

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X- 16-.20 (7) Quantity Limitations

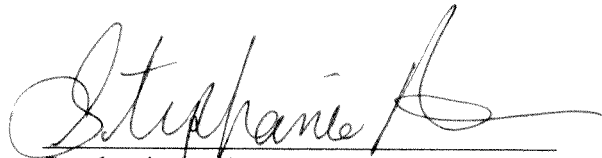
INTENDED ACTION: Amend 560-X -16-.20 (7)

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to limit the number of brand name outpatient pharmacy prescriptions for adult recipients to one brand name per month per recipient. Prescriptions for Medicaid eligible recipients under age 21 in the Child Health Services/EPSDT Program and Medicaid eligible nursing facility residents are excluded from these limitations. Existing allowances for up to 10 brand name antiretrovirals, antipsychotics, and switchovers per adult recipient will remain intact.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than July 5, 2012.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner