

**Alabama Medicaid Pharmacy**  
**Smoking Cessation**  
**Prior Authorization Request Form**

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**FAX: (800) 748-0116**  
**Phone: (800) 748-0130**

**Fax or Mail to**  
**Acentra Health**

**P.O. Box 3570**  
**Auburn, AL 36831-3210**

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**PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Patient Medicaid # \_\_\_\_\_

Patient DOB \_\_\_\_\_ Patient Phone # with area code \_\_\_\_\_

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**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

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**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 Acentra Health 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 Acentra Health in addition to the PA Request Form.

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**DISPENSING PHARMACY INFORMATION**

May Be Completed by Pharmacy

Dispensing Pharmacy \_\_\_\_\_ NPI # \_\_\_\_\_

Phone # with area code \_\_\_\_\_ Fax # with area code \_\_\_\_\_

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