



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

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http://www.rld.state.nm.us/boards/pharmacy.aspx

TELE-PHARMACY INSPECTION

PHARMACY NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____
P.I.C. _____ LIC NO: _____ EXP: _____
RPh LIC Expires

TECH REG EXP CERTIFICATION CURRENT (Y/N)

PHARMACY LICENSE: _____ EXP: _____
NM CONTROLLED SUBSTANCE REG: _____ EXP: _____
DEA REGISTRATION: _____ EXP: _____

HUB PHARMACY LOCATION AND PHARMACY LICENSE: _____

- 1. REQUIRED ARTICLES DISPLAYED Yes No
2. RESTRICTED AREA SECURE, CLEAN, ORDERLY. Yes No
3. RX FILES APPROPRIATE (ELECTRONIC-MANUAL) Yes No
4. RX INFORMATION COMPLETE Yes No
5. RX LABEL INFORMATION COMPLETE/CORRECT. Yes No
6. IS BAR CODING UTILIZED OR SIMILAR TECHNOLOGY TO EFFECTIVELY RECOGNIZE DRUG OR DEVICE SELECTED Yes No
7. PHARMACIST VERIFIES COMPUTER ENTRIES. Yes No
8. TELE-PHARMACY VIDEO EQUIPMENT RESOLUTION IS SUFFICIENT TO ALLOW FOR PHARMACIST IDENTIFICATION OF MEDICATION DOSAGE FORMS AND READING OF BOTTLE LABELS VIA VIDEO CAMERA Yes No
9. ALL PRESCRIPTIONS FROM THE TELE-PHARMACY HAVE THE LABEL AFFIXED TO THE PRESCRIPTION CONTAINER PRIOR TO BEING INSPECTED BY THE PHARMACIST VIA ELECTRONIC LINK Yes No
10. COMPUTER RECORDS APPROPRIATE Yes No
11. PATIENT PROFILE LISTS MED COND, ALLERGIES, OTC, OTHER MEDS Yes No
12. AVERAGE NUMBER OF PRESCRIPTIONS FILLED PER DAY IS DETERMINED AND NO MORE THAN TWO HUNDRED ARE FILLED PER DAY AVERAGE NUMBER: _____ Yes No
13. PROPER DOCUMENTATION OF DISCONNECTION OR MALFUNCTION TO THE HUB PHARMACY VIA ELECTRONIC LINK, TO INCLUDE TELE-PHARMACY CLOSURE Yes No
14. REAL TIME CONTINUAL INDIRECT SUPERVISION WITH MINIMUM FOUR CAMERAS AND A MINIMUM OF 90 DAYS RECORDINGS Yes No
15. HUB PHARMACIST MONTHLY SITE VISITS DOCUMENTED AND LOG KEPT AT BOTH HUB AND TELE-PHARMACY Yes No
16. ALL CONTROLLED SUBSTANCES KEPT IN INVENTORY ARE LISTED ON A PERPETUAL INVENTORY LOG WITH DOCUMENTED MONTHLY INVENTORY AND RECONCILIATION DURING HUB PHARMACIST SITE VISITS Yes No
17. ANNUAL C.S. INVENTORY APPROPRIATE. Yes No
LAST INVENTORY TAKEN ON: _____
18. MEDICATION ERROR PREVENTION POLICY AND PROCEDURE APPROPRIATE WITH COMPLAINTS AND MEDICATION ERRORS REPORTED TO THE HUB PHARMACIST AND DOCUMENTATION RETAINED AT THE HUB PHARMACY AND TELE-PHARMACY Yes No
19. DRUG COMPOUNDING DOES NOT OCCUR AT TELE-PHARMACY Yes No
20. RECEIPT/PROCUREMENT RECORDS APPROPRIATE Yes No
21. DISPOSAL RECORDS APPROPRIATE Yes No
REVERSE DISTRIBUTOR: _____
22. RETURN TO STOCK RECORD APPROPRIATE. Yes No
23. PHI MAINTENANCE APPROPRIATE Yes No
24. HUB PHARMACIST PROVIDES PATIENT COUNSELING VIA PATIENT-PHARMACIST AUDIO-VISUAL LINK Yes No
25. PHARMACY TECHNICIANS DO NOT PERFORM DUR/COUNSELING Yes No
26. POLICY AND PROCEDURE MANUAL APPROPRIATE Yes No
27. PMP REVIEW DONE BY HUB PHARMACIST Yes No
28. PROPER ID RECORDED FOR CS PRESCRIPTION Yes No
29. TECH TRAINING RECORDS APPROPRIATE. Yes No

COMMENTS

INSPECTOR: _____ TECH ON DUTY: _____