

**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 ADDRESS

TEL: AREA PHONE NUMBER EXT. FAX: AREA PHONE NUMBER EXT.

STREET ADDRESS

CITY

STATE

ZIP CODE

MDRP TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. FAX: AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

MDRP POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. FAX: AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

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

STATE AGENCY NAME

MDRP POLICY CONTACT – Continued

STREET ADDRESS

CITY

STATE

ZIP CODE

MDRP REBATE CONTACT – Person responsible for invoice and receipt of rebate payments.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. **FAX:** AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

DUR STATE CONTACT – Person responsible for state DUR and must have a valid state email address.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. **FAX:** AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE
