

**Instruction:**

- Arrange the jumbled phases in drug management based on the drug management cycle, and connect them using the arrows provided.

**Slide 1.2**

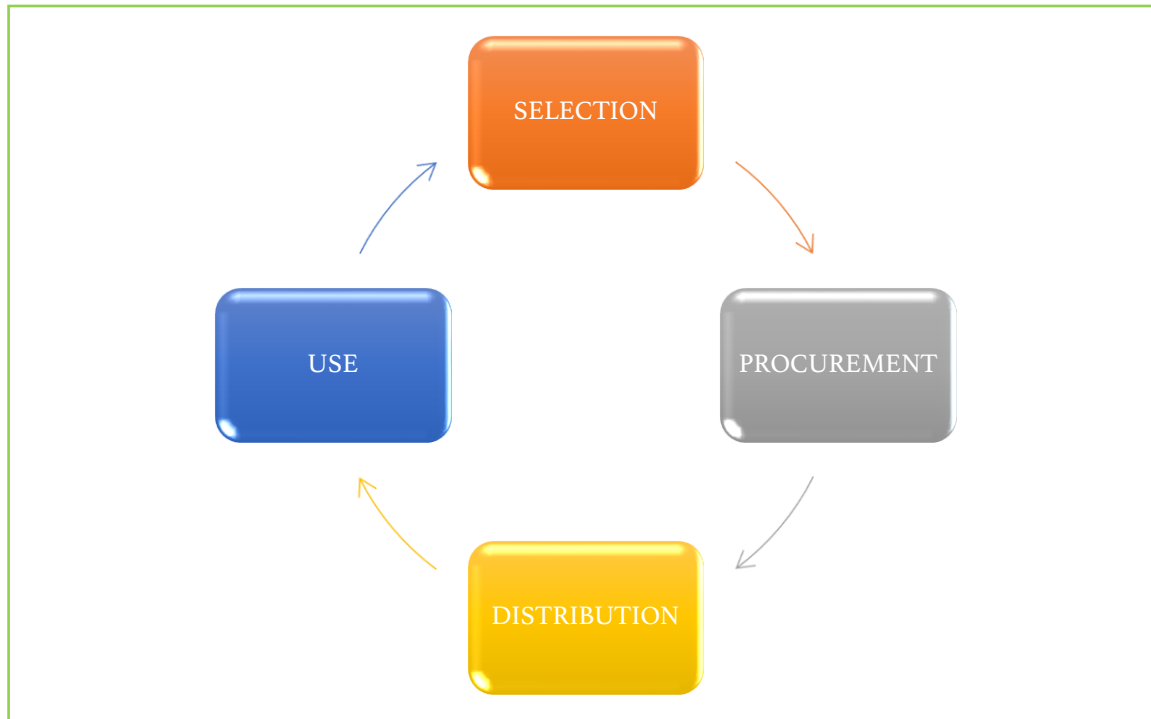
**Materials Needed:** Adhesive tape, print outs

**Instructions to Facilitator:**

- Print each of the four principal phases in medicine management on a separate paper:
  - Selection
  - Procurement
  - Distribution
  - Use
- Make and print arrows that will connect the phases in drug management cycle.
- Jumble the phases, and let the participants arrange them based on the drug management cycle.

**Instructions to Participants:**

- Arrange the jumbled phases in drug management based on the drug management cycle, and connect them using the arrows provided.



Slide 1.3

**Instructions to Facilitator:**

- After arranging the phases in drug management cycle, evaluate the arrangement by presenting the actual drug management cycle. Then, briefly explain the cycle.

**Discussion Point:**

- Medicines are first selected based on pre-determined criteria. After determining the quantities required, the selected medicines go through a procurement process. Then, they are delivered to the procuring entity and distributed to the different health facilities. Finally, the use of drugs requires prescribing, packaging, dispensing and counseling.



Majority of the patients visiting the hospital complained about mild to moderate cough.

To address this health concern, you are tasked to **determine which medicines should be considered and selected** prior to procurement.

### Slide 2.2

#### Instruction to Facilitator:

- Give the following scenario to participants:
  - Based on disease frequency data, it was found that majority of the patients visiting the government hospital complained about mild to moderate cough. To address this health concern, you are tasked to determine which medicines should be considered and selected prior to procurement.

#### Instruction to Participants:

- Determine which medicines should be considered and selected prior to procurement.

**Instructions:**

- Determine which of the following medicines should be selected to address the health concern of the community.
- Place the medicines under smiley face (☺) if they should be selected, or under sad face (☹) if they should not be selected.

Slide 2.3

**Materials Needed:** Smiley face (☺), sad face (☹), adhesive tape, pictures of medicines

**Instructions to Facilitator:**

- Print a smiley face (☺) and a sad face (☹) on a separate paper.
- Flash pictures of medicines listed below:
  - Ambroxol, Bromhexine, Lagundi, Carbocisteine, Butamirate and Dextromethorphan
- Give instructions to participants.

**Instructions to Participants:**

- The participants are tasked to determine which of the following medicines should be selected to address the health concern of the community. Place the medicines under smiley face (☺) if they should be selected, or under sad face (☹) if they should not be selected.



### Slide 2.4

#### Instruction to Facilitator:

- Provide brief information about the medicines as follows:

#### Ambroxol

- Mucolytic; for the treatment of wet or productive cough
- Not included in the Philippine National Formulary

#### Bromhexine

- Mucolytic; for the treatment of wet or productive cough
- Not included in the Philippine National Formulary

#### Lagundi

- For the relief of mild to moderate cough due to common colds and flu
- **Included in the Philippine National Formulary**

From these medicines, **Lagundi** should be chosen since it is included in the Philippine National Formulary.



Slide 2.5

**Instruction to Facilitator:**

- Provide brief information about the medicines as follows:

**Carbocisteine**

- Mucolytic; for the treatment of wet or productive cough
- Not included in the Philippine National Formulary

**Butamirate**

- Cough suppressant; for chronic, non-productive cough; symptomatic treatment of cough of various origins
- **Included in the Philippine National Formulary**

**Dextromethorphan**

- Cough suppressant; for the relief of cough caused by common colds, the flu, or other conditions
- **Included in the Philippine National Formulary**

From these medicines, **Butamirate** and **Dextromethorphan** should be chosen since they are included in the Philippine National Formulary.

Based on a medicine consumption data dated Jan to June 2014, you are tasked **to determine the quantity and amount (in PhP) of the medicines to be procured in the next 6 months (July to Dec 2014)**



### Slide 3.2

**Materials Needed:** Problem sheet, answer sheet, a sample stock bin card and an appropriate stock bin card

**Instructions to Facilitator:**

- This activity is on the quantification of drug needs using Consumption Method.
- Print the Problem Sheet (Appendix A) and Answer Sheet (Appendix B).
- Give instructions to participants.

**Instructions to Participants:**

- Based on a medicine consumption data dated January to June 2014, the participants are tasked to determine the quantity and amount (in PhP) of the medicines to be procured in the next 6 months (July to December 2014).

Item Description	Item Used (for 6 months)	Stocks Available	Acquisition Price
0.9% Sodium Chloride — 500 ML	1,257	243	51.69
Aspirin Tablet — 80 MG	364	36	1.56
Paracetamol Tablet — 500 MG	1,367	33	0.54
Clonidine Tablet — 75 MCG	1,112	388	23.88
Cefalexin Capsule — 500 MG	1,179	321	5.36
Ferrous Sulfate Tablet — 325	466	34	0.89
Tranexamic Acid Capsule — 500 MG	315	0	11.61
Digoxin Tablet — 250 MCG	407	43	4.11
Loratadine Tablet — 10 MG	163	37	15.63
Mefenamic Acid Capsule — 500 MG	2,709	291	1.34
Montelukast Tablet — 10 MG	253	47	32.14
Amlodipine Tablet — 5 MG	266	34	8.79
Omeprazole Capsule — 40 MG	589	11	42.86
Salbutamol Tablet — 2 MG	55	45	0.63
Sterile Water for Injection — 5 ML	5,300	0	9.83
Azithromycin Capsule — 500 MG	196	4	120.53
Celecoxib Capsule — 200 MG	430	20	54.47
Co-Amoxiclav Tablet — 625 MG	617	33	26.79
Simvastatin Tablet — 20 MG	87	13	4.91
Gliclazide Tablet — 80 MG	44	6	3.57

Slide 3.3

**Instructions to Facilitator:**

- Distribute a copy of the Problem Set (Appendix A) and give instructions to participants.

**Instructions to Participants:**

- Based on the procurement plan, determine:
  - The average monthly consumption
  - The quantity to order in the next 6 months
  - The total cost of the proposed procurement



Item Description	Item Used (for 6 months)	Stocks Available	Acquisition Price	AMC	Qo	Cost (in PhP)
0.9% Sodium Chloride — 500 ML	1,257	243	51.69	209.5	1,014	52,413.66
Aspirin Tablet — 80 MG	364	36	1.56	60.7	328	511.68
Paracetamol Tablet — 500 MG	1,367	33	0.54	227.8	1,334	720.36
Clonidine Tablet — 75 MCG	1,112	388	23.88	185.3	724	17,289.12
Cefalexin Capsule — 500 MG	1,179	321	5.36	196.5	858	4,598.88
Ferrous Sulfate Tablet — 325	466	34	0.89	77.7	432	384.48
Tranexamic Acid Capsule — 500 MG	315	0	11.61	52.5	315	3,657.15
Digoxin Tablet — 250 MCG	407	43	4.11	67.8	364	1,496.04
Loratadine Tablet — 10 MG	163	37	15.63	27.2	126	1,969.38
Mefenamic Acid Capsule — 500 MG	2,709	291	1.34	451.5	2,418	3,240.12
Montelukast Tablet — 10 MG	253	47	32.14	42.2	206	6,620.84
Amlodipine Tablet — 5 MG	266	34	8.79	44.3	232	2,039.28
Omeprazole Capsule — 40 MG	589	11	42.86	98.2	578	24,773.08
Salbutamol Tablet — 2 MG	55	45	0.63	9.2	10	6.30
Sterile Water for Injection — 5 ML	5,300	0	9.83	883.3	5,300	52,099.00
Azithromycin Capsule — 500 MG	196	4	120.53	32.7	192	23,141.76
Celecoxib Capsule — 200 MG	430	20	54.47	71.7	410	22,332.70
Co-Amoxiclav Tablet — 625 MG	617	33	26.79	102.8	584	15,645.36
Simvastatin Tablet — 20 MG	87	13	4.91	14.5	74	363.34
Gliclazide Tablet — 80 MG	44	6	3.57	7.3	38	135.66
Total Cost						233,438.19

### Slide 3.4

#### Instructions to Facilitators:

- Distribute a copy of the Answer Sheet (Appendix B) and briefly explain the answers.

#### Discussion Points:

- The average monthly consumption (AMC) is based on the formula:
  - $AMC = \text{Consumption} / \text{number of months of consumption}$
  - Where number of months for consumptions is 6
- The quantity to order (Qo) in the next 6 months is based on the formula:
  - $Qo = \text{number of months to cover} \times AMC - \text{remaining stock}$
  - Where number of months to cover is 6
- The total cost of the proposed procurement is based on the formula:
  - The total cost is the sum of all costs for each medicine.
  - Where cost for each medicine =  $Qo \times \text{Acquisition Price}$

= DOH MEDICINES =

P.O. NO.	DATE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT/BALANCE	RECEIPT	SIGNATURE
6/9/14		Paracetamol 500 mg	1 box			Atan Agnes	Atan Agnes
6/9/14		Simvastatin 20 mg	3 boxes			Atan Abella	Atan
6/9/14		Amoxicillin 10 mg	5 boxes			Felix Amador	Felix
6/9/14		Salicylate 80 mg	3 boxes			Veronica Padanga	Veronica
6/9/14		Amoxicillin 10 mg	1 box			Wilfredo Flores	Wilfredo
6/9/14		Amoxicillin 500 mg 15 ml	1 box			Rio Pardo	Rio Pardo
6/9/14		ORS Sachet	5 Sachet			Alexa Fuentes	Alexa Fuentes
6/9/14		Paracetamol 500 mg 15 ml	1 box			CHINO MOSE VILLAS	CHINO MOSE VILLAS
6/9/14		Amoxicillin drops	1 box			MILVISO A. CARGANDO	MILVISO A. CARGANDO
6/9/14		Paracetamol drops	1 box			Fernando Lazo	Fernando Lazo
6/9/14		Amoxicillin 10 mg	1 box			Wendy Amador	Wendy Amador
6/9/14		Aspirin 80 mg	1 box			Wendy Amador	Wendy Amador
6/9/14		Amoxicillin 250 mg 15 ml	2 boxes			Rafaela Rejilla	Rafaela Rejilla
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Christine Amador	Christine Amador
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Alma Valeros	Alma Valeros
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Rio Pardo	Rio Pardo
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Atan Agnes	Atan Agnes
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Domino Lucinda	Domino Lucinda
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Ronaldito Ufias	Ronaldito Ufias
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Ronaldito Ufias	Ronaldito Ufias
6/9/14		Amoxicillin 250 mg 15 ml	1 box			ELWIN BETA VEGA	ELWIN BETA VEGA
6/9/14		Amoxicillin 250 mg 15 ml	1 box			NEIVA VALDEZ	NEIVA VALDEZ
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Garza Jay David	Garza Jay David
6/9/14		Amoxicillin 250 mg 15 ml	1 box			Edenia Maximo	Edenia Maximo

Slide 3.5

### Instructions to Facilitator:

- Give instructions to the participants while presenting the sample stock bin card.

### Instructions to Participants:

- Evaluate the completeness of the stock bin card, and supply what other information are needed to make it complete.

### Discussion Points: Below are the features of an ideal stock bin card:

- Should contain only one medicine to prevent confusion and monitor accurate counts of the said medicine;
- Should include the reorder level and unit of issue for requisition as well as the "from/to" of the medicines; and
- Should be filled up completely.

ITEM: \_\_\_\_\_ DOSAGE FORM: \_\_\_\_\_ UNIT OF ISSUE: \_\_\_\_\_ REORDER LEVEL: \_\_\_\_\_

[illegible]

**Instruction to Facilitator:**

**Instructions:**

- Determine whether the pictures are reflecting good storage practices or not.
- Place the pictures under smiley face (😊) if they are indicative of good storage practices, while place under sad face (😞) if they are not indicative of good storage practices.
- Using an arrow, point the areas within the pictures that signify good or bad storage practices.

Slide 4.2

**Materials Needed:** Smiley face (😊), sad face (😞), arrows, adhesive tape, pictures in the presentation, meta cards, Manila paper, markers

**Instructions to Facilitator:**

- Make available the smiley (😊) and sad (😞) faces.
- Make available the arrows that will point the areas signifying good and bad storage practices.
- Flash slides on the screen.
- Ask participants to come forward and post their answers.



Slide 4.3

**Discussion Points:**

- This is a **proper** 😊 storage practice because:
  - The medicines are organized properly;
  - Medicine labels are provided; and
  - A dispensing table is provided and it is not overcrowded.



Slide 4.4

**Discussion Points:**

- This is an **improper** (☹) storage practice because:
  - The medicine boxes (stocks) are disorganized and are not properly stored (i.e., storage conditions are not appropriately monitored); and
  - The stocks are not in an adequate storage facility (e.g., insufficient space).
  - Items other than medicines are likewise stored in the same area.





Slide 4.5

**Discussion Points:**

- This is a **proper** 😊 storage practice because:
  - The storage area is regularly monitored for the proper storage conditions (e.g., temperature and humidity) by a device.



Slide 4.6

**Discussion Points:**

- This is an **improper** (☹) storage practice because:
  - The medicines are disorganized;
  - The medicines are not properly labeled; and
  - The documents are not arranged in an orderly manner.





Slide 4.7

**Discussion Points:**

- This is a **proper** (😊) storage practice because:
  - There is a refrigerator for medicines with low temperature requirements.



Slide 4.8

**Discussion Points:**

- This is an **improper** (☹) storage practice because:
  - Some medicines that are small in bulk are disorganized (i.e., they should be put into shelves instead of placing them together with the medicine boxes); and
  - Some stocks are not properly arranged (i.e., some stocks are piled up very high).

**Instructions:**

On a piece of meta card, write down the problems and issues that you encounter when it comes to distribution of medicines (one card for each problem/ issue).

After writing them down, attach the cards on a board.

## Slide 4.9

**Materials Needed:** Meta cards, markers

**Instructions to Facilitator:**

- Distribute materials to participants.
- Group similar problems and concerns. Facilitate discussion.
- Ask the participants to give their recommendations/ suggestions to the problems and issues posted on the board.



A patient went to you with a prescription at hand. You are tasked to **determine whether the prescription is valid or not, and provide instructions on medicines proper use.**

#### Slide 5.2

**Materials Needed:** Sample prescriptions, sample Medication and Treatment Record and an appropriate Medication and Treatment Record

**Instructions to Facilitator:**

- For the first part of the activity, ask for volunteers – one to act as a patient and the other one to act as a dispenser.
- Observe the counseling points.

**Instructions to Participants:**

- Determine whether the prescription is valid or not, and provide instructions on medicines proper use.

FOR Juan A. dela Cruz (23 years old)

ADDRESS No. 145, Pedro Gil, Ermita, Manila

**R<sub>x</sub>** *Amoxicillin 250 mg*  
*Disp. 21 cap*  
*TID x 7 days*

*L. Deniso*  
 DR. Leonora Deniso, MD

DEA NO. 62617

DATE 11/21/2014 No. 869, Tondo, Manila ADDRESS   
 ITEM #52945

### Slide 5.3

#### Discussion Points:

- A prescription should have the following:
  - Name of the patient and age (especially if a child);
  - Date;
  - Instructions about the prescribed drugs, including:
    - Generic name and dosage form,
    - Dose,
    - Frequency of administration, and
    - Duration of treatment
  - Prescriber's signature and name; and
  - Prescriber's license
- **Proper instruction:**
  - Dispense (give) 21 Amoxicillin 250 mg capsules.
  - The medicine should be taken 3 times a day (every 8 hours) for 7 days (or 1 week).

You are tasked to **determine whether medicines may be filled and dispensed, or not based on the type of prescriptions.**



Slide 5.4

**Instructions to Facilitator:**

- For the second part of the activity, ask the participants as a group.
- Provide sample prescriptions and give instructions to participants.

**Instructions to Participants:**

- Evaluate whether the following prescriptions are erroneous, impossible or violative, and determine if these prescriptions should be filled and dispensed.

FOR Juan A. dela Cruz (23 years old)

ADDRESS No. 145, Pedro Gil, Ermita, Manila

**Rx** *Amopen (Amoxicillin) 250 mg*  
*Disp. 21 cap*  
*TID x 7 days*

DR. *L. Deniso*  
Leonora Deniso, MD

DEA NO. 62617

DATE 11/21/2014 No. 869, Tondo, Manila ADDRESS

ITEM #52945

## Slide 5.5

**Discussion Points:**

- This is an **erroneous** prescription since the brand name precedes the generic name, and the generic name is the one in parenthesis.
- Erroneous prescriptions shall be filled. Such prescriptions shall be kept and reported by the pharmacist of the drug outlet or any other interested party to the nearest DOH Office for appropriate action.

FOR Juan A. dela Cruz (23 years old)  
ADDRESS No. 145, Pedro Gil, Ermita, Manila

**Rx** *Amoxicillin (Amopen) 250 mg*  
*Disp. 21 cap*  
*TID x 7 days*  
*NOTE: No substitution*

DR. *L. Deniso*  
Leonora Deniso, MD

DEA NO. 62617  
DATE 11/21/2014 No. 869, Tondo, Manila ADDRESS   
ITEM #52945

Slide 5.6

**Discussion Points:**

- This is a **violative** prescription since the brand name is indicated and instructions (such as the phrase “No Substitution”) that tend to obstruct, hinder, or prevent generic dispensing are added.
- Violative prescriptions shall not be filled. They shall be kept and reported by the pharmacist of the drug outlet or any other interested party to the nearest DOH office for appropriate action. The pharmacist shall advise the prescriber of the problem and/or instruct the customer to get the proper prescription.



FOR Juan A. dela Cruz (23 years old)

ADDRESS No. 145, Pedro Gil, Ermita, Manila

**R<sub>x</sub>** *Ampicillin (Amopen) 250 mg*  
*Disp. 21 cap*  
*TID x 7 days*

*L. Deniso*  
DR. Leonora Deniso, MD

DEA NO. 62617

DATE 11/21/2014 No. 869, Tondo, Manila ADDRESS

ITEM #52845

## Slide 5.7

**Discussion Points:**

- This is an **impossible** prescription since the generic name does not correspond to the brand name enclosed in parenthesis.
- Impossible prescriptions shall not be filled. They shall be kept and reported by the pharmacist of the drug outlet or any other interested party to the nearest DOH office for appropriate action. The pharmacist shall advise the prescriber of the problem and/or instruct the customer to get the proper prescription.

### MEDICATION AND TREATMENT RECORD

PATIENT NAME: \_\_\_\_\_

Medication Information				Duration
Name	Dose Strength	Route of Administration	Quantity	Refills

Slide 5.8

#### Instructions to Facilitator:

- Give instructions to the participants while presenting the sample Medication and Treatment Record

#### Instructions to Participants:

- Evaluate the completeness of the Medication and Treatment record, and supply what other information are needed to make it complete.

**Discussion Points:** Below are the features of an ideal Medication and Treatment Record:

- Should contain more information about the patient (e.g., age); and
- Should take into account the specific time of administration of the medicine for the patient

**MEDICATION AND TREATMENT RECORD**

PATIENT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

PATIENT RECORD NO.: \_\_\_\_\_

Medication Information				Time (AM)											
Name	Dose Strength	Route of Administration	Frequency	1	2	3	4	5	6	7	8	9	10	11	12

Medication Information				Time (PM)											
Name	Dose Strength	Route of Administration	Frequency	1	2	3	4	5	6	7	8	9	10	11	12

## Slide 5.9

**Instruction to Facilitator:**

- Present the template for an appropriate Medication and Treatment Record.

You are tasked to **construct a logical and feasible outline of activities** pertaining to the acceptance of pharmaceutical donations.



Slide 6.2

**Materials Needed:** Smiley face (☺), sad face (☹), adhesive tape

**Instructions to Facilitator:**

- Ask the participants to group themselves.
- Give instructions to the participants. Explain that this activity will have three (3) parts. You may ask them to finish all three activities.

**Instruction:**

- For each of the following criterion set by the DOH, indicate whether this is being followed in your government hospital by placing a smiley face (😊) and a sad face (😞) if it is not followed.

Slide 6.3

**Instructions to Facilitator:**

- Flash the slides on the screen.
- Make available the smiley (😊) and sad (😞) faces, and ask the participants to come forward and post their answers.

DOH CRITERIA	
Shelf life of at least 12 months from the time of arrival to the Philippines	
Labeling with English translation or in a language that is understood by health professionals	
Packaging that complies to international shipping regulations accompanied by a detailed packing list	
Weight per carton should not exceed 50 kg	
Exclusive packaging with regard other supplies	
Documentary proof of compliance to applicable quality standards	
Documentary proof that items are obtained from reliable sources	

Slide 6.4

**Instructions:**

- On a piece of meta card, write down the problems and issues that you encounter when it comes to pharmaceutical donations (one meta card for each problem/ issue).
- After writing them down, attach the cards on a board.

**Slide 6.5**

**Materials Needed:** Manila paper, meta cards, adhesive tape, markers

**Instructions to Facilitator:**

- Distribute materials to participants.
- Group similar problems and concerns. If possible, classify according to the steps of the drug management cycle. Facilitate discussion.

***Instruction:***

Based on the discussion pertaining to the acceptance of pharmaceutical donations, propose an outline of activities by drawing a flowchart.

Slide 6.6

**Materials Needed:** Manila paper, markers

**Instructions to Facilitator:**

- Distribute materials to participants.
- Ask them to write their flowcharts on the Manila paper. Then, ask them to report or explain their charts. Facilitate discussion. Ensure that the flow chart will address specific issues identified by WHO.



You are tasked to **dispose appropriately different medicines** which cannot be used anymore.



Slide 7.2

**Materials Needed:** Pictures of medicines, adhesive tape

**Instructions to Facilitator:**

- Print the choices for the disposal methods:
  - Incineration, Landfill, Encapsulation, Inertization and Fast-flowing Watercourse/ Sewer
- Flash the slides of the different medicines.

**Instruction:**

- Match each dosage form with the appropriate medicine disposal by placing the choices for disposal methods under or beside the pictures provided.

Slide 7.3

**Instructions to Facilitator:**

- Mention the choices for the disposal methods:
  - Incineration
  - Landfill
  - Encapsulation
  - Inertization
  - Fast-flowing Watercourse/ Sewer
- Facilitate discussion.



Slide 7.4

### Discussion Points:

- **Possible disposal methods:**
  - Solids – Encapsulation, Inertization, Landfill
  - Semi-solids – Encapsulation, Inertization, Landfill
  - Powder – Encapsulation, Inertization, Landfill



Slide 7.5

**Discussion Points:**

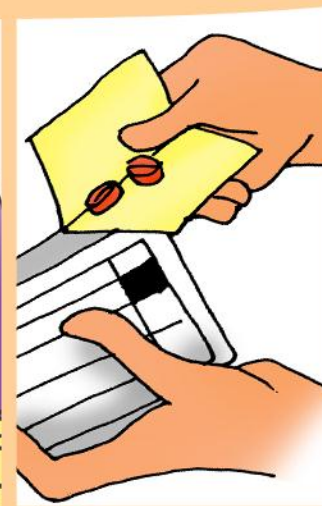
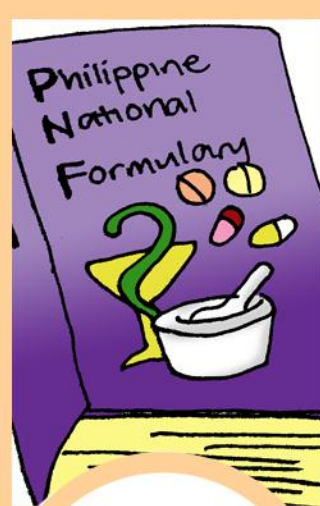
- **Possible disposal methods:**
  - Liquids/ Syrups – Sewer, Fast-flowing Watercourse, Encapsulation
  - Intravenous Fluids – Sewer, Fast-flowing Watercourse (Injections – Encapsulation)

## Appendix A. Problem Sheet

Item Description	Item Used (for 6 months)	Stocks Available	Acquisition Price
0.9% Sodium Chloride — 500 ML	1,257	243	51.69
Aspirin Tablet — 80 MG	364	36	1.56
Paracetamol Tablet — 500 MG	1,367	33	0.54
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Azithromycin Capsule — 500 MG	196	4	120.53
Celecoxib Capsule — 200 MG	430	20	54.47
Co-Amoxiclav Tablet — 625 MG	617	33	26.79
Simvastatin Tablet — 20 MG	87	13	4.91
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## Appendix B. Answer Sheet

Item Description	Item Used (for 6 months)	Stocks Available	Acquisition Price	AMC	Qo	Cost (in PhP)
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Tranexamic Acid Capsule — 500 MG	315	0	11.61	52.5	315	3,657.15
Digoxin Tablet — 250 MCG	407	43	4.11	67.8	364	1,496.04
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Salbutamol Tablet — 2 MG	55	45	0.63	9.2	10	6.30
Sterile Water for Injection — 5 ML	5,300	0	9.83	883.3	5,300	52,099.00
Azithromycin Capsule — 500 MG	196	4	120.53	32.7	192	23,141.76
Celecoxib Capsule — 200 MG	430	20	54.47	71.7	410	22,332.70
Co-Amoxiclav Tablet — 625 MG	617	33	26.79	102.8	584	15,645.36
Simvastatin Tablet — 20 MG	87	13	4.91	14.5	74	363.34
Gliclazide Tablet — 80 MG	44	6	3.57	7.3	38	135.66
Total Cost						233,438.19





# Activity Manual on Pharmaceutical Supply Chain Management

for Government Hospitals



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# **Activity Manual on Pharmaceutical Supply Chain Management**

**for Government Hospitals**



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## How to Use This Manual

This Activity Manual is for facilitators/ lecturers who will conduct training on Pharmaceutical Supply Chain Management for government hospitals. This is used along with the Training Manual. The Activity Manual outlines the activities that participants are expected to participate in during the training. The activities are designed so that the participants can apply what they learned from the training. In addition to the activities, answers are provided (when applicable) to help facilitators/ lecturers in discussing them to the participants. In addition, the following are the additional tasks of the facilitators/ lecturers:

- Must set decorum for the activity (e.g., cellphones must be turned off);
- Must see to it that all materials needed for the activities are prepared and ready for use;
- Must provide instructions before the start of each activity;
- Must be responsible for arranging or dividing the participants for group activity;
- Must encourage the participants to engage in all of the activities and provide feedback on the quality of output;
- Must monitor adherence to time limit for each activity;
- Must answer questions which the participants may ask for clarification; and
- Must summarize the output of the activity for the participants' benefit.

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