

You may find more information about the 340B Program by going to the website: www.hrsa.gov. You will need to submit the notarized form and include three most recent invoices. The certification form and requested information needs to be submitted to:

340 B Certification
Office of Pharmacy Services
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3707



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Bureau for Medical Services
Office of Pharmacy Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3707
Telephone: (304) 558-1700 FAX: (304) 558-1542

Patsy A. Hardy, GACHE, MSN, MBA
Cabinet Secretary

**WV MEDICAID AGREEMENT WITH
340b PROVIDER
CERTIFICATION**

I, _____, affiliated with _____ a
(Name and Title) (Name of Entity)

340b provider pursuant to 340b of Public Law 102-585, the Veteran's Health Care Act of
1992, do declare that _____

(Pharmacy Name) (Telephone Number)

(Pharmacy Address) (NPI)

will submit actual acquisition costs to the West Virginia Bureau for Medical Services
(Bureau), the Medicaid single state agency, for all drugs purchased at 340b contract
pricing and dispensed to West Virginia Medicaid members.

The effective date of this entity's 340b designation is _____.
(Date)

I acknowledge that this certification must be renewed yearly unless terminated by a
thirty (30) day written notice to the Bureau if the pharmacy is no longer participating or
entitled to participate in the 340b drug pricing program.

(Signature) (Date)

(Title)