

**NEW MEXICO BOARD OF PHARMACY
SELF-ASSESSMENT FORM
RETAIL PHARMACY**

NAME OF PHARMACY _____ NMBOP LIC# _____ EXP DATE _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 NMCS # _____ EXP DATE _____ DEA # _____ EXP DATE _____

THE PHARMACIST- IN -CHARGE IS RESPONSIBLE FOR COMPLETING THIS EVALUATION FORM.

POST a photocopy self-assessment along with the pharmacy's most current Board of Pharmacy Inspection Report.

RETURN the signed original with your pharmacy renewal application.

PHARMACIST-IN-CHARGE _____ **LIC#** _____ **EXP DATE** _____

ATTACH a list of all Registered Pharmacists, Registered Technicians, and Registered Interns with their respective license numbers and expiration dates, and a list of supportive personnel (Name and Date of Birth).

CONSPICUOUS DISPLAY REQUIREMENTS

1. The following articles are displayed:
 - a. Pharmacy license [16 NMAC 19.6.13] Yes ___ No ___
 - b. Prohibition of return of drugs sign [16 NMAC 19.6.13 & 14A] Yes ___ No ___
 - c. Current controlled substance registration [16 NMAC 19.6.13] Yes ___ No ___
 - d. Current Board of Pharmacy Inspection Report [16 NMAC 19.6.13] Yes ___ No ___
 - e. Photocopy of most current self-assessment form(s) [16 NMAC 19.6.9A (8)] Yes ___ No ___
 - f. Current Pharmacist, intern, and technician registration/licenses [16 NMAC 19.6.13 & 19.5.8 E (10)] Yes ___ No ___
 - g. Name tags and including job title [16 NMAC 19.6.13 & 19.22.12 & 19.5.8 E (2)] Yes ___ No ___
 - h. Sign stating counseling is available [16 NMAC 19.4.16 E (7)] Yes ___ No ___
2. Does your pharmacy compound pharmaceuticals? [16 NMAC 19.30] Yes ___ No ___
 - a. If so, do compounded preparations comply with USP Chapter 795 standards? Yes ___ No ___
 - b. Do you maintain the required records for compounded pharmaceuticals? Yes ___ No ___
3. Does your pharmacy prepare parental pharmaceuticals? [16 NMAC 19.6.11] Yes ___ No ___
 - a. If so, do sterile compounding preparations comply with USP chapter 797 standards? Yes ___ No ___
 - b. If so, is the pharmaceutical parenteral self-assessment report posted Yes ___ No ___

PHARMACY EQUIPMENT/SUPPLIES/REFERENCES/PHYSICAL PROPERTIES

4. Does the pharmacy have the required amount of unobstructed counter space in relation to the number of pharmacist on duty? [16 NMAC 19.6.10 C] Yes ___ No ___
5. Are all windows, doors, and gates to the restricted area equipped with secure locks? [16 NMAC 19.6.10 E] Yes ___ No ___
6. Is the pharmacy locked in the absence of a pharmacist? [16 NMAC 19.6.10 E & H] Yes ___ No ___
7. Are proper dispensing containers utilized? [16 NMAC 19.6.11 A] Yes ___ No ___
8. Does the pharmacy comply with the Federal Poison Prevention Packaging Act of 1970 administered by the U. S. Consumer Product Safety Commission? [Section 26-1-13 E NMSA] Yes ___ No ___
9. Are child-resistant containers used according to the Federal Poison Prevention Act of 1970? [Section 26-1-13 E NMSA] Yes ___ No ___
10. Within the restricted areas, are the following references available?
 - a. One regularly updated reference source appropriate to practice site, either electronic or printed version. [16 NMAC 19.6.11 A (1)] Yes ___ No ___
 - b. One current copy of the NMBOP statutes and regulations, either electronic or print version. [16 NMAC 19.6.11 A (2)] Yes ___ No ___
11. Does the pharmacy have all necessary equipment for the safe and appropriate storage, compounding, packaging, labeling, dispensing and preparation of drugs and parenteral products appropriate to the scope of pharmaceuticals services provided? [16 NMAC 19.6.11] Yes ___ No ___

12. Is a counseling area available? [16 NMAC 19.6.10 A (4)] Yes___ No___
13. Does the restricted area contain a sink with hot and cold water? [16 NMAC 19.6.10 F] Yes___ No___
14. Does the restricted area have a refrigerator with an accurate thermometer? [16 NMAC 19.6.10 G] Yes___ No___

PATIENT RECORDS

15. Patient profiles are maintained and include the following: [16 NMAC 19.4.16 C (1)]
- a. The name, address, telephone number, Date of Birth, and gender of patient Yes___ No___
 - b. Individual medical history including disease state(s), known allergies, and drug reactions Yes___ No___
 - c. A complete list of prescription and OTC medications and relevant devices Yes___ No___
 - d. Patient profiles demonstrate that an effort is made to fulfill the requirements by the completion of the detail required. [16 NMAC 19.4.16 G] Yes___ No___
16. Does pharmacist or intern prior to counseling utilize the patient profile information? [16 NMAC 19.4.16 C (2)] Yes___ No___

PROSPECTIVE DRUG REVIEW [16 NMAC 19.4.16 D (1 & 2)]

17. Upon receipt of all new prescription drug orders, a pharmacist reviews the patient record for:
- a. Clinical abuse/misuse Yes___ No___
 - b. Therapeutic duplication Yes___ No___
 - c. Drug-disease contraindications Yes___ No___
 - d. Drug-Drug interactions Yes___ No___
 - e. Incorrect drug dosage Yes___ No___
 - f. Incorrect duration of drug treatment Yes___ No___
 - g. Drug-allergy interactions Yes___ No___
 - h. Appropriate indication Yes___ No___
 - i. Upon recognizing any of the above the pharmacist shall take appropriate steps to avoid or resolve the problem, if necessary, including consultation with the prescriber Yes___ No___

COUNSELING

18. A pharmacist or intern offers to counsel the patient, after reviewing the patient record, on all new prescriptions [16 NMAC 19.4.16 E (1)] Yes___ No___
19. A technician, intern, or pharmacist offers the patient or patient's agent counseling on all refilled prescriptions [16 NMAC 19.4.16 E (1)] Yes___ No___

PHARMACIST PRESCRIPTIVE AUTHORITY

20. Does the pharmacist with prescriptive authority have records of education, training, prescriptions, notification of signed patient or guardian consent, and notification of patient's designated practitioner? [16 NMAC 19.26] Yes___ No___

RECORDS AND PRESCRIPTIONS FOR DANGEROUS DRUGS AND CONTROLLED SUBSTANCES

21. Prescription records and invoices are kept for three years [Section 26-1-16 F NMSA]? Yes___ No___
22. On the face of all prescriptions for a dangerous drug are the following: [16 NMAC 19.6.23 A]
- a. Name and address of prescriber Yes___ No___
 - b. License classification of the prescriber [Section 26-1-2 I NMSA] Yes___ No___
 - c. Name and address of patient Yes___ No___
 - d. Name and strength of the drug Yes___ No___
 - e. Quantity prescribed Yes___ No___
 - f. Directions for use Yes___ No___
 - g. Date of issue Yes___ No___
23. Does the pharmacy maintain a record of prescriptions that are returned to stock? [16 NMAC 19.6.14 B] Yes___ No___
24. Are schedule II controlled substances records maintained separately? [16 NMAC 19.20.25 & 28 & 31] Yes___ No___
25. Prescriptions for schedules II through IV shall contain the following information: [Section 30-31-18 NMSA]

- a. Name and address of patient Yes ___ No ___
 - b. Name and address and registry number of the prescriber Yes ___ No ___
 - c. Identify of the pharmacist of record Yes ___ No ___
(if the computer not capable of providing the pharmacist of record,
the pharmacist must sign and date the face of the prescription)
26. Annual controlled substance inventories are available for the past three years,
and include all New Mexico controlled substances? [Section 30-31-16 NMSA] Yes ___ No ___
27. All controlled substance prescriptions, filled by this pharmacy's staff,
are for legitimate medical purposes? [Section 30-31-18 F & 16 NMAC 19.20.41 A] Yes ___ No ___
28. Prescriptions for controlled substances **are not filled** for office use by a practitioner?
[16 NMAC 19.20.41 B] Yes ___ No ___
29. Does all dispensing of a controlled substance without a prescription
comply with 16 NMAC 19.20.53? Yes ___ No ___
30. All pseudoephedrine products, formerly OTC, became schedule V controlled substances
and are now subject to sales limits and log requirements
and are included in the annual controlled substance inventory. [16 NMAC 19.20.53 B] Yes ___ No ___
31. All controlled substance records are readily retrievable?
[Section 30-31-16 C and 16 NMAC 19.20.25 and 31 C] Yes ___ No ___

PHARMACIST IN CHARGE

32. The pharmacy is under the continued daily supervision of a registered pharmacist
who has direct control of the pharmaceutical affairs of the pharmacy? [16 NMAC 19.6.9 B] Yes ___ No ___
33. The pharmacy is an approved training area if interns/externs are utilized? Yes ___ No ___
34. Pharmacy technician registrations are submitted to the board within ten days of employment
with documented training on laws/regulations and ethical/professional standards?
[16 NMAC 19.22.9 A and 14] Yes ___ No ___
35. Pharmacy technicians are certified within one year of employment
and have completed the remainder of 220 hours of training required by the board?
[16 NMAC 19.22.9 B & E] Yes ___ No ___
36. A written record and education has been maintained by the pharmacy
for a minimum of three years after resignation or termination of the technician?
[16 NMAC 19.22.9 D] Yes ___ No ___
37. The pharmacy is clean and orderly, maintained and secured
for proper performance of professional duties? [16 NMAC 19.4.9 C (6)] Yes ___ No ___
38. If and when the events listed in Section 61-11-18.1 occur, are reports being made to the board? Yes ___ No ___
39. Written policies and procedures are established and maintained for the
procurement, storage, compounding, and dispensing of drugs? [16 NMAC 19.6.9 A (1)] Yes ___ No ___
40. Written policies and procedures are established and maintained for
error prevention and reporting of adverse drug events?
[16 NMAC 19.25.8] Yes ___ No ___
41. Do prescription labels comply with
Section 26-1-11 & 16, Section 30-31-18 D & E, and 16 NMAC 19.6.18 B? Yes ___ No ___
42. Does computerized prescription information comply with 16 NMAC 19.6.22? Yes ___ No ___
43. Do the requirements for electronic transmission of prescriptions comply with 16 NMAC 19.6.23 F? Yes ___ No ___
44. Contracts with network vendors and point of care vendors are readily available for inspection
to ensure the authenticity, security and confidentiality of the electronically transmitted prescriptions?
[16 NMAC 19.6.7 & 22 & 23 F] Yes ___ No ___
45. Prescription information is retrieved by a pharmacist or intern from an answering machine
or voice recording device from an authorized practitioner or approved agent?
[16 NMAC 19.6.23 G] Yes ___ No ___

CENTRALIZED/NONRESIDENT PHARMACIES [16 NMAC 19.6.24 & 25]

46. Does this pharmacy outsource prescription orders dispensing to another retail or non-resident pharmacy? If yes, answer 47-49. N/A____ Yes____
47. Are patients notified of outsourcing? N/A____ Yes____ No____
48. Is counseling provided within fifteen minutes by outsourcing pharmacy with sufficient toll-free lines with a minimum of 60 hours per week for not less than 6 days per week if delivering more than 50 percent of their prescriptions by mail or common courier? N/A____ Yes____ No____
49. Does the prescription label describe which pharmacy filled the prescription? N/A____ Yes____ No____

ISMP

Complete the ISMP Medication Safety Self Assessment™ for Community/Ambulatory Pharmacy available from the Institute for Safe Medication Practices at www.ISMP.org , or from the ISMP link on the Board of Pharmacy website. Retain the ISMP self- assessment (may be electronically stored) with the copy of this self-assessment in the pharmacy.

EXPLANATION OF ALL “NO” RESPONSES (attach statement if necessary):

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS ASSESSMENT IS TRUE AND ACCURATE.

SIGNATURE-PHARMACIST-IN-CHARGE [16 NMAC 19.6.9.8]

DATE

PRINTED NAME-PHARMACIST-IN-CHARGE

SIGNATURE OF BUSINESS OWNER/AUTHORIZED REPRESENTATIVE [16 NMAC 19.27.7 B (14)]

DATE

PRINTED NAME OF BUSINESS OWNER/AUTHORIZED REPRESENTATIVE