



**340B MANUFACTURER CHANGE FORM**



The original contact person or signatory to the Pharmaceutical Pricing Agreement 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>	
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**Complete only information that is to be changed**

<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 Contact Person:</b>	
<b>New Contact Title:</b>	
<b>New Contact Phone #:</b>	
<b>New Contact Fax #:</b>	
<b>New Contact E-mail Address:</b>	

<b>Comments:</b>	
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**Note: The original authorizing signature on the PPA cannot be changed.**

<b>SUBMIT FORM TO ::::::::::::::::::::&gt; <a href="mailto:340Bpricing@hrsa.gov">340Bpricing@hrsa.gov</a></b> Update of this information is subject to approval and verification by the Office of Pharmacy Affairs.
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