

BOB RILEY Governor

## Alabama Medicaid Agency

501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504

August 20, 2007



CAROL HERRMANN STECKEL, MPH Commissioner

PN-07-03

## PUBLIC NOTICE

## SUBJECT: <u>AMENDMENT TO ALABAMA STATE PLAN FOR MEDICAL</u> <u>ASSISTANCE</u>

Effective January 1, 2008, the Alabama Medicaid Agency is proposing to amend Attachment 3.1-A, page 5.12a, of the Alabama State Plan for Medical Assistance.

The purpose of the change to Attachment 3.1-A is to increase the number of brand name prescriptions an Alabama Medicaid recipient may receive per month to five. This change also clarifies drug classifications for brand limit overrides.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning this change are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Carol H. Steckel, Commissioner

CHS/snf