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

STATE AGENCY NAME				
MDRP STATE DDR CONTACT – Provide official state email address.				
NAME OF CONTACT	EMAIL ADDRE	EMAIL ADDRESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : AREA	PHONE NUMBER EXT.		
STREET ADDRESS				
CITY	STATE	ZIP CODE		
MDRP TECHNICAL CONTACT – Pers	son responsible for se	ending and receiving data.		
NAME OF CONTACT	EMAIL ADDRI	ESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : AREA	PHONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicable)				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
MDRP POLICY CONTACT – Person res	sponsible for policy d	lecisions.		
NAME OF CONTACT	EMAIL ADDRE	ESS		
TEL: AREA PHONE NUMBER EXT	. <u>FAX</u> : 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 – Cont	tinued			
STREET ADDRESS				
CITY	STATE	ZIP CODE		
MDRP REBATE CONTACT – Person	on responsible for invoice	and receipt of rebate payments.		
NAME OF CONTACT	EMAIL ADDRE	SS		
TEL: AREA PHONE NUMBER	EXT. <u>FAX</u> : AREA I	PHONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicab	le)			
STREET ADDRESS				
CITY	STATE	ZIP CODE		
<b>DUR STATE CONTACT</b> – Person re	esponsible for state DUR.	Must have a valid state email address.		
NAME OF CONTACT	EMAIL ADDRE	SS		
TEL: AREA PHONE NUMBER I	EXT. <u>FAX</u> : AREA I	PHONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicab	le)			
STREET ADDRESS				
CITY	STATE	ZIP CODE		