ALABAMA MEDICAID AGENCY
STATE SUPPLEMENTAL DRUG REBATE OFFER FORM

Effective 6/2/10 AL Medicaid will only accept supplemental rebate offers that are not based on any type of drug pricing. The supplemental rebate should simply be an amount per unit for any particular NDC.
This form should be used by drug manufacturers to submit a state supplemental drug rebate offer.
If you need assistance completing this form or would like to receive it in excel format, please contact Lynn Abrell at 334-242-2326.

NDC 11	Product Name	Product Form	Product Strength	State Rebate Amount per Unit

Completed form can be sent:

via email: lynn.abrell@medicaid.alabama.gov

via fax: 334-353-7014 attention Lynn Abrell

via mail: AL Medicaid Agency
Attn.: Lynn Abrell, Pharmacy Services
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624

Offers for drugs being reviewed at a scheduled P&T meeting must be received by AL Medicaid at least 21 calendar days prior to the P&T meeting in order to be considered for review.

Offers for drugs previously reviewed by the P&T Committee for a quarterly update must be received by AL Medicaid at least 60 calendar days prior to the 1st of the quarter to be considered for that quarter's PDL update.