



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

Instructions for Wholesaler of Legend Medical Devices, Over the Counter or Intra Company Sales Registration Application & Reporting Changes

Idaho Board of Pharmacy e-Gov User Account

New - Applicants that have never applied with the Idaho State Board of Pharmacy review the following: Login Instructions; https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2018-07-19_BusinessEgovInstructions.pdf

Prior - Applicants that have applied or have been previously registered with the Board of Pharmacy prior to 07/01/2018, Send an email to info@bop.idaho.gov for further assistance

Resources – See sections below

- Online Application Requirements & Documents for Upload
- Changes to Pharmacy Operations
- Idaho Code & Rules use this link; <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

Online Application Requirements & Documents for Upload

Resident State License

- Upload a copy and proof of good standing
- Resident state regulatory agencies that do not regulate the facility - Upload a letter from the regulatory agency and/or a copy of the resident state code (laws) indicating there is no oversight of this activity. Provide only the pertinent section of the state code

Facility Inspection Report – Upload a copy of one of the following

- Current Resident State inspection report
- Wholesaler of LMD - NABP Drug Distributor Accreditation formerly VAWD Certificate
- Wholesaler of OTC Medical Devices - NABP OTC Medical Device Distributor Accreditation formerly VDIP Certificate
- Wholesaler of OTC - Resident state regulatory agencies that do not inspect - Upload a letter from the regulatory agency and/or a copy of the resident state code (laws) indicating there is no oversight of this activity. Provide only the pertinent section of the state code
- **Wholesaler Shipping Invoice** – Upload a copy of invoice that will be used when shipping product into Idaho. The invoice must contain the Name and Physical address as indicated on the application
- **Other States Licensed** – Enter this information in the online application
- **Owners & Partners** – Enter this information in the online application to include percentage of ownership for each owner, must total 100%



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Changes to Drug Outlet Operations

IDAPA.24.36.01.501.02 Reporting Requirements - Individual and Outlet Information Changes - Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board **within ten (10) days of the date of change**.

- The Board will accept an email to info@bop.idaho.gov for the ten (10) day notification.

Board Policy - All applications regarding employment or changes to information provided on or with the initial or renewal application must be received by the Board within **30 days of the change**.

Ownership and/or Address Changes –

IDAPA 24.36.01.230.04 Change of Ownership or Location & IDAPA 24.36.01.230.02 License & Registration Transferability

- Sign into the e-Gov User account for the current license/registration & select initial application
- Meet all requirements as indicated under the 'Online Application Requirements' section above

Name Change Use this link; [Facilities - Idaho State Board of Pharmacy](#) refer to the Out of State Pharmacy Forms section

Closure

IDAPA 24.36.01.230.05

- Written notice on company letterhead and including the name, Idaho license number and date of closure, must be submitted to info@bop.idaho.gov **10 days prior to closure**