

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-16-.06(1)-Reimbursement for Covered Drugs

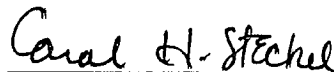
**INTENDED ACTION:** Amend 560-X-16-.06(1)

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to allow Medicaid to reimburse Medicaid enrolled pharmacy providers for the administration of the influenza and H1N1 vaccines for eligible recipients. These changes are being made due to updated federal guidance.

**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, 334-242-5833. 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 January 4, 2010.

**CONTACT PERSON AT AGENCY:** William O. Butler, III,  
Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue,  
Post Office Box 5624, Montgomery, Alabama 36103-5624.



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Carol H. Steckel, MPH  
Commissioner