

**MEDICAID DRUG REBATE PROGRAM  
STATE AGENCY CONTACT FORM**

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**STATE AGENCY NAME**

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**STATE CONTACT** – Person must have a valid state email address. • State DDR Contact (SDC)

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NAME OF CONTACT EMAIL ADDRESS

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AREA PHONE NUMBER EXTENSION

FAX

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AREA PHONE NUMBER EXTENSION

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NAME OF FISCAL AGENT (if applicable)

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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

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NAME OF CONTACT

EMAIL ADDRESS

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AREA PHONE NUMBER EXTENSION

FAX

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AREA PHONE NUMBER EXTENSION

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NAME OF FISCAL AGENT (if applicable)

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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CMS-368 (Exp. TBD) / OMB No. 0938-0582 / Rev. 1/2017

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0582. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

