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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00020 (04/2014) | | | | **STATE OF WISCONSIN** | | | |
| 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 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