

Covered Entities Guide for Public Users

Registering a Contract Pharmacy

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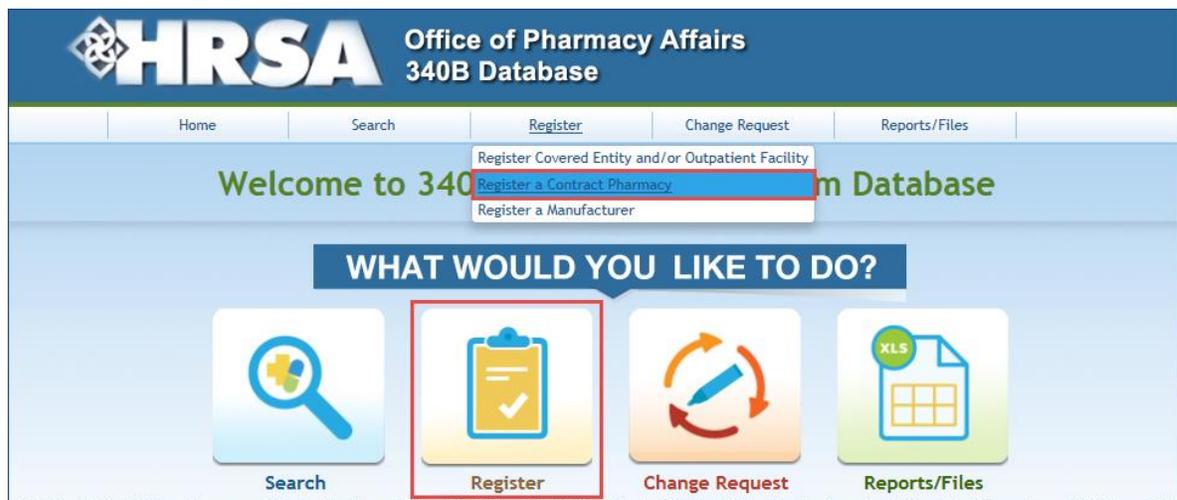
[Terminating an Existing Contract during Registration](#) (page 5)

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Follow these steps to register a contract pharmacy.

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

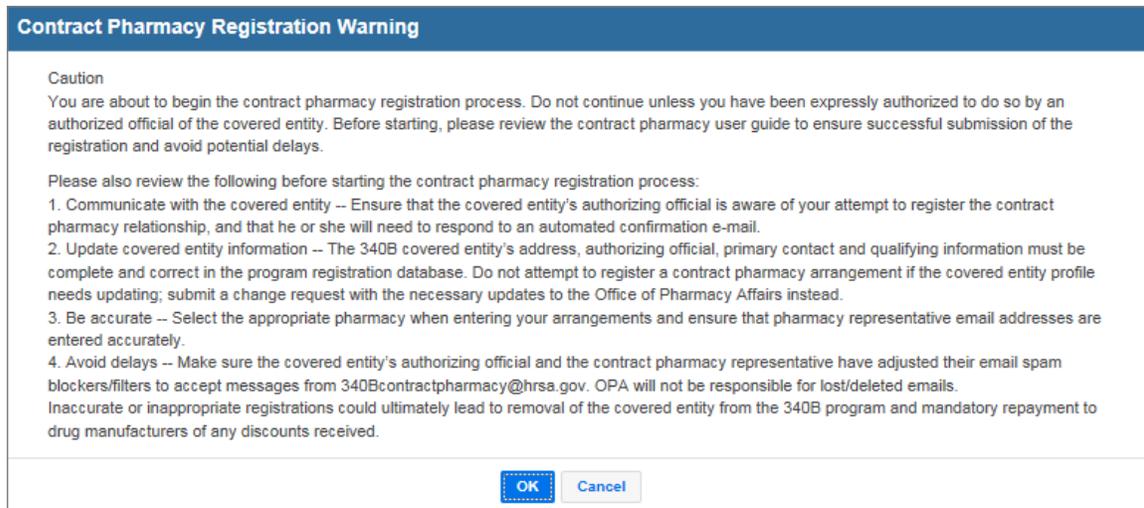


Note: You can also select **Register Covered Entity and/or Outpatient Facility** from the **Register** tab in the menu at the top of the home page.

- 2) On the **Register** screen, click **Contract Pharmacies**.



- 3) A window opens warning that you must be authorized to register a pharmacy and specifies registration requirements.



Registration requirements are:

- The covered entity's authorizing official must be notified of the pharmacy registration and informed to expect an automated confirmation e-mail.
- Covered entity information—address, authorizing official, primary contact and qualifying information—must be accurate and complete before registering the pharmacy. If it is not, submit a change request to update it [[Submitting a Change or Termination Request](#)].
- Pharmacy information must be accurate, including pharmacy representative information and email addresses.
- The covered entity's authorizing official and the contract pharmacy representative must adjust their email spam blockers/filters to accept messages from 340Bcontractpharmacy@hrsa.gov. This will help avoid delays. OPA will not be responsible for lost/deleted emails.

Inaccurate or inappropriate registrations could ultimately lead to removal of the covered entity from the 340B program and mandatory repayment to drug manufacturers of any discounts received.

- 4) Click the button.

The **Instructions** and **Pre-Qualification Questions** page displays.

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.

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

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 1.0 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 10C-24, Rockville, Maryland, 20857.

- 5) You must be able to answer **Yes** to all four questions in the **Pre-Qualification Questions** section.

- If you answer **No** to one or more questions, you will not be able to continue the registration. Click the button to return to the home page.
- If you answer **Yes** to all four questions, click the button.

Searching for a Covered Entity

The **Search Criteria** page displays.

Search Criteria

340B ID: BL03074A

Search Clear

Cancel

- 6) Enter the 340B ID for the pharmacy being registered and click the **Search** button.

The **Covered Entity Authorizing Official Verification** page displays, prompting you to confirm that the Authorizing Official is correct for the entity.

Covered Entity Authorizing Official Verification

| | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|----------------------------------|----------|-------------|--------------------------------|---------------------------|----------------------------|----------------|-------|------------|-----------|-----------|
| <input checked="" type="radio"/> | BL03074A | BL | STONE MOUNTAIN HEALTH SERVICES | ST CHARLES HEALTH COUNCIL | 185 Redwood Avenue Ste 102 | PENNINGTON GAP | VA | 7/1/2008 | | 11/4/2014 |

Is the authorizing official information correct for the selected covered entity? Yes No

The Authorizing Official for the covered entity will receive a separate email with instructions on how to certify the contract pharmacy arrangement(s) you are about to register.

CE Authorizing Official

Name: MALCOLM PERDUE
Title: PRESIDENT/CEO
Phone: 276-546-5310 Ext:

Continue Cancel

- 7) Select the radio button for the entity associated with the pharmacy.
- 8) If the Authorizing Official information is correct, select the **Yes** radio button. If it is incorrect, you will not be able to complete registration. You must submit a change request to correct it [[Submitting a Change or Termination Request](#)].
- 9) Click the **Continue** button.

The active contracts for the entity are listed, and you have the option of terminating contract pharmacy arrangements or proceeding without making any changes

Covered Entities Guide for Public Users
Terminating an Existing Contract during Registration

Active Contract for BL03074A - Black Lung Clinics Program

Please review the list of active contract pharmacy arrangements for this entity. If you want to request a contract termination, select the appropriate contract(s), requested termination date(s) and termination reason(s). If all contracts remain valid, select the option to indicate that you do not want to request contract terminations at this time.

Note: The covered entity's authorizing official will be notified by email and will have 15 calendar days to approve or reject the proposed contract pharmacy termination(s).

Termination Date: The covered entity is responsible for reporting an accurate termination date for each contract pharmacy arrangement. It is expected that 340B activity has ceased or will cease on the termination date requested.

Request contract termination(s) then continue adding Contract Pharmacy Arrangement.
 I do not want to submit any requests for contract termination at this time. Continue adding Contract Pharmacy Arrangement.

Active Contracts

| Request to Terminate | Pharmacy Name | City | State | Start Date | Requested Termination Date | Termination Reason |
|--------------------------|--|-----------|-------|------------|----------------------------|----------------------|
| <input type="checkbox"/> | 15 CRAIGSIDE RETIREMENT RESIDENCE 15 CRAIGSIDE PLACE | HONOLULU | HI | 01/01/2015 | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | FISHER BIOSERVICES INC. 687C, D LOFSTRAND LANE | ROCKVILLE | MD | 01/01/2015 | <input type="text"/> | <input type="text"/> |

10) Select the appropriate radio button:

- To request contract termination(s) before adding a contract pharmacy arrangement for the entity (proceed with Step 11).
- To continue adding a contract pharmacy arrangement without terminating any existing contracts. Click the button (skip to Step 15).

Terminating an Existing Contract during Registration

11) To terminate one or more contract pharmacy arrangements, select the checkbox for the pharmacy, enter a termination date, and select a termination reason from the drop-down list.

Active Contract for BL03074A - Black Lung Clinics Program

Please review the list of active contract pharmacy arrangements for this entity. If you want to request a contract termination, select the appropriate contract(s), requested termination date(s) and termination reason(s). If all contracts remain valid, select the option to indicate that you do not want to request contract terminations at this time.

Note: The covered entity's authorizing official will be notified by email and will have 15 calendar days to approve or reject the proposed contract pharmacy termination(s).

Termination Date: The covered entity is responsible for reporting an accurate termination date for each contract pharmacy arrangement. It is expected that 340B activity has ceased or will cease on the termination date requested.

Request contract termination(s) then continue adding Contract Pharmacy Arrangement.
 I do not want to submit any requests for contract termination at this time. Continue adding Contract Pharmacy Arrangement.

Active Contracts

| Request to Terminate | Pharmacy Name | City | State | Start Date | Requested Termination Date | Termination Reason |
|-------------------------------------|---|-------|-------|------------|----------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | 1500 MET DRUG DBA OVAL DRUG 1500 METROPOLITAN AVE | BRONX | NY | 01/01/2016 | 12/19/2015 | Agreement registered in error |

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 0.5 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 10C-24, Rockville, Maryland, 20857.

12) Click the button.

The **Requestor Details** page displays for you to enter your contact information.

Active Contract Selected for Termination for BL03074A - Black Lung Clinics Program

Note: The covered entity's authorizing official will be notified by email and will have 15 calendar days to approve or reject the proposed contract pharmacy termination(s).

Note: An asterisk (*) next to a field name denotes a required field.

| Pharmacy Name | City | State | Start Date | Requested Termination Date | Termination Reason |
|---|-------|-------|------------|----------------------------|-------------------------------|
| 1500 MET DRUG DBA OVAL DRUG 1500 METROPOLITAN AVE | BRONX | NY | 01/01/2016 | 12/19/2015 | Agreement registered in error |

Requestor Details

*** Name:**

*** Title:**

*** Organization:**

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

*** Email:**

Remarks:

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 0.5 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 10C-24, Rockville, Maryland, 20857.

13) Enter your contact information and click the button.

The **Contract Termination Request Confirmation** page displays.

Active Contract Selected for Termination for BL03074A - Black Lung Clinics Program

Contract Termination Request Confirmation

The covered entity's authorizing official will be notified by email and will have 15 calendar days to approve or reject the proposed contract pharmacy termination(s).

| Pharmacy Name | City | State | Start Date | Requested Termination Date | Termination Reason |
|---|-------|-------|------------|----------------------------|-------------------------------|
| 1500 MET DRUG DBA OVAL DRUG 1500 METROPOLITAN AVE | BRONX | NY | 01/01/2016 | 12/19/2015 | Agreement registered in error |

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 0.5 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 10C-24, Rockville, Maryland, 20857.

14) Click the button.

The **Search Criteria** page displays for you to search for a pharmacy by its DEA Number or location.

| | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|----------------------------------|----------|-------------|--------------------------------|---------------------------|----------------------------|----------------|-------|------------|-----------|-----------|
| <input checked="" type="radio"/> | BL03074A | BL | STONE MOUNTAIN HEALTH SERVICES | ST CHARLES HEALTH COUNCIL | 185 Redwood Avenue Ste 102 | PENNINGTON GAP | VA | 7/1/2008 | | 11/4/2014 |

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.

15) **DEA Number:** There are two ways to search for a pharmacy, by its DEA number or by using its name and location:

- If you know the pharmacy’s DEA Number, enter it in the text box and click the button (skip to Step 18).
- If you do not know the DEA Number, click the “[search](#)” link (proceed with Step 16).

The **Search Criteria** page allows you to search for a pharmacy using its location (Address, City, State and Zip).

| | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|----------------------------------|----------|-------------|--------------------------------|---------------------------|----------------------------|----------------|-------|------------|-----------|-----------|
| <input checked="" type="radio"/> | BL03074A | BL | STONE MOUNTAIN HEALTH SERVICES | ST CHARLES HEALTH COUNCIL | 185 Redwood Avenue Ste 102 | PENNINGTON GAP | VA | 7/1/2008 | | 11/4/2014 |

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.

Pharmacy Name:
Pharmacy City:
Pharmacy State:
Pharmacy Zip:

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

16) Enter the pharmacy name and/or its location information and click the button.

Registering a New Contract Pharmacy

The **Search Results** page displays pharmacies that match your search criteria.

| | 340B ID | Entity Type | Entity Name | Sub Name | Address | City | State | Start Date | Term Date | Edit Date |
|----------------------------------|----------|-------------|--------------------------------|---------------------------|----------------------------|----------------|-------|------------|-----------|-----------|
| <input checked="" type="radio"/> | BL03074A | BL | STONE MOUNTAIN HEALTH SERVICES | ST CHARLES HEALTH COUNCIL | 185 Redwood Avenue Ste 102 | PENNINGTON GAP | VA | 7/1/2008 | | 11/4/2014 |

Search Results
 The number of rows returned: 6 Rows/Page: 200

| | Pharmacy Name | Address | City | State | Zip |
|----------------------------------|--|-------------------------|----------------|-------|-------|
| <input type="radio"/> | FOOD CITY PHARMACY #895 | 205 RIVERBEND DRIVE | PENNINGTON GAP | VA | 24277 |
| <input type="radio"/> | JOHN C MARION-PHARMACIST | 156 COMBS ROAD | PENNINGTON GAP | VA | 24277 |
| <input type="radio"/> | PENNINGTON DRUG CENTER | DBA PENNINGTON PHARMACY | PENNINGTON GAP | VA | 24277 |
| <input checked="" type="radio"/> | Pennington Drug Center, Inc. dba Pennington Pharmacy | 41692 West Morgan Ave. | Pennington Gap | VA | 24277 |
| <input type="radio"/> | RITE AID OF VIRGINIA | RITE AID PHARMACY 3271 | PENNINGTON GAP | VA | 24277 |
| <input type="radio"/> | WELLMONT HEALTH SYSTEM DBA LEE REGIONAL | 127 HEALTH CARE DRIVE | PENNINGTON GAP | VA | 24277 |

17) Click the radio button for a pharmacy and click the button.

The **Contract Details** page provides comprehensive data about the covered entity-pharmacy contract.

Contract Details

Contract Begin Date: 1/1/2018 The contract begin date is set in accordance to the registration period guidelines.

Covered Entity Details

340B ID: BL03074A
Entity Name: STONE MOUNTAIN HEALTH SERVICES - test
Entity Sub-Division Name: ST CHARLES HEALTH COUNCIL
Entity Type: BL
Grant Number: H37RH00048
StartDate: 7/1/2008
Address: 185 Redwood Avenue Ste 102
 PENNINGTON GAP, VA 24277

Contract Pharmacy Details

Name: Pennington Drug Center, Inc. dba Pennington Pharmacy
Address: 41692 West Morgan Ave.
 Pennington Gap, VA 24277

CE Authorizing Official

Name: MALCOLM PERDUE
Title: PRESIDENT/CEO
Phone: 276-546-5310 **Ext:**

*** Medicaid Billing**

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

Pharmacy Representative

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

* **Title:**

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

* **Email:**

18) **Medicaid Billing:** Answer whether or not the contract pharmacy will dispense 340B drugs to Medicaid patients and subsequently bill Medicaid for those transactions.

19) **Pharmacy Representative:** Enter the pharmacy representative's name, title, and contact information (all fields required) and click the button.

The bottom of the **Contract Details** page displays the pharmacy's information.

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 **Add Contract**

| Pharmacy Name | Pharmacy Address | City | State | Pharmacy Representative | Medicaid | Remove Registration? |
|--|------------------------|----------------|-------|---|---|----------------------|
| Pennington Drug Center, Inc. dba Pennington Pharmacy | 41002 West Morgan Ave. | Pennington Gap | VA | Dave Tester Pharmacist 888-555-1212 dtester@test.com | The contract pharmacy will not dispense 340B drugs to Medicaid patients, nor subsequently bill Medicaid for those transactions. | Remove |

Continue Cancel

20) Review the pharmacy representative's information.

- If you need to make corrections, click the representative's information to go back to the previous screen.
- If you want to remove the contract, click the **"Remove"** link. (You will be prompted for confirmation.)
- If you want to record another pharmacy contract, click the **Add Contract** button.
- Click the **Continue** button to proceed.

Authorize and Submit

The **Requestor Signature** page displays.

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: Ext:
(xxx-xxx-xxxx)

* Email:

Remarks:

Cancel **Authorize and Submit**

21) Check the box in the upper-left corner to affirm that the pharmacy registration information is truthful and accurate, and acknowledging that the covered entity's authorizing official will review and certify the contract.

22) Click the **Authorize and Submit** button. You will see a message thanking you for your submission and providing OPA contact information.

Thank you for your submission.

Contract pharmacy registrations received in conjunction with new covered entity registrations do not need separate certification by the entity's authorizing official. For other registrations, an e-mail with further instructions has been sent to the covered entity's authorizing official to accept or cancel the change or termination request. If the Authorizing Official does not respond within 15 calendar days, the request will expire without further notification.

For additional assistance, please contact the 340B Prime Vendor Program at 1-888-347-2787 or by email at ApexusAnswers@340bpvp.com.

You may also contact OPA at:
Office of Pharmacy Affairs
Mail Stop 8W03A
5600 Fishers Lane
Rockville, MD 20857

23) Click the button. You are returned to the home page.

When validation is completed, automatic email notifications are sent to the covered entity's Authorizing Official and primary contact, the requestor, and the contract pharmacy representative.

The Authorizing Official receives a separate email with instructions for confirming the contract pharmacy request. The email contains a link to a page where the Authorizing Official can approve or reject the request. This email also provides requestor contact information if the Authorizing Official wants more information.

340B ID: BL03074A STONE MOUNTAIN HEALTH SERVICES - test

A contract pharmacy registration has been submitted regarding BL03074A – STONE MOUNTAIN HEALTH SERVICES - test, ST CHARLES HEALTH COUNCIL at 185 Redwood Avenue Ste 102, PENNINGTON GAP, VA 24277

- 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

| | |
|--|---------------------------------|
| Name: Dave Tester | Request Number: CP015259 |
| Title: Tester | |
| Organization: Test | |
| Phone: 888-555-1212 Ext: | |
| Email: dtester@test.com | |
| Remarks: | |

| <input checked="" type="checkbox"/> Select All | Pharmacy Name | Pharmacy Address | City | State | CP Representative | Medicaid | Request Status |
|--|--|------------------------|----------------|-------|---|---|----------------|
| <input checked="" type="checkbox"/> | Pennington Drug Center, Inc. dba Pennington Pharmacy | 41692 West Morgan Ave. | Pennington Gap | VA | Dave Tester Pharmacist 888-555-1212 dtester@test.com | The contract pharmacy will not dispense 340B drugs to Medicaid patients, nor subsequently bill Medicaid for those transactions. | 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-2010-03-05/pdf/2010-4755.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 patients and subsequently bills Medicaid for those transactions' is indicated above, the Entity further attests that the contract pharmacy dispenses 340B drugs to Medicaid 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 button to approve this contract pharmacy registration.

Click the button to reject this contract pharmacy registration.

For additional assistance regarding 340B contract pharmacy, please contact the 340B Prime Vendor Program at 1-888-340-2787 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

For standalone contract pharmacy registrations, the Authorizing Official has 15 days to approve or reject the pharmacy registration request. If the Authorizing Official does not approve or reject the request within the 15 days, the registration automatically “expires” and the request is no longer valid.

Contract pharmacies that are simultaneously registered with associated non-hospital covered entities do not automatically expire. They will be approved or rejected when OPA approves or rejects the associated covered entity. No email is sent to the Authorizing Official requesting certification of the contract pharmacy.

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

Other Contract Pharmacy Guides

[Searching, Viewing, and Exporting Contract Pharmacies](#)

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