		K
CISplatin	A	K
cladribine	A	K
cloBAZam		R
clofarabine	A	K
clomiPHENE		R
clonazePAM		R
cobimetinib		R
colchicine		R
crizotinib		K
cyclophosphamide	A	K
cycloSPORINE		Р

AL, R = REPRODUCTI	V L
cyproterone	Р
cytarabine 🛕	K
D	
daBRAFenib	K
dacarbazine	K
dacomitinib	R
DACTINomycin 🛕	K
danazol	R
darolutamide	Р
daSATinib	K
DAUNOrubicin <b></b>	K
decitabine	K
deferiprone	Р
degarelix	K
dexMEDEtomidine •	R
dexrazoxane	K
diethylstilbestrol	K
dihydroergotamine	R
dinoprostone	R
divalproex sodium	R
DOCEtaxel 🛕	K
DOXOrubicin 🛕	K
dronedarone	R
dutasteride	R
E	
edaravone	R
enasidenib	Р
encorafenib	K
enfortumab vedotin 🛕	K
entecavir	Р
entrectinib	Р
enzalutamide	K
epcoritamab 🛕	K
epiRUBicin 🛕	K
erdafitinib	Р
ergonovine (ergometrine) / methylergonovine	R

eriBULin 🛕	K
erlotinib	K
eslicarbazepine	R
estradiol	Р
estramustine 🛕	K
estrogen - conjugated	Р
estrogen - esterfied	Р
estrogen / progesterone combinations	Р
estropipate	Р
etoposide 🛕	K
everolimus	K
exemestane	K
exenatide	Р
F	
fedratinib	R
finasteride	R
fingolimod	Р
floxuridine	K
fluCONazole	R
fludarabine	K
fluorouracil (5FU)	K
fluoxymesterone	Р
flutamide	K
fosphenytoin	Р
fulvestrant	K
G/H	
ganciclovir	Р
ganirelix acetate	R
gefitinib	K
gemcitabine	K
gemtuzumab ozogamicin	K
gilteritinib	Р
glasdegib	Р
gonadotropin, chorionic	R
goserelin	K
guadecitabine	K

- \* Reproductive Hazard Medication applicable to a subset of the reproductive population. See Appendix A
- Indicates a special circumstance. See information on page v.
- ◆, ■, and ♦ See special handling precautions on page 10.





# HAZARDOUS MEDICATIONS

#### **COMPLETE List (continued):**

#### K = KNOWN, P = POTENTIAL, R = REPRODUCTIVE

histrelin	K	
hydroxyUREA	K	
I		
icatibant	R	
IDArubicin 🛕	K	
ifosfamide 🛕	K	
iMAtinib	K	
inotuzumab ozogamicin	K	
irinotecan	K	
isatuximab	R	
ISOtretinoin	R	
ivabradine	R	
ixabepilone 🛕	K	
ixazomib	K	
J/K/L		
larotrectinib	R	
leflunomide	Р	
lenalidomide	K	
lenvatinib	R	
letrozole	K	
leuprolide	K	
levonorgestrel	Р	
liraglutide recombinant	Р	
lomitapide	R	
lomustine 🛕	K	
lonafarnib	R	
loncastuximab tesirine	K	
lorlatinib	R	
lurbinectedin 🛕	K	
M		
macitentan	R	
mavacamten	Р	
mecasermin	K	
medroxyPROGESTERone	Р	
megestrol	K	

melphalan 🛕	K
melphalan	
flufenamide	K
menotropins	R
mercaptopurine 🛕	K
methIMAzole	Р
methotrexate	K
methylTESTOSTERone	R
midostaurin 🛕	K
miFEPRIStone	R
miltefosine	R
mipomersen	Р
mirvetuximab soravtansine	K
miSOPROStol	R
mitoMYcin 🛕	K
mitotane	K
mitoXANTRONE 🛕	K
mycophenolate mofetil	Р
mycophenolic acid	Р
N	
nafarelin	R
nelarabine	K
neratinib	Р
nevirapine	Р
niLOtinib	K
niraparib	K
0	
olaparib	Р
omacetaxine 🛕	K
onasemnogene	K
abeparvovec ospemifene	Р
	K
	1.7
oxaliplatin <b>&amp;</b>	R
	R P

Р		
PACLitaxel 6	K	
pacritinib	R	
palifermin	Р	
pamidronate	R	
panobinostat	Κ	
PARoxetine	R	
pasireotide	R	
PAZOPanib	K	
peginesatide	R	
PEMEtrexed <b></b>	K	
pemigatinib	Р	
pentamidine 🔷	R	
pentetate calcium	R	
pentostatin 🛕	K	
phenoxybenzamine	Р	
phenyTOIN	Р	
pipobroman	K	
piritrexim isethionate	K	
plerixafor	R	
polatuzumab vedotin	K	
pomalidomide	K	
PONATinib	K	
porfimer 🛕	K	
posaconazole	R	
PRALAtrexate <b>&amp;</b>	K	
pralsetinib	Р	
procarbazine 🛕	K	
progesterone	Р	
progestins	Р	
propylthiouracil	Р	
Q/R		
raloxifene	Р	
raltitrexed	K	
rasagiline	Р	
regorafenib	K	

remdesivir		Р
ribavirin		R
ribociclib		R
riociguat		R
romiDEPsin	<b>6</b>	K
S		
sacituzumab govitecan	A	K
selinexor		R
selpercatinib		R
selumetinib		R
semaglutide		K
sirolimus		Р
siponimod		R
sodium phenylbutyrate - ursodoxicoltaurine		R
sonidegib		R
SORAfenib		K
sotorasib		Р
spironolactone		Р
streptozocin	<b>6</b>	K
SUNItinib		K
Т		
tacrolimus		Р
tagraxofusp	A	K
talazoparib	A	K
tamoxifen		K
temazepam		R
temozolomide	A	K
temsirolimus		K
teniposide	A	K
teriflunomide		Р
testosterone		R
thalidomide		K
thioguanine	A	K
thiotepa	<b>A</b>	K
tisotumab vedotin	A	K

- ★ Reproductive Hazard Medication applicable to a subset of the reproductive population. See Appendix A
- Indicates a special circumstance. See information on page v.
- ◆, ■, and ♦ See special handling precautions on page 10.

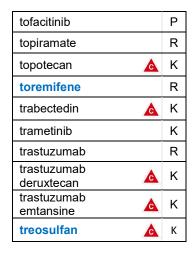




# **HAZARDOUS MEDICATIONS**

#### **COMPLETE List (continued):**

#### K = KNOWN, P = POTENTIAL, R = REPRODUCTIVE



tretinoin	R	
trifluridine / tipiracil (combination only)	K	
triptorelin	K	
tucatinib	R	
U/V		
ulipristal	R	
upadacitinib	Р	
uracil mustard	K	
urofollitropin	R	
valGANciclovir	Р	
valproate / valproic acid	R	

valrubicin	K
vanDETanib	K
vemURAFenib	K
venetoclax	K
vigabatrin	R
vinBLAStine	K
vinCRIStine 🛕	K
vinorelbine	K
vismodegib	K
voretigene neparvovec	K
voriconazole	R

vorinostat	K
W/X/Y/Z	
warfarin	R
zanubrutinib	K
zidovudine	Р
ziprasidone	R
ziv- aflibercept	K
zoledronic acid	R
zonisamide	R

- ★ Reproductive Hazard Medication applicable to a subset of the reproductive population. See Appendix A
- Indicates a special circumstance. See information on page v.
- ◆, ■, and ♦ See special handling precautions on page 10.





# **KNOWN HAZARDOUS MEDICATIONS**

#### **KNOWN Hazardous Medication List:**

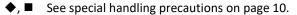
Α	
abiraterone	
acalabrutinib	A
AFAtinib	
altretamine	A
amsacrine	A
anastrozole	
arsenic trioxide	A
aXitinib	
azaCITIDine	A
azaTHIOprine	A
В	
bacillus calmette- guérin (BCG)	•
belantamab mafodotin	A
belinostat	A
bendamustine	A
bexarotene	
bicalutamide	
bleomycin	A
bortezomib	A
bosutinib	
brentuximab vedotin	A
buserelin	
busulfan	A
С	
cabazitaxel	A
cabozantinib	
capecitabine	A
CARBOplatin	A
carfilzomib	A
carmustine	A
chlorambucil	A
chloramphenicol	

chlormethine	A
cidofovir	
CISplatin	A
cladribine	A
clofarabine	A
crizotinib	
cyclophosphamide	A
cytarabine	A
D	
daBRAFenib	
dacarbazine	A
DACTINomycin	A
daSATinib	
DAUNOrubicin	A
decitabine	A
degarelix	
dexrazoxane	A
diethylstilbestrol	
DOCEtaxel	A
DOXOrubicin	A
E	
encorafenib	
enfortumab vedotin	A
enzalutamide	
epcoritamab	A
epiRUBicin	A
eriBULin	A
erlotinib	
estramustine	A
etoposide	A
everolimus	A
exemestane	
F	
floxuridine	A
fludarabine	<u> </u>

fluorouracil (5FU)	A
flutamide	
fulvestrant	
G/H	
gefitinib	
gemcitabine	A
gemtuzumab ozogamicin	A
goserelin	
guadecitabine	A
histrelin	
hydroxyUREA	<u>A</u>
-	
IDArubicin	A
ifosfamide	<u>c</u>
iMAtinib	
inotuzumab ozogamicin	A
irinotecan	<u>c</u>
ixabepilone	A
ixazomib	Č
J/K/L	
lenalidomide	
letrozole	
leuprolide	
Iomustine	<u>A</u>
loncastuximab tesirine	6
lurbinectedin	<u>A</u>
М	
mecasermin	
megestrol	
melphalan	<u>c</u>
melphalan flufenamide	<b>6</b>
mercaptopurine	<u>c</u>
methotrexate	A

midostaurin	A
mirvetuximab soravtansine	A
mitoMYcin	A
mitotane	A
mitoXANTRONE	A
N	
nelarabine	A
niLOtinib	
niraparib	A
0	
omacetaxine	A
onasemnogene abeparvovec	
oxaliplatin	A
Р	
PACLitaxel	A
panobinostat	A
PAZOPanib	
PEMEtrexed	A
pentostatin	
pipobroman	
piritrexim isethionate	<b>&amp;</b>
polatuzumab vedotin	A
pomalidomide	
PONATinib	
porfimer	A
PRALAtrexate	A
procarbazine	A
Q/R	
raltitrexed	A
regorafenib	
romiDEPsin	A
S	
sacituzumab	A

Bold BLUE type indicates a medication newly listed as of August 2023



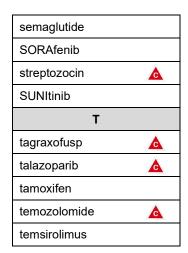


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# **KNOWN HAZARDOUS MEDICATIONS**

#### **KNOWN Hazardous Medication List (continued):**



teniposide	A
thalidomide	
thioguanine	A
thiotepa	<u>A</u>
tisotumab vedotin	<u>A</u>
topotecan	<u>A</u>
trabectedin	A
trametinib	
trastuzumab deruxtecan	<b>A</b>
trastuzumab emtansine	A

treosulfan	A
trifluridine / tipiracil (combination only)	۵
triptorelin	
U/V	
uracil mustard	A
valrubicin	A
vanDETanib	
vemURAFenib	
venetoclax	A
vinBLAStine	A

vinCRIStine	C
vinorelbine	A
vismodegib	
voretigene	
neparvovec	_
vorinostat	<u>A</u>
W/X/Y/Z	
zanubrutinib	
ziv- aflibercept	





# **POTENTIAL HAZARDOUS MEDICATIONS**

#### **POTENTIAL Hazardous Medication List:**

Α
abacavir
alefacept
amifampridine
apalutamide
apomorphine
В
baricitinib
blinatumomab
С
carBAMazepine
cycloSPORINE
cyproterone
D
darolutamide
deferiprone
E
enasidenib
entecavir
entrectinib

erdafitinib	
estradiol	
estrogen - conjugated	
estrogen - esterfied	
estrogen / progesterone combinations	
estropipate	
exenatide	
F	
fingolimod	
fluoxymesterone	
fosphenytoin	
G/H	
ganciclovir	
gilteritinib	
glasdegib	
I/J/K/L	
leflunomide	
levonorgestrel	
liraglutide recombinant	

M
mavacamten
medroxyPROGESTERone
methIMAzole
mipomersen
mycophenolate mofetil
mycophenolic acid
N
neratinib
nevirapine
0
olaparib
ospemifene
OXcarbazepine
Р
palifermin
pemigatinib
phenoxybenzamine
phenyTOIN
pralsetinib

progesterone
progestins
propylthiouracil
Q/R
raloxifene
rasagiline
remdesivir
S
sirolimus
sotorasib
spironolactone
Т
tacrolimus
teriflunomide
tofacitinib
U / V
upadacitinib
valGANciclovir
W/X/Y/Z
zidovudine





# **REPRODUCTIVE HAZARDOUS MEDICATIONS**

# REPRODUCTIVE Hazardous Medication List:

(applicable to staff members of any gender with reproductive potential)

Α		
abemaciclib		
acitretin		
alitretinoin		
alpelisib		
ambrisentan		
amifostine		
asciminib		
avacopan		
avapritinib		
В		
bosentan		
brigatinib		
С		
cabergoline		
capmatinib		
carbetocin ★		
carboprost		
cenobamate		
ceritinib		
cetrorelix acetate		
choriogonadotropin alpha		
cloBAZam		
clomiPHENE		
clonazePAM		
cobimetinib		
colchicine		
D		

dacomitinib			
danazol			
dexMEDEtomidine •			
dihydroergotamine			
dinoprostone			
divalproex sodium			
dronedarone			
dutasteride			
E			
edaravone			
ergonovine (ergometrine) / methylergonovine			
eslicarbazepine			
F			
fedratinib			
finasteride			
fluCONazole			
G/H			
ganirelix acetate			
gonadotropin, chorionic			
I I			
icatibant			
isatuximab			
ISOtretinoin			
ivabradine			
J/K/L			
1			
larotrectinib			
lenvatinib			

9			
Iomitapide			
Ionafarnib			
Iorlatinib			
M			
macitentan			
menotropins			
methylTESTOSTERone			
miFEPRIStone			
miltefosine			
miSOPROStol			
N			
nafarelin			
0			
oxandrolone			
oxytocin <b>★</b>			
Р			
pacritinib			
pamidronate			
PARoxetine			
pasireotide			
peginesatide			
pentamidine <b>♦</b>			
pentetate calcium			
plerixafor			
posaconazole			
Q/R			
ribavirin			

riociguat				
S				
selinexor				
selpercatinib				
selumetinib				
siponimod				
sodium phenylbutyrate - ursodoxicoltaurine				
sonidegib				
Т				
temazepam				
testosterone				
topiramate				
toremifene				
trastuzumab				
tretinoin				
tucatinib				
U/V				
ulipristal				
urofollitropin				
valproate / valproic acid				
vigabatrin				
voriconazole				
W/X/Y/Z				
warfarin				
ziprasidone				
zoledronic acid				
zonisamide				

- \* REPRODUCTIVE Hazard Medication applicable to a subset of the reproductive population. See Appendix A
- Indicates a special circumstance. See information on page v.
- Special handling conditions. See page 10.





#### **Medications removed from previous Hazardous Medication List:**

- atezolizumab: change from REPRODUCTIVE to NOT hazardous: Although there is reproductive risk for patients, the danger to the fetus appears to be related to PD-1 and should not pose a risk to healthcare professionals. In addition, this would align with NIOSH findings for nivolumab and pembrolizumab, both of which also target PD-1.
- avelumab: change from REPRODUCTIVE to NOT hazardous: Although there is reproductive risk for patients, the danger to the fetus appears to be related to PD-1 and should not pose a risk to healthcare professionals. In addition, this would align with NIOSH findings for nivolumab and pembrolizumab, both of which also target PD-1.
- durvalumab: change from REPRODUCTIVE to NOT hazardous: Although there is reproductive risk for patients, the danger to the fetus appears to be related to PD-1 and should not pose a risk to healthcare professionals. In addition, this would align with NIOSH findings for nivolumab and pembrolizumab, both of which also target PD-1.
- **lapatinib:** NIOSH reviewed this medication and determined it has a toxic effect that does not meet the NIOSH definition of a hazardous drug.



## Special Handling Considerations for Specified Hazardous Medications

#### ◆ Bacillus Calmette-Guérin vaccine (BCG)

BCG, although classified as a vaccine, is used in the treatment of certain cancers. BCG should be prepared with aseptic techniques. To avoid cross-contamination, parenteral drugs should not be prepared in areas where BCG has been prepared. A separate area for the preparation of BCG suspension is recommended. All equipment, supplies, and receptacles in contact with BCG should be handled and disposed of as biohazardous. If preparation cannot be performed in a containment device, then respiratory protection, gloves, and a gown should be worn to avoid inhalation or contact with BCG organisms. Follow special handling guidelines.

BCG requires specialized clean up if spilled. AHS/COV staff: see the Hazardous Medication Insite page to access Lippincott Procedures: *Hazardous medication spill response* for information on handling hazardous medication spills including BCG.

#### Monoclonal Antibodies (mAbs)

While many monoclonal antibodies are classified by American Hospital Formulary Service (AHFS) as 10:00 antineoplastic medication, they are not typically classified as hazardous medication by NIOSH.

Monoclonal antibodies included on the Hazardous Medication List require handling precautions as per the PPE Guide.

#### Pentamidine

For inhalation (administered by respiratory therapist). AHS/COV staff: follow special handling guidelines on the Respiratory Therapy Insite Page linked under Resources on the Hazardous Medication Insite page.



## Extended Precautionary Period for Hazard Medications

A. KNOWN Hazard Medications Requiring PPE for Longer than 48 Hours<sup>i</sup> Some hazardous medications require a longer precautionary period based on the time of excretion from the body. The following hazardous medications require the appropriate PPE from the start of the time of administration of the KNOWN hazard medication up to the number of days listed. <sup>ii</sup>

Hazardous Medication	Suggested precautionary period
brentuximab vedotin	14 days
carmustine	7 days
cyclophosphamide	5 days
DOXOrubicin	7 days
enfortumab vedotin	7 days
eriBULin mesylate	5 days
etoposide	5 days
imatinib mesylate	7 days
inotuzumab ozogamicin	28 days
ixabepilone	5 days
lurbinectedin	5 days
midostaurin	42 days
mirvetuximab soravtansine	14 days
mitoXANTRONE	7 days
niraparib	5 days
onasemnogene abeparvovec	28 days
polatuzumab vedotin	28 days
talazoparib	7 days
temsirolimus	14 days
tisotumab vedotin	7 days
trabectedin	14 days
trastuzumab deruxtecan	28 days
voretigene neparvovec	14 days
vinCRIStine	7 days
vinorelbine	5 days

#### B. POTENTIAL and REPRODUCTIVE Hazardous medications.

POTENTIAL and REPRODUCTIVE RISK hazard medications on the AHS Hazardous Medication List do not require a precautionary period.

This document is subject to change.



# Appendix A: Reproductive Population Subset

(**REPRODUCTIVE** Hazardous medications with special handling parameters are indicated with an asterisk in the hazardous medication list.)

Hazardous Medication	Background	Mechanism of Action	PPE Recommendations
oxytocin	Oxytocin has been identified as a hazardous medication by NIOSH. It is considered a Table 2, primarily having adverse reproductive effects. PPE requirements are only applicable to a subset of the reproductive population.	Oxytocin stimulates uterine contraction by activating G-protein-coupled receptors that trigger increases in intracellular calcium levels in uterine myofibrils. Oxytocin also increases local prostaglandin production, further stimulating uterine contraction.  Oxytocin has specific receptors in the muscle lining of the uterus and the receptor concentration increases greatly during pregnancy, reaching a maximum in early labor at term.	Oxytocin is considered a REPRODUCTIVE Risk Medication. Per the references, the reproductive risk is identified to be in pregnant women in the 2 or 3rd trimester.  It is recommended that the Hazardous Medication PPE described in the Guide be worn by this select group. Other individuals in the reproductive population (as described in the guide) may also choose to wear the PPE when handling oxytocin if they prefer
carbetocin	Carbetocin has not been identified as a hazardous medication by NIOSH as it is not available in the USA, however PHMC has determined it should be handled in a similar manner as oxytocin. PPE requirements are only applicable to a subset of the reproductive population.	Carbetocin is a synthetic analogue of oxytocin.  Carbetocin binds oxytocin receptors located in uterine smooth muscle producing rhythmic uterine contractions characteristic to deliver, as well as increasing both the frequency of existing contractions and uterine tone. Enhances uterine involution early in postpartum.	Carbetocin is considered a REPRODUCTIVE Risk Medication. Per the references, the reproductive risk is identified to be in pregnant women in the 2 or 3rd trimester.  It is recommended that the Hazardous Medication PPE described in the Guide be worn by this select group. Other individuals in the reproductive population (as described in the guide) may also choose to wear the PPE when handling carbetocin if they prefer.

If you require more detailed information, please contact hazardousmedication@ahs.ca

This document is subject to change





### Appendix B: AHS Classification of Hazardous Medications

#### AHS Hazardous Medication List Review

NIOSH has not published a Hazardous Drug list since 2016. Although a 2018 list was drafted it was never published, and a 2020 list remains in draft form. The Provincial Hazardous Medication Committee (PHMC) recognized that many new medications have come to market since the last NIOSH list and staff needs to be able to handle these medications safely. As such, a working group within PHMC has developed the AHS Hazardous Medication List, using NIOSH publications as the basis for review.

#### The general process is described below:

- 1. Review the references:
  - a. Is there a Manufacturer Special Handling Information (MSHI) attached?
  - b. Do the references mention carcinogenicity?
  - c. Do the references mention cytotoxicity?

If YES place on AHS KNOWN Hazardous Medication List unless it is a monoclonal antibody (mAb). If NO **OR** a mAb, proceed to step 2.

- 2. If the medication is a mAb, review for specific hazardous handling:
  - a. Is there specific hazardous handling (safe handling) information that indicates a risk to handle this medication? If YES place on AHS KNOWN Hazardous Medication List. If NO proceed to step 3.
- 3. Determine if the medication meets the NIOSH definition of a hazardous drug but does NOT have a MSHI and the information includes one or more of the types of toxicity described in the NIOSH definition including:
  - developmental toxicity (including teratogenicity)
  - reproductive toxicity
  - genotoxicity
  - organ toxicity at low doses
  - structure and toxicity profile that mimics existing drugs determined hazardous by the above criteria.
  - a. View Lexicomp information
    - Search for hazardous handling information (note: Lexicomp may refer to 2016 NIOSH list) related to the toxicities above; review any precautions listed.
  - b. View the product monograph.
    - i. Does the product monograph list any of the toxicities mentioned above at doses lower than the human therapeutic dose?

If NO, do not add to the AHS Hazardous Medication List. If YES proceed to step 4.

4. Does the medication ONLY meet NIOSH criteria as a developmental and/or reproductive hazard?

If YES, add to the AHS REPRODUCTIVE Hazard list; If NO (i.e., has genotoxicity, organ toxicity etc.) then add to the AHS POTENTIAL Hazard medication list.





## Appendix C: NIOSH Classification of Hazardous Medications

#### NIOSH List of Hazardous Drugs in Healthcare Settings, 2020

(currently in draft)

#### Group 1:

Drugs that meet the NIOSH definition of a hazardous drug and contain MSHI in the package insert; and/or are classified by the NTP as "known to be a human carcinogen," or classified by IARC as "carcinogenic" or "probably carcinogenic." In the 2016 List this table identified antineoplastic drugs, however, in this update not all the drugs on Table 1 are antineoplastic drugs. Note that many of these medications may also pose a reproductive risk for susceptible populations. (NIOSH Table 1)

#### Group 2:

Drugs that meet one or more of the NIOSH definitions of a hazardous drug but are not drugs which have MSHI or are classified by the NTP as "known to be a human carcinogen," or classified by the IARC as "carcinogenic" or "probably carcinogenic," some of which also have adverse reproductive effects for populations at risk. This table now also includes drugs that only meet the NIOSH criteria as a developmental (including teratogenicity) and/or reproductive hazard. In the 2016 update of the List this table did not include drugs that only posed a developmental and/or reproductive hazard. (NIOSH Table 2)

In the 2016 List, Table 3 provided a list of drugs that met the NIOSH criteria of a reproductive hazard (damaging to a male or female person's ability to conceive or carry to term an offspring) or developmental hazard (able to cause disruption in the development of unborn children including teratogenic outcomes). In this 2020 List, those drugs that only meet NIOSH's criteria as a developmental and/or reproductive hazard are identified in the supplemental information column with a blue notification; a separate Table is no longer provided.





Developed by: AHS – Provincial Hazardous Medication Committee (PHMC); Hazardous Medication Evaluation Panel; PHMC Hazardous Medication List Working Group; Pharmacy Services Medication Quality and Safety Team (MQST); Health Professions, Strategy and Practice (HPSP); Pharmacy Services Technical Practice Leads, Human Factors, Workplace Health and Safety (WHS), and COV Medication Management & Safety Team.

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Please direct questions related to safe handling of hazardous medications to the WHS Services Team in your Zone or send your questions to hazardousmedication@albertahealthservices.ca

#### **Document History**

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<sup>&</sup>lt;sup>i</sup> Product information and monographs at Drug Product Database, Lexicomp, DrugBank, and U.S. National Library of Medicine (Dailymed)

<sup>&</sup>quot;Government of South Australia, Cytotoxic Drugs and Related Waste [Internet]Department for Health and Ageing, Government of South Australia; June 2015 [cited 2021 October 22]. Available from https://www.sahealth.sa.gov.au/wps/wcm/connect/f8aa68004b3f6cf6a340afe79043faf0/Safe+Handling+Cytotoxic +Guidelines.pdf?MOD=AJPERES&%3bCACHEID=ROOTWORKSPACE-f8aa68004b3f6cf6a340afe79043faf0-nwLgTKw