

Texas Vendor Drug Program
Phosphate Binders Standard PA Addendum (Medicaid)

Please complete the information below. The information is essential to processing the prior authorization for the selected drug. Please fax both [Texas Standard Prior Authorization Request Form for Prescription Drug Benefits \(TDI Form NOFR002\) \(PDF\)](#) and Form 1348 to the Texas Prior Authorization Call Center at 866-469-8590. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. This form is only for people enrolled in Medicaid fee-for-service. If the person is enrolled in managed care, please contact the appropriate health plan for forms and instructions.

Note: this form is only required for non-preferred agents.

Section I – Patient Information		
Patient Name	Medicaid ID No.	Date of Birth (MM/DD/YY)

Section II – Prescriber Information		
Prescriber Name	NPI No.	Area Code and Telephone No.

Section III – Medication Information		
1. Does the patient have a diagnosis of end-stage renal disease (ESRD)?	Yes	No
2. Does the patient have a diagnosis of hyperphosphatemia despite phosphorous restrictions?	Yes	No
3. Does the patient have hypercalcemia (corrected serum calcium > 10.2 mg/dl)?	Yes	No
4. Have plasma parathyroid hormone (PTH) levels been < 150 pg/ml on two consecutive measurements?	Yes	No
5. Is the patient on dialysis with severe vascular and/or soft tissue calcifications?	Yes	No

Section IV – Review

Expedited/Urgent Review Requested
By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee

Date
