

# MMCAP New Item Request Form



Minnesota Multistate Contracting Alliance for Pharmacy(MMCAP)

50 Sherburne, Ste. 112

Saint Paul, MN 55155

Phone: 651.201.2420

Fax : 651.297.3996

[www.mmcap.org](http://www.mmcap.org)

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 New Item Request Form to MMCAP.

Select State:

Enter the full NDC number without dashes:

Enter Manufacturer Name:

Enter the full NDC number without dashes:

Enter Manufacturer Name:

Enter the full NDC number without dashes:

Enter Manufacturer Name:

Distributor (Wholesaler):

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).**