**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-00020 (02/2025)

**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

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| **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 |
|       |       |       | [ ]  Medicaid / BadgerCare Plus / SeniorCare[ ]  Wisconsin HIV Drug Assistance Program (HDAP)[ ]  Wisconsin Chronic Disease Program (WCDP), Chronic Renal Disease[ ]  WCDP, Adult Cystic Fibrosis[ ]  WCDP, Hemophilia Home Care |
|       |       |       | [ ]  Medicaid / BadgerCare Plus / SeniorCare[ ]  Wisconsin HDAP[ ]  WCDP, Chronic Renal Disease[ ]  WCDP, Adult Cystic Fibrosis[ ]  WCDP, Hemophilia Home Care |
|       |       |       | [ ]  Medicaid / BadgerCare Plus / SeniorCare[ ]  Wisconsin HDAP[ ]  WCDP, Chronic Renal Disease[ ]  WCDP, Adult Cystic Fibrosis[ ]  WCDP, Hemophilia Home Care |
| A — Added as Requested; B — Already Added; C — Less-Than-Effective (LTE); D — Not Eligible for Coverage |