MEDICAID DRUG REBATE PROGRAM (MDRP) and DRUG UTILIZATION REVIEW (DUR) PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME				
MDRP STATE DDR CONTACT – Person must have a valid state email address.				
NAME OF CONTACT	EMAIL ADDI	EMAIL ADDRESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : AREA	PHONE NUMBER EXT.		
STREET ADDRESS				
CITY	STATE	ZIP CODE		
MDRP TECHNICAL CONTACT – Pers	son responsible for s	ending and receiving data.		
NAME OF CONTACT	EMAIL ADDI	RESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : AREA	PHONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicable)				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
MDRP POLICY CONTACT – Person res	sponsible for policy	decisions.		
NAME OF CONTACT	EMAIL ADDI	RESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : AREA	PHONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicable)				

CMS-368 (Exp. 06/30/2023) / OMB No. 0938-0582 / Rev. 2/2019

Form CMS-368 is a report of contact for the State to name the individuals involved in the Medicaid Drug Rebate Program (MDRP), and is required only in those instances where a change to the originally submitted data is necessary. When needed, the use of Form CMS-368 by the State is considered mandatory under the authority of Section 1927 of the Social Security Act. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

MEDICAID DRUG REBATE PROGRAM (MDRP) and DRUG UTILIZATION REVIEW (DUR) PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME			
MDRP POLICY CONTACT – Continu	ued		
STREET ADDRESS			
CITY	STATE	ZIP CODE	
MDRP REBATE CONTACT – Person	responsible for invoice	and receipt of rebate payments.	
NAME OF CONTACT	EMAIL ADDRE	EMAIL ADDRESS	
TEL: AREA PHONE NUMBER EX	Г. <u>FAX</u> : AREA	PHONE NUMBER EXT.	
NAME OF FISCAL AGENT (if applicable)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DUR STATE CONTACT – Person respo	onsible for state DUR a	nd must have a valid state email address.	
NAME OF CONTACT	EMAIL ADDRE	EMAIL ADDRESS	
TEL: AREA PHONE NUMBER EX	Г. <u>FAX</u> : AREA	PHONE NUMBER EXT.	
NAME OF FISCAL AGENT (if applicable)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	

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