

INFORMATION

(Please print clearly or type information)

Facility Name: _____ Date: _____

Facility Email: _____ Facility Telephone: _____

Facility Hours (Monday-Friday): _____ (Saturday): _____ (Sunday): _____

Facility Street Address: _____ Facility Fax: _____

City: _____ State: _____ Zip: _____

Pharmacy License Number: _____ Expiration Date: _____

Responsible Person: _____ Phone Number: _____

PERSONNEL

List ALL individuals authorized to access the pharmacy and administer medication (attach a separate sheet, if necessary):

Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____

PERSONNEL (cont)

List ALL individuals authorized to access the pharmacy and administer medication (attach a separate sheet, if necessary):

Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____
Name: _____	License #: _____	Title: _____	Exp: _____

INSPECTION

UAC 58-17b 102 (9)

“Centralized prescription processing” means the processing by a pharmacy of a request from another pharmacy to fill or refill a prescription drug order or to perform processing functions such as dispensing, drug utilization review, claims adjudication, refill authorization, and therapeutic interventions.

In respect to Central Prescription Processing facility, please answer the following questions:

- | | | | |
|----|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Yes | No | |
| 1. | | | The facility will/does have a written pharmacy care protocol which includes: [R156-17b-617a (1)]
the identity of the supervisor or director;
a detailed plan of care;
the identity of the drugs that will be purchased, stored, used and accounted for; and
the identity of any licensed healthcare provider associated with the operation. |

2. In accordance with Subsection 58-17b-601 (1) , the following operating standards apply to pharmacies that engage in central prescription processing as defined in Subsection 58-17b-102(9): [R156-17b-614f (1)(a)(b)(c)]

have common ownership or common administrative control;

or

have a written contract outlining the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of said contract in compliance with federal and state law and regulations; and share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to fill or refill a prescription drug order

3. The parties performing or contracting for centralized prescription processing services shall maintain a policy and procedures manual, and documentation of implementation, which shall be made available; to the Division upon inspection and which includes the following: [R156-17b-614f (2)]

A description of how the parties will comply with federal and state laws and regulations;

Appropriate records to identify the responsible pharmacist and the dispensing and counseling process;

A mechanism for tracking the prescription drug order during each step in the dispensing process;

A description of adequate security to protect the integrity and prevent the illegal use or disclosure of protected health information

A continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems

COMMENTS

By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date: _____

Name of Responsible Party (Print): _____

Signature of Division Investigator: _____ Date: _____

Name of Division Investigator (Print): _____

Revised 3/2025