

Board of Pharmacy
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 444-6880
dlibsdlhelp@mt.gov

RENEWAL APPLICATION

License No.

☐ Check for New Email

Name

Address

City

State

Zip Code

Your **MONTANA WHOLESALE DRUG DISTRIBUTOR** license will expire on November 30, 2022.

LATE FEES WILL APPLY FOR THOSE RENEWING AFTER NOVEMBER 30, 2022. LATE FEES ARE 100% OF THE RENEWAL FEE.

Please check the following licenses you wish to renew:

- ☐ Wholesale Drug Distributor \$240.00 (if postmarked after November 30, \$480.00)
- ☐ Dangerous Drug Distributor \$100.00 (if postmarked after November 30, \$200.00)
- ☐ Dangerous Drug Manufacturer \$100.00 (if postmarked after November 30, \$200.00)
- ☐ Medical Gas Supplier \$75.00 (if postmarked after November 30, \$150.00)
- ☐ Medical Gas Distributor \$75.00 (if postmarked after November 30, \$150.00)

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> OR:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for the total of all the licenses you wish to renew. Make payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 4) Renewals with a U.S. Postal Service postmark after November 30 will be assessed a penalty per the above schedules. NO EXCEPTIONS!
- 5) Pharmacist/Person-In-Charge (PIC) must sign the completed renewal application.
- 6) Return the completed renewal application and fee to the Board office postmarked by November 30.
- 7) A renewal returned to a licensee for any reason must be re-postmarked by November 30 to avoid paying the late fee.
- 8) Please contact the Board office for address or name changes.

This business may not operate in Montana after November 30 until this license has been renewed. All licenses must be posted in a conspicuous place in the pharmacy for which it is issued. Incomplete or unsigned renewal applications will not be processed and will be returned.

IDENTIFICATION OF PHARMACIST/PERSON-IN-CHARGE

It is required by ARM 24.174.801, 24.174.830, 24.174.1003, 24.174.1104, 24.174.1122, or 24.174.1202 that a business identify the pharmacist/person-in-charge (PIC). If the PIC has changed since the last renewal, please submit an updated PIC form to the Board at dlibsdlhelp@mt.gov or contact 406-444-6880. The PIC Change Form is at www.pharmacy.mt.gov then click on Forms/General Forms.

LEGAL/DISCIPLINARY ACTION

YES NO

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

NOTICE OF MONTANA DEPARTMENT OF REVENUE OPIOID SELLER'S LICENSE REQUIREMENT

Effective July 1, 2019, any Wholesale Drug Distributor (WDD) who **distributes the initial sale of opioids** in Montana is required to have a separate **OPIOID SELLER'S LICENSE** through the Montana Department of Revenue, pursuant to [House Bill 654](#), as outlined in [15-64-1001 through 1002, MCA](#).

For information on the Opioid Seller's License requirement and how to apply, go to: <https://mtrevenue.gov/taxes/miscellaneous-taxes-and-fees/opioid-sellers-license/>.

NOTICE OF FUTURE WHOLESALE DRUG DISTRIBUTOR LICENSURE CHANGES

The Board of Pharmacy will be implementing final rule changes for separate licensure of **wholesale drug distributors (WDD), third-party logistics providers (3PLs), repackagers, and manufacturers**, currently all licensed as WDDs. Please review the below information and then select appropriate license type and provide a current email address:

- Final Rule: See Final Rule MAR 24-174-79, published 9/23/2022, at: <https://boards.bsd.dli.mt.gov/pharmacy/regulations/rule-notices>.
- Implementation: To assist in a future one-time automatic transition to a license other than WDD, please self-identify the facility's primary license type based on scope of work. If the facility provides multiple services, additional options will be available during the transition.
- Devices: For a WDD that includes and/or is a device/durable medical equipment/medical gas supplier (device) facility, there is no change to an existing WDD license at this time. However, the Board is working on a potential device/non-pharmacy facility license type for those who may be dispensing devices directly to patients. Please select device if the facility may qualify for such a license if available in the future.
- Updates on implementation will be emailed to licensees and provided on the Board's webpage at www.pharmacy.mt.gov.

Please self-identify the following license type that applies to your business:

Wholesale Drug Distributor (WDD)
Third-Party Logistics Provider (3PL)
Manufacturer (including Medical Gas Distributor/Manufacturer)
Repackager
Device/Durable Medical Equipment/Medical Gas Supplier

Please provide a current email address: _____

PIC Signature: _____

Date: _____

Please Print Name: _____

Phone # _____