Republic of the Philippines
Province of Davao del Sur
PROVINCIAL HEALTH OFFICE
DAVAO DEL SUR PROVINCIAL HOSPITAL
"PHILHEALTH ACCREDITED"
LAPU-LAPU STREET, ZONE III Digos City
Email Add: dsph_coh@yahoo.com
Tel Nos. (082)237-6128, (082)228-3283, 333-0387
CP Nos. 09084587788, 09053988442

STANDARD GUIDELINES IN EVALUATING THE SAMPLE ITEMS OF THE BIDDERS

WHEREAS, Administrative Order No.51 s.1988, entitled, Implementing Guidelines for Department of Health Compliance with RA 6675 prescribed the organization of Therapeutics committees at the Regional Health Offices, Provincial Health Offices, District Health Offices, City Health Offices, special hospitals, National Medical Centers, Regional Medical Centers, Regional Hospitals and Sanitaria;

WHEREAS, Administrative Order No. 163 s. 2002, entitled, Implementing Guidelines Procedure in the procurement and requisition of drugs and medicines by the Department of Health pursuant to Executive Order No. 49, was issued that provides procedural basis that ensure requisition of essential medicines by the government sector and the decision system for the inclusion and deletion of drugs in the Philippine National Formulary (PNF).

WHEREAS, Local Executive Order No. 004 s. 2022, An Order creating the SUPPLY, PHARMACY, AND THERAPEUTICS COMMITTEE (SPTC) OF THE PROVINCE OF DAVAO DEL SUR.

WHEREAS, Part of the function and duty of the Davao Del Sur SPTC is to develop/ adopt medicine policies, protocols and guidelines concerning the selection, distribution and use of medicines; To evaluate and select essential medicines for procurement based on the needs of the community and the primary care formulary. And to ensure that prices are within the price range set by the current drug pricing policies.

WHEREAS, to ensure that all drug products, laboratory reagents and medical supplies being made available to the general public are safe, efficacious and of good quality.

THEREFORE, The Provincial SPTC has established the following guidelines to be followed in procuring new medicines, laboratory and medical supplies based on the following points of references:

A. **Efficacy** which pertains to a drug product's ability to deliver the desired effect. It may be expressed in terms of the extent of prevention or treatment of disease in man or the manner in which it affects the structure or any function of the body of man.

B. **Quality** as applied to a drug product requires that the product contains the quantity of active ingredient(s) claimed on its label within the applicable limits of its specification. It also means that the drug product can maintain its appearance, potency and therapeutic availability until its claimed shelf-life/expiration.

Quality forms the basis of ensuring the availability of safe and effective treatments and therapies to patients.

C. **Safety** means that the drug product will not cause unfavorable reactions when used according to its declared indication and that it does not have unexpected toxic properties.

D. **Cost Effective** means that the product meets all of the desired specifications at a price that is competitive with, or even lower than, that of the other vendor/ supplier/dealer/retailer.

THEREFORE, all suppliers/dealers/vendors who wish to introduce their pharmaceutical products(drugs/medicines) and medical supplies (eg. Surgical gloves, plasters, syringes, needles) that are unfamiliar to the end users and or new to the market should go through the following procedures:

A. Suppliers should submit a letter of intent addressed to the concern department (end user) through the SPTC chairperson, expressing their desire to submit their product/s for trial use in our hospital set-up.

B. Suppliers should provide sufficient or adequate quantity of sample medicines/drugs or medical supplies that must suffice the need of the whole course of treatment (eg. antibiotics good for 7 days). Thus, to carry out trials on the basis of its effectivity, safety, quality and cost effective.

C. To ensure the legitimacy of the product/s, suppliers are required to submit the following documents:

1. Certificate of License to Operate
2. Certificate of Product Compliance
3. Certificate of Product Registration
4. Certificate of Product Analysis

FURTHERMORE, the outcome result of the sample trials will be discussed and evaluated by the concerned department and recommendations will be forwarded to the Supply, Pharmacy, and Therapeutics Committee (SPTC) at a given time frame of not more than ten (10) days from the time the trial started.

Final assessment of the particular product/ item based on the recommendation of the end user will be deliberated by the SPTC members during its regular meeting every 2nd and 4th Friday of the month. Eventually, whatever the outcome decision of the SPTC will send recommendations to

the Bids and Awards Committee and will certify the approval of the use of the said particular product or to disapprove and prohibit its usage in our facility.

The Supply, Pharmacy, and Therapeutic Committee, reserve the rights and privileges to approve and disapprove the purchase/ procurement of medicines/drugs, laboratory and medical supplies based on the standard guidelines that would be beneficial and for the good and safety of the consuming public.

For proper guidance and implementation.

Supply, pharmacy, and therapeutic committee (SPTC) guidelines on evaluating sample items of the bidders, approved:

Done this 10th day of March, 2022 at the Davao del Sur Provincial Hospital, Lapu-lapu St., Digos City.

Chairperson:	Reynato C. Leynes, MD	
Vice-Chairperson:	Lorena T. Munar-Amasol, MD	
Secretary :	Memolie B. Paculanan, RPh	
Members:	Cristina L. Ubando,MD	
	Fremelle G. Rojo, MD	
	Gay Lyzette V. Hernandez, MD	
	Annalou N. Royo, RRT	
	Alelly Jane C. Burlaza,RN	
	Paul Simon P. Moring, RN	
	Almira R. Soriano, RMT	

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PRODUCT EVALUATION FORM

NAME OF PRODUCT (GENERIC NAME)		**DATE OF TRIAL/ EVALUATION**	
BRAND NAME		**EXPIRY DATE**	
BATCH/ LOT NUMBER			
DEPARTMENT			

MODE OF EVALUATION:

☐ VERIFICATION OR INSPECTION
☐ VALIDATION OR ACTUAL USE
☐ SITE INSPECTION
☐ LABORATORY TESTING

EVALUATION RESULT:

CATEGORY	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
EFFECACY					
SAFETY					
QUALITY					
COST EFFECTIVE					
REMARKS					

RECOMMENDATION/S:

_____
_____
_____
_____

EVALUATED BY:

NAME	POSITION	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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HOSPITAL MEDICINE AND EQUIPMENT INCIDENT REPORT FORM

(Please fill out the applicable details)

PHARMACY/ SUPPLY INFORMATION

NAME & BRAND OF MEDICINE/ EQUIPMENT:_____
EXPIRATION DATE:_____ **SERIAL NUMBER:**_____
BATCH/LOT NUMBER : _____ **DATE DELIVERED:**_____

PATIENT INFORMATION

PATIENT NAME:_____ **GENDER:**_____ **AGE:**_____
DATE OF BIRTH:_____ **CASE NUMBER:**_____
ADDRESS:_____ **DIAGNOSIS:**_____
OPERATION/PROCEDURE:_____
DEPARTMENT:_____

INCIDENT INFORMATION

DATE OF INCIDENT:_____ **TIME OF INCIDENT:** _____
NATURE OF INCIDENT:_____

INCIDENT DETAILS:

_____
_____
_____
_____

(PLEASE USE BACK PAGE FOR MORE SPACE)

REPORTED BY:		WITNESS:
NAME:		1.
POSITION:		2.
DEPARTMENT:		3.

NOTE: ANY ADVERSE INCIDENT MUST BE REPORTED WITHIN 24 HOURS DURING OFFICIAL TIME. HOWEVER, IF INCIDENT HAPPENS ON WEEK ENDS AND HOLIDAYS, IT SHOULD BE REPORTED ON THE NEXT WORKING DAY.
PLEASE SUBMIT THIS FORM TO THE SUPPLY, PHARMACY AND THERAPEUTIC COMMITTEE (SPTC) SECRETARIAT OR CHIEF OF CLINICS OFFICE.