

1. PERMITS AND LICENSES

# MARYLAND Department of Health

Larry Hogan, Governor ◆ Boyd Rutherford, Lt. Governor ◆ Robert R. Neall, Secretary

#### MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Mitra Gavgani, Board President • Deena Speights-Napata, Executive Director

# WHOLESALE DISTRIBUTORS OF PRESCRIPTION DRUGS AND DEVICES INSPECTION FORM

	Corporate Wholesale Distributor Name									
Stree	et Addr	 ess								
					s Fax Num	ıber				
Mar	yland P	ermit Number _		Expirati	on					
Lice	nse, Reg	gistration or Pern	nit numbers i	ssued by anoth	er state or	federal authority				
CDS	Registr	ration Number _			Expiratio	n				
DEA State	Regista s of Lic	ration Number _ ensure		Expiration						
Hou	rs of Op	eration M-F:		Sat:		Sun: Departure Time:				
Insp	ection D	Oate:	Arriv	al Time:		Departure Time:				
Nam	e of Ins	pector:				Date:				
Boar		actively involved				he wholesale distributor with the wholesale distributor. COMAF				
Yes	No		f the whole:			ccept for an authorized absence, a gular business hours. COMAF				
Yes	No			ative is a full AR 10.34.22.03I		agement level employee of the				
Name	e of Imn	nediate Supervisor	of the Design	nated Representa	ative					

Inspe	ector's Co	omments:				
Yes	No	The Immediate Supervisor is actively involved in, and aware of, the daily operations of the wholesale distributor. COMAR 10.34.22.03D (4)				
Yes	No	The Immediate Supervisor is a full time management level employee of the wholesa distributor. COMAR 10.34.22.03D(4)				
Yes	No	The wholesale distributor maintains a list of responsible individuals (officers, director managers, the designated representative, and others in charge if wholesale distribution storage, and handling).				
The 1	ist inclu	ides: (attach list) COMAR 10.34.22.07C				
	Yes	No The description of the duties of the responsible parties				
	Yes	No A summary of the qualifications of the responsible parties				
Inspe	ector's C	Comments:				

## 3. PERSONNEL TRAINING

Yes No All personnel employed in wholesale distribution have documented education and experience to assume the corresponding responsibilities. COMAR 10.34.22.04A

The Designated Representative:

Yes	No	Is aware of, and knowledgeable about, all policies and procedures pertaining to the operations of the wholesale distributor, including applicable State and federal laws. COMAR 10.34.22.04C(1)
Yes	No	Has had documented education sufficient to ensure that operations of the wholesale distributor are in compliance with applicable State and federal laws COMAR 10.34.22.04C(2); and
Yes	No	Has received this education provided by qualified in-house specialists, outside counsel, or consulting specialists with capabilities to help ensure compliance with all applicable State and federal laws and regulations. COMAR 10.34.22.04C(2).
Yes	No	Maintains current working knowledge of the requirements for wholesale distributors. COMAR 10.34.22.04C(3)
Yes	No	Assures an ongoing training program for personnel to ensure compliance with applicable State and federal laws. COMAR 10.34.22.04C(3)
Yes	No	Maintains all personnel training records and makes all records available for inspection. COMAR 10.34.22.04C(4)

#### 4. STORAGE AND HANDLING OF PRESCRIPTION DRUG AND DEVICES

The facilities at which the prescription drugs or devices are stored, warehoused, handled, held, offered, marketed, or displayed COMAR 10.34.22.06A:

Yes	No	Is of suitable size and construction to facilitate appropriate cleaning, maintenance and proper operation.					
Yes	No	Is n	nainta	ined in a clean and orderly manner			
Yes	No	Is f	ree fr	om infestation by insects, rodents, birds, or vermin.			
Yes	No	The	pres	cription drugs or devices storage area is equipped with:			
	Yes	No	No N/A Proper Equipment				
	Yes	No	N/A	Humidity Control			
	Yes	No N/A		Adequate Lighting			
	Yes	No N/A		Appropriate Sanitation			
	Yes	No N/A		Sufficient Space			
	Yes	No N/A A		Appropriate Temperature			
	Yes	No N/A Appro		Appropriate Ventilation			
Yes	No	N/A	The prescription drug or devices storage area is maintained at the appropriate temperate as established by labeling of the drug or device; or set forth in an official compendium; at a controlled temperature that ensures identity, strength, quality and purity of the dror devices are maintained. COMAR 10.34.22.06C				
Yes	No	N/A The facility uses appropriate manual, electromechanical, or electronic temperature humidity recording equipment, devices, and logs to document proper storage prescription drugs or devices. COMAR 10.34.22.06C(3)					

The wholesale distributor, upon receipt of a prescription drug or device, visually examines each outside shipping container to: COMAR 10.34.22.06D(1)

	Yes	No	Assure identity
	Yes	No	To prevent the acceptance of prescription drugs or devices that are contaminated or otherwise unfit for distribution
Yes	No	adequ	visual examination performed upon receipt of a prescription drug or device is nate to reveal container damage that would suggest possible contamination or other ge to the contents. COMAR 10.34.22.06D(2)

The wholesale distributor carefully inspects each outgoing shipment to: COMAR 10.34.22.06D(2)

Yes	No	Assure the identity of the prescription drug or device product
Yes	No	Ensure there is no delivery of a prescription drug or device that has been damaged in storage or held under improper conditions

Yes	No	The wholesaler distributor maintains records of the examination of incoming and outgoing prescription drug and device products. COMAR 10.34.22.06D(4)					
Yes	No	The wholesale distributor identifies, marks or has a quarantine area that physically separates prescription drugs and devices that are adulterated, damaged deteriorated misbranded, outdated or in immediate or sealed secondary containers that have been opened from other prescription drugs and devices. COMAR 10.34.22.06E					
Inspec	tor's Cor	nments:					
5. SEC	CURITY	COMAR 10.34.22.06B					
The fa	cility is c	esigned to prevent unauthorized entry through:					
Yes	No	Controlled access from outside the premises					
Yes	No	The outside perimeter of the premises is well lit.					
Yes	No	The entry into areas where prescription drugs and devices are held are limited to authorized personnel					
The fa	cility is e	quipped with:					
	Yes	No An alarm system to detect entry after hours.					
	Yes	No A security system that provides protection against theft and diversion.					
	Yes	$N_0$ A security system to protect the integrity and confidentiality of data and documents.					
	Yes	No A video monitoring system for all entrances and exits, or alternate acceptable security.					
	Yes	$N_0$ Appropriate software to facilitate the identification of evidence of tampering with computers or electronic records.					
	Yes	$_{ m No}$ An inventory management and control system that protects against, detects, an documents any instances of theft, diversion, or counterfeiting.					
	Yes	No An ongoing security data and documentation retention program which is readil available to the Board, an agent of the Board, or federal and other State law enforcement officials.					
Inspec	tor's Cor	nments:					

#### 6. PRESCRIPTION DRUG OR DEVICE DISTRIBUTION RECORDS COMAR 10.34.22.07

Yes No The wholesale distributor maintains, for up to 3 years from the date of their creation, inventories and records of transactions regarding the receipt and distribution or disposition of prescription drugs and devices

The documentation of inventory and records of transactions include:

	Yes No The source of the prescription drugs and devices					
	Yes	No	The name and principal address of the seller or transferor			
	Yes	No	The address of the location from which the prescription drugs or devices were shipped			
	Yes	No	The identity and quantity of the prescription drugs and devices received and distributed or disposed of			
Yes No The dates of receipt and or devices			The dates of receipt and distribution or other disposition of the prescription drugs or devices			
	Yes	No	N/A The pedigrees, if required by Health Occupations Article §12-6C-10, Annotated Code of Maryland, for prescription drugs that are wholesale distributed outside the normal distribution channel.			
Yes	No	The wholesale distributor makes records readily available for review at the inspection				
		site, by computer or other means. If no:				
	Yes	No	The wholesale distributor makes available within 5 business days of the request, records kept at a central location apart from the inspection site and not electronically retrievable			
Yes	No	N/A	The wholesale distributor has established and maintains procedures for reporting counterfeit and contraband or suspected counterfeit and contraband drugs or devices			

The wholesale distributor maintains a system and records for the mandatory reporting

to the Board, the FDA and where applicable the DEA, significant inventory losses of prescription drugs and devices where it is known or suspected that diversion is

The wholesale distributor has established, maintained, and adheres to written policies and procedures for:

or counterfeiting to the Board and the FDA.

occurring or has occurred.

Yes	No	the receipt, security, storage, inventory and distribution of prescription drugs or devices
Yes	No	identifying, recording and reporting losses or thefts
Yes	No	correcting errors and inaccuracies in inventories

Inspector's Comments:							
			<del> </del>				

N/A

Yes

No

The wholesale distributor has included in the written policy and procedure:

	Yes	No	N/A A procedure by which the oldest approved and unexpired stock of a prescription drug and device is distributed first
	Yes	No	Procedures to be followed for adequate handling of a recall and withdrawal of a prescription drug or device
	Yes	No	A procedure to ensure that the wholesale distributor is prepared for, protected against, and is able to handle a crisis that affects security or operation of a facility in the event of a strike, fire, flood, catastrophic health emergency, terrorist activities, other natural disaster or other situations of local, State or national emergency
	Yes	No	A procedure to ensure that an outdated prescription drug and device is segregated from other drugs or devices and either returned to the manufacturer or destroyed
	Yes	No	The wholesale distributor maintains documentation of the disposal of outdated prescription drugs or devices for up to 2 years after the disposition of the outdated prescription drugs or devices
	Yes	No	A procedure for the disposing and destruction of containers, labels and packaging to ensure that the containers, labels and packaging cannot be used in counterfeiting activities, which includes:
		Yes	No all necessary documentation, maintained for a minimum of 3 years
		Yes	No the appropriate witnessing of the destruction of any labels, packaging, immediate containers in accordance with applicable State and federal laws
Yes	No	N/A	A procedure for identifying, segregating, investigating, and reporting prescription drug inventory discrepancies involving counterfeit, suspect of being counterfeit, contraband, and suspect of being contraband, in the inventory and reporting of such discrepancies within 5 business days to the Board and appropriate federal or State agency upon discovery of such discrepancies.
Yes	No	N/A	If the wholesale distributor performs prescription drug product salvaging and reprocessing, policies and procedures are in place to perform due diligence on transactions.
Yes	No	N/A	If the wholesale distributor performs prescription device product salvaging or reprocessing, policies and procedures are in place to perform due diligence on transactions.
Inspe	ctor's Co	omments:	

## 7. **DUE DILIGENCE** COMAR 10.34.22.07

Yes	No	The wholesale distributor has had transactions with persons not licensed by the Board or							
				a third party recognized by the Board. If yes, the wholesale distributor					
		has p	olicies and	procedures to ensure:					
	Yes	No	N/A	Verification of alternate licensure					
	Yes	No	N/A	Verification of identity					
	Yes	No	N/A	Verification of recent inspections by a state or third party entity recognized by the Board					
INSP	ECTOR	a'S COM	MENTS:						
Inspe	ector Si	ignatur	e						
Desig Date:	nated I	Represe	ntative Nar	me: (Print)					
Desig	nated I	Represe	ntative						
Signa	ture:_								
Recei	ved a c	opy of t	his inspecti	ion report:					

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