



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 & Instructions for Out of State Pharmacy & Non-Resident Central Drug Outlet Applications & Changes to Pharmacy Operations

Before beginning the online application review the following;

- **e-Gov Registrations Instructions form** https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2018-07-19_BusinessEgovInstructions.pdf. IF the facility had a prior license with the Idaho BOP, contact us for registration information.
- **Requirements Indicated below.** Upload the most recent version of each document
- **Applicable Idaho Code & Rules** go to: <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

The following requirements must be met with online submission and the upload of all required documents;

New Application

- **Complete on-line application & pay applicable fees** - all fields are required. Blank fields will delay processing
- **Owners & Partners** - Include address, phone and percentage of ownership for each owner
- **Federal DEA Registration** if applicable.
- **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 Report**
- **Non-Resident PIC Resident State License** – with proof of good standing
- **Other Resident state Licenses** – Information **must be entered** in the online application. Do not skip this step.
- **Certification of No Dispensing of Controlled Substance Form**- if applicable, see Important Reporting Notice below
- **Non-Resident PIC must register in e-Gov separately as a person (unless actively registered) and complete Non-Resident PIC Registration Application**

Out of State Mail Service – additional requirements

- **Prescription Label** - the name (or names) and address on the prescription label submitted must match the name (or names) and address listed on the application
- **List of Contract Physicians** – if applicable

Non-Resident Central Drug Outlet- additional requirements

- **Contracting companies/pharmacy list**

Changes to Pharmacy Operations

Per IDAPA.27.01.01.501.02 Reporting Requirements - 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, except for closures, which must be submitted within 10 days prior to closure.**

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

Per 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 Change

- **Sign into the e-Gov registration with the current User ID & Password, select & complete the applicable on-line application & pay fees** - all fields are required. Blank fields will delay processing
- **Meet all requirements as indicated under the 'New' application section above**



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Name Change

See Form – Drug Outlet Name Change Form – [Facilities - Idaho State Board of Pharmacy](#)

Closure

Submit written notice on company letter head to include the name, Idaho license number, and date of closure. Notice can be emailed to info@bop.idaho.gov See Idaho Code above (IDAPA.27.01.01.501.02 Reporting Requirements)

Important Reporting Notice: IDAPA27.01.01.600. CONTROLLED SUBSTANCES -- PDMP.

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



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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 501.03. • 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:			