# Department of Health and Human Services, Health Resources and Services Administration, Healthcare Systems Bureau

OMB No. 0915-0327

340B Contract Pharmacy Registration

Yes No

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**4. Has the written contract between the covered entity and the pharmacy been fully executed by both parties? (Do NOT register a contract**

**pharmacy arrangement if the contract terms are still under negotiation.)**

 Yes  No

**3. Do you know the 340B ID number?**

 Yes  No

**2. Is the covered entity already approved for the 340B Program?**

 Yes  No

**1. Are you authorized by the covered entity to submit this request?**

**Pre-Qualification Questions**

***IMPORTANT: You must respond to the following questions before registering a contract pharmacy for the 340B program.***

**Instructions**

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 must certify electronically that fully executed agreement(s) are in effect with the contract pharmacy or pharmacies.

All agreements must satisfy the elements outlined in the **guidelines** that govern the operation and compliance of contract pharmacies for 340B covered entities. Prior to registration, covered entities are strongly encouraged to have their legal counsel review all contracts and associated documents to ensure compliance with applicable Federal, State and local requirements. OPA will not review contracts.

**IMPORTANT NOTE: The contract pharmacy registration process must be started and completed within the same browser session. Incomplete online registrations cannot be saved for later submission. Do not submit a contract pharmacy registration if you are unsure of the information you are providing, or if contract terms are still under negotiation and/or not fully executed. It is imperative that contract pharmacy registrations are submitted accurately to avoid lengthy delays in 340B implementation.**

**START DATE** – The 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. The contract pharmacy start date may not precede the participating start date of the covered entity. For example, an organization added as a covered entity for the quarter beginning April 1 may not have a contract pharmacy start date prior to that same date.

**SUBMISSION PROCESS** – Once you have registered a contract pharmacy online, the covered entity’s authorizing official will receive an e-mail with instructions for certifying the arrangement. The authorizing official must perform this task within 15 calendar days from the time the online registration was completed, or the arrangement will be deleted and the registration process must be restarted. The contract pharmacy registration process is not complete until the arrangement has been certified by the authorizing official; email

notifications will be sent to the authorizing official and the contract pharmacy representative at that time.

Cancel

Continue

**Search Criteria**

**340B ID:**

Cancel

Clear

Search

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|  |  |  |  |  |  |  |  |  |  |  |

Covered Entity Authorizing Official Verification

**Is the authorizing official information correct for the selected covered entity?**

 **Yes**  **No**

**CE Authorizing Official**

**Name:**

**Title:**

**Phone: Ext:**

Cancel

Continue

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|  |  |  |  |  |  |  |  |  |  |  |



**Search Criteria**

**Pharmacy selection**– The 340B database relies on information received from the U.S. Drug Enforcement Administration (DEA); you may search for pharmacies by DEA number, name, city, state or zip code.

**DEA Number:**

I do not know the Pharmacy DEA number (**search** by name, city, state, and/or zip).

If the pharmacy will never have a DEA certificate because the pharmacy does not dispense controlled substances, contact **OPA** for assistance.

Cancel

Clear

Search



**Search Results**

The number of rows returned:

Rows/Page: 200

Set

**Pharmacy Name**

**Address**

**City**

**State**

**Zip**



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Page 1 of 1

1

Cancel

Continue

Show Search Criteria

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|  |  |  |  |  |  |  |  |  |  |  |



**Contract Details**

**Contract Begin Date:**

The contract begin date is set in accordance to the registration period

guidelines.

**Covered Entity Details**

**340B ID:**

**Entity Name:**

**Entity Sub-Division Name: Entity Type:**

**Grant Number:**

**StartDate: Address:**

**Contract Pharmacy Details**

**Name: Address:**

**CE Authorizing Official**

**Pharmacy Representative**

**Name: Title: Phone:**

**Ext:**

**\* Name:**

**(First name, Last name - ie., John Smith)**

**\*Title:**

**Medicaid Billing**

\*

**\* Phone:**

(xxx-xxx-xxxx)

\*

Ext:

The contract pharmacy will not dispense 340B drugs to Medicaid fee-for-service patients and subsequently bill Medicaid fee-for-service for those transactions.

**\*Email:**

\*

The contract pharmacy will dispense 340B drugs to Medicaid fee-for-service patients and subsequently bill Medicaid fee-for-service for these transactions, and an established arrangement of the covered entity, the contract pharmacy and the State Medicaid agency has been reported by the covered entity to HRSA/OPA.

Continue

Cancel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy Name** | **Pharmacy Address** | **Pharmacy Representative** | **Medicaid** | **Remove Registration?** |
|  |  |  | \* | **Remove** |

March 06, 2015 1:16 PM ET [**ApexusAnswers@340bpvp.com**](mailto:ApexusAnswers@340bpvp.com) | 1-888-340-2787 OMB Number: 0915-0327, Expiration: 09/30/2018



**Contract Details**

**Contract Begin Date:**

The contract begin date is set in accordance to the registration period

guidelines.

**Covered Entity Details**

**340B ID:**

**Entity Name:**

**Entity Sub-Division Name: Entity Type:**

**Grant Number:**

**StartDate: Address:**

**CE Authorizing Official**

**Name:**

**Title:**

**Phone: Ext:**

**Instructions:**

* To register additional contracts for this covered entity, click Add Contract.
* To edit contract pharmacy representative details on an existing contract, click the appropriate representative’s information in the table below.
* To remove contract(s) from the registration, click the appropriate Remove link below.

The number of rows returned: 1

Rows/Page: 10

Set

dd Contract

A

Cancel

Continue

**Ask Questions** | **Viewers & Players** | **Privacy Policy** | **Disclaimers** | **Accessibility** | **Freedom of Information Act** | **No Fear Act** | **USA.gov** | **WhiteHouse.gov** | **Recovery.gov**

**\* Text will vary based on the selection on the prior screen:**

#### Dispenses 340B drugs to Medicaid patients and subsequently bills Medicaid for those transactions

-- OR --

*The contract pharmacy will not dispense 340B drugs to Medicaid patients, nor subsequently bill Medicaid for those transactions.*

**\* Email:**

**Remarks:**

Ext:

**\* Name:**

**\* Title:**

**\* Organization:**

**\* Phone:**

(xxx-xxx-xxxx)

**Requestor**

 By checking this box, I represent that the contents of the contract pharmacy registration(s) I am submitting are truthful and accurate. I understand that theauthorizing official on record for the covered entity in the 340B database will be required to review and certify each pharmacy arrangement.

**Requestor Signature**

Authorize and Submit

Cancel

## 340B ID: DSH999999 XYZ MEDICAL CENTER

A contract pharmacy registration has been submitted regarding DSH999999 – XYZ MEDICAL CENTER, at 1 HOSPITAL DR, ANYWHERE, AR 99999

Contract pharmacy registrations are available to be approved or rejected for 15 calendar days after submission. On the 16th day, any contract pharmacy registrations that have not been approved or rejected will expire.

You may approve or reject multiple pharmacies at once, but approvals and rejections must be done separately. Click the checkboxes next to the pharmacies you wish to approve or reject, then review and agree to the certification statement, then click the appropriate button below. If necessary, repeat the above steps to approve or reject the remaining registrations.

**NOTE**: Approving or rejecting a registration is final – your selection cannot be changed.

## Requestor Details

**Request Number:** CP999999

**Name:** John Smith

**Title:** Pharmacy Director

**Organization:** XYZ Medical Center

**Phone:** 999­999­9999 **Ext:**

**Email:** [test@XYZMedicalCenter.com](mailto:test@XYZMedicalCenter.com)

##### Remarks:

**\* Text will vary based on selection at registration** *Dispenses 340B drugs to Medicaid patients and subsequently bills Medicaid for those transactions*

-- OR --

#### The contract pharmacy will not dispense 340B drugs to Medicaid patients, nor subsequently bill Medicaid for those transactions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Select All | **Pharmacy Name** | **Pharmacy Address** | **CP Representative** | **Medicaid** | **Request Status** |
|  | TEST PHARMACY | 1 MAIN STREET ANYWHERE, AR | Test Representative Test  999­999­9999  [test@pharmacy.com](mailto:test@pharmacy.com) | [see note above] | Submitted |

By checking this box, I represent and confirm that I am fully authorized to bind the Covered Entity and the Pharmacy listed, and certify that the contents of any statement made or reflected in this document are truthful and accurate. The Covered Entity and the Pharmacy will comply with all of the requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines, including, but not limited to, the prohibitions on duplicate discounts/rebates, and drug diversion. The Covered Entity and the Pharmacy agree to be in compliance with the provisions of the Contract Pharmacy Services Guidelines as set forth in the Federal Register, at 75 Fed. Reg. 10272 (March 5, 2010), which can be found at [**http://www.gpo.gov/fdsys/pkg/FR**](http://www.gpo.gov/fdsys/pkg/FR)**­ 2010­03­05/pdf/2010­4755.pdf (**[**http://www.gpo.gov/fdsys/pkg/FR**](http://www.gpo.gov/fdsys/pkg/FR)**­2010­03­05/pdf/2010­4755.pdf)**. The authorizing official certifies on behalf of the covered entity that the contract pharmacy arrangement will be performed in accordance with OPA requirements and guidelines including, but not limited to, that the Covered Entity obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the Covered entity has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism). The Covered Entity has, and continues to bear, full responsibility and accountability for compliance with all 340B requirements, including but not limited to any 340B violations by the Contract Pharmacy. The Covered Entity agrees to notify the Office of Pharmacy Affairs, in writing, of any material changes in the contract arrangement and/or material breach by the covered entity of any of the foregoing.

**For any contract pharmacy arrangements where ‘Dispenses 340B drugs to Medicaid fee-for-service patients and subsequently bills Medicaid fee-for-service for those transactions' is indicated above, the Entity further attests that the contract pharmacy dispenses 340B drugs to Medicaid fee-for-service patients through an established arrangement of the** [**covered entity, the contract pharmacy and the State Medicaid agency that has been reported by the covered entity to HRSA/OPA. All covered entities should notify HRSA prior to any change in Medicaid billing status. For more information, please visit the HRSA website at http://www.hrsa.gov/opa.**](http://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf)

**Click the button to approve this contract pharmacy registration.**

Approve

**Click the button button to reject this contract pharmacy registration.**

Reject

For additional assistance regarding 340B contract pharmacy, please contact the 340B Prime Vendor Program at 1­888­340­2787 or by email at [**ApexusAnswers@340bpvp.com**.](mailto:ApexusAnswers@340bpvp.com) Please reference your 340B ID number in the communication.

You may also contact OPA at:

[Office of Pharmacy Affairs Mail Stop 8W05A](http://www.hrsa.gov/opa)

5600 Fishers Lane

Rockville, MD 20857

Email: [**340Bcontractpharmacy@hrsa.gov**](mailto:340Bcontractpharmacy@hrsa.gov)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.