INSTRUCTIONS FOR COMPLETING THE "ONLINE CONTRACT PHARMACY REGISTRATION FORM" FOR THE 340B DRUG PRICING PROGRAM

Covered entities that plan to utilize contract pharmacy arrangements to dispense drugs purchased under the 340B Drug Pricing Program must register the arrangements online and submit the **Online Contract Pharmacy Registration Form that is generated at the end of the online process** to the Office of Pharmacy Affairs (OPA) for each contract. **This registration form must be completed and submitted according to the established deadlines that are published on the OPA website (www.hrsa.gov/opa).**

OPA only accepts online contract pharmacy registrations at http://opanet.hrsa.gov/opal/default.aspx.

IMPORTANT NOTE: The Registration Process must be started and completed within the same browser session. Incomplete Registration Forms cannot be saved for later submission. It is imperative that pharmacy names and addresses are added accurately during the registration process to avoid lengthy delays in 340B implementation.

Prior to registering a contract pharmacy online, a covered entity must have their own legal counsel review all contracts or other legal documents to ensure that all Federal, State and local requirements have been met. OPA will not review contracts. The agreement between the covered entity and the contract pharmacy must be fully executed and include those elements outlined in the Contract Pharmacy Services Guidelines (http://edocket.access.gpo.gov/2010/pdf/2010-4755.pdf).

START DATE – Contract Pharmacy start date is set at the time OPA approves the contract pharmacy arrangement or at a later date if requested. The contract pharmacy arrangement should not begin prior to the start date shown on the OPA database. OPA will **NOT** post a retroactive start date (http://opanet.hrsa.gov/opa/CP/CPExtract.aspx). The contract pharmacy start date may not precede the registration date of the covered entity. *For example, an organization added as a covered entity for the April 1, 2012 quarter may not have a contract pharmacy start date prior to April 1, 2012.*

Online Contract Pharmacy Registration Form - This form must be completed and signed by both parties involved in a contract pharmacy arrangement. The Registration Form must be signed for each contract and must be submitted with the addenda or relevant addendum. By submitting this registration form to OPA, the covered entity and contract pharmacy certify that a written contract is in effect between both parties. It is NOT acceptable to register a contract pharmacy if contract terms are still under negotiations and/or not fully executed.

SIGNATURES – The Registration Form must be signed by the covered entity's Authorizing Official. For the pharmacy, the responsible representative may be the owner, the president, chief executive officer, etc. If you are in doubt regarding the acceptability of a signature, please contact OPA prior to submitting the form. *Please note that OPA does not have the capability of receiving electronic signatures at this time and will begin processing the online submissions of the Contract Pharmacy Registration Form only after receiving a copy or the original with the required signatures.*

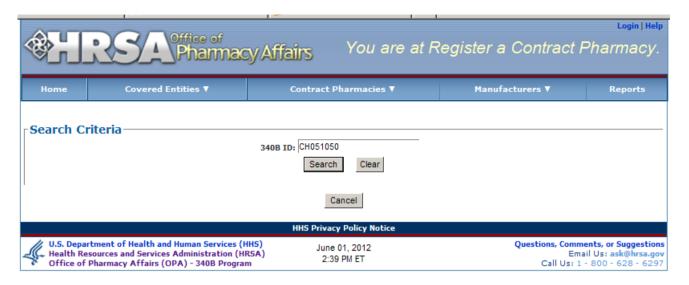
SUBMISSION PROCESS – Once you have registered a contract pharmacy online, the responsible parties must sign the Online Contract Pharmacy Registration form that is generated at the end of online process. OPA offers multiple options for submitting the Registration Form:

- 1. Email: Scan the form and email it to 340Bcontractpharmacy@hrsa.gov.
- 2. Fax: Covered entities may fax the forms to OPA at 301-594-4982 before mailing the originals.
- 3. Mail: Covered entities must mail originals to Office of Pharmacy Affairs, 5600 Fishers Lane, Room 10C-03, Rockville, MD 20857.
- 4. Data Upload: To register more than 20 covered entity- contract pharmacy arrangements, covered entities may request a data upload by e-mailing 340Bcontractpharmacy@hrsa.gov.

Submit the signed Contract Pharmacy Registration forms to OPA within 15 days from the time the online registration was completed. If the fully signed registration form is not received within this time period, the contract pharmacy registration will be deleted from the system and the registration process must be started over again. The Contract Pharmacy Registration process is not complete unless the form has been completed in its entirety and the original, signed copy is received by OPA. Email notifications will be sent once the registration has been processed.

pnarmacy, the responsible representative may be the owner, the President, Chief Executive Officer, Chief Operating Officer, or Chief Financial acceptability of a signature, please contact the Pharmacy Services Support Center at 1-800-628-6297 or via email at pssc@aphanet.org prior to						
NOTE ON EFFECTIVE DATE - Do not begin the contract pharmacy arrangement prior to the effective date shown on the OPA web-based database a retroactive date. (http://opanet.hrsa.gov/opa/CPSearch.aspx). Please submit the Signed Contract Pharmacy Registration form to OPA at least date of the contract. OPA attempts to post forms received in this timeframe by the contract's effective date. Please also note the contract pharmacy the registration date of the covered entity. For example, an organization added as a covered entity for the April 1, 2010 quarter may not have a covered entity for the April 1, 201	ten business days before the effective macy effective date may not precede					
Pre-Qualification Questions						
IMPORTANT: Prior to registering a Contract Pharmacy fir the 340B Program, there should be a Covered Entity registered and approved by OPA. If the Covered Entity is not approved in the 340B system, you are unable to complete the Registration form and will be returned to the HRSA Homepage.						
Is the Covered Entity already approved in the 340B Program?	C Yes C No					
2. Do you know the 340B ID number?	C Yes C No					
3. Do you know the Pharmacy zip code?	C Yes C No					
4. Have the legal documents been reviewed and the written contract fully executed? Note: Prior to completing this form, Covered Entity must have their own legal counsel review all contracts or other legal documents to ensure that all Federal, State, and local requirements have been met.						
Continue						
HHS Privacy Policy Notice						
U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) - 340B Program U.S. Department of Health and Human Services (HHS) June 01, 2012 2:34 PM ET	Questions, Comments, or Suggestions Email Us: ask@hrsa.gov Call Us: 1 - 800 - 628 - 6297					

Screen two



Screen three





Covered Entities ▼

You are at Register a Contract Pharmacy.

Manufacturers **▼**

Reports

Login | Help

Active Contract for CH051050 - Consolidated Health Center Program

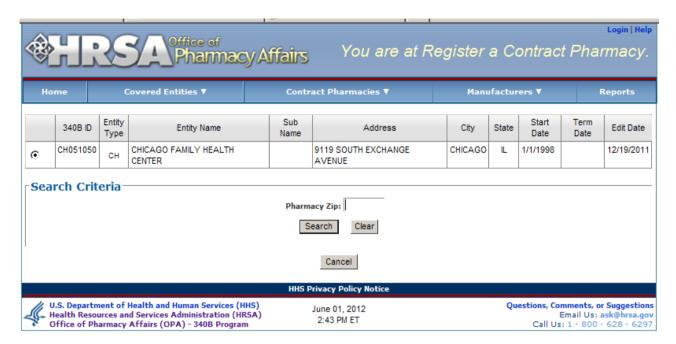
Please review the list of active Contract Pharmacies. If you want to request a Contract Pharmacy termination, select the appropriate contract(s) and requested termination date(s). If all Contract Pharmacies are valid, select the appropriate option to continue adding the contract.

Note: Submitting a request to terminate contracts sends an email notification to the Office of Pharmacy Affairs to review the request. It does not automatically terminate the Contract Pharmacy in the 340B application.

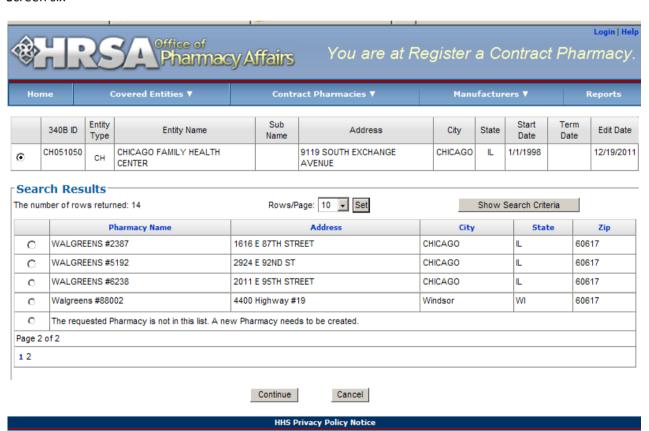
- © Request Contract Pharmacy termination(s) then continue adding a Contract Pharmacy Arrangement.
- 🗂 I do not want to submit any request for Contract Pharmacy termination(s) at this time. Continue adding Contract Pharmacy Arrangement.

Active Contracts

Request to Terminate	Pharmacy Name	City	State	Start Date	Requested Termination Date
	Walgreens # 10350	CHICAGO	IL	03/16/2012	₩
	Walgreens # 10485	CALUMET PARK	IL	03/16/2012	₩ ▼
	Walgreens # 13106	CHICAGO	IL	03/16/2012	
	Walgreens # 147	CHICAGO	IL	03/16/2012	
	Walgreens # 162	CHICAGO	IL	03/16/2012	
	Walgreens # 2210	CHICAGO	IL	03/16/2012	[HHH] ~
	Walgreens # 2300	CHICAGO	IL	03/16/2012	[HKH]▼
	Walgreens # 2387	CHICAGO	IL	03/16/2012	[HKH] ▼
	Walgreens # 3539	CHICAGO	IL	03/16/2012	[IIII] ~



Screen six



Screen seven

Contract Details					
×Requested Contract 8/1/2012 ■▼ Begin Date:	This date must be equal to or greater than the Covered Entity Start Date and cannot be less than the current date. NOTE: Allow 10 to 15 business days for approval. Approval time may be longer dependant on workload and registration discrepancies. The Contract Pharmacy arrangement is not valid until it has been approved by OPA.				
Covered Entity Details 3408 ED: CHOS1050 Entity Name: CHICAGO FAMI Entity Sub-Division Name: Entity Type: CH Grant/Provider Number: HBDCS00514 StartDate: 1/1/1998 Address: CHICAGO, IL 60	LY HEALTH CENTER CHANGE AVENUE	*Address Line 1: Address Line 2: *City: *State: *Zip:	Select a State	Continue Undo	
CE Signing Official————		CP Signing	Official————		
*Name: *Title: *Phone: *Email:	Extt	*Name: *Title: *Phone: *Email:		Ext:	
CE Primary Contact Make Contact Information same as Signed by I	information	*Signed By Date: CP Primary Make Contact I	y Contact	ormation	
*Name: *Title: *Phone: Email:	Ext:	*Name: *Title: *Phone: *Email:	Ext	:[
	is required. or same Contract Pharmacy or same Covered Entity.	y.			



You are at Register a Contract Pharmacy

Covered Entities ▼

Contract Pharmacies

Register Pharmacy Online
Form successfully submitted. To complete the registration process, an original, signed form must be submitted and receieved by the office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, MD 20857 or Fax (301) 594-4982. It is NOT necessary to send this document via express mail. You can also email a copy of signed, scanned form to

340bcontractpharmacy@HRSA.gov

Contract Pharmacy Details

Contract Pharmacy Name: test

Address: test

City: yesy

Covered Entity Details

Covered Entity Name: CHICAGO FAMILY HEALTH CENTER

Covered Entity Type: Consolidated Health Center Program

Contract Begin Date: 6/1/2012

Grant/Provider Number: H80CS00514

Your Registration Form has been submitted.

Please keep in mind that by adding multiple contracts in one process, the Registration form generated by the system will condense the signature page to include one instance of the signature for the reused Covered Entity or Pharmacy and individual signatures for each contract for the other contract representatives. This may not be the desired behavior if, for example, there are multiple interested parties signing on behalf of various contract pharmacies. To generate unique signature documents for each contract, select the option to complete the process after each contract is submitted.







U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) - 3408 Program

June 01, 2012 2:51 PM ET

Questions, Comments, or Suggestions Email Us: ask@hrsa.gov Call Us: 1 - 800 - 628 - 6297

Dept. of Health and Human Services, Health Resources and Services Administration, HealthCare Systems Bureau

Online Contract Pharmacy Registration Form for the 340B Program

This is to certify that effective	a Contract Pharmacy Ser	vices arrangement is in effect bety	ween:
340	B ID Number:		
Covered	Entity Name:		
St	reet Address:		
Ci	ty, State, Zip:		
	and		
Pha	rmacy Name:		
St	reet Address:		
Ci	ty, State, Zip:		
The undersigned represents and confirms that he contents of any statement made or reflected in the all of the requirements and restrictions of Section including, but not limited to, the prohibitions of the Configuration (March 5, 2010), which can be found at			