

**THIS IS NOT A COVERSHEET AND NOT AFFILIATED  
WITH MYERS AND STAUFFER LLC.**

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

You can check the weekly NADAC file released on Wednesdays at

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

Submitted requests can be emailed to the address at bottom of form labeled "for questions or to check the status of an inquiry": [info@mslcrps.com](mailto:info@mslcrps.com)

1. 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.
2. 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.
3. NADAC rates on Brand drugs that change due to WAC updates can be close to 2 weeks behind. The NADAC rates are reported on the weekly First Databank drug file that is loaded into the Arkansas Medicaid Pharmacy System over the weekend.
  - a. 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.
  - b. 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](mailto:info@mslcrps.com)**

**Facsimile: (844) 860-0236**

**Link to Myers and Stauffer Form:**

<https://myersandstauffer.com/wp-content/uploads/2020/09/Revised-NADAC-Request-for-Medicaid-Reimbursement-Review-Fillable-Form.pdf>

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

Pharmacy providers should use this form to submit NADAC pricing inquiries. All fields must be complete for proper submission of this form. Please do not include any personal health information (PHI) with submitted form or invoice.

**Pharmacy Provider Information:**

Pharmacy Name:			
NPI:		Pharmacy Type:	
City:		State:	
Phone:		Email:	

**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:**

Cost Per Pkg:	\$	
Package Size:		
Date of Purchase:		

**Claim Information:**

PBM / Payer Name:	
Dispense Date:	
Quantity Dispensed:	
Dispensing Fee:	\$
Total Reimbursement for Claim (Including DF):	\$
Medicaid Co-Pay Due From Recipient:	\$

**Additional Drug Information:**

Is this a recent change in reimbursement?  Yes  No

Is this a recent increase in acquisition cost?  Yes  No

If 'Yes', what was your acquisition cost prior to cost increase? \$

Is there an availability issue?  Yes  No

If 'Yes', reason for the issue?

Are you able to purchase alternate NDCs?  Yes  No

IF 'Yes', please send a copy or screen shot of your alternate NDC information including acquisition cost.

Comments:	
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Please fax or email the completed form along with your purchase record or invoice supporting acquisition cost and alternate NDC information to:

Myers and Stauffer NADAC Help Desk  
Fax: 844-860-0236  
Email: [info@mslcrps.com](mailto:info@mslcrps.com)

**Forms submitted without purchase record or invoice supporting your acquisition cost will not be considered for review.**  
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 e-mail at [info@mslcrps.com](mailto:info@mslcrps.com) or by phone at 855-457-5264.

Person Submitting this Request ( <i>please print</i> ):	
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