

# MMCAP Report Price Variance Form



Minnesota Multistate Contracting Alliance for Pharmacy(MMCAP)

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Date: \_\_\_\_\_

## Requester Information:

Requester Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please fill out the form below. When you are finished, please click the "Submit by E-mail" button at the top of the page to e-mail your Price Variance Form to MMCAP.

Select State:

Wholesaler/Distributor:

Enter the full NDC number without dashes:  Enter Manufacturer Name:

Enter the PRICE CHARGED:  Enter the EXPECTED Contract Price:

Enter the full NDC number without dashes:  Enter Manufacturer Name:

Enter the PRICE CHARGED:  Enter the EXPECTED Contract Price:

Enter the full NDC number without dashes:  Enter Manufacturer Name:

Enter the PRICE CHARGED:  Enter the EXPECTED Contract Price:

Please let us know if there is any additional information that you feel would be helpful:

**Please note: The electronic submit button will require access to your e-mail to send. There is a significant time delay as the e-mail application is loaded. This process will require selecting your e-mail client. If you use Internet E-mail you will need to save your form and return it manually to [mmcap.contracts@state.mn.us](mailto:mmcap.contracts@state.mn.us).**