



TEXAS
Health and Human
Services

Texas Vendor Drug Program Pharmacy Provider Procedure Manual

Forms

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1 Forms

The Texas Vendor Drug Program (VDP) provides forms for pharmacy enrollment, registering for system access, and requesting prior authorization for drugs.

- All numbered forms with an “HHS” prefix are available online at the HHS Forms directory at hhs.texas.gov/laws-regulations/forms.
- Many of the HHS forms, as well as other non-HHS forms, are available from the "Downloads" page at txvendordrug.com/resources/downloads.

2 List of Forms

2.1 Enrollment

Pharmacy staff use the forms in this section to enroll in VDP. Refer to the **Enrollment** chapter of this manual to learn about the enrollment process and form usage.

Number	Name
CPA-AP-152	Application for Payee Identification Number
HHS-1400	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts
HHS-1401	Certification Regarding Federal Lobbying
HHS-1903	Child Support Certification
CPA-74-176	Direct Deposit Authorization
HHS-1316	Pharmacy Electronic Remittance Advice Agreement
HHS-1317	Pharmacy Eligibility Verification Portal Access
HHS-1341	Pharmacy Enrollment Agreement
HHS-1340	Pharmacy Enrollment Application
HHS-1332	Pharmacy Ownership Transfer Affidavit

2.2 Prior Authorization

The forms in this section are used for prescribing providers to request prior authorization for people enrolled in either Medicaid fee-for-service or the CSHCN Services Program. Refer to the **Prior Authorization** chapter of this manual and the instructions available with each form to learn about usage.

For people enrolled in managed care, pharmacy prior authorization services are administered by the managed care organization (MCO). Call center phone numbers will vary between each MCO, and prescribing providers should verify with each MCO as to what prior authorization requirements are applicable to that MCO. Download the Prescriber MCO Assistance Chart from the "Downloads" page at txvendordrug.com/resources/downloads.

Forms marked with † are addendums to the Texas Department of Insurance Standard Prior Authorization Request (TDI-NOFR002). Addendum authorization requests must be accompanied by TDI Form NOFR002 when submitted to Texas HHS. Failure to submit both forms will result in authorization denial.

Number	Name
HHS-1335	Antiviral Agents for Hepatitis C Virus Initial Authorization Request (Medicaid)
HHS-1342	Antiviral Agents for Hepatitis C Virus Initial Request - Standard PA Addendum (Medicaid) †
HHS-1336	Antiviral Agents for Hepatitis C Virus Refill Authorization Request (Medicaid)
HHS-1338	Cystic Fibrosis Agents (Kalydeco/Orkambi) - Medicaid Standard PA Addendum †
HHS-1143	Cystic Fibrosis Treatment Products Authorization Request (CSHCN)
HHS-1327	Growth Hormone Agents Standard PA Addendum (CSHCN) †
HHS-1312	Growth Hormone Products Authorization Request (CSHCN)
HHS-1357	Increlex Standard PA Addendum (Medicaid) †
HHS-1345	Makena Authorization Request (Medicaid)
HHS-1346	Makena Standard PA Addendum (Medicaid) †
HHS-1322	Medicaid Prior Authorization Reconsideration Request
HHS-1353	OxyContin Standard PA Addendum (Medicaid) †
HHS-1354	PCSK9 Inhibitors Authorization Request (Medicaid)
HHS-1355	PCSK9 Inhibitors Standard PA Addendum (Medicaid) †
HHS-1348	Phosphate Binders Standard PA Addendum (Medicaid) †
HHS-1055	Synagis Authorization Request (CSHCN)
HHS-1033	Synagis Authorization Request (Medicaid)
HHS-1325	Synagis Standard PA Addendum (CSHCN) †
HHS-1321	Synagis Standard PA Addendum (Medicaid) †

Number	Name
HHS-1331	Xenical Authorization Request (Medicaid)
HHS-1333	Xenical Standard PA Addendum (Medicaid) †
HHS-1356	Xyrem Standard PA Addendum (Medicaid) †

2.3 Formulary

Refer to the **Drug Policy** chapter of this manual and the instructions available with each form to learn about usage.

Number	Name
HHS-1315	Drug Shortage Notification

2.4 Claims Processing

The forms in this section are used for specialized claim processing by VDP. Refer to the **System Requirements** chapter of this manual and the instructions available with each form to learn about usage.

Number	Name
HHS-1318	Medicaid Retroactive Claim Form
HHS-1319	Pharmacy Claims Billing Request