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IN ANY WAY. THE MATERIAL LISTED BELOW IS PROVIDED BY ARKANSAS MEDICAID FOR
INFORMATIONAL PURPOSES ONLY.**

Forms submitted to the NADAC Help Desk will also need to be submitted to Arkansas Medicaid. Submitting this form to Arkansas Medicaid is **NOT** the same as submitting it to the NADAC Help Desk. **Arkansas Medicaid will not forward your request.** Please 'CC' email to matt.rocconi@dhs.arkansas.gov If you do not have the ability to 'CC' this request by email, you may fax to Arkansas Medicaid (800) 424-5851. You will receive a response from Matt when the next NADAC weekly file is published after your submission. Click [HERE](#) to have Outlook auto populate an email with addresses needed.

You can check the weekly NADAC file released on Wednesdays at

<https://www.medicaid.gov/medicaid/prescription-drugs/pharmacy-pricing/index.html>

- 1) Submitted requests can be emailed to the address at bottom of form labeled "for questions and status inquiry": info@mslcrps.com
- 2) Screen shots of a wholesaler's website are accepted showing the current price quote as a "purchase record" if it shows the provider logged into the wholesaler account, displays the NDC on inquiry form and displays time/date stamp.
- 3) Requests for inquiry on prescriptions that have not been filled yet will be accepted. If a prescription isn't due to be filled for a couple of days but reimbursement is below the current cost, one can submit the form and provide proof of wholesaler quote.
- 4) The weekly NADAC file is officially released on Wednesdays. All inquiries received by the NADAC Help Desk between Fridays at noon to the following Friday at noon will be reflected on the following week's NADAC file, if an update is needed.
- 5) NADAC rates on Brand drugs that change due to WAC updates can be close to 2 weeks behind. e.g. a Brand that changed 04/01/2017, will not be received until 04/08/2017 to be worked up and included on the 04/12/2017 weekly file. The NADAC rates are reported on the weekly First Databank drug file that is loaded into the Arkansas Medicaid Pharmacy System over the weekend.
 - Please keep in mind that the NADAC is based on a national average of quotes collected from retail community pharmacy invoice costs. If a pharmacy cannot purchase a certain drug at or below the NADAC price, they are encouraged to discuss this with their respective wholesaler or buying group.
 - The NADAC is based on an average of cost observations collected from across the nation and will not cover a specific provider's cost in every individual case.

NADAC Help Desk:

Toll-free phone: (855) 457-5264

Electronic mail: info@mslcrps.com

Facsimile: (844) 860-0236

NATIONAL AVERAGE DRUG ACQUISITION COST (NADAC) – REQUEST FOR MEDICAID REIMBURSEMENT REVIEW



Pharmacy providers should use form to submit NADAC pricing inquiries.

NOTE: A COPY OF YOUR CURRENT PURCHASE RECORDS THAT CONFIRMS YOUR ACQUISITION COSTS AND ALL FIELDS MARKED WITH AN ASTERICK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM

Pharmacy Provider Information

*Pharmacy Name:	<input type="text"/>		
*NPI:	<input type="text"/>	*Pharmacy Type:	<input type="text"/> (i.e. Retail, LTC, Etc.)
*City:	<input type="text"/>	*State:	<input type="text"/>
*Phone:	<input type="text"/> - <input type="text"/>	*Email:	<input type="text"/>

Drug Information: Please enter information for one (1) drug per submission form

Drug Name and Strength:

*National Drug Code (NDC): - - (e.g., 12345-6789-10)

Provider Cost Information

	Yes	No
*Cost Per Package: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Package Size: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Date of Purchase: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this a recent change in reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a recent increase in acquisition cost?	<input type="checkbox"/>	<input type="checkbox"/>
Are there availability issues?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to purchase alternate NDCs?	<input type="checkbox"/>	<input type="checkbox"/>

Claim Information

PBM/ Payer Name:	<input type="text"/>
Dispense Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Quantity Dispensed:	<input type="text"/>
Dispensing Fee:	<input type="text"/>
Total reimbursement for claim (including DF):	<input type="text"/>
Medicaid co-pay due from recipient:	<input type="text"/>
Ingredient Reimbursement (per unit):	<input type="text"/>

Comments:

Be sure to include copies of your purchase records that confirms your acquisition costs.

Once complete information is received, we will evaluate your inquiry. If there is a rate update it will be found on the next available NADAC file. For questions or to check the status of an inquiry, please contact us by email at info@mslcrps.com or by phone at **855-457-5264**. To submit form and or invoices via facsimile please fax to **844-860-0236**.

Person Submitting this Request: