Hazardous medication list

NIOSH 2024 tables, USP 800 handling and PPE, waste rules, and a register for your own practice

A hazardous medication list identifies drugs that present an occupational health risk to the people who handle them, not a safety risk to the patient taking them. Staff are exposed by four routes: inhaling aerosols or dust, skin absorption, accidental hand-to-mouth ingestion, and needlestick injury.

A drug qualifies on carcinogenicity, teratogenicity, reproductive toxicity, genotoxicity or organ toxicity. NIOSH publishes the list. USP 800 sets the enforceable handling standard and points back to that list to decide which drugs it covers.

1. THE NIOSH 2024 TABLES

The current edition is the NIOSH List of Hazardous Drugs in Healthcare Settings, 2024 (DHHS Publication No. 2025-103), published December 2024. It supersedes the 2016 list, adds 25 drugs and removes 7. The three 2016 tables became two.

NIOSH 2024 TABLE	WHAT QUALIFIES	EXAMPLE DRUGS	WHAT TO KNOW
Table 1	Manufacturer's special handling information in the package insert, or a known or probable human carcinogen classification (NTP, or IARC Group 1 or 2A)	Methotrexate, doxorubicin, paclitaxel, cisplatin, ganciclovir, azathioprine, estrogen and progesterone combinations	Not all Table 1 drugs are antineoplastic. Ganciclovir and azathioprine moved here from Table 2 in 2024
Table 2	Meets the NIOSH hazardous drug definition, with no special handling information and no known or probable carcinogen classification	Carbamazepine, spironolactone, tacrolimus, estradiol	Some of these also carry developmental or reproductive effects alongside other toxicity
Table 2, flagged	Only a developmental or reproductive hazard, marked in the table's own column	Finasteride, isotretinoin, misoprostol, warfarin, testosterone	Finasteride, misoprostol, warfarin and testosterone moved here from the 2016 Table 3

If your list still files finasteride or warfarin under Table 3, it predates the 2024 edition. Each drug now sits in one table only. In the 2024 document "Group" refers to IARC carcinogen classes alone, such as Group 1, carcinogenic to humans. NIOSH also dropped the old exposure-controls table; PPE and engineering controls now live in a separate document, Managing Hazardous Drug Exposures: Information for Healthcare Settings.

The list has no fixed update schedule, and the 2024 edition reviewed drugs approved or given new FDA safety warnings between January 2014 and December 2015. NIOSH warns that newer drugs may be missing, so check the package insert of any recently approved drug before you treat it as non-hazardous.

2. REQUIRED PPE BY HANDLING ACTIVITY

The 2024 NIOSH list no longer sets PPE. These requirements come from USP 800 and the NIOSH exposure guidance, and they depend on the activity and the dosage form rather than the table a drug sits in.

ACTIVITY	GLOVES	GOWN	EYE AND FACE	RESPIRATOR
Receiving and unpacking	Chemotherapy gloves (ASTM D6978)	Not routinely required	Not routinely required	Elastomeric half-mask with a multi-gas cartridge and P100 filter if the drug arrives without plastic wrapping, until packaging integrity is checked
Compounding, sterile or nonsterile	Two pairs of chemotherapy gloves	Disposable gown shown to resist hazardous drug permeability	Goggles where there is a risk of spills or splashes	Where there is a risk of airborne exposure
Administering antineoplastic drugs	Two pairs of chemotherapy gloves	Required for injectable antineoplastic drugs	Goggles where there is a risk of spills or splashes	Where there is a risk of airborne exposure
Cleaning a spill	Chemotherapy gloves	Disposable gown	Goggles, with a face shield for splash risk	Full-facepiece chemical cartridge respirator or PAPR where there is a risk of respiratory exposure

Documented assessment of risk. USP 800 lets a practice assess some dosage forms separately, such as antineoplastic tablets that are only counted or repackaged. That assessment sets alternative containment and work practices, and it has to be reviewed at least every 12 months. Score each dosage form on likelihood and severity, the same two measures used for every other risk the practice tracks.

3. WASTE DISPOSAL UNDER RCRA

Not every hazardous drug is regulated waste, but some are. Segregate P-listed and U-listed drug waste into designated containers, label them clearly, and arrange disposal through a licensed hazardous waste contractor.

- **P-listed, acutely hazardous.** Includes specific chemotherapy agents. Must be disposed of as hazardous waste.
- **U-listed, toxic hazardous.** Includes certain antivirals and other compounds.
- Flushing a hazardous drug down the drain, or putting it in regular medical waste, is illegal.
- Verify a drug against the EPA's own P-list and U-list before assuming it needs hazardous waste handling.

4. BUILDING IT INTO THE PRACTICE

1	**Identify and classify**	Cross-reference every medication the practice dispenses or administers against the 2024 list, and record its table. Note any Table 2 drug flagged as only a developmental or reproductive hazard. For a drug the list does not cover, check the package insert and the NIOSH criteria
2	**Label and store**	Label each hazardous medication with its NIOSH table, the required PPE and safe handling icons. Store antineoplastic drugs that need manipulation, and any hazardous active ingredient, apart from non-hazardous stock
3	**Train staff**	Document training on exposure risks, PPE, spill response and waste disposal before anyone handles a hazardous drug. Refresh annually, or whenever the NIOSH list updates
4	**Assign PPE and controls**	Define the PPE for each drug and each handling activity, and record that staff completed competency verification
5	**Monitor and review**	Review the list quarterly to catch additions and confirm compliance. Update practice policy when NIOSH issues a revision

5. PRACTICE HAZARDOUS DRUG REGISTER

Record every hazardous drug your practice holds. One line per drug, reviewed quarterly.

Practice or site: _____ **Review date:** _____ mm / dd / yyyy

DRUG	NIOSH TABLE	RCRA STATUS	REQUIRED PPE	STORAGE LOCATION	OWNER

RCRA status: P-listed, U-listed, or not regulated. Verify against the EPA lists rather than assuming from the NIOSH table.

6. KEEPING THE LIST CURRENT

- **Subscribe to NIOSH alerts.** Sign up for occupational health updates on the CDC and NIOSH site, and set a reminder to review the list annually or when an update is announced.
- **Cross-check new approvals.** When the practice adds a medication, check it against the current list before it enters inventory. If it meets the criteria, add it to the register straight away.
- **Train and document.** When the list changes, brief staff on what was added or removed. Record attendance and assign competency verification, so the audit trail exists before anyone asks for it.

Reviewed by _____ **Role** _____ **Date** _____

This reference summarizes the NIOSH List of Hazardous Drugs in Healthcare Settings (2024), USP General Chapter 800, and EPA waste rules. It does not replace those documents, your state's requirements, or a package insert.