



MAC Reimbursement Rate Inquiry

Please provide as much information as possible and email the completed form to macresolution@optum.com

Pharmacy information

Pharmacy name

Pharmacy address

Contact name

Contact phone number

Contact email

Pharmacy NCPDP #

Pharmacy chain #

Medication information 1

Patient ID #

WC claim #

Rx #

Rx date

Medication name

NDC #

Quantity/Day supply

Fill type

Initial Rx

Refill

Acquisition price

Wholesaler

Purchase date

Medication information 2

Patient ID #

WC claim #

Rx #

Rx date

Medication name

NDC #

Quantity/Day supply

Fill type

Initial Rx

Refill

Acquisition price

Wholesaler

Purchase date

Medication information 3

Patient ID #

WC claim #

Rx #

Rx date

Medication name

NDC #

Quantity/Day supply

Fill type

Initial Rx

Refill

Acquisition price

Wholesaler

Purchase date

Medication information 4

Patient ID #

WC claim #

Rx #

Rx date

Medication name

NDC #

Quantity/Day supply

Fill type

Initial Rx

Refill

Acquisition price

Wholesaler

Purchase date

Additional information

Note - MAC Price Inquiries must be submitted with a properly authorized NDA and are available for medications currently being dispensed in relation to a claim processed by the Tmesys network and in compliance with existing legal requirements. Optum may request additional information such as an invoice for verification.