



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056

**SELF-INSPECTION:  
Non-Resident Pharmacy  
Form NRI-22**

**INSPECTION INFORMATION**

Pharmacy Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Person(s) Completing Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

Pharmacist(s) on duty: \_\_\_\_\_

Home-State Pharmacist in Charge Name: \_\_\_\_\_

Kansas Pharmacist in Charge Name: \_\_\_\_\_

Kansas Pharmacist in Charge License Number: \_\_\_\_\_

Home-state registration number and date of expiration: \_\_\_\_\_

C-Compliant N/I-Needs Improvement N/C-Not Compliant  
U-Unassessed N/A-Not Applicable  
Asterisk \* denotes Pharmacist in Charge responsibility

C  N/I  N/C  U  N/A Home-state pharmacy registration is current

C  N/I  N/C  U  N/A DEA number: \_\_\_\_\_—21 C.F.R. 1301.11

C  N/I  N/C  U  N/A Pharmacist(s) licensed.\* Attach a list including name, state(s) of licensure, and license number(s).

C  N/I  N/C  U  N/A Required personnel registered or licensed—K.S.A. 65-1631 & K.S.A. 65-1663\*

**PRACTICE SETTING**

Specialty pharmacy:  Yes  No

Type: \_\_\_\_\_

Is the facility accredited by a national accreditation organization:  Yes  No

If so, by whom: \_\_\_\_\_

Facility compounds sterile product:  Yes  No

If yes:  complete separate form

Facility compounds nonsterile products:  Yes  No

If yes:  complete separate form

Date of last home-state inspection: \_\_\_\_\_

Facility has been inspected by FDA:  Yes  No

If yes, date of last inspection: \_\_\_\_\_

Facility has had an NABP Verified Pharmacy Program (VPP) inspection:  Yes  No

If yes, date of last inspection: \_\_\_\_\_

**FACILITIES**

C  N/I  N/C  U  N/A Pharmacy clean, well-lit, etc.—K.S.A. 65-1642(a) & K.S.A. 65-668(a) & K.S.A. 65-656(m)

C  N/I  N/C  U  N/A Drugs stored per manufacturer—K.A.R. 65-1634

C  N/I  N/C  U  N/A Outdated, mislabeled, or adulterated drugs have been removed from stock



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—K.S.A. 65-1634 & K.S.A. 65-657(a)

C  N/I  N/C  U  N/A Reference material available—K.S.A. 65-1642 & K.A.R. 68-2-12a

List of reference materials accessible (law book, USP, etc): \_\_\_\_\_

C  N/I  N/C  U  N/A Policy and procedures—K.A.R. 68-7-12(c) \*

C  N/I  N/C  U  N/A Necessary equipment and supplies—K.S.A. 65-1642 & K.A.R. 68-2-12a

**SECURITY**

C  N/I  N/C  U  N/A Pharmacy is compliant with home-state law(s) for security and accessibility

**RECORDS**

C  N/I  N/C  U  N/A Records (invoices, inventories, incident reports, original prescriptions, etc) readily retrievable for 5 years

C  N/I  N/C  U  N/A K-TRACS reporting—K.S.A. 65-1683

**INCIDENT REPORTS—K.A.R. 68-7-12b(c) \***

C  N/I  N/C  U  N/A Timely preparation

C  N/I  N/C  U  N/A Name, address, age, & phone number of complainant

C  N/I  N/C  U  N/A Name of all employees involved

C  N/I  N/C  U  N/A License/Registration number of all employees involved

C  N/I  N/C  U  N/A Signature of all employees involved

C  N/I  N/C  U  N/A Date of incident

C  N/I  N/C  U  N/A Date of report

C  N/I  N/C  U  N/A Description of the incident

C  N/I  N/C  U  N/A Prescriber's name

C  N/I  N/C  U  N/A Prescriber contacted

**CONTINUOUS QUALITY IMPROVEMENT (CQI) REPORTS—K.S.A. 65-1695, K.A.R. 68-19-1**

C  N/I  N/C  U  N/A CQI or Quality Assurance (QA) reports compliant with Kansas or home-state law(s)

C  N/I  N/C  U  N/A Kansas newsletter reviewed quarterly

**REVIEW OF INVENTORY AND DRUG RECORDS**

C  N/I  N/C  U  N/A Annual inventory of controlled substances—K.A.R. 68-20-16

Date of last inventory: \_\_\_\_\_

C  N/I  N/C  U  N/A Drugs purchased/received from registered sources/distributors—K.S.A. 65-1643(c)

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**SELF-INSPECTION:  
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Form NRI-22****REVIEW OF PRESCRIPTION FILES**

- C  N/I  N/C  U  N/A Controlled substances filled prior to expiration of prescriptions—K.A.R. 68-20-19 & K.A.R. 68-20-20
- C  N/I  N/C  U  N/A Dating on C-II scripts is compliant (no changes)
- C  N/I  N/C  U  N/A Issuance of multiple C-II prescriptions—21 C.F.R. 1306.12
- C  N/I  N/C  U  N/A Dispensing in strict conformity—K.S.A. 65-1637(g)&(h) & K.S.A. 65-657(n)
- C  N/I  N/C  U  N/A Controlled substance prescriptions have full address of patient (no PO boxes)  
—K.A.R. 68-9-1(a)(9)(D) & K.A.R. 68-20-18(c)

**PRESCRIPTION LABELS—K.A.R. 68-7-14**

- C  N/I  N/C  U  N/A Name, address, & telephone number of dispensing pharmacy
- C  N/I  N/C  U  N/A Name of prescriber or PA/APRN
- C  N/I  N/C  U  N/A Full name of patient
- C  N/I  N/C  U  N/A Prescription number
- C  N/I  N/C  U  N/A Date filled or refilled
- C  N/I  N/C  U  N/A Adequate directions for use
- C  N/I  N/C  U  N/A Beyond-use date
- C  N/I  N/C  U  N/A Brand name or generic name of the drug or device
- C  N/I  N/C  U  N/A Name of manufacturer or distributor
- C  N/I  N/C  U  N/A Strength of drug
- C  N/I  N/C  U  N/A Quantity dispensed
- C  N/I  N/C  U  N/A Auxiliary labels if needed

**PHARMACY PROCESSES**

- C  N/I  N/C  U  N/A Provides FDA required medication guides with all new & refill prescriptions—21 C.F.R. 208.24
- C  N/I  N/C  U  N/A Provides side effect statement with all new and refill prescriptions—21 C.F.R. 209.11
- C  N/I  N/C  U  N/A Child proof packaging—FDA Poison Prevention Packaging Act \*
- C  N/I  N/C  U  N/A Counseling provided—K.A.R. 68-2-20(b)(5)
- C  N/I  N/C  U  N/A Documentation of pharmacist performing prescription verification—K.A.R. 68-2-20(b)
- C  N/I  N/C  U  N/A Resale of medication prohibited except for limited exceptions—K.A.R. 68-12-2

**TECHNICIANS**

- C  N/I  N/C  U  N/A Technician training is appropriately provided and documented—K.A.R. 68-5-15(d)(2) \*
- C  N/I  N/C  U  N/A Technicians are appropriately supervised—K.S.A. 65-1626(n)



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**LONG TERM CARE (LTC) FACILITY**

C  N/I  N/C  U  N/A Prescription drugs supplied/dispensed to LTC facilities—K.A.R. 68-7-10

**PREPACKAGING/REPACKAGING—K.A.R. 68-7-15**

Type of packaging used: \_\_\_\_\_

- C  N/I  N/C  U  N/A Stored according to manufacturer's recommendation
- C  N/I  N/C  U  N/A Proper control system for recall purposes
- C  N/I  N/C  U  N/A Expiration date not to exceed the shorter of 12 months, manufacturer's exp. date, or packaging limitations

**SHARED SERVICES—K.A.R. 68-7-20**

Shared order processing pharmacy: \_\_\_\_\_

Shared order filling pharmacy: \_\_\_\_\_

- C  N/I  N/C  U  N/A Common electronic file or appropriate technology
- C  N/I  N/C  U  N/A Same owner or written contract
- C  N/I  N/C  U  N/A Joint policies and procedures manual
- C  N/I  N/C  U  N/A Maintain records identifying each R. Ph, Pharm. Intern, Pharm. Tech in all pharmacy processes
- C  N/I  N/C  U  N/A Mechanism for tracking order
- C  N/I  N/C  U  N/A All pharmacies identified on prescription label

**OTHER—K.A.R. 68-7-12a & K.S.A 65-1657**

- C  N/I  N/C  U  N/A Facility is in good standing with home state
- C  N/I  N/C  U  N/A Pharmacist is licensed in state where pharmacy is located
- C  N/I  N/C  U  N/A Facility has toll-free number for Kansas patients
- C  N/I  N/C  U  N/A Generic drug dispensed pursuant to K.S.A. 65-1637
- C  N/I  N/C  U  N/A Policy and procedure for delivery of prescription medications
- C  N/I  N/C  U  N/A Prescriptions shipped per manufacturer storage requirements
- C  N/I  N/C  U  N/A Prescription medication shipped into Kansas pursuant to legitimate prescription requirements
- Yes  No Prescription medication shipped to Kansas prescriber(s) on invoices

If yes, please provide specific prescriber name and practice location: \_\_\_\_\_

**COMMENTS**