

# P&T Implementation Checklist for New Formulary Additions

Points	Explanation (where applicable)	Date of mitigation/completion (where applicable)
<b>Safety</b>		
Is this a high alert med:  Yes      No		Select Date
Is med on the NIOSH list?  Yes      No		Select Date
<b>Special precautions or handling / Employee Safety</b>  Yes      No		Select Date
Pharmacogenomic Implications:  Yes      No		Select Date
Ketogenic Diet coding  Yes      No		Select Date
Renal dosing alerts  Yes      No		Select Date
Long QT risk  Yes      No		Select Date
Malignant hyperthermia risk  Yes      No		Select Date
Is the med gluten free?  Yes      No		Select Date

# P&T Implementation Checklist for New Formulary Additions

Does the medication contain preservatives?  Yes      No		Select Date
<b>Dispensing Operational Considerations</b>		
DoseEdge  Yes      No		Select Date
Power plans/electronic ordering  Yes      No		Select Date
Variable rate infusion  Yes      No		Select Date
Multi use or single use?  Yes      No		Select Date
DCR template required?  Yes      No		Select Date
Standardized dose?  Yes      No		Select Date
Need for Infusion calculator  Yes      No		Select Date
Standard(RTU) concentrations  Yes      No		Select Date
Administration guidelines  Yes      No		Select Date

# P&T Implementation Checklist for New Formulary Additions

Infusion Pump library  Yes      No		Select Date
On-Line Formulary Is Lexicomp monograph available  Yes      No  <b>If yes, any customization required?</b>  Yes      No		Select Date      Select Date
Any unique practices to describe:  Yes      No		Select Date
<b>Purchasing / Inventory Implications</b>		
Any limited access program involved (e.g., cisapride, specialty drugs)?  Yes      No		Select Date
Remove alternative medication from formulary/systems  Yes      No		Select Date
<b>Other</b>		