

Drug Product Change Evaluation Form

Drug Product Change Evaluation

Date Initiated: _____

Switch b/w Products OK: _____

Request for Product Change due to:

☐ Product not available ☐ Temporary – expected date of return: _____ Return to stock on: _____
☐ Pricing ☐ Permanent
☐ LA/SA
☐ Packaging
☐ Other (describe): _____
☐ Current Qty on hand
☐ # days supply

Request generated by:

☐ Purchasing ☐ Medication Use Policy Bulk: _____ Unit Dose: _____
☐ Operations ☐ Medication Safety Officer Safety Pak Product: _____
 Generic Name: _____ Trade Name: _____
 New Manufacturer: _____ Dosage Strength: _____ Dosage Form: _____
 Old Manufacturer: _____

Medication Use Policy

Formulary Revision Necessary? ☐ Yes ☐ No Generic Rating: _____

Medication Safety

Potential for problems with new/substitute product (check all that apply):

☐ Label/Packaging ☐ Product (e.g. conc) ☐ Clinical Information
☐ Storage ☐ Other
☐ No ☐ Specify issue(s) if anything checked:

Interventions (check and describe appropriate strategies):

☐ Gemini ☐ Omnicell ☐ Safety Pak ☐ Carousel
☐ Education (e.g. fyi vs. Medication use guideline)
☐ Dispensing

Action:

Gemini/PharmNet

Orderable changes needed in Gemini: ☐ No ☐ Yes
 Special instructions for orderables: ☐ No ☐ Yes
 Product changes needed in PharmNet: ☐ No ☐ Yes
 Pop-ups, Rules: ☐ No ☐ Yes

Action:

Omnicell

Orderable changes in database ☐ No ☐ Yes ☐ ADM ☐ Carousel
 Addition to ADM ☐ No ☐ Yes
 Deletion from ADM ☐ No ☐ Yes
 Change in par level due to size change ☐ No ☐ Yes
 Change in location in ADM: ☐ No ☐ Yes
 Time for change to occur: ☐ Immediately ☐ Within _____ days

Action:

Safety Pak

Canister bulk no longer available _____ Temporary ☐ Permanent ☐
 Order new canister if permanent replacement _____ Canister ordered on: _____ (date)

Action:

Special Considerations

Baxa pump TPN Compounder
 Database modification ☐ No ☐ Yes
 Anesthesia Trays
 Other: _____

Action:

Staff Education needed: ☐ No ☐ Yes

If yes – check all that apply:

Pharmacy (all) _____ Clinical staff pharmacists _____ Clinical pharmacists/residents _____
 Techs/externs _____ Nursing _____ Physicians _____

If all hospital staff, check Pharmacy Medication Alert listserve
 Responsible party for education: _____

Action: