



Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

NDC PRICING INQUIRIES

This form should not be used for dispense as written (DAW) pricing inquiries. Requests for brand reimbursement (DAW) on generically available products require completion of a MedWatch form.

Date of request

Pharmacy name

Pharmacy KMAP ID NPI #

Pharmacy phone # Pharmacy fax #

Pharmacy contact RX #

Drug NDC

Drug cost Date of invoice

Beneficiary name Beneficiary ID

Dispense date Billed date

Additional information:

Fax a completed form AND a copy of your invoice to the KMAP Pharmacy department at 785-267-7687.

This information will be reviewed by the KMAP Pharmacy department, and any recommendations will be presented to the KDHE-DHCF Pharmacy program manager for consideration.

If you do not receive a reply within 14 business days, contact KMAP Customer Service at 1-800-933-6593. Tell the agent your call is in reference to a pharmacy fee-for-service price inquiry.

Note: This form must be fully completed to process your request.

FOR OFFICE USE ONLY

Date received by KMAP Pharmacy department _____

Approved: YES NO

Recommended reimbursement _____ Effective date _____

KDHE-DHCF program manager signature _____ Date _____