



# 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](mailto:info@bop.idaho.gov)

## Instructions & Required Documents for Virtual Manufacturer Registration Application & Changes to Drug Outlet Operations

**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.

**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](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** <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

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

### New

**Complete on-line application & pay applicable fees** - all fields are required. Blank fields will delay processing

**Federal DEA Registration** (If distributing controlled substance medications)

- Virtual Manufacturer DEA Registration, If no DEA registration, upload the following;
- Virtual Manufacturer's contracted Third-Party Logistics (3PL) DEA Registration(s)

### **Resident State License**

- Virtual Manufacturer Resident State License, if no resident state license, upload the following;
- Virtual Manufacturer VAWD Certificate of Accreditation, if no VAWD, upload the following;
- Virtual Manufacturer contracted Third Party Logistics (3PL) VAWD Certificate(s) that will be shipping product into Idaho for the Virtual Manufacturer

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

### **Facility Inspection Report**

- Resident State Inspection Report
- NABP VPP Inspection report
- FDA Inspection
- Third Party Logistics (3PL) VAWD Certificate(s)

**FDA approved drugs/products** – Upload a list of all drugs/products to include the NDC number. **Do not submit an application for drug/products that have not been issued an NDC number by the FDA.**

**Contract Manufacturer** – Virtual Manufacturers must upload full name and address of contract manufacturer to include their FDA registration number and expiration date

**List of all Associated Third-Party Logistics (3PL's)** – include physical address & VAWD Certification

**Other States Licensed** – Information **must be entered** into the online application. Do not skip this step.



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**Owners & Partners** - Include address, phone and percentage of ownership for each owner

**Important Reporting Notice:** Distribution reports of prescription drugs and/or controlled substance drugs shipped to Idaho practitioners are to be provided, on a monthly basis, reports can be sent to [Ellen.Mitchell@bop.idaho.gov](mailto: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

### Changes to Drug Outlet Operations

**Reporting Requirements** - Individual 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 change. (7-1-18). The Board will accept an email to [info@bop.idaho.gov](mailto: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**

### Name Change

See Form – Drug Outlet Name Change Application – [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](mailto:info@bop.idaho.gov) **See above Reporting Requirements**