

Covered Entities Guide for Public Users

Viewing Manufacturer Details

After you have completed your search [[Searching for a Manufacturer](#)] and located the desired manufacturer in the 340B Database, the next step is to open and review the manufacturer's record. This guide explains the information contained in the manufacturer's record.

Search Results: The number of rows returned: 39											
										Rows/Page: 200	Set
Export Results											
<input type="checkbox"/> Select All	Label Code	Manufacturer Name	Contact Name	City	State	Zip	OPA Term	CMS Term	Signed Date	Status	Edit Date
<input type="checkbox"/>	10148	ACTELION PHARMACEUTICALS US, INC.	MICHAEL FLINN	SOUTH SAN FRANCISCO	CA	94080			03/05/2008	Active	12/20/2012
<input type="checkbox"/>	66215	ACTELION PHARMACEUTICALS, INC.	BingBing Song	SOUTH SAN FRANCISCO	CA	94080			03/05/2008	Active	11/07/2013
<input type="checkbox"/>	00548	AMPHASTAR PHARMACEUTICALS, INC.	ALEKSEI KOUTASSEVITCH	RANCHO CUCAMONGA	CA	91730			03/09/1993	Active	01/10/2013
<input type="checkbox"/>	10370	ANCHEN PHARMACEUTICALS, INC.	MICHAEL PARK	IRVINE	CA	92618			05/01/2008	Active	12/20/2012
<input type="checkbox"/>	64597	Avanir Pharmaceuticals, Inc	Christine Thibault	Aliso Viejo	CA	92656			02/08/2011	Active	12/20/2012
<input type="checkbox"/>	10914	Brighton Pharmaceuticals	Daniel Stokely	San Diego	CA	92130			05/23/2011	Active	12/20/2012
<input type="checkbox"/>	61442	CARLSBAD TECHNOLOGY, INC.	EDWARD KWAN	CARLSBAD	CA	92008			11/17/1998	Active	07/02/2013
<input type="checkbox"/>	68330	REPHAZONE	MYRL H.	RONOMA	CA	91767			04/22/2008	Active	12/20/2012

Note: Manufacturers that have not been approved by OPA for participation in the 340B Drug Pricing Program will not appear in search results, even if they have submitted registration documentation [[Registering a Manufacturer](#)].

Sections in a Manufacturer's Record

[Details](#) (page 2)

[Address](#) (page 2)

[Signed by Official Information](#) (page 3)

[Authorizing Official Information](#) (page 3)

[Contact Information](#) (page 4)

Details

This section displays the labeler code, manufacturer name, status, and comments. If applicable, the subdivision name and termination dates for participation in the OPA 340B Drug Pricing Program and CMS Medicaid Drug Rebate Program are listed.

View Manufacturer

Details

* Label Code: 00548

* Name: AMPHASTAR PHARMACEUTICALS, INC

Subdivision Name:

OPA Termination Date:

CMS Termination Date:

Status:

Comments:

01/9/13-new PPA recieved & countersigned on 11/21/12;10/26/2010 - LETTER RECEIVED FROM MRR. DATED 9/20/2010 STATEING TERMINATE. 7/25/2010 - UPDATED INFORMATION BASED ON NEW PPA SIGNED 4/9/2010: OLD NAME -

Manufacturer Detail Fields

Description

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Labeler Code • Name • Subdivision Name • OPA Termination Date • CMS Termination Date • Status • Comments | <p>A unique four or five-digit identifier assigned by the Food and Drug Administration to a drug manufacturer.</p> <p>The manufacturer's name as listed on the registration form [Registering a Manufacturer].</p> <p>If the manufacturer has a subdivision, it is identified here.</p> <p>Termination date of the OPA Pharmaceutical Pricing Agreement (PPA) is displayed (if applicable).</p> <p>Termination date of the CMS Medicaid Drug Rebate Program Agreement is displayed (if applicable).</p> <p>Identifies the manufacturer's current status for participation in the 340B Program (active or inactive).</p> <p>Comments previously recorded about the manufacturer.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Address

This section provides the manufacturer's street address.

Address

*Address Line 1: 11570 6TH STREET

Address Line 2:

*City: RANCHO CUCAMONGA

*State:

*Zip: 91730

Manufacturer Address Fields

Description

- | | |
|---------------------------------------------------------------------------|-------------------------------------------|
| <ul style="list-style-type: none"> • Address Line 1 | <p>The manufacturer's street address.</p> |
|---------------------------------------------------------------------------|-------------------------------------------|

Manufacturer Address Fields

Description

- **Address Line 2** A second street address, if necessary, such as a suite or floor number.
- **City** The city where the manufacturer is located.
- **State** The manufacturer's state.
- **Zip** The zip code for the manufacturer's location.

Signed by Official Information

This section identifies the contact information for the individual who signed the PPA on behalf of the manufacturer.

Signed By Official Information	
* Signed by: JACOB LIAWATIDEWI	
* Title: AVP, SALES AND MARKETING	
* Signed Date: 3/9/1993	
* HRSA Co-Signed Date:	
* Phone: 800-423-4136	Ext. 5259

Signed By Official Information

Description

- **Signed by** The authorized official who can sign the PPA on behalf of the manufacturer.
- **Title** The authorized official's title.
- **Signed Date** The date the agreement was officially signed.
- **HRSA Co-Signed Date** The date the HRSA representative signed for HRSA.
- **Phone / Ext.** The HRSA representative's phone number.

Authorizing Official Information

This section identifies the manufacturer's Authorizing Official, title, and contact information.

Authorizing Official Information	
Authorizing Official Name: JACOB LIAWATIDEWI	
Title: AVP, SALES AND MARKETING	
Phone: 800-423-4136	Ext. 5259

Authorizing Official Information

Description

- **Authorizing Official Name** The manufacturer's Authorizing Official.
- **Title** The Authorizing Official's title.
- **Phone / Ext** Authorizing Official's phone number.

Contact Information

If the manufacturer's point of contact for the 340B Program is not the Authorizing Official, then that individual's contact information is displayed in this section. If the box is checked, then the Authorizing Official is the point of contact for correspondence regarding the 340B Program.

Contact Information

Contact same as Authorizing Official

Contact Name: ALEKSEI KOUTASSEVITCH

Title: Asst Mgr, A/R & A/P

Phone: 800-423-4136 Ext. 6007

[Back](#)

Manufacturer Contact Information

- **Contact Same as Authorizing Official**
- **Contact Name**
- **Title**
- **Phone / Ext.**

Description

If this box was checked when the manufacturer was registered, the point of contact information is the same as the authorizing official.

The name of the point of contact, if different from the Authorizing Official.

The point of contact's title.

The point of contact's telephone number.

Click the [Back](#) button to return to the **Filter Criteria** page.

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

Other Manufacturer Guides

[Searching for a Manufacturer](#)

[Registering a Manufacturer](#)

[Exporting Manufacturer Details](#)