

**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
-----------------	---------------

---

---

<u>TEL</u> : AREA	PHONE NUMBER	EXT.	<u>FAX</u> : 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
-----------------	---------------

---

---

<u>TEL</u> : 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 responsible for policy decisions.

---

NAME OF CONTACT	EMAIL ADDRESS
-----------------	---------------

---

---

<u>TEL</u> : 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** – 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

---