

**FORWARDHEALTH
 DRUG ADDITION REVIEW REQUEST**

Instructions: The use of this form is mandatory to request the review of a National Drug Code (NDC) for addition into a benefit plan.

The completed form may be returned to the Division of Health Care Access and Accountability via fax at (608) 266-1096 or by mail at the following address:

Drug Price File
 Division of Health Care Access and Accountability
 PO Box 309
 Madison WI 53701-0309

SECTION I — PROVIDER INFORMATION			
Name — Provider	National Provider Identifier	Taxonomy Code	ZIP+4 Practice Location Code
Name — Contact Person		Telephone Number — Provider	
Address — Provider (Street, City, State, ZIP Code)			

SECTION II — NEW DRUG ADDITIONS			
NDC* (11 Digit No.)	Drug Name	Dispense Date	Benefit Plan
			<input type="checkbox"/> Medicaid / BadgerCare Plus Standard Plan / SeniorCare <input type="checkbox"/> BadgerCare Plus Benchmark Plan <input type="checkbox"/> BadgerCare Plus Core Plan for Childless Adults <input type="checkbox"/> BadgerCare Plus Basic Plan <input type="checkbox"/> WCDP**, Chronic Renal Disease <input type="checkbox"/> WCDP, Adult Cystic Fibrosis <input type="checkbox"/> WCDP, Hemophilia Home Care
			<input type="checkbox"/> Medicaid / BadgerCare Plus Standard Plan / SeniorCare <input type="checkbox"/> BadgerCare Plus Benchmark Plan <input type="checkbox"/> BadgerCare Plus Core Plan for Childless Adults <input type="checkbox"/> BadgerCare Plus Basic Plan <input type="checkbox"/> WCDP**, Chronic Renal Disease <input type="checkbox"/> WCDP, Adult Cystic Fibrosis <input type="checkbox"/> WCDP, Hemophilia Home Care
			<input type="checkbox"/> Medicaid / BadgerCare Plus Standard Plan / SeniorCare <input type="checkbox"/> BadgerdCare Plus Benchmark Plan <input type="checkbox"/> BadgerCare Plus Core Plan for Childless Adults <input type="checkbox"/> BadgerCare Plus Basic Plan <input type="checkbox"/> WCDP**, Chronic Renal Disease <input type="checkbox"/> WCDP, Adult Cystic Fibrosis <input type="checkbox"/> WCDP, Hemophilia Home Care

A — Added as Requested; B — Already Added; C — Less-Than-Effective (LTE); D — Not Eligible for Coverage

* NDC = National Drug Code.
 ** WCDP = Wisconsin Chronic Disease Program.