

## Covered Entities Guide for Public Users

### Registering a Manufacturer in the 340B Database

This guide describes how to register a manufacturer who sells covered outpatient drugs to eligible entities. To register, the manufacturer must sign a Pharmaceutical Pricing Agreement (PPA) in which the manufacturer agrees to charge a price for covered outpatient drugs that does not exceed 340B ceiling price.

Registration forms are in PDF format; therefore, you must have Adobe Reader installed on your computer. Registration paperwork is submitted to OPA for review. If OPA approves, notifications are emailed to the contacts on the registration form.

Follow these steps to register a manufacturer.

- 1) On the 340B Database home page, click **Register** in the “*What Would You Like to Do?*” section.



**Note:** You can also select **Register a Manufacturer** from the **Register** tab at the top of the home page.

- 2) On the **Register** screen, click **Manufacturers**.



The **Pharmaceutical Pricing Agreement (PPA)** downloads to your computer.  
[\[A copy of the full form\]](#).

### General Instructions for Completing the Pharmaceutical Pricing Agreement (PPA)

In accordance with the guidance found in the May 7, 1993, *Federal Register*, [\(link here\)](#) Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible entities must sign a pharmaceutical pricing agreement (the "Agreement") with the Secretary of Health and Human Services (the "Secretary") in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed the average manufacturer price ("AMP") decreased by a rebate percentage.

- 3) Print the agreement form.
- 4) Review the instructions carefully.
- 5) Provide required information on the last page of the agreement. Contact information and signatures are mandatory.

Section 340B of the Public Health Service Act  
Pharmaceutical Pricing Agreement  
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**IX. SIGNATURES**

**FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES**

By: \_\_\_\_\_

Title: Associate Administrator  
Healthcare Systems Bureau  
Health Resources and Services Administration

Date: \_\_\_\_\_

**ACCEPTED FOR THE MANUFACTURER**

I certify that I have made no alterations, amendments, or other changes to this pricing agreement.

By: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
(Signature)

- 6) Submit the original printed PDF form to:  
  
Office of Pharmacy Affairs  
Health Resources and Services Administration  
5600 Fishers Lane  
Mail Stop 8W03A  
Rockville, Maryland 20857

If you want a signed copy for your records, submit two signed copies to OPA.

(Back to the [Getting Started Guide for Public Users](#))

## Other Manufacturer Guides

[Searching, Viewing, and Exporting Manufacturer Data](#)

[Submitting a Manufacturer Change Request Form](#)