

ALABAMA MEDICAID AGENCY STATE SUPPLEMENTAL DRUG REBATE OFFER FORM

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 Elizabeth Wells at 334-353-4756.

NDC 11	Product Name	Product Form	Product Strength	Supplemental Rebate

Completed form can be sent:

via email: elizabeth.wells@medicaid.alabama.gov

via fax: 334-353-7014 attention Elizabeth Wells

via mail: AL Medicaid Agency
Attn: Elizabeth Wells, Clinical Services and Support
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624

Supplemental drug rebate offers must be received by Alabama Medicaid at least 21 calendar days prior to a P&T meeting in order to be considered for review for that P&T meeting; offers received after 21 calendar days prior to a scheduled P&T meeting will be considered for the next scheduled meeting.