

340B Contract Pharmacy Selection Form



Novo Nordisk Inc. (labeler codes 00169 and 71090) and Novo Nordisk Pharma, Inc. (labeler code 73070) (collectively, "Novo Nordisk") will no longer facilitate "bill-to/ship-to" distribution of 340B discounted product to a contract pharmacy of any of the six "hospital" covered entity types¹, effective January 1, 2021.

If a hospital covered entity does not have an in-house pharmacy capable of dispensing products to outpatients, it may designate a single independent contract pharmacy to which Novo Nordisk products may be shipped.² A hospital covered entity may also designate a single wholly owned (100%) contract pharmacy³ to which Novo Nordisk products may be shipped, whether or not it also has an in-house outpatient pharmacy. No covered entity shall be permitted to designate both a wholly owned contract pharmacy and a contract pharmacy that is not wholly owned. Contract pharmacies designated by covered entities must be registered and active in HRSA's 340B OPAIS database. The one contract pharmacy designation shall apply to the parent and all related child sites collectively.

Please submit this completed Contract Pharmacy Selection Form to Novo Nordisk at 340Binfo@novonordisk.com for designation of one contract pharmacy. **All informational fields in this form and a signature are required for contract pharmacy designation.**

Please select the one contract pharmacy designation that is applicable:

Independent Contract Pharmacy Wholly Owned Contract Pharmacy

340B Covered Entity Name: Mangum Regional Medical Center 340BID: CAH371330-00

Billing Information _____

Address: 1 Wickersham Drive

City: Mangum State: OK Zip Code: 73554

Please list names, city and state for authorized wholesaler(s) below:

Mckesson
Irving, TX

Contract Pharmacy Name: Puckett Discount Pharmacy Contract Pharmacy HRSA ID: _____

Contract Pharmacy must be listed as a valid Contract Pharmacy on the 340B record listed above (Covered Entity) on HRSA database.

Address: 101 N. Louis Tiller Ave P.O. Box 148

City: Mangum State: OK Zip Code: 73554

DEA: AP2000784 HIN: _____

Novo Nordisk will process complete Contract Pharmacy Selection Forms within seven business days of receipt of the completed form. Failure to populate all required fields will delay the processing of the Contract Pharmacy Selection Form and may require resubmission. Contract Pharmacy designations will be valid for one year and can be re-designated once per calendar year.

Declaration For Covered Entity Wholly Owned Contract Pharmacy Designations:
By signing this document, the covered entity acknowledges that the covered entity and contract pharmacy identified on this form have the same corporate ownership, and that the covered entity wholly owns the identified contract pharmacy and qualifies for the exception as described in this selection form. If there are any changes to the ownership structure of any of the identified contract pharmacies, the covered entity agrees to notify Novo Nordisk within two (2) business days.

Declaration For Covered Entity Independent Contract Pharmacy Designations:
By signing this document, covered entity acknowledges that it has no in-house outpatient dispensing pharmacy, and that the contract pharmacy identified in this form is the only shipping destination for Novo Nordisk product purchased through the 340B Drug Discount Program.

Covered Entity Authorized Representative Signature

Date of Signature

Printed Name & Title

¹ Children's Hospitals (PED), Critical Access Hospitals (CAH), Disproportionate Share Hospitals (DSH), Free Standing Cancer Hospitals (CAN), Rural Referral Centers (RRC), and Sole Community Hospitals (SCH).
² If a covered entity has on-site shipping location to receive 340B product that is not a contract pharmacy, it is considered an in-house pharmacy.
³ Novo Nordisk reserves the right to request proof of ownership and to terminate contract pharmacy selection and/or deny a request to designate a single wholly owned contract pharmacy if the information is not provided within three business days.