

**Alabama Medicaid Agency • Pharmacy Services Division**

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**Tamper Resistant Prescriptions**

**Provider Compliance Referral Form**

Effective April 1, 2008, federal law requires that all written, non-electronic outpatient Medicaid prescriptions be issued on tamper-resistant prescription paper. This form is designed to assist the Agency in coordinating educational efforts for non-compliant providers in conjunction with provider associations. Questions about this form or its use should be directed to the Medicaid Pharmacy Services Division at (334) 242-5050.

**Fill in the information and fax to: (334) 353-7014**

Submitting Pharmacy should provide the following information for non-compliant prescribers (\* denotes required information):

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

Prescriber name \* \_\_\_\_\_  
License number \* \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
Address \_\_\_\_\_

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**Submitting Pharmacy\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Provider #** \_\_\_\_\_ **Phone # with area code** \_\_\_\_\_

**Fill in the information and fax to: (334) 353-7014**