

Covered Entities Guide for Public Users

Requesting a Contract Pharmacy Termination

This page describes how to terminate a contract pharmacy. Submitting a termination request is an online process. Requests can be made to an existing contract pharmacy during the registration process [[Registering a Contract Pharmacy](#)], or as a separate request, as described in this guide.

Major Sections in This Guide

To jump to a specific section in the registering a covered entity process, click a link below:

[Processing a Contract Termination Request](#) (page 2)

[Submit and Continue](#) (page 4)

Follow these steps to submit a contract pharmacy termination:

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



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

- 2) On the Change Request screen, click *Request Contract Terminations*.



Processing a Termination Request

The **Search Criteria** page asks for the covered entity's 340B ID in order to search for the entity's pharmacy contracts.

The screenshot shows a "Search Criteria" form. It has a text input field labeled "340B ID:" which is highlighted with a red border. Below the input field are two buttons: "Search" and "Clear". At the bottom center of the form is a "Cancel" button.

- 3) **340B**: Enter the ID number for the covered entity with which the pharmacy contract is being terminated. If you do not know the ID, click **Search** on the home page and select **Contract Pharmacies** (see [Searching, Viewing, and Exporting Contract Pharmacies](#) for more information).
- 4) Click the button.

The **Active Contracts** table lists the covered entity's contract pharmacies.

Active Contract for HM11968 - Comprehensive Hemophilia Treatment Center

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).

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.

Active Contracts

Request to Terminate	Pharmacy Name	City	State	Start Date	Requested Termination Date	Termination Reason
<input checked="" type="checkbox"/>	CENTER FOR COMPREHENSIVE CARE & DIAGNOSI INHERITED BLOOD DISORDERS DBA CIBD PHARMACY 2670 N. MAIN STREET SUITE 150	SANTA ANA	CA	01/01/2014	10/9/2014	Business decision by covered entity and/or pharmacy ▼
<input type="checkbox"/>	WALGREENS INFUSION SERVICES 132 MISSION RANCH BLVD.	CHICO	CA	07/01/2013		▼

- 5) In the **Request to Terminate** column, select the contract(s) being terminated.
- 6) **Requested Termination Date:** Click the calendar icon to select the requested date of termination.
- 7) **Termination Reason:** Select the reason for the termination request from the drop-down list.
- 8) Click the button.

Business decision by covered entity and/or pharmacy

Pharmacy closed

Agreement registered in error

Ownership change

- 9) Review the selected contract's information to verify it is the one you want to terminate. A screen message informs you that the covered entity's authorizing official will be notified of the request and has 15 days to respond.

Active Contract Selected for Termination for HM11968 - Comprehensive Hemophilia Treatment Center

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
CENTER FOR COMPREHENSIVE CARE & DIAGNOSI INHERITED BLOOD DISORDERS DBA CIBD PHARMACY 2670 N. MAIN STREET SUITE 150	SANTA ANA	CA	01/01/2014	10/9/2014	Business decision by covered entity and/or pharmacy

Requestor Details

***Name:**

***Title:**

***Organization:**

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

***Email:**

Remarks:

- 10) **Requestor Details:** Complete the required requestor information fields.
- 11) Click the button.

Submit and Continue

The Contract Termination Request Confirmation page displays.

Active Contract Selected for Termination for HM11968 - Comprehensive Hemophilia Treatment Center

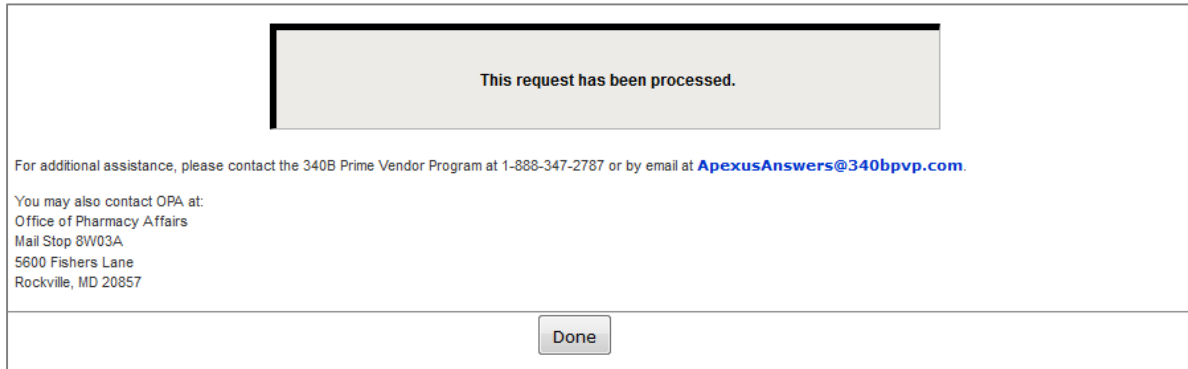
Contract Termination Request Confirmation

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
CENTER FOR COMPREHENSIVE CARE & DIAGNOSI INHERITED BLOOD DISORDERS DBA CIBD PHARMACY 2670 N. MAIN STREET SUITE 150	SANTA ANA	CA	01/01/2014	5/6/2014	Business decision by covered entity and/or pharmacy

- 12) Click the button.

A message notifies you that your request has been processed and provides OPA contact information.



This request has been processed.

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

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

Done

- 13) Click the button. You are returned to the home page.
- 14) 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.
- 15) The authorizing official receives a separate email with instructions on how to terminate the contract pharmacy. The email contains a link to a page where the authorizing official can approve or reject the termination request. This email also provides requestor contact information if the authorizing official wants more information.
- 16) The authorizing official has 15 days to approve or reject the termination request. If the authorizing official does not act within the 15 days, the registration automatically "expires" and is no longer valid.

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

Other Contract Pharmacy Guides

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

[Registering a Contract Pharmacy](#)

[Viewing Contract Pharmacies Search Results](#)

[Contract Pharmacy Daily Report](#)