Alabama Medicaid Pharmacy
Smoking Cessation
Prior Authorization Request Form

FAX: (800) 748-0116
Phone: (800) 748-0130
Fax or Mail to
Kepro
P.O. Box 3570
Auburn, AL 36831-3210

PATIENT INFORMATION

Patient Name________________________________________ Patient Medicaid #________________________

Patient DOB______________________________________ Patient Phone # with area code________________

PRESCRIBER INFORMATION

Prescriber Name____________________________________ NPI #________________________ License #________________________

Phone # with area code__________________________ Fax # with area code________________________

Address (optional)________________________________

I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient’s treatment. Supporting documentation is available in the patient record.

Prescribing Provider________________________ Date________

DRUG/CLINICAL INFORMATION

Drug requested*________________________________________ Strength________________________________________

Drug Code________________________ Qty. per month__________ Days’ supply________________________

Duration of therapy________________________________________ □ Initial Request □ Renewal Request

A copy of the Department of Public Health’s Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient must be submitted to the Quitline. Additionally, a copy of the Consent Form must be submitted along with this Prior Authorization Request form to Health Information Designs for approval. The form can be found at http://www.alabamapublichealth.gov/tobacco/assets/faxreferralform.pdf

Only one quit attempt will be approved per calendar year.

Plan First Recipients do not require prior approval for smoking cessation products. The Smoking Cessation Prior Authorization Request Form should not be submitted for those recipients.

If the requested drug is a brand name drug with an exact generic equivalent available, the FDA MedWatch Form 3500 must be submitted to Kepro in addition to the PA Request Form.

DISPENSING PHARMACY INFORMATION

May Be Completed by Pharmacy

Dispensing Pharmacy________________________ NPI #________________________

Phone # with area code________________________ Fax # with area code________________________