

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-16-.06 Reimbursement of Covered Drugs

INTENDED ACTION: Amend 560-X-16-.06 (3) (4)

SUBSTANCE OF PROPOSED ACTION: The above-mentioned rule is being changed in order to add Medicare pricing to the lower of methodology for blood clotting factor products, in addition to implementing minimum standards of care.

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 November 2, 2007.

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



Carol H. Steckel
Commissioner