AVERAGE ACQUISITION COST PROGRAM (AAC)
REQUEST FOR MEDICAID REIMBURSEMENT REVIEW

Pharmacy providers should use this form to submit AAC 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:			
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:

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 Colorado Help Desk
Fax: 317-571-8481
Email: copharmacy@mslc.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 and respond within 48 business hours. For questions or to check the status of an inquiry please contact us by email at copharmacy@mslc.com or by phone at 800-591-1183.

Person Submitting this Request (*please print*):