

**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 Medicaid Services via fax at 608-266-1096 or by mail at the following address:

Drug Price File
 Division of Medicaid Services
 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		Phone 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 / SeniorCare <input type="checkbox"/> Wisconsin HIV Drug Assistance Program (HDAP) <input type="checkbox"/> Wisconsin Chronic Disease Program (WCDP), Chronic Renal Disease <input type="checkbox"/> WCDP, Adult Cystic Fibrosis <input type="checkbox"/> WCDP, Hemophilia Home Care
			<input type="checkbox"/> Medicaid / BadgerCare Plus / SeniorCare <input type="checkbox"/> Wisconsin HDAP <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 / SeniorCare <input type="checkbox"/> Wisconsin HDAP <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