

## Covered Entities Guide for Public Users

### Submitting a Manufacturer Change Request Form

This guide describes how to submit a Manufacturer Change Request form to update manufacturer name, address, and contact information.

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




**Note:** You can also select **Submit a Manufacturer Change Request** from the **Change Request** tab in the menu at the top of the home page.

- 2) On the **Change Request** page, click “**Submit a Change Request**” under **Manufacturers**.




3) The fillable *340B Manufacturer Change Form* (PDF) is displayed.

Department of Health and Human Services, Health Resources and Services Administration, Healthcare Systems Bureau  
OMB No. 0915-0327; Expiration Date: 10/31/2015



**340B MANUFACTURER CHANGE FORM**

The original signatory to the Pharmaceutical Pricing Agreement, current designated contact person or a current corporate officer should e-mail the completed form to the Office of Pharmacy Affairs at [340Bpricing@hrsa.gov](mailto:340Bpricing@hrsa.gov); submission by anyone else may result in significant delays. Requestors will be notified when the changes have been made.



<b>340B Manufacturer Labeler Code:</b> As listed on <a href="#">HRSA OPA's public Web site</a>	
<b>Complete only information that is to be changed</b>	
<b>Manufacturer Name:</b>	
<b>Sub-Division Name:</b>	
<b>New Physical Address:</b>	
<b>New Physical Address City:</b>	
<b>New Physical Address State, Zip:</b>	
<b>CMS Termination Date:</b>	
<b>New Authorizing Official:</b>	
<b>New Authorizing Official Title:</b>	
<b>New Authorizing Official Phone #:</b>	<b>Ext:</b>
<b>New Authorizing Official E-mail Address:</b>	
<b>New Contact Person:</b>	
<b>New Contact Title:</b>	
<b>New Contact Phone #:</b>	<b>Ext:</b>
<b>New Contact E-mail Address:</b>	
<b>Comments:</b>	

**Note: The original authorizing signatory on the PPA cannot be changed.**

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 .50 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 10-29, Rockville, Maryland, 20857.

**SUBMIT FORM TO** .....> [340Bpricing@hrsa.gov](mailto:340Bpricing@hrsa.gov)  
Update of this information is subject to approval and verification by the Office of Pharmacy Affairs.

4) After completing the form, email it as an attachment to [340Bpricing@hrsa.gov](mailto:340Bpricing@hrsa.gov). OPA will review and verify the updated information.

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

## Other Covered Entities User Guides

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

[Registering a Manufacturer](#)