

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))¹

1. Adopting agency: Department of Health & Social Services.
2. General subject of regulation: Medicaid Pharmacy Preferred Drug List.
3. Citation of regulation (may be grouped): 7 AAC 105, 120, 145, 160.
4. Department of Law file number, if any: 2017200826
5. Reason for the proposed action:
 - () Compliance with federal law or action (identify): _____
 - (X) Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify): _____
 - (X) Development of program standards
 - (X) Other (identify): Routine preferred drug list update; expanded scope of practice for pharmacists.
6. Appropriation/Allocation: Medicaid Services/Health Care Medicaid Services
7. Estimated annual cost to comply with the proposed action to:
 - A private person: \$0
 - Another state agency: \$0
 - A municipality: \$0
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

| | Initial Year | Subsequent |
|-------------------------------|----------------|----------------|
| | FY <u>18</u> | Years |
| Operating Cost | \$ <u>180.</u> | \$ <u>480.</u> |
| Capital Cost | \$ _____ | \$ _____ |
| 1002 Federal receipts | \$ <u>90.</u> | \$ <u>240.</u> |
| 1003 General fund match | \$ <u>90.</u> | \$ <u>240.</u> |
| 1004 General fund | \$ _____ | \$ _____ |
| 1005 General fund/ program | \$ _____ | \$ _____ |
| Other (identify) | \$ _____ | \$ _____ |
9. The name of the contact person for the regulation:
 - Name: Erin Narus
 - Title: Lead Pharmacist, Pharmacy & Ancillary Services Manager
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10. The origin of the proposed action:

- Staff of state agency
- Federal government
- General public
- Petition for regulation change
- Other (identify): Pharmacists, prescribers, pharmaceutical manufacturers, PhRMA

11. Date: 1.18.18

Prepared by: 
[signature]

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