**Provider Facility Disenrollment Form**

This form is to be completed by the Authorizing Official (AO) with legal authority to make decisions on behalf of the provider facility. The AO is often identified as the Commissioner, CEO, CFO, COO, or Director. Submission of this form removes the provider facility and its users’ access from the Pharmacy Inventory & Ordering System (PIOS) for placing medication orders for the specified provider facility and confirms quantities of inventory needing to be returned to DSHS Pharmacy Unit.

Facility Name (as shown in PIOS):

Facility Address:

Facility Phone Number: Facility Contact Email:

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| --- | --- |
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Facility 340B ID (with OPAIS): Program Access Removed TB/STD:

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User(s) to remove PIOS access (include a separate sheet if more space is needed):

|  |  |
| --- | --- |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Use the checklist below to make sure you have completed all steps for submitting the application to DSHS for review and processing.

Provider Facility must complete:

* Contact CMS 30-days prior to date regarding MOU termination
* Application (entire 7-page packet)
* Completed Current Physical Inventory (attachment; pages 2-6)
* Signature page (page 6)
* Provider facility to contact HRSA to remove DSHS grant number from their 340B ID

Note: Once the application and physical inventory has been received, it will be placed in queue to be reviewed by DSHS staff within 3-5 business days. DSHS provided medications must be returned to DSHS if their value exceeds the shipping cost. The provider facility will receive a return label by email to return the medication(s) to DSHS Pharmacy Unit.

Attachment: Current Physical Inventory Sheet (pages 2 to 6):

|  |  |
| --- | --- |
| Medication Name | Quantity on Hand |
| **Tuberculosis (TB) Program** |  |
| AMIKACIN VL 1GM 4ML/10 |  |
| CLOFAZIMINE 50MG CAP |  |
| CYCLOSERINE CAP 250MG 30 BLIST |  |
| ETHAMBUTOL TAB 100MG 100CT |  |
| ETHAMBUTOL TAB 400MG 100 |  |
| GS PREGNANCY TEST EARLY DOUBLE |  |
| HUM SIMPLE SYRUP, CHERRY SYRUP 16 OZ |  |
| ISONIAZID SYRP 50MG/5ML 16OZ |  |
| ISONIAZID TAB 100MG 100 |  |
| ISONIAZID TAB 300MG 30 |  |
| LEVOFLOXACIN O/S 25MG/ML 480ML |  |
| LEVOFLOXACIN O/SOL 25MG/M 100ML |  |
| LEVOFLOXACIN TAB 250MG 50 |  |
| LEVOFLOXACIN TAB 500MG 50 |  |
| LEVOFLOXACIN TAB 750MG 20 |  |
| LUBRIDERM LOTION |  |
| MOXIFLOXACIN TAB 400MG 30 |  |
| MYCOBUTIN CAP 150MG 100 |  |
| ONDANSETRON ODT TAB 4MG 30 |  |
| ONDANSETRON TAB 4MG 30 |  |
| PREDNISONE TABS |  |
| PRENATAL VITAMINS |  |
| PRIFTIN TAB 150 MG 24 |  |
| PRETOMANID 200MG |  |
| PYRAZINAMIDE TAB 500MG 100 |  |
| PYRIDOXINE TAB 50MG 100 |  |
| PYRIDOXINE TAB 25MG 100 |  |
| RIFAMPIN CAP 150MG 30 |  |
| RIFAMPIN CAP 300MG 60 |  |
| RX AMBER VL W/CAP L-40 |  |
| RX AMBER VL W/CAP L-60 |  |
| SIRTURO TAB 100MG |  |
| SOD CHL INH SOL 0.9% AMP |  |
| SOD CHL INH SOL 3% |  |
| SYRINGE 27GX1/2 100 |  |
| TRECATOR TAB 250MG 100 |  |
| TUBERSOL 5TU-50 TEST VIAL |  |
| TUBERSOL VIAL 5TU-10 TEST 1ML |  |
| WATER INJ STR VL 10ML/25 |  |
| X-RAY ENVELOPES |  |
| XYLOCAINE SDV 1% 2ML/25 |  |
| ZYVOX O/PDR 100MG/5ML |  |
| ZYVOX TAB 600MG 20 |  |
| **Sexually Transmitted Disease (STD) Program** |  |
| AMOXICILLIN CAP 500 MG |  |
| AZITHROMYCIN TAB 250 MG |  |
| AZITHROMYCIN ORAL POWDER PACK |  |
| BD ECLIPSE NDL 22GX1.25 BX/48 |  |
| BD WINGSET PB 21X.75 PREATT 20 |  |
| BICILLIN L-A 1200MU 2ML TBX 10 |  |
| BICILLIN L-A 2.4MU 4ML/10 4ML SYRINGE |  |
| BLOOD COLLECT TUBE HLDR VP |  |
| CEFIXIME 400MG |  |
| CEFTRIAXONE SDV 250MG/10 |  |
| DOXYCYCLINE TAB 100 MG |  |
| FLUCONAZOLE TAB 150 MG |  |
| GENTAMICIN 40MG/ML |  |
| GOLD TOP TUBES 100 |  |
| PREGNANCY TESTS |  |
| IMIQUIMOD CR 5% 12 FOIL PKS/BOX |  |
| LEVOFLOXACIN TAB 250MG, 500MG, 750MG |  |
| METRONIDAZOLE .75% VAG GEL 70G |  |
| METRONIDAZOLE TAB 500MG |  |
| MICONAZOLE 3 COMBO PK W/CREAM TUBE |  |
| MONISTAT 1 DAY/NIGHT COMBO PK W/CREAM TUBE |  |
| MOXIFLOXACIN TAB 400MG 30 |  |
| NIX CREME RINSE 2 OZ |  |
| PERMETHRIN CR 5% 60GM |  |
| PODOFILOX TOPICAL SOL .5% 3.5M |  |
| RID SHAMPOO 2 OZ |  |
| SYRINGE 27GX1/2 100 |  |
| VALACYCLOVIR HCL TAB 1GM |  |
| VANISH POINT SRN 3CC 22X1 100 |  |
| WATER INJ STR VL 5ML/25 PF |  |
| XYLOCAINE SDV 1% 2ML/25MPF |  |
| **Zoonosis Program** |  |
| HYPERRAB IMMUNE GLOBULIN 2ML |  |
| RABAVERT RABIES VACCINE 1 ML |  |
| **Hansen’s Disease Program** |  |
| ALENDRONATE SOD TAB 70MG PK/4 |  |
| ALENDRONATE SOD TAB 35MG PK/4 |  |
| AMMONIUM LACTATE LOT 12% 8OZ |  |
| ARTIFICIAL TEARS .5 OZ GS |  |
| ASPIRIN ADULT LOW DOSE 81MG |  |
| AZOPT |  |
| CLARITHROMYCIN 500MG ER TAB |  |
| CLOFAZAMINE 100MG CAP |  |
| COMBIGAN OPHTH SOLN |  |
| DAPSONE TAB 100 MG 30UD |  |
| DAPSONE TAB 25MG 30UD |  |
| FOLIC ACID TAB 1MG 100 |  |
| GABAPENTIN CAP |  |
| HYDROCORTISONE TAB 20 MG 100 |  |
| LATANOPROST OPHTH SOLN |  |
| LEVOFLOXACIN 500 MG 50 |  |
| LUBRIDERM ADVC THER LOT 6OZ |  |
| LUBRIDERM DAILY 16OZ |  |
| LUBRIDERM DAILY SPF15 13.5 OZ |  |
| METHOTREXATE TAB 2.5MG 100 |  |
| MINOCYCLINE CAP 100MG 50 |  |
| MOXIFLOXACIN 400MG |  |
| PREDNISONE TAB |  |
| RIFAMPIN CAP 300MG 60 |  |
| SUNSCREEN SPF 50 8 OZ |  |
| VASELINE JELLY 13OZ |  |
| VITAMIN D 50,000 IU SFTGEL 100 |  |
| **Infectious Disease Control Program** |  |
| AZITHROMYCIN OS 100MG/5ML |  |
| AZITHROMYCIN OS 200MG/5ML |  |
| AZITHROMYCIN Z-PAC 250MGX6 CT3 |  |
| SULFAMETHOXAZOLE/TR 800 100 |  |
| SULFAMETHOXAZOLE/TR SUS 16 OZ |  |
| **Emergency Kit** |  |
| ADRENALIN 10MG/ML SDV |  |
| DIPHENHYDRAMINE CAPS 25MG |  |
| DIPHENHYDRAMINE ORAL SOLN 4OZ |  |
| DIPHENHYDRAMINE INJ 50MG/ML |  |
| EPINEPHRINE AUTO-INJ 0.3 MG |  |
| EPINEPHRINE PEDI AUTO-INJ 0.15MG |  |
| EPINEPHRINE SNAP-V KIT |  |
| NALOXONE |  |

By my signature below, I acknowledge that I am the Authorizing Official for the provider site identified on page (1) one of this application. I am attesting that I have read and understand that once completed, the provider site will be disenrolled from access to the PIOS system and will be unable to place medication orders for the site. Furthermore, I am attesting that the current inventory on hand is true and accurate, the following steps have been completed and documents are included for DSHS review and processing:

* Application (entire 7-page packet)
* Completed Current Physical Inventory (attachment; pages 2-6)
* Contacted CMS regarding MOU termination
* Provider Facility contacted HRSA to remove DSHS grant number
* Email copy of application to [340B@dshs.texas.gov](mailto:340B@dshs.texas.gov) (keep original on file)

Authorizing Official Name (print):

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Authorizing Official Signature: Date:

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Note: If the medication(s) to be returned are cold shipments, you will need to contact DSHS Pharmacy Unit for temperature monitoring and/or disposal guidance.

Provider facility should email completed application to [340B@dshs.texas.gov](mailto:340B@dshs.texas.gov) for review and processing.

**To Be Completed by DSHS Staff**

* Document DSHS employee completing disenrollment process (Staff Initials: \_\_\_\_\_\_)
* DSHS to contact Contract Management Services (Date Contacted: \_\_\_\_\_\_\_\_\_)
* DSHS to document date last order placed (Date of last order: \_\_\_\_\_\_\_\_\_)
* DSHS review of the physical inventory against the electronic inventory
* DSHS to disenroll provider facility from PIOS software (Date Completed: \_\_\_\_\_\_\_\_\_)
* User access removed from PIOS software (Date Completed: \_\_\_\_\_\_\_\_\_)
* DSHS to send return label to provider site (Date Sent: \_\_\_\_\_\_\_\_\_)
* DSHS program(s) notified (Date Contacted: \_\_\_\_\_\_\_\_\_)
* HRSA contacted to detach DSHS grant number from provider site (Date Contacted: \_\_\_\_\_\_\_\_\_)