

**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

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

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