



APPLICATION FOR DESIGNATION
AS A CENTRAL FILL AND/OR REMOTE PROCESSING DRUG OUTLET
IN AND OUT OF STATE

CENTRAL FILL AND/OR REMOTE PROCESSING DESIGNATION REQUIREMENTS:

- The facility applying for the designation as a central fill or remote processing pharmacy must also hold a Retail or Institutional Drug Outlet registration.** If this is a new facility, please download and complete the application for a retail and/or institutional drug outlet.
- Policies and procedures (P & Ps) must be submitted.** See checklist(s) below for all required documentation.
- Written approval from the Board of Pharmacy** is required prior to commencing operations.
- If policies and procedures are modified,** new P & Ps must be submitted for written approval.

Mail completed application and all required documentation to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

Questions? Contact us:

Telephone: (971) 673-0001
www.oregon.gov/pharmacy
pharmacy.licensing@bop.oregon.gov

If this location is affiliated with a retail or institutional drug outlet that performs Central Fill or Remote Processing, you must apply for the appropriate registration designation. This will be added to an active RP or IP registration.

1.
 - A. Outlets applying for a Retail **Central Fill Drug Outlet Registration MUST** include the required documentation outlined on the attached **Checklist of Documents required for a Central Fill Designation. Completed Checklist of Documents must be returned with application.**
 - B. Outlets applying for a Retail or Institutional **Remote Processing Drug Outlet Registration MUST** include proposed policies and procedures as indicated on the **Checklist of Required Documents. Completed Checklist of Documents must be returned with application.**
 - C. Outlets can apply for **both** a Retail or Institutional Central Fill Drug Outlet Registration and a Retail or Institutional Remote Processing Drug Outlet designation by completing the enclosed application and submitting all the required documentation on the **Checklists of Required. Completed Checklist of Documents must be returned with application.**

This information must be submitted with your application for approval. An application will include all checklist items and must be submitted as an attachment with each item clearly identified. An application is not complete until all items have been received and are compliant with Oregon laws and Rules.

Please note the following: Upon Board issuance of a registration, registrant agrees that all information provided as part of the application, including policy and procedures, may not be altered without written Board approval and any deviation may be considered unprofessional conduct and grounds for discipline.

2. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: https://www.oregon.gov/pharmacy/pages/laws_rules.aspx#OREGON_LAWS_&_RULES.

A set of laws and rules is available for purchase for \$25.00 (check the box on the application if you wish to purchase one or more sets).

The designation must be approved and added to your RP/IP registration ***PRIOR*** to performing Central Fill and/or Remote Processing in Oregon.

Checklist of documents required for a Retail or Institutional Central Fill Designation:

This information must be submitted with your application for review and approval.

Please provide a detailed response to the following required information below. The corresponding number and policy and procedure with applicable page number ***must*** be submitted with each description. An application is **not complete** until all items have been received, clearly identified, and are compliant with Oregon laws and Rules.

Required information: Describe the following for **each** pharmacy (Central Fill and Dispensing Pharmacy):

1. The prescription filling and dispensing process to include details of the responsibilities and services of each pharmacy - Page #_____
2. How each prescription drug order is tracked during each step in the filling and dispensing process Page #_____
3. How to ensure that creation and filling of a duplicate prescription is prevented (ensure that a prescription exists only at one pharmacy at a time) Page #_____
4. How and where records to identify the name, initials or unique identification code, of any individual who performed each filling and dispensing function and that pharmacy location are maintained Page #_____
5. How a pharmacist completes and documents a Drug Utilization Review (DUR) on each prescription, new and all refills Page #_____
6. How a pharmacist performs and documents counseling Page #_____
7. How the PIC maintains security of the pharmacy Page #_____
8. How the PIC ensures the secure delivery of filled prescriptions Page #_____
9. How and who is responsible for filled prescriptions that are not dispensed to the patient, RTS (Return to Stock) Page #_____
10. How and who is responsible for drug recalls Page #_____
11. How is staff training conducted, to include initial and ongoing training Page #_____
12. The Quality Assurance Plan to provide appropriate consistent quality improvement and how errors/issues are evaluated and improvements are documented. (to include how errors or irregularities are detected, documented and reviewed for corrective action or process improvement by each pharmacy) Page #_____
13. How patient information is protected and confidentiality is ensured Page #_____
14. How utilization of the central fill model will improve patient safety Page #_____
15. How using central fill will increase pharmacist interaction with patients and clinical services Page #_____

Please note the following: Upon Board issuance of designation, registrant agrees that all information provided as part of the application, including policy and procedures, may not be altered without written Board approval and any deviation may be considered unprofessional conduct and grounds for discipline.

ADDITIONAL INFORMATION MAY BE REQUESTED

Checklist of documents required for a
Retail or Institutional Remote Processing Designation:

This information must be submitted with your application for review and approval.

Please provide a detailed response to the following required information below. The corresponding number and policy and procedure with applicable page number ***must*** be submitted with each description. An application is **not complete** until all items have been received, clearly identified, and are compliant with Oregon laws and Rules.

Required information: Describe the following for **each** pharmacy (Remote Processing and Dispensing Pharmacy):

1. The prescription filling, dispensing, or any other remote processes to include details of the responsibilities and services of each pharmacy Page # _____
2. How each prescription drug order is tracked during each step in the filling and dispensing process Page # _____
3. How to ensure that creation and filling of a duplicate prescription is prevented (ensure that a prescription exists only at one pharmacy at a time) Page # _____
4. How and where records to identify the name, initials or unique identification code, of any individual who performed each function and that pharmacy location are maintained Page # _____
5. How a pharmacist completes and documents a Drug Utilization Review (DUR) on each prescription, new and all refills Page # _____
6. How a pharmacist performs and documents counseling Page # _____
7. How the PIC maintains security of the pharmacy and pharmacy records Page # _____
8. How is staff training conducted, to include initial and ongoing training Page # _____
9. The Quality Assurance Plan to provide appropriate consistent quality improvement and how errors/issues are evaluated and improvements are documented. (to include how errors or irregularities are detected, documented and reviewed for corrective action or process improvement by each pharmacy) Page # _____
10. How patient information is protected and confidentiality is ensured Page # _____
11. How utilization of the remote processing model will improve patient safety Page # _____
12. How using remote processing will increase pharmacist interaction with patients and clinical services Page # _____

Please note the following: Upon Board issuance of designation, registrant agrees that all information provided as part of the application, including policy and procedures, may not be altered without written Board approval and any deviation may be considered unprofessional conduct and grounds for discipline.

Any drug outlet that permits pharmacy staff to work remotely at a secured off-site, non-pharmacy location on behalf of a drug outlet is also subject to the telework regulations outlined in OAR 855-041-3200 to OAR 855-041-3250.

ADDITIONAL INFORMATION MAY BE REQUESTED

APPLICATION FOR DESIGNATION

Central Fill and/or Remote Processing Designation for Retail or Institutional Drug Outlet Registration - In and Out of State

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800 NE Oregon Street, Suite 150
Portland OR 97232
pharmacy.licensing@bop.oregon.gov



Please check all that apply:

- Central Fill Drug Outlet
Remote Processing Drug Outlet

Type of Application - Check all that apply:
New Facility Application - Please complete a Retail/Institutional Drug outlet registration application and submit along with this application and all required documentation.
Start / Effective Date:
Adding designation to active registration:
Registration Number:
Change of Policies and Procedures

Please PRINT or TYPE

WARNING: ORS 689.405(1)(f) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA):

Full Legal / Owner Name:

Federal Tax ID # or Owner SSN: NABP eProfile #:

Physical Location Address:

City: State: Zip:

Phone Number: FAX #:

Registration & Renewal Mailing Address:

City, State, Zip:

Licensing Contact Person: Title: Contact Phone:

Licensing Contact Person E-mail Address:

Facility Website:

Pharmacist-In-Charge: Contact Phone:

Pharmacist-In-Charge E-mail:

