



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.***

PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION TO ENSURE CVS Caremark® CAN IDENTIFY THE DRUG INVOLVED AND ENSURE THE REQUESTED INFORMATION IS DELIVERED TO THE APPROPRIATE RECIPIENT.

DATE: _____

RX Number: _____

Date of Fill: _____

Pharmacy NCPDP / NPI number (Please include 7 digit NCPDP): _____

Pharmacy address: _____

Your Name: _____

Pharmacy email address: _____

Pharmacy telephone number: _____

Once completed, please submit this form to MACPRICE@CVSHEALTH.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").

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