

Proactive Risk Assessment

[Medication Name]

Medication Details

- Available dosage form(s):
- Available strengths(s):
- Additional supplies needed:
- Is the medication on the NIOSH list? YES NO

Ordering Requirements

- Wholesaler:
- Confirmed with inventory that medication is orderable YES NO

Dispensing Requirements *(check all that apply)*

- Dispense in original container
- Do not break boxes
- Expiration changes if seal is broken
- Reconstitution required
- Medication guide required
- REMS

Potential Safety Concerns

- Look alike sound alike (LASA) – Explain:
- Other – Explain:

Failure mode and effects analysis (FMEA) recommended?

- YES
- NO

Date of projected first dispense:

Completed on [Date]

Completed by [Name]