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 Heather Vega at 334-353-4592.

NDC 11	Product Name	Product Form	Product Strength	Supplemental Rebate

Completed form can be sent:

via email: Heather.Vega@medicaid.alabama.gov

via fax: 334-353-7014 attention Heather Vega

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

Offers for drugs being reviewed at a scheduled P&T meeting must be received by AL Medicaid at least 21 calendar days prior to the P&T meeting in order to be considered for review.

Offers for drugs previously reviewed by the P&T Committee for a quarterly update must be received by AL Medicaid at least 60 calendar days prior to the 1st of the quarter to be considered for that quarter's PDL update.