MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY N	IAME			
STATE CONTACT	<u>Γ</u> − Person	must have a	valid state email address.	☐ State DDR Contact (SDC)
NAME OF CONTACT	1		EMAIL ADDRESS	
		AREA	PHONE NUMBER	EXTENSION
	FAX	AREA	PHONE NUMBER	EXTENSION
NAME OF FISCAL AC	GENT (if ap	pplicable)		
STREET ADDRESS				
CITY			STATE	ZIP CODE
TECHNICAL CON	TACT -1	Person respo	onsible for sending and rec	eiving data.
NAME OF CONTACT			EMAIL ADDRESS	
		AREA	PHONE NUMBER	EXTENSION
	FAX	AREA	PHONE NUMBER	EXTENSION
NAME OF FISCAL AG	ENT (if app	olicable)		
STREET ADDRESS				
CITY			STATE	ZIP CODE

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

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STATE AGENCY NAME					
PROGRAM POLICY CONTACT – Person responsible for policy decisions.					
NAME OF CONTACT	EMAIL ADDRESS				
	AREA	PHONE NUMBER	EXTENSION		
NAME OF FISCAL AGENT (if applicable)				
			_		
STREET ADDRESS					
CITY		STATE	ZIP CODE		
REBATE CONTACT - I	Person responsible	e for invoice and receipt of	of rebate payments.		
NAME OF CONTACT		EMAIL ADDRESS			
	AREA	PHONE NUMBER	EXTENSION		
NAME OF FISCAL AGENT (i	f applicable)				
STREET ADDRESS					
CITY		STATE	ZIP CODE		