

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 PURCHASE RECORDS THAT CONFIRMS YOUR ACQUISITION COSTS AND ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM

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

	Yes	No
*Cost Per Package: <input type="text"/>	Is this a recent change in reimbursement? <input type="checkbox"/>	<input type="checkbox"/>
*Package Size: <input type="text"/>	Has there been a recent increase in acquisition cost? <input type="checkbox"/>	<input type="checkbox"/>
*Date of Purchase: <input type="text"/> / <input type="text"/> / <input type="text"/>	Are there availability issues? <input type="checkbox"/>	<input type="checkbox"/>
	Are you able to purchase alternate NDCs? <input type="checkbox"/>	<input type="checkbox"/>

Claim Information

PBM/ Payer Name:	<input type="text"/>
Dispense Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Quantity Dispensed:	<input type="text"/>
Dispensing Fee:	<input type="text"/>
Total reimbursement for claim (including DF):	<input type="text"/>
Medicaid co-pay due from recipient:	<input type="text"/>
Ingredient Reimbursement (per unit):	<input type="text"/>

Comments:

Be sure to include copies of your purchase records that confirms your acquisition costs.

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 email 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: