MINNESOTA
BOARD OF PHARMACY

License Closure Notification – In-State Pharmacy

This form should be submitted to the Board of Pharmacy at least **14 days prior** to the date the pharmacy closes and ceases operation. The Pharmacist-in-charge responsible for the management of the pharmacy must notify the Drug Enforcement Administration in Minneapolis, Drug Enforcement Administration, 100 South Washington Avenue, Suite 800, Minneapolis, MN 55401. You can contact them by phone (612-344-4136) to receive information about their requirements. For comprehensive information on the Board of Pharmacy's reporting requirements for closing a pharmacy, see MN Rule 6800.1010.

Return license to the Board of Pharmacy on the closing date, noting the date of closure on the license.

In addition to completing the form, the pharmacist-in-charge is required to:

- √ Fill out and submit the Pharmacist Surrendering Pharmacist-In-Charge Responsibility form.
- √ Notify the DEA of the pharmacy's closure, following time limitations and DEA requirements.
- √ Indicate on this notification, the disposition of the prescription files, legend drugs, insulin, hypodermic syringes and needles, contraceptive drugs and devices, chemicals, and non-prescription drugs.
- √ Ensure that all patient profiles within the last two years are transferred to the pharmacy that is receiving the prescription files.
- √ Ensure that all legend drugs are removed from the facility and stored only in a licensed pharmacy.
- √ Inform the succeeding business occupying the premises and the landlord that it is unlawful to use the words, "drug," "drug store," "pharmacy," or similar words in connection with the place of business unless it is a licensed pharmacy.
- √ Take a controlled substance inventory on the last day as described in 6800.1010, subp. 1 to subp. 4. It is not necessary to file a copy of the inventory with the DEA unless requested by the regional administrator. If the inventory is transferred and used as an initial inventory for registrants/transferees, include in the records of each transferee.
    - If controlled substance drugs are to be destroyed, the pharmacist-in-charge must contact the local Drug Enforcement Administration for instructions.
    - If controlled substance drugs, Schedule III-V, are being transferred, they must be transferred on duplicate invoices, with each pharmacy keeping a copy.
    - If Schedule II narcotics are being transferred, the transferee must submit a new Drug Enforcement Administration 222 Form to the transferor for the Schedule II substances only.
    - If the Drug Enforcement Administration does not approve of the transfer, instructions must be given to the pharmacy that is closing to dispose of the drugs according to the written instructions provided by the regional director.

Public Notification

A licensed pharmacy must provide public notification of a pharmacy closure. The notice must inform patients that the pharmacy will close on a specified date, providing the name, address, and telephone number of the pharmacy to which prescription files will be transferred. Some of the acceptable forms of notification are:

- √ Publication of the notice in a local newspaper for one week prior to the closing date;
- √ A direct mailing to patients who have had at least one prescription filled at that pharmacy during the six months preceding the date of closing, with the mailing designed to reach patients no later than one business day prior to the closing; and
- √ A distribution of the notice to patients who are picking up prescriptions at least 30 days prior to the date on which the pharmacy will be closed.

In the case of patients who are residents of long-term care facilities, the pharmacy shall provide a written notice to the patients, the caregivers of the patients, or the long-term care facilities in which the patients reside at least 30 days prior to the date on which the pharmacy will be closed.

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Pharmacy License Information

Current Name/DBA Name as listed on the License	Reason for Closure	Closing Date	MN License Number

Street Address	City	State	Zip	Phone Number

Indicate Where the Prescription Files Will Be Transferred

Name of Location Transferred to	License #	Address	City	State	Zip	Phone Number

☐ **Check if legend drugs are transferred to the same facility listed above.**

If they will be sent to a different facility, fill out the information below.

Name of Location Transferred to	License #	Address	City	State	Zip	Phone Number

For Controlled Substances, Complete the Following

Final Inventory Date	Name of Location Inventory is Transferred to	License #	Address	City	State	Zip

Pharmacist-In-Charge Information

Name	License Number	Phone Number	Email Address

I certify that this pharmacy is closing permanently, and the license is therefore being surrendered to the Minnesota Board of Pharmacy. I recognize that the pharmacy cannot operate past the date of closure listed above.

_____ _____

Signature of Pharmacist-in-charge Date

Return license to the Board of Pharmacy on the closing date, noting the date of closure on the license.

Download this form, then use the "Submit" button below to email to the Board of Pharmacy.
This document must be submitted with all requested supporting documents.

Submit Form

Minnesota Board of Pharmacy
335 Randolph Ave, Suite 230 | Saint Paul, MN 55102
Fax: (651) 215-0951 | E-mail: pharmacy.board@state.mn.us