

**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 | | 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"/> Wisconsin AIDS/HIV Drug Assistance Program (ADAP) <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 Standard Plan / SeniorCare <input type="checkbox"/> Wisconsin ADAP <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"/> Wisconsin ADAP <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