



MAC Price Inquiry Form

Please complete all of the information below in order for Caremark to provide the maximum allowable cost per unit. ***This form is not for use with Medicare Part D claims.***

IF ANY REQUESTED INFORMATION IS MISSING, CAREMARK DOES NOT HAVE THE REQUIRED INFORMATION TO RESPOND.

DATE: _____

I. PHARMACY INFORMATION

1. Pharmacy NCPDP / NPI number (Please include 7 digit NCPDP): _____
2. Pharmacy address: _____
3. Your Name: _____
4. Pharmacy email address: _____
5. Pharmacy telephone number: _____
6. Pharmacy fax number: _____

II. DRUG INFORMATION

1. Drug Name: _____
2. Drug NDC Number: _____
3. Quantity: _____

III. MEMBER INFORMATION

1. Member Name: _____
2. Member ID number: _____
3. Data From Member's ID Card
 - a. RXBIN: _____
 - b. RXPCN: _____
 - c. RXGROUP: _____

Once completed, please submit this form to MACPRICE@CVSCAREMARK.COM

Please note: MAC prices are subject to change, which can occur at least on a weekly basis, if not more often. MAC price information provided by CVS Caremark is accurate as of the response date. Provider must comply with all applicable Laws regarding the submission of confidential information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

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