MINNESOTA
BOARD OF PHARMACY

Policy Review Request Cover Sheet

For Variance and Policy Review Committee Consideration

◯ Initial Request ◯ Current Policy # _____ Changes? ◯ Yes ◯ No
◯ I request an appointment ◯ An appointment is not necessary for this request

Use this form as a cover sheet for submitting your policy review document(s) to be considered on the Variance and Policy Review Committee's agenda. See the Board's website for meeting dates and cutoff times. If you would like to be present for the Variance and Policy Review meeting to discuss your submission, you must request an appointment at the time that the variance request is submitted. Appointments are 30 minutes in length. Keep in mind that appointment times will not be assigned until all required documents are received. Plan your submissions accordingly to avoid any delays.

All documents and appointment requests may be mailed, faxed, or e-mailed **in a PDF format** to the Board:

MN Board of Pharmacy
335 Randolph Ave, Suite 230 | St Paul, MN 55102
Fax: 651-215-0951 | Email: pharmacy.board@state.mn.us

Please note:

- If requests are sent to any other Board email address than the main email address, they may not be included on the agenda for the Variance and Policy Review Committee meeting in question.
- This document is only a cover sheet used for policy review. The form for completing a Variance Request can be found on the Board's website under Board > Variance Committee Meetings.

Please indicate below which policy the submission is for:

☐ Automation Policy and Procedures pursuant to MR 6800.2600 or MS 151.58.

☐ Central Service-Centralized Prescription Processing and Filling pursuant to MR 6800.4075.

☐ Unique Identifier of an electronic means pursuant to MR 6800.0100 Subp. 17.

☐ Other_____

Name of Pharmacy Request is for: _____

Pharmacy Minnesota License Number: _____

List all pharmacies and MN pharmacy license numbers involved with the submission. Attach additional sheet if needed.

Name/Location	Address	MN License #	PIC

You may download this form and e-mail it to the Board of Pharmacy in PDF format.
This document must be submitted with all supporting documents.