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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00020 (04/2014) | **STATE OF WISCONSIN** |
| forwardhealthdrug 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 FileDivision of Medicaid ServicesPO Box 309Madison, WI 53701-0309 |
| **SECTION I – PROVIDER INFORMATION** |
| Name – Provider      | National Provider Identifier      | Taxonomy Code      | ZIP+4 Code – Practice Location      |
| Name – Contact Person      | Phone Number – Provider      |
| Address – Provider (Street, City, State, ZIP Code)      |
| **SECTION II – NEW DRUG ADDITION(S)** |
| NDC (11-Digit No.) | Drug Name | Dispense Date | Benefit Plan |
|       |       |       | [ ]  Medicaid / BadgerCare Plus Standard Plan / SeniorCare[ ]  Wisconsin AIDS/HIV Drug Assistance Program (ADAP)[ ]  Wisconsin Chronic Disease Program (WCDP), Chronic Renal Disease[ ]  WCDP, Adult Cystic Fibrosis[ ]  WCDP, Hemophilia Home Care |
|       |       |       | [ ]  Medicaid / BadgerCare Plus Standard Plan / SeniorCare[ ]  Wisconsin ADAP[ ]  WCDP, Chronic Renal Disease[ ]  WCDP, Adult Cystic Fibrosis[ ]  WCDP, Hemophilia Home Care |
|       |       |       | [ ]  Medicaid / BadgerCare Plus Standard Plan / SeniorCare[ ]  Wisconsin ADAP[ ]  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