



# Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>

P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

## REQUIRED DOCUMENTS OUT OF STATE MAIL SERVICE PHARMACY

The following requirements must be met with submission of the application:

1. Application fee - amount indicated on the application
2. Completed application form – any fields that do not apply mark with an N/A for not applicable.
3. A copy of the pharmacy resident state license with proof of good standing - The name (or names) and address on the state license/registration copies submitted to support an application must match the name (or names) and address listed on the application.
4. A copy of the pharmacist in charge resident state license & proof of good standing
5. A copy of the facility's DEA registration - The name (or names) and address on the federal license/registration copies submitted to support an application must match the name (or names) and address listed on the application
6. Description of Pharmacy Operations – submit a complete description specifically regarding Idaho resident customers to include the following;
  - How will prescriptions for Idaho patients be received and verified?
  - What is the time frame from receiving the prescription and shipment?
  - How is counseling offered and provided to Idaho patients?
7. A copy of the most recent facility inspection report issued by the resident state licensing agency or NABP inspection report
8. List of contract physicians (if applicable)
9. A complete list of corporate officers, partners, and owners – with addresses & phone numbers for each person
10. Completed Patient Communication Worksheet (2<sup>nd</sup> page of application)
  - Prescription Label - the name (or names) and address on the prescription label submitted to support an application must match the name (or names) and address listed on the application
11. The Pharmacist in Charge must submit one of the following (unless already registered or licensed with Idaho);
  - Completed Non-Resident Pharmacist Registration Application
  - Pharmacist Reciprocity Application (via NABP)
  - Copy of Idaho pharmacist license for PIC
12. If the pharmacy is not planning on shipping controlled substance medications into Idaho (or is an Institutional provider only) complete and attach a 'Certification of No Dispensing of Controlled Substance' form.

Otherwise, reporting applies as indicated below;

IDAPA27.01.01.204. CONTROLLED SUBSTANCES -- PMP.

Specified data on controlled substances must be reported weekly, or more often as required by the Board, by all pharmacies holding a DEA retail pharmacy registration that dispense controlled substances and prescribers that dispense controlled substances. Data on controlled substance prescription drug samples does not need to be reported. (3-21-12)

Contact Person for reporting: Teresa Anderson at [Teresa.Anderson@bop.idaho.gov](mailto:Teresa.Anderson@bop.idaho.gov) or 208.334.2356.



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## Application for Idaho License for Out of State Mail Service Pharmacy

Fee: \$500

Type of Application:  New  Ownership Change  Name Change - NO FEE  Address Change - NO FEE

Ownership Type:  Partnership  Sole Proprietorship  Corporation  Limited Liability

Facility Type:  Retail Pharmacy  Parenteral Admixture  Closed Door Pharmacy  Institutional Pharmacy

Previous License #: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_ - \_\_\_\_\_

Pharmacy: Web Address: \_\_\_\_\_

Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_ - \_\_\_\_\_

Pharmacist in Charge: \_\_\_\_\_ Email: \_\_\_\_\_

Resident State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

1. Does this facility compound sterile prescriptions?  No  Yes;
2. Does this facility compound Non-Sterile Prescriptions?  No  Yes
3. Does this facility provide compounded prescriptions absent of a Patient Specific prescription?  No  Yes
4. Does your pharmacy fill prescriptions for Internet sites?  No  Yes
5. Does your pharmacy have contract physicians?  No  Yes (attach list)

Will this facility be shipping controlled substance medications into Idaho?

- No (or is an Institutional Provider only) – Complete and attach the 'Certification of No Dispensing of Controlled Substances' form  
 Yes - see 'Required Documents' form for reporting code and contact person

Has the applicant, at anytime: (If answer is yes to any of the following attach documentation)

1. Been convicted of any criminal offense under any federal, state or local law relating to wholesale or retail prescription drug distribution or distribution of controlled substances or devices?  No  Yes
2. Been convicted of any felony criminal offense under any federal, state or local law?  No  Yes
3. Received a suspension or revocation of licensure for the manufacturing or distributing of drugs or devices, including controlled substances, by federal, state, or local laws of any license currently or previously held by applicants?  No  Yes
4. Had any applications for licensure or registration that have been denied by any federal, state or local agency?  No  Yes
5. Been subject to discipline by a regulatory agency in any state for violating any federal, state or local law relating to wholesale or retail prescription drug distribution or distribution of controlled substances or devices?  No  Yes

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## PATIENT COMMUNICATION WORKSHEET

### IDAPA 27.01.01

**730. OUT-OF-STATE MAIL SERVICE PHARMACY.** An out-of-state mail service pharmacy, during its regular hours of operation, but no less than forty (40) hours in six (6) days per week, provide a toll-free telephone service to facilitate communication between Idaho patients and a pharmacist with access to the patient records. This toll-free number must be disclosed on the prescription label for drugs dispensed to Idaho patients. (4-4-13)

AFFIX PRESCRIPTION LABEL HERE

Regular Pharmacy Business Hours			
Day	Open	Closed	Total # of hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total days per week:		Total hours per week:	

Does your pharmacy have a pharmacist 'on-call' after the regular pharmacy business hours listed above?  
 No  Yes - attach policies and procedures regarding 'On-Call' hours and a description of how patient records are accessed during those hours. Pharmacist must be available, on the 6<sup>th</sup> (sixth) day, at least during 'regular pharmacy business hours'

54-1726.GROUNDS FOR DISCIPLINE. (1) The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the license or registration of any person, pursuant to the procedures set forth in [chapter 52, title 67](#), Idaho Code, upon one (1) or more of the following grounds: (d) Fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license.

Signature of Pharmacist in Charge: \_\_\_\_\_ Date: \_\_\_\_\_



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Prescription Monitoring Program AWA<sup>R</sup>x<sup>E</sup>  
1199 Shoreline Lane Suite 303/PO Box 83720  
Boise, ID 83720-0067  
Telephone: (208) 334-2356/Fax: (208) 334-4814

## Certification of No Dispensing of Controlled Substances

<b>Please provide the information requested below. (Print or Type) Use full name not initials</b>			
Name of Pharmacy			
Idaho Pharmacy License Number		Pharmacy DEA Number	
Street Address		City	State      Zip Code
Email Address		Telephone Number	Fax Number
Pharmacy Manager		License Number of Responsible Manager	
<b>By signing this form I certify that:</b>			
<ul style="list-style-type: none"> <li>• My pharmacy does not currently deliver any drugs covered by the program (Schedule II, III, IV or V controlled substances) to ultimate users who have an Idaho address.</li> <li>• If our business practice changes regarding dispensing drugs covered by the program to ultimate users with an Idaho address, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by Idaho Rule 204.</li> <li>• My pharmacy will resubmit this form every year with our pharmacy license renewal in order to recertify that the pharmacy does not deliver any drugs covered by the program to ultimate users who have an Idaho address.</li> </ul>			
Signature:		Date:	
If approved, this form removes the requirement of zero reporting to the Idaho Prescription Monitoring Program until your next licensing renewal date, unless you begin dispensing controlled substances to ultimate users who have an Idaho address.			

For Board of Pharmacy Use Only			
Date Received:	Approved Disapproved	BOP Signature	Date of Action
Notes:			