

FORWARDHEALTH DRUG PRICING REVIEW REQUEST

Instructions: The use of this form is mandatory to request the review of pricing for a National Drug Code (NDC) in the ForwardHealth drug index. Pharmacists are required to submit documentation to substantiate their actual net cost and sign the certifying statement below.

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
Address — Provider (Street, City, State, ZIP Code)		Telephone Number — Provider	

SECTION II — PRODUCT AND PRICE INFORMATION

NDC (11 Digit No.)	Drug Name	Package Size	Currently Allowed	Net Cost	Effective Date

Describe reason for drug price update request (e.g., no generic available at MAC price, manufacturer prices increase and is not reflected on ForwardHealth price file).

I certify that the price listed on the documentation reflects my actual net costs after rebates or discounts from my wholesaler or other entity.

SIGNATURE — Pharmacist	Date Signed
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REMINDER: Attach a copy of documentation to verify any requests for price change.