

Alabama Medicaid Pharmacy
Smoking Cessation For Pregnant Women Request Form

FAX: (800) 748-0116

Fax or Mail to

P.O. Box 3210

Phone: (800) 748-0130

Health Information Designs

Auburn, AL 36832-3210

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

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

Is the recipient currently pregnant or within 60 day post partum period? Yes No

Is the recipient currently enrolled in the Quitline program through the Department of Public Health and has the recipient completed a counseling session with a Quitline representative in the last 30 days? Yes No

DISPENSING PHARMACY INFORMATION

May Be Completed by Pharmacy

Dispensing Pharmacy _____ NPI # _____

Phone # with area code _____ Fax # with area code _____
