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**Average Acquisition Cost (AAC)**

**Inquiry Worksheet**

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| Overview |
| This form is intended to report any discrepancies between the acquisition cost for a drug and its current Average Acquisition Cost (AAC) rate.  This form is to be completed by a pharmacy and emailed to [Colorado.SMAC@HCPF.state.co.us.](mailto:Colorado.SMAC@HCPF.state.co.us.) or faxed to the Department at 303-866-3590 with the header 'AAC Inquiry'. With the completed AAC Inquiry Worksheet, a pharmacy must also include a recent invoice for the drug in question.  Pursuant to 8.800.13.D, the Colorado Department of Health Care Policy and Financing (the Department) will have up to five state working days to review the drug and provide a response to the pharmacy. If the AAC rate for the inquired drug requires revision, the Department will have five additional state working days from the date the response was provided to the pharmacy to update the AAC rate.  Please send any questions to [Colorado.SMAC@HCPF.state.co.us.](mailto:Colorado.SMAC@HCPF.state.co.us.). |

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| Pharmacy Information |
| Date Worksheet Submitted to Department : Click here to enter text.  Pharmacy Name : Click here to enter text.  Pharmacy Medicaid ID : Click here to enter text.  Pharmacy Address : Click here to enter text.  Pharmacy Representative : Click here to enter text.  Email Address for Pharmacy Representative : Click here to enter text.  Telephone Number for Pharmacy Representative : Click here to enter text. |

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| Drug Information |
| Drug Name : Click here to enter text.  National Drug Code (NDC) : Click here to enter text.  Date of Purchase : Click here to enter text.  Unit Size : Click here to enter text.  Cost Per Unit : Click here to enter text.  Current AAC Rate : Click here to enter text.  Are there availability issues? : Click here to enter text.  Is the drug new to the market? : Click here to enter text. |

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