

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

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**STATE AGENCY NAME**

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**MDRP STATE DDR CONTACT** – Person must have a valid state email address.

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NAME OF CONTACT

EMAIL ADDRESS

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

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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

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NAME OF CONTACT

EMAIL ADDRESS

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

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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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**MDRP POLICY CONTACT** – Person responsible for policy decisions.

CMS-368 (Exp. 07/31/2020) / OMB No. 0938-0582 / Rev. 12/2019

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Form CMS-368 is a report of contact for the State to name the individuals involved in the Medicaid Drug Rebate Program (MDRP), and is required only in those instances where a change to the originally submitted data is necessary. When needed, the use of Form CMS-368 by the State is considered mandatory under the authority of Section 1927 of the Social Security Act. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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.

Form CMS-R-144 is required from States quarterly to report utilization for any drugs paid for during that quarter. The use of Form CMS-144 by States is considered mandatory under the authority of Section 1927 of the Social Security Act. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 46 hours 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. 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.

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

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NAME OF CONTACT

EMAIL ADDRESS

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

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NAME OF FISCAL AGENT (if applicable)

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**STATE AGENCY NAME**

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**MDRP POLICY CONTACT** – Continued

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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

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NAME OF CONTACT

EMAIL ADDRESS

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

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

CMS-368 (Exp. 07/31/2020) / OMB No. 0938-0582 / Rev. 12/2019

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STATE AGENCY CONTACT FORM**

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NAME OF CONTACT

EMAIL ADDRESS

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TEL: AREA PHONE NUMBER

EXT.

FAX: AREA PHONE NUMBER

EXT.

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NAME OF FISCAL AGENT (if applicable)

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