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**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA)#: OK-22-0010**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**  
**Disabled and Elderly Health Programs Group**

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June 22, 2022

Traylor Rains, State Medicaid Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Dear Traylor Rains:

The CMS Division of Pharmacy team has reviewed Oklahoma's State Plan Amendment (SPA) 22-0010 received in the CMS Division of Program Operations on April 4, 2022. This SPA proposes to update the State's Supplemental Rebate Agreement's (SRA) applicable date of the new Sovereign States Drug Consortium (SSDC) rebate agreement.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that OK 22-0010 is approved with an effective date of January 1, 2023.

If you have any questions regarding this request, please contact Whitney Swears at 410-786-6543 or [Whitney.Swears@cms.hhs.gov](mailto:Whitney.Swears@cms.hhs.gov).

Sincerely,



John M. Coster, Ph.D., R.Ph.  
Director, Division of Pharmacy  
DEHPG/CMCS/CMS

cc: Melody Anthony, Chief Operating Official, Nicholas Petschel, Senior Policy Specialist, Kasie McCarty, Manager of Federal Authorities, Stacey S. Steiner, CMS Medicaid and CHIP Operations Groups (MCOG)


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 0</u>	2. STATE <u>O K</u>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 1927 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 5a-1a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 5a-1a; TN # 20-0002	

9. SUBJECT OF AMENDMENT  
Amending the State Plan to revise the State's Supplemental Rebate Agreement to update the applicable date of the new SSDC rebate agreement.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Oklahoma Health Care Authority Attn: Melody Anthony 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
12. TYPED NAME Traylor Rains	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED April 4, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 04/04/2022	17. DATE APPROVED 6/22/2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL John M. Coster, Ph.D., R.Ph.	21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy

22. REMARKS

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED CATEGORICALLY NEEDY**

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- 12a. **Prescribed drugs, dentures, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist** *(continued)*

**Tiered Drug List**

The DUR Board will determine medical necessity for drugs covered under the Oklahoma tiered drug list and establish criteria for any prior authorization process. A preferred product, tiered drug list is utilized for certain categories of drugs. Drugs included in Tier One are generally available without additional documentation. A prior authorization process is available for drugs not included in Tier One.

**Supplemental Drug Rebate**

Pursuant to Section 1927 of the Act, the State has the following policies for Medicaid supplemental rebates:

A model agreement between the State and a drug manufacturer for drugs provided to the Medicaid population, submitted to CMS on January 2, 2004, and entitled "State of Oklahoma, Oklahoma Health Care Authority Supplemental Rebate Agreement" and subsequent revisions have been authorized by CMS.

Supplemental rebates received by the State in excess of those required under the national rebate agreement will be shared with CMS on the same percentage basis as applied under the national rebate agreement.

Drugs of manufacturers who do not participate in the supplemental rebate program will still be available to Medicaid recipients.

Beginning January 1, 2017, Oklahoma became part of the Sovereign States Drug Consortium (SSDC). SSDC negotiates supplemental rebates for Oklahoma. The State retains all options to accept or reject offers. Drugs of manufacturers who do not participate in the supplemental rebate program will still be available to Medicaid recipients. The updated SSDC rebate agreement between the State and participating manufacturers for drugs provided to the Medicaid program, submitted to CMS on April 4, 2022 supersedes the SSDC rebate agreement approved in OK SPA 18-08. CMS has authorized the updated agreement. The updated agreement applies to drugs dispensed effective January 1, 2023.

Products for which a signed Medicaid State Supplemental Rebate Agreement is on file will have preferred status. This status may be reflected in the product's placement in lower tiers of the Tiered Drug List, inclusion on a Preferred Drug List, or by removing a prior authorization requirement from the product.

The State may enter into value-based contracts with manufacturers on a voluntary basis. These contracts will be executed on the model agreement entitled "Value-Based Supplemental Rebate Agreement" submitted to CMS on November 4, 2019 and authorized for use beginning January 1, 2020.

Revised 01-01-23

TN# 22-0010

Approval Date 06-22-22

Effective Date 01-01-23

Supersedes TN# 20-0002