



Pharmacy MAC List Request Form

Please complete all of the information below in order for CVS/caremark to provide the maximum allowable cost list. ***This form is not for use with Medicare Part D claims.***

IF ANY REQUESTED INFORMATION IS MISSING, CVS/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. MEMBER INFORMATION

1. Member Name: _____
2. Member ID number: _____

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 date on the list. 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").