

NATIONAL AVERAGE DRUG ACQUISITION COST (NADAC) - REQUEST FOR MEDICAID REIMBURSEMENT REVIEW

Pharmacy providers should use form to submit NADAC pricing inquiries.

NOTE: A COPY OF YOUR CURRENT PURCHASES RECORDS THAT CONFIRMS YOUR ACQUISITION COSTS AND ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM. PLEASE DO NOT INCLUDE ANY PERSONAL HEALTH INFORMATION (PHI) WITH SUBMITTED FORM OR INVOICE.

Pharmacy Provider Information

Pharmacy Name:			
NPI:	*	Pharmacy Type:	*(i.e. Retail, LTC, Etc.)
City:	*	State:	*
Phone:	*	Email:	

Drug Information: *Please enter information for one (1) drug per submission form*

Drug Name and Strength:			
National Drug Code (NDC):		-	
		-	*
			(e.g., 12345-6789-10)

Provider Cost Information

Cost Per Package:	\$
Package Size:	*
Date of Purchase:	*

Claim Information

PBM / Payer Name:	
Dispense Date:	
Quantity Dispensed:	
Dispensing Fee:	\$
Total Reimbursement for claim (including DF):	\$
Medicaid co-pay due from recipient:	\$
Ingredient Reimbursement (per unit):	

Is this a recent change in reimbursement? **Yes / No ***

Has there been a recent increase in acquisition cost? **Yes / No ***

IF yes, what was your old acquisition cost prior to rate increase? \$

Are there availability issues? **Yes / No ***

IF yes, reason for the issue?

Are you able to purchase alternate NDCs? **Yes / No ***

IF yes, what alternate NDCs are available? - - (e.g., 12345-6789-10)

IF no, do you have a secondary wholesaler? **Yes / No**

IF no, can you get a secondary wholesaler? **Yes / No**

Comments:

Be sure to include copies of your purchase records that confirms your acquisition costs in addition to alternate NDC information. Once complete information is received, we will evaluate your inquiry. If there is a rate update it will be found on the next available NADAC file. For questions or to check the status of an inquiry, please contact us by e-mail at info@mslcrps.com or by phone at **855-457-5264**. To submit form and or invoices via facsimile please fax to **844-860-0236**.

Person Submitting this Request