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**CHECKLIST OF LEGAL REQUIREMENTS TO BE FOLLOWED FOR IN-STATE  
PHARMACY SALES; CHANGES OF OWNERSHIP, NAME, ADDRESS; OR MOVING**

1. **Moving a pharmacy** – a completed application for amendment of the pharmacy license shall be made on a standard form available from the Board office or on line at [www.phcybrd.state.mn.us](http://www.phcybrd.state.mn.us). If your pharmacy is moving please submit the application at least 60 days PRIOR TO moving (blueprints or sketch must accompany the completed application; showing size, layout, and security; including elevations of the consultation area to meet rule 6800.0700, subpart 1,E). An additional fee is not required

**6800.0800 LOCATION, DIMENSION, OR SECURITY CHANGES.**

**Subpart 1. Change in location.**

Before a licensed pharmacy changes the location of its business, it shall first submit to the Board of Pharmacy a new application for a license setting forth the changes and shall submit the information and documents required in an initial application for license. The new application and supporting documents shall be submitted at least 60 days before the proposed change in location. If the Board of Pharmacy approves the application, no additional charge shall be made for the new license.

**Subp. 2. Change in dimension or security.**

No licensed pharmacy in Minnesota shall change its physical dimensions or elements of physical security until it has submitted documents and plans of the proposed changes to the Board of Pharmacy. The documents and plans shall be submitted at least 60 days before the proposed changes. The board shall, within 30 days after receipt of the proposed changes, notify the licensee that the proposed changes either comply or do not comply with part 6800.0700. Failure of the board to respond in writing within 30 days shall be considered to be approval of the proposed changes.

**Subp. 3. Establishment of satellite.**

No licensed pharmacy in Minnesota shall establish a community or hospital satellite until it has submitted documents, plans, and operational policies and procedures for the proposed satellite to the Board of Pharmacy. The documents and plans must be submitted at least 60 days before the proposed establishment of the satellite. The board must, within 60 days after receipt of the proposal, notify the licensee that the proposed satellite either complies or does not comply with part 6800.0700. Failure of the board to respond in writing within 60 days shall be considered to be approval of the proposed satellite.

## **6800.0700 PHARMACY, SPACE, AND SECURITY.**

Subpart 1. **Minimum requirements.** No person shall be issued a license to conduct a pharmacy located in Minnesota unless the pharmacy:

A. contains more than 250 square feet in the dispensing and drug storage area;  
B. maintains a prescription dispensing counter at least 18 inches deep that provides two linear feet, which must be kept clear and free of all merchandise and other materials not currently in use in the practice of compounding and dispensing, for each pharmacist and each technician working concurrently on compounding and dispensing; this counter shall provide an additional space for computers if they are used in the dispensing process;

C. maintains an aisle behind the prescription dispensing counter at least 36 inches wide, extending the full length of the counter, which shall be kept free of obstruction at all times;

D. is surrounded by a continuous partition or wall extending from the floor to the permanent ceiling, containing doors capable of being securely locked to prevent entry when the pharmacy is closed;

E. in the case of a community/outpatient pharmacy, contains an area where consultation between the patient and the pharmacist may be conducted with a reasonable assurance of privacy. All new and remodeled community/outpatient pharmacies must meet the standards of this item. A pharmacy licensed before January 1, 2011, must meet the standards within two years of that date, unless the pharmacy has an existing counseling area that has been deemed by the board to provide a reasonable assurance of privacy. If pharmacies use partitions to create a consultation area in which the patient will typically remain standing, the partitions must be sound-dulling and at least seven feet high and 24 inches deep. The patient must be able to enter the partitioned area so that the partitions are on each side of the patient. Consultation areas without partitions may be approved if the board deems the consultation area will provide a reasonable assurance of privacy. Consultation areas must not contain any item for sale apart from the articles needed for counseling sessions. Pharmacists must have access to patient profiles in order to comply with part 6800.0910. Consultation areas must be accessible to the patient from the outside of the prescription dispensing area and be open at all times when the pharmacy is open; and

F. is lighted to a level of not less than 75-foot candles measured in the major work areas.

### Subp. 2. **Satellite waiver.**

In the interest of public health, the board may waive subpart 1, item A, for satellite pharmacies located in hospitals.

- 2. Changing name or address** – a completed application showing changes must be returned to the office; an additional fee is not required. In this case, “change of address” refers to those situations in which a pharmacy has been given a new address, but is still at the same physical location and has not been remodeled.

3. **Ownership changes** – a completed application showing the new ownership must be filed with the Board office with a \$190 fee plus a \$19.00 OET surcharge for a total of \$209.00 fee. When the effective date of the ownership change coincides with the 7/1 annual renewal period, an additional fee is not required. If the change of ownership is effective, or the change of ownership application is received in the Board of Pharmacy Office, between April 15 and July 1, an additional fee is required to cover the ownership change and the June 30 renewal. The total then becomes \$418.00.

If the former pharmacy received authority to accept returns for reuse of unit dose packaged medications from long term care facilities or other entities, new written procedures for handling of these returns must be submitted to the Board for approval.

Following are some examples of ownership changes that require a new license: sale to another individual; incorporation (from sole owner to corporation, from partnership to corporation) corporation papers should accompany application or be sent later; major stock change (if 20% or more of the stock changes hands); sole owner to partnership; change from limited liability corporation to corporation; the addition of one or more partners to a partnership; and one partner buying out the other partner. (See 6800.0500 adopted 12/20/77.) Once you have completed all of Minnesota's requirements please contact the Minneapolis DEA office at either [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) or (612) 344-4136 for their requirements.

4. An inventory of drugs covered under the State and Federal Controlled Substances Acts should be taken when there is a change in pharmacist responsible for the management of the pharmacy. This is not necessary if a firm or individual merely changes its type of ownership, such as partnership to corporation, individual to partnership, etc., although this is considered to be a change in ownership. The Drug Enforcement Administration must be notified so that a new registration and new federal order forms with the correct new firm name can be issued. The DEA also requires notification in cases of change in business name, location or ownership.
5. Pharmacists changing their place of practice, residence address or ownership status must immediately notify the Board of these changes.
6. Each pharmacy shall notify the Board of Pharmacy immediately upon knowledge of the termination of the services of the pharmacist-in-charge and further, shall immediately designate a successor pharmacist-in-charge and immediately notify the Board of Pharmacy of such designation. The Board of Pharmacy upon receiving such notice will furnish the successor pharmacist-in-charge such form or forms as it may from time to time prescribe or downloaded from the Board's web site. The(se) form or forms must be completed by the successor pharmacist-in-charge and filed with the Board of Pharmacy within ten days after receipt thereof.
7. If there is a change of pharmacist-in-charge due to the ownership change and

the pharmacy has variances on file with the Board of Pharmacy, the new pharmacist-in-charge will need to submit the existing variance form for a successor pharmacist-in-charge.

8. For the protection of both the buyer and the seller it is advisable to notify all third party payers of the ownership change.
9. Effective with the selling date, the pharmacist-in-charge must return the old pharmacy license to the Board office noting the selling date and new owner's name.
10. The firm which is selling should contact the Minneapolis DEA office at (612) 344-4136 or at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) to obtain DEA's requirements.

## **Excerpt from 152.126 CONTROLLED SUBSTANCES PRESCRIPTION ELECTRONIC REPORTING SYSTEM.**

### **Subdivision 1. Definitions.**

For purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Controlled substances" means those substances listed in section [152.02](#), subdivisions 3 to 5, and those substances defined by the board pursuant to section [152.02, subdivisions 7, 8, and 12](#).

(c) "Dispense" or "dispensing" has the meaning given in section [151.01, subdivision 30](#). Dispensing does not include the direct administering of a controlled substance to a patient by a licensed health care professional.

(d) "Dispenser" means a person authorized by law to dispense a controlled substance, pursuant to a valid prescription. For the purposes of this section, a dispenser does not include a licensed hospital pharmacy that distributes controlled substances for inpatient hospital care or a veterinarian who is dispensing prescriptions under section [156.18](#).

(f) "Prescription" has the meaning given in section [151.01, subdivision 16](#).

### **Subd. 2. Prescription electronic reporting system.**

(a) The board shall establish by January 1, 2010, an electronic system for reporting the information required under subdivision 4 for all controlled substances dispensed within the state.

(b) The board may contract with a vendor for the purpose of obtaining technical assistance in the design, implementation, operation, and maintenance of the electronic reporting system.

### **Subd. 4. Reporting requirements; notice.**

(a) Each dispenser must submit the following data to the board or its designated vendor, subject to the notice required under paragraph (d):

- (1) name of the prescriber;
- (2) national provider identifier of the prescriber;
- (3) name of the dispenser;
- (4) national provider identifier of the dispenser;
- (5) prescription number;
- (6) name of the patient for whom the prescription was written;
- (7) address of the patient for whom the prescription was written;
- (8) date of birth of the patient for whom the prescription was written;
- (9) date the prescription was written;
- (10) date the prescription was filled;
- (11) name and strength of the controlled substance;
- (12) quantity of controlled substance prescribed;
- (13) quantity of controlled substance dispensed; and
- (14) number of days supply.

(b) The dispenser must submit the required information by a procedure and in a format established by the board. The board may allow dispensers to omit data listed in this subdivision or may require the submission of data not listed in this subdivision provided the omission or submission is necessary for the purpose of complying with the electronic reporting or data transmission standards of the American Society for Automation in

Pharmacy, the National Council on Prescription Drug Programs, or other relevant national standard-setting body.

(c) A dispenser is not required to submit this data for those controlled substance prescriptions dispensed for:

- (1) individuals residing in licensed skilled nursing or intermediate care facilities;
- (2) individuals receiving assisted living services under chapter 144G or through a medical assistance home and community-based waiver;
- (3) individuals receiving medication intravenously;
- (4) individuals receiving hospice and other palliative or end-of-life care; and
- (5) individuals receiving services from a home care provider regulated under chapter 144A.

(d) A dispenser must not submit data under this subdivision unless a conspicuous notice of the reporting requirements of this section is given to the patient for whom the prescription was written.

**Subd. 7. Disciplinary action.**

- (a) A dispenser who knowingly fails to submit data to the board as required under this section is subject to disciplinary action by the appropriate health-related licensing board.

Reporting to the Minnesota Prescription is required unless an exemption is on file with the Board of Pharmacy.

Detailed information on reporting to the MN PMP can be found in the “Dispenser’s Implementation Guide” which is available on the MN PMP website at [www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us) on the “Other Forms and Documents” page.