

Pharmacist Name: _____ **Facility Name:** _____

8. Do you duplicate any commercially available products? Read Regulation 07-02.

9. Do you compound any veterinary products? If so, then what products?

10. Does this pharmacy compound for office stock? (For physicians, for veterinarians) If so, then what products?

11. Does this pharmacy do any central fill compounding?

12. Are auto refills utilized? Do you have an auto refill program? If so, explain.

13. Does the pharmacy receive payment from the prescriber for any product sent directly to a patient or caregiver? (This would include a shared account where the patient pays the prescriber and the pharmacy receives payment from the prescriber for medication.)

14. Does the pharmacy give any type of remuneration (incentives, bonuses, rebates, etc...) to the prescriber for referring patients or filling prescriptions sent by the prescriber?

Pharmacist Name: _____ **Facility Name:** _____

15. Is there any prescriber ownership of your pharmacy?

16. Is there any non-profit ownership of your pharmacy? Any ownership by or relationship with a not-for-profit hospital?

17. Does the pharmacy allow prescribers to have a link to the pharmacy website on the prescriber's webpage?

18. Do you bill 3rd party for your compound products? If so, explain.

19. Do you split bill? If so, explain.

20. Do you waive co-pays? If so, explain.

By reading these questions and answering them to the best of my ability I affirm that I understand and agree to comply with the Compounding Regulations for the State of Arkansas for any and all medications shipped into Arkansas.

Applicant's Signature: _____