

MMCAP Form

Reporting a contract item not being stocked at Wholesaler Distribution Center



Date: _____

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

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 Email" button at the bottom of the page to e- mail your Report of a contract item not being stocked at Wholesaler Distribution Center to MMCAP.

State:

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

Additional Information:

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

Additional Information:

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

Additional Information:

Wholesaler: Distribution Center:

Please provide your Wholesaler Account Number:

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 debra.lopez-burandt@state.mn.us.