



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

Required Documents Out of State Pharmacy Drug Outlets Application & Changes to Pharmacy Operations

All notifications/applications must be received by the Board a minimum of 30 days prior to expected change date, except for closures, which must be submitted within 10 days prior to closure.

The following requirements must be met with on line submission and the upload of the proper forms;

****ALL OUT OF STATE PHARMACY DRUG OUTLETS****

[OUT OF STATE MAIL SERVICE, NON RESIDENT CENTRAL DRUG OUTLET]

All New Pharmacy Outlets

Complete the on-line initial application – all fields are required to be completed. Blank fields will delay processing List of Officers, Partners, Owners etc. Include address, phone and stock shares for each.

Upload the Following:

Federal DEA Registration if applicable.

Description of Pharmacy Operations

Include the following

- How will prescriptions for Idaho Patients be received and verified?
- What is the time frame for receiving the prescription and shipment?
- How is counseling offered and provided to Idaho patients?

Resident State Facility License - with proof of good standing.

- The name (or names) and address on the state license/registration submitted must match the name (or names) and address listed on the application.

Current Resident State Inspection

Executive Summary

Certification of No Dispensing of Controlled Substance Form- if applicable

PIC – Pharmacy Change Form

Pharmacist in Charge Resident State License & proof of good standing.

- 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

Out of State Mail Service – additional requirements

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

List of Contract Physicians

Non-Resident Central Drug Outlet- additional requirements

Contracting companies/pharmacy list

Ownership Change

Complete the on-line application – all fields are required to be completed. Blank fields will delay processing

PIC – Pharmacy Change Form

List of Officers, Partners, Owners etc. Include address, phone and stock shares for each.

Copy of Federal DEA Registration



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

Name change

PIC –Pharmacy Change Form

Screen print copy of Name Change request to the DEA

Resident State Facility License - with proof of good standing.

- The name (or names) and address on the state license/registration submitted must match the name (or names) and address listed on the application

Closure

See Form – Idaho Pharmacy Closure - [Facilities - Idaho State Board of Pharmacy](#)

Address Change

Complete the on-line application – all fields are required to be completed. Blank fields will delay processing

List of Officers, Partners, Owners etc. Include address & phone, Stock shares for each.

Upload the Following:

Screen print copy of Address Change Request to the DEA

Description of Pharmacy Operations

Resident State Facility License

Current Resident State Inspection

Executive Summary

Certification of No Dispensing of Controlled Substance Form- if applicable

PIC – Pharmacy Change Form

Pharmacist in Charge Resident State License

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

Out of State Mail Service – additional requirements

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

List of Contract Physicians

Non-Resident Central Drug Outlet- additional requirements

Contracting companies/pharmacy list

ADDITIONAL INFORMATION

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 or 208.334.2356

If the pharmacy is not planning on shipping controlled substance medications into Idaho, complete and upload a 'Certification of No Dispensing of Controlled Substance' form.



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

PIC – Pharmacy Change Form

The Board of Pharmacy holds the pharmacist in charge of each pharmacy responsible for all pharmacy related matters. The following is a non-inclusive list of Board Rules that relate to the responsibilities of pharmacists moving into these roles. Ensure that your pharmacy has access to the current edition of the Idaho Pharmacy Laws & Rules prior to reviewing the following.

Chapter 3.400.03.b Inventory on PIC Change. A complete controlled substance inventory must be conducted by the incoming PIC or his delegate on or by the first day of employment of the incoming PIC. (7-1-18)

Chapter 3.200.02. PIC and Drug Outlet Responsibility. The PIC is responsible for the management of every part of the drug outlet and its regulated operations. The PIC and the drug outlet each have corresponding and individual responsibility for compliance with applicable state and federal law and these rules. (7-1-18)

Pharmacist Statement:

Date of Change: _____ Pharmacist in Charge

License #: _____ Name: _____

Pharmacy of Employment:

License #: _____ Name: _____

City: _____ Zip + 4: _____ - _____

Phone #: _____ Fax #: _____

Work Email Address: _____

I certify that I have read and understand the above-mentioned Rules related to the role of the Pharmacist in Charge.

Signature: _____ Date: _____



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

Prescription Monitoring Program AWA^Rx^E
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

Please provide the information requested below. (Print or Type) Use full name not initials			
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	
By signing this form I certify that:			
<ul style="list-style-type: none"> • 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. • 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. • 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. 			
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:			