# Average Acquisition Cost Program – Request for Medicaid Reimbursement Review

Pharmacy providers should use this form to report changes in drug pricing.

**NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM**

## Pharmacy Provider Information

- **Pharmacy Name**  *
- **NPI**  *
- **City**  *  **State**  *
- **Phone**  *  **Email**

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

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

## Provider Cost Information

- **Cost Per Package**  *
- **Package Size**  *
- **Date of Purchase**  *
- **Is this a recent change in reimbursement?**  
  
Y / N  *
- **Has there been a recent increase in acquisition cost?**  
  
Y / N  *
- **Are there availability issues?**  
  
Y / N  *
- **Are you able to purchase alternate NDCs?**  
  
Y / N  *

## Claim Information

- **Dispense Date**
- **Quantity Dispensed**
- **Dispensing Fee**  
  
$  
- **Total Reimbursement for claim**  
  
(including disp. fee)
  
$  
- **Medicaid co-pay due from recipient**  
  
$

## Comments:

Please print and fax this form to 317-571-8481 (attention: Pharmacy Unit) or e-mail this form to copharmacy@mslc.com

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

Once complete information is received, we will evaluate your inquiry and respond within 24 hours. For questions or to check the status of an inquiry, please contact us by e-mail at copharmacy@mslc.com or by phone at 800-591-1183.

**Person Submitting this Request**