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 Amanda Singletary at 334-353-4596.

NDC 11	Product Name	Product Form	Product Strength	Offer	Please specify Guaranteed Net Unit Price (GNUP) or Supplemental Rebate Per Unit

Completed form can be sent:

via email: amanda.singletary@medicaid.alabama.gov

via fax: 334-353-7014 attention Amanda Singletary

via mail: AL Medicaid Agency
Attn: Amanda Singletary, 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.