



340B MANUFACTURER CHANGE FORM



The original contact person or signatory to the Pharmaceutical Pricing Agreement should e-mail the completed form to the Office of Pharmacy Affairs at 340Bpricing@hrsa.gov; submission by anyone else may result in significant delays. Requestors will be notified when the changes have been made.

340B Manufacturer Labeler Code: As listed on HRSA OPA's public Web site	
---	--

Complete only information that is to be changed

Manufacturer Name:	
Sub-Division Name:	
New Physical Address:	
New Physical Address City:	
New Physical Address State, Zip:	
CMS Termination Date:	

New Contact Person:	
New Contact Title:	
New Contact Phone #:	
New Contact Fax #:	
New Contact E-mail Address:	

Comments:	
------------------	--

Note: The original authorizing signature on the PPA cannot be changed.

<p align="center">SUBMIT FORM TO ::::::::::::::::::::> 340Bpricing@hrsa.gov Update of this information is subject to approval and verification by the Office of Pharmacy Affairs.</p>
