

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

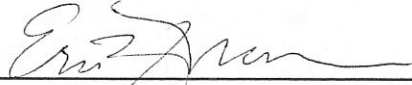
1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Pharmacy Preferred Drug List & Prior Authorization Medications List.
3. Citation of regulation (may be grouped): 7 AAC 160.900.
4. Department of Law file number, if any: 2019200790
5. Reason for the proposed action:  
☐ Compliance with federal law or action (identify): \_\_\_\_\_  
☒ Compliance with new or changed state statute  
☐ Compliance with federal or state court decision (identify): \_\_\_\_\_  
☐ Development of program standards  
☐ Other (identify): \_\_\_\_\_
6. Appropriation/Allocation: N/A
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): None.

	Initial Year	Subsequent
	FY _____	Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
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  
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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): \_\_\_\_\_

11. Date: 11-14-19

Prepared by: 

(signature)

Name (printed): Erin Narus

Title (printed): Lead Pharmacist

Telephone: (907) 334-2425