

340B Contract Pharmacy Registration

Instructions

Covered entities that plan to utilize contract pharmacy arrangements to dispense drugs purchased under the 340B Drug Pricing Program must register online and must certify electronically that fully executed agreements 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 pharmacy or pharmacies. 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 are provided, 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 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 has been certified by the authorizing official; email notifications will be sent to the authorizing official and the contract pharmacy representative at that time.

Pre-Qualification Questions

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

1. Are you authorized by the covered entity to submit this request?
 Yes No
2. Is the covered entity already approved for the 340B Program?
 Yes No
3. Do you know the 340B ID number?
 Yes No
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

Continue

Cancel


Search Criteria

340B ID:

Search

Clear

Cancel

	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
			Phone:Ext:							

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

CE Authorizing Official
 Name:
 Title:

Covered Entity Authorizing Official Verification

Continue

Cancel

Yes
 No

	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										

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.

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.

DEA Number:

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

Search Results
The number of rows returned:
Pharmacy Name



Address

	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input type="checkbox"/>										

Rows/ page: 200
Set

Continue

Cancel

Show Search Criteria
City

State

Zip

Contract Details

Contract Begin Date:

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

Covered Entity Details

Entity Name:
340B ID:
Entity Sub-Division Name:
Grant Number:
Entity Type:

CE Authorizing Official

Name:
Title:
Phone:

Ext:

Contract Pharmacy Details

Pharmacy Representative

* Name: (First name, Last name - ie, John Smith)

* Phone: (xxx-xxx-xxxx)

* Title:

* Email:

Ext:

Medicaid Billing



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



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 HRS/OPA.

Continue

Cancel

Contract Details
Contract Begin Date:

Covered Entity Details
340B ID:
Entity Name:
Entity Sub-Division Name:
Grant Number:
StartDate:
Address:

CE Authorizing Official
Name:
Title:
Phone:Ext:

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

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

Pharmacy Name	Pharmacy Address	Pharmacy Representative	Medicaid	Remove Registration?
			*	Remove

Rows/Page: 20

Continue

Set

Add Contract

March 06, 2015 1:16 PM ET

ApexusAnswers@340bpvp.com | 1-888-340-2787

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* 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.

Requestor Signature

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 the authorizing official on record for the covered entity in the 340B database will be required to review and certify each pharmacy arrangement.

Requestor

*** Name:**

*** Title:**

*** Organization:**

*** Phone:**
(xxx-xxx-xxxx)

*** Email:**

Remarks:

Ext:

Cancel

Authorize and Submit

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.

Request Number: CP999999

Requestor Details

Name: John Smith
Title: Pharmacy Director
Organization: XYZ Medical Center
Phone: 9999999999 **Ext:**
Email: 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.

<input type="checkbox"/> Select All	Pharmacy Name	Pharmacy Address	CP Representative	Medicaid	Request Status
<input type="checkbox"/>	TEST PHARMACY	1 MAIN STREET ANYWHERE, AR	Test Representative Test 9999999999 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/FR20100305/pdf/20104755.pdf> (<http://www.gpo.gov/fdsys/pkg/FR20100305/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>.

Click the Approve button to approve this contract pharmacy registration.

Click the Reject button to reject this contract pharmacy registration.

For additional assistance regarding 340B contract pharmacy, please contact the 340B Prime Vendor Program at 18883402787 or by email at 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
5600 Fishers Lane
Rockville, MD 20857
Email: 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.