



**2024
ADDITIONAL SERVICES
SELF-INSPECTION FORMS**

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

Please note: This is not a stand-alone self-inspection form. It is to be completed and filed in conjunction with the appropriate Drug Outlet Self-Inspection Form (i.e., Retail, Institutional, etc.).

Instructions: Mark each box below to indicate which additional services are provided by the drug outlet at this location. Once complete, attach to the primary self-inspection form.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Final Verification</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Pharmacist Prescriptive Authority: (Public Health & Pharmacy Formulary Advisory Committee)</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Collaborative Drug Therapy Management (CDTM)</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Telework</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Long Term Care (LTC) / Community Based Care (CBC) Services</u> |

Final Verification

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	1.	<p>Are the pharmacy and staff aware that “final verification” means, after prescription information is entered into a pharmacy’s electronic system and reviewed by a pharmacist for accuracy, a physical verification that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry <u>is the prescribed drug and drug dosage, device, or product?</u></p> <p>Note: Final verification does not include the dosage form, quantity, or expiration date.</p>	<p>OAR 855-005-0006(21) OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.703</p>
<input type="checkbox"/>	<input type="checkbox"/>	2.	<p>If the pharmacist chooses to delegate “final verification” to a technician, does the pharmacist use their reasonable professional judgment in making this determination?</p> <p>Note:</p> <ul style="list-style-type: none"> • Only the PHARMACIST may delegate “final verification.” • “Reasonable professional judgment” means an objectively reasonable and impartial belief, opinion or conclusion held with confidence, and founded on appropriate professional knowledge, skills, abilities, qualifications, and competencies, after careful review, analysis and 	<p>OAR 855-005-0006(47) OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.703</p>

Yes	No			Rule Reference
			consideration of the relevant subject matter and all relevant facts and circumstances that were then known by, or reasonably available to, the person or party holding such belief, opinion, or conclusion.	
<input type="checkbox"/>	<input type="checkbox"/>	3.	Does the pharmacist supervise the technician that they have delegated "final verification" to? How does the pharmacist supervise technicians performing "final verification"?	OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.703
		4.	How does the supervising pharmacist ensure that the technician performs a physical (i.e. in-person) "final verification"?	OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.703
<input type="checkbox"/>	<input type="checkbox"/>	5.	If a technician performs "final verification" on the drug and dosage, is a pharmacist performing verification on the remaining items such as prescription label, appropriate auxiliary labels, dosage form, expiration date, and quantity?	OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.703
		6.	How does each supervising pharmacist ensure that technicians do not use discretion when performing "final verification"?	OAR 855-115-0130(3) OAR 855-125-0105(4) ORS 689.005 ORS 689.703

Pharmacist Prescriptive Authority: (Public Health & Pharmacy Formulary Advisory Committee)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	7.	Do pharmacists at this location prescribe and dispense FDA-approved drugs and devices included on either the Formulary or Protocol Compendia? Please list all Prescriptive Authority Protocols that the outlet's pharmacists are participating in.	OAR 855-115-0330 OAR 855-115-0335 OAR 855-115-0340 OAR 855-115-0345

Yes	No			Rule Reference
			Note: <ul style="list-style-type: none"> Be prepared to show these records at the time of inspection. Please update eGov profiles to include this information. 	
<input type="checkbox"/>	<input type="checkbox"/>	8.	Do pharmacists prescribe any drugs or devices to themselves or when the compendia requires referral to a non-pharmacist provider?	OAR 855-115-0335
<input type="checkbox"/>	<input type="checkbox"/>	9.	Do pharmacists document the diagnosis code prior to prescribing a device or supply included on the Formulary Compendia?	OAR 855-115-0340
<input type="checkbox"/>	<input type="checkbox"/>	10.	Do pharmacists follow the protocols when prescribing a drug or device included on the Protocol Compendia?	OAR 855-115-0345
<input type="checkbox"/>	<input type="checkbox"/>	11.	Is the pharmacist maintaining all records associated with prescribing and other related activities performed for a minimum of 7 years? Where are these records kept?	OAR 855-104-0055
<input type="checkbox"/>	<input type="checkbox"/>	12.	Are pharmacists aware that they can provide protocol feedback to the Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) at https://www.oregon.gov/pharmacy/Pages/PFAC.aspx ?	

Collaborative Drug Therapy Management (CDTM)

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	13.	Do pharmacists participate in Collaborative Drug Therapy Management (CDTM)? Examples: Diabetes management, anticoagulation, hypertension.	
<input type="checkbox"/>	<input type="checkbox"/>	14.	Does the written CDTM agreement contain all of the following? <ul style="list-style-type: none"> Identification of the participating pharmacist(s) and practitioner(s) The name of the principal pharmacist and practitioner who are responsible for development, training, administration, and quality assurance of the arrangement The types of decisions that the pharmacist is allowed to make and when the pharmacist should initiate communications with the practitioner 	OAR 855-115-0315(2)(a-g) and (3)
<input type="checkbox"/>	<input type="checkbox"/>	15.	Are CDTM agreements being reviewed and updated at least every two years?	OAR 855-115-0315(2)(h)
<input type="checkbox"/>	<input type="checkbox"/>	16.	Are the practitioner and pharmacist identified on each prescription order? Note: <ul style="list-style-type: none"> The practitioner is the individual who referred the patient for treatment under the CDTM agreement. 	OAR 855-115-0315(2)(a-b)

Yes No

Rule Reference

			<ul style="list-style-type: none"> For a prescription ordered by a pharmacist under CDTM to be valid, <u>the practitioner must be identified as the prescriber.</u> 	
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Telework

Yes No

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	17.	<p>Do intern(s) or technician(s) work on behalf of the drug outlet pharmacy from a location physically outside of the pharmacy (i.e. their home)?</p> <p>Note: This is considered telework at a telework site by the board. This is not applicable to pharmacists. This is also not applicable to interns and technicians who are assisting pharmacists who are not working on behalf of a board registered drug outlet pharmacy.</p>	OAR 855-041-3205
<input type="checkbox"/>	<input type="checkbox"/>	18.	<p>Does the pharmacy ensure that:</p> <ul style="list-style-type: none"> only an Oregon licensed pharmacist, intern, and technician are providing pharmacy services to Oregon patients? all licensees comply with applicable federal and state laws and rules? NO DRUGS or DEVICES are permitted at a telework site? 	OAR 855-041-3215 OAR 855-041-3235
		19.	<p>How does the PIC and the supervising pharmacist ensure the supervision, direction, and control of each technician and intern?</p>	OAR 855-041-3215 OAR 855-041-3220
<input type="checkbox"/>	<input type="checkbox"/>	20.	<p>Does the pharmacy have a written agreement that includes all conditions, duties and policies governing the licensee engaged in telework activities?</p>	OAR 855-041-3215 OAR 855-041-3245
<input type="checkbox"/>	<input type="checkbox"/>	21.	<p>Does the pharmacy maintain a continuously updated list of all of the following for each Telework Site?</p> <ul style="list-style-type: none"> Address and phone number (for each site) Licensees engaged in telework Functions being performed by licensees engaged in telework The pharmacist providing supervision, direction, and control for each non-pharmacist licensee 	OAR 855-041-3215 OAR 855-041-3250
<input type="checkbox"/>	<input type="checkbox"/>	22.	<p>Are all of the following supervision requirements met?</p> <ul style="list-style-type: none"> Utilize technology that enables real-time audio and visual connections and interface to allow access to information required to complete assigned duties Ensure telephone audio is recorded, reviewed, and stored, for all patient interactions completed by each intern and technician Ensure a pharmacist is supervising, directing, and controlling each intern and technician and that the continuous audio/visual connection is fully operational Ensure that a pharmacist using professional judgment determines the frequency of "check-ins" for each licensee being supervised via the real-time audio and visual connection with a 	OAR 855-041-3220

Yes No

Rule Reference

			minimum of at least once per work shift, and documents the interaction <ul style="list-style-type: none">• Ensure a pharmacist is readily available to answer questions and is fully responsible for the practice and accuracy of the licensee; and• Ensure the intern or technician knows the identity of the Oregon licensed Pharmacist who is providing supervision, direction, and control at all times• Provide adequate staff to allow the pharmacist to complete required technician reviews	
<input type="checkbox"/>	<input type="checkbox"/>	23.	Are all of the following supervision requirements met by the pharmacist? <ul style="list-style-type: none">• Using professional judgment, determining the percentage of patient interactions for each licensee that must be reviewed to ensure public health and safety with a minimum of 5% of patient interactions observed or reviewed;• Reviewing patient interactions within 48 hours of the patient interaction to ensure that each licensee is acting within the authority permitted under their license and patients are connected with a pharmacist upon request;• Documenting the following within 24 hours of the review:<ul style="list-style-type: none">○ Number of each licensee's patient interactions;○ Number of each licensee's patient interactions pharmacist is reviewing;○ Date and time of licensee patient interaction pharmacist is reviewing;○ Date and time of pharmacist review of licensee's patient interaction; and○ Pharmacist notes of each interaction reviewed; and• Reporting any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 48 hours of discovery and to the board within 10 days.	OAR 855-041-3220
		24.	How does the pharmacy ensure patient confidentiality? Note: All computer equipment used at the Telework Site must: <ul style="list-style-type: none">• Establish and maintain a secure connection to the pharmacy and patient information;• Utilize equipment that prevents unauthorized access to the pharmacy and patient information;• Be configured so that the pharmacy and patient information is not accessible when:<ul style="list-style-type: none">○ there is no pharmacist actively supervising.○ there is no licensee at the telework site.○ any component of the real-time audio-visual connection is not functioning;• Comply with security and confidentiality requirements.	OAR 855-041-3225 OAR 855-041-3240
<input type="checkbox"/>	<input type="checkbox"/>	25.	Is each intern or technician able to access the pharmacy and patient information when a pharmacist is not actively supervising?	OAR 855-041-3240

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	26.	<p>Are the following technology requirements met?</p> <ul style="list-style-type: none"> • Testing the continuous audio and visual connection and document that it operates properly before engaging in telework. • Developing, implementing, and enforcing a plan for responding to and recovering from an interruption of service which prevents a pharmacist from supervising, directing, and controlling the Intern and technician at the Telework Site. • Ensures access to: <ul style="list-style-type: none"> ○ Appropriate and current pharmaceutical references based on the services offered; and ○ Appropriate and current Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, standards adopted by reference (e.g. USP) based on services offered by the outlet and a minimum of three years of the Board of Pharmacy quarterly newsletters. • Training of the Pharmacists, Interns, and technicians in the operation of continuous audio and visual connection. 	OAR 855-041-3230
<input type="checkbox"/>	<input type="checkbox"/>	27.	<p>If a pharmacist is performing verification via telework, are all of the following requirements met?</p> <ul style="list-style-type: none"> • Using still image capture or storing and forwarding for verification of prescriptions with a camera that is of sufficient quality and resolution so that the pharmacist from the Oregon registered Drug Outlet Pharmacy can visually identify each <ul style="list-style-type: none"> ○ Source container including manufacturer, name, strength, lot, and expiration; ○ Dispensed product including the imprint and physical characteristics; ○ Completed prescription container including the label; and ○ Ancillary document provided to patient at the time of dispensing. 	OAR 855-041-3230(5)
<input type="checkbox"/>	<input type="checkbox"/>	28.	<p>Are all records maintained within the requirements of OAR 855-041-3250?</p>	OAR 855-041-3250

Long Term Care (LTC) / Community Based Care (CBC) Services

Yes	No		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	29.	<p>Are the pharmacy or pharmacists assisting in the establishment and supervision of the policies & procedures for the safe storage, distribution, administration, & disposal of drugs and for professional advice/medication counseling of patients and/or caregivers?</p>	OAR 855-041-7060(1)

Yes	No	Rule Reference		
<input type="checkbox"/>	<input type="checkbox"/>	30.	<p>Are emergency drug kits provided to any facilities?</p> <p>Does each facility's license allow them to have an emergency drug kit?</p> <p>If yes, how does a pharmacist verify the kit and how/where is this documented?</p>	OAR 855-041-7060(2)
<input type="checkbox"/>	<input type="checkbox"/>	31.	<p>Is the pharmacy ensuring that access to the emergency drug kit and/or on-site pharmacy occurs ONLY:</p> <ul style="list-style-type: none"> • by a designated licensed nurse? • when there is a practitioner's order authorizing the removal of medications? • pursuant to OAR-855-041-6310? <p>How is this ensured?</p>	OAR 855-041-7060(2)(b) OAR 855-041-7060(5)
<input type="checkbox"/>	<input type="checkbox"/>	32.	<p>If the pharmacy accepts the return of previously dispensed prescriptions, is it in compliance with OAR 855-041-1045?</p>	OAR 855-041-1045
		33.	<p>Under what circumstances does the pharmacy dispense medications that have been previously dispensed and returned?</p>	OAR 855-041-1045(3)
<input type="checkbox"/>	<input type="checkbox"/>	34.	<p>If prescriptions are provided to patients in a Skilled Nursing Facility (SNF) and/or Immediate Care Facility (ICF), please list this outlet's Institutional Drug Outlet Registration #.</p> <p>Registration #:</p>	OAR 855-041-5005 OAR 855-041-5015 OAR 855-041-7050
<input type="checkbox"/>	<input type="checkbox"/>	35.	<p>Are all partially dispensed CII prescriptions documented with all of the following?</p> <ul style="list-style-type: none"> • "LTCF patient" or "terminally ill" • Date of partial fill • Quantity dispensed • Remaining quantity authorized to be dispensed • Identification of the dispensing pharmacist for each partial fill <p>Note: Valid for up to a maximum of 60 days from the date written.</p>	21 CFR 1306.13

I hereby certify that to the best of my knowledge, that the answers marked on this form are true and correct.

Date: ____ / ____ / ____

Signature of PIC: _____

Printed Name of PIC: _____