SMAC and Specialty Drug Pricing Inquiry Worksheet

GCN	NDC Code	Manufacturer	Drug Name	Package Size	Dosage Form	Wholesaler	Lowest Price Attainable	Date of Price Search	Reimbursement Amount

Pharmacist Printed Name _____ **Store Name** _____

Pharmacist Signature _____ **Store Address** _____

Store Phone Number _____ **Store Address** _____

Store Fax Number _____ **Store City, Zip** _____

Fax SMAC and Specialty Drug Pricing Inquiry Worksheet to: 612-642-8931

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