



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 | <http://bop.idaho.gov> | info@bop.idaho.gov

Instructions & Required Documents for Idaho Prescriber Drug Outlet Registration & Changes to Idaho Drug Outlet Operations

Prescriber Drug Outlet must be inspected before dispensing can occur

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

1. **Prescriber in Charge** – must be designated
 - For facilities dispensing controlled substances - Prescriber in Charge must have a Practitioner of Controlled Substance Registration for that physical address.
 - For facilities not dispensing controlled substances - Prescriber in Charge must have authority to prescriber legend drugs
2. **Prescribing physicians** – enter all prescribers
3. **Suppliers** – Upload a list of one of the following;
 - Full name, address & Idaho license number
 - Copies of supplier invoices
4. **Owners & Partners** – Include address, phone and percentage of ownership
5. **Certification of No Dispensing of Controlled Substances** – complete & upload – see attached

Otherwise, reporting applies as indicated below;

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.

Rules & Statutes pertaining to dispensing of legend drugs including controlled substances:

Refer to Idaho Code Title 54 & IDAPA 27.01.01

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.**



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

| <http://bop.idaho.gov>

| info@bop.idaho.gov

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
- Meet all requirements as indicated under the 'New' application section above

Name Change See Form –

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

Closures

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)**



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 | <http://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 Prescriber Drug Outlets

Please provide the information requested below. (Print or Type) Use full name not initials			
Name of Prescriber Drug Outlet			
Idaho Prescriber Drug Outlet License Number		Prescriber DEA Number	
Street Address		City	State Zip
Email Address		Telephone Number	Fax Number
Prescriber Drug Outlet Owner		License Number of Owner	
By signing this form I certify that:			
<ul style="list-style-type: none"> • My office does not currently deliver any drugs covered by the program (Schedule II, III, IV or V controlled substances) to patients. • If our business practice changes regarding dispensing drugs covered by the program to patients, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by Idaho Rule 204. • My office will resubmit this form every year with our prescriber drug outlet license renewal in order to recertify that the office does not deliver any drugs covered by the program to patients. 			
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:			