



Idaho State Board of Pharmacy

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Instructions & Required Documents for Virtual Manufacturer Registration Application

NOTE: Manufacturers that ship product into Idaho must be registered. Third Party Logistic companies (3PL) will not be registered and can only ship for Idaho registered manufacturers.

The following requirements must be met with the submission of the on-line application;

Complete on-line application - all fields are required. Blank fields will delay processing

Resident State License - Upload a copy

Resident State License for Virtual Manufacturers - If no resident state license and/or inspection report are obtainable Upload a copy of the following;
Virtual Manufacturer VAWD Certificate of Accreditation
If VM is not accredited with VAWD - Upload copies of VAWD Certificate(s) of Accreditation for all associated Third Party Logistics (3PL's) that will be shipping product into Idaho for the VM

Contract Manufacturer – Virtual Manufacturers must upload full name and address of contract manufacturer

Facility Inspection Report – Upload copy of the most recent version, of one of the following;
Resident State Inspection Report
NABP VPP inspection report
FDA inspection

FDA approved drugs – Upload a list of all drugs to include the NDC number

Federal DEA Registration (If distributing controlled substance medications) - Upload a copy

Shipping Invoice – Upload a copy of the Manufacturer invoice that will be used when shipping product into Idaho. The invoice must contain the name and address as indicated on this application

Important Notice: Distribution reports of prescription drugs and/or controlled substance drugs shipped to Idaho practitioners are to be provided per IDAPA 27.01.06.030.05, on a monthly basis, reports can be sent to Ellen.Mitchell@bop.idaho.gov in excel format with the following fields;

- o Date of shipment
- o Professional license number
- o Practitioner last name
- o Practitioner first name
- o Ship to address
- o DEA number
- o Drug name
- o Drug strength
- o Drug form
- o Package size
- o Total quantity

Reporting Sample

Date of Shipment	Professional License Number	Practitioner Last Name	Practitioner First Name	Ship to Address	DEA Number	Drug Name	Strength	Drug Form	Package Size	Total Quantity
MM/DD/YYYY	W#####	John	Doe	1234 Main St	LL#####	M & M	50mg	Tablet	250	3