

Exhibit C

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 State Operations
Disabled and Elderly Health Programs Group (DEHPG)

JAN 29 2009

David N. Sundwall, MD
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Dr. Sundwall:

This letter will serve to confirm that we have placed in our files a copy of your revised Utah Supplemental Drug-Rebate Agreement Contract, submitted to CMS in final form on January 22, 2009, reflecting several definition changes and revision to Attachment A. Please note that it is not necessary for the State to submit a State plan amendment, as we do not view these as substantive changes.

Thank you for your cooperation in providing us with the updated documentation.

Sincerely,

A handwritten signature in black ink that reads "Larry Reed". The signature is written in a cursive style with a large, looping "L" and "R".

Larry Reed
Director, Division of Pharmacy

Exhibit C

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

AUG 29 2007

David N. Sundwall, MD
Executive Director, Utah Department of Health
P.O. Box 143102
Salt Lake City, UT 84114-3102

Dear Dr. Sundwall:

We have reviewed Utah's State Plan Amendment (SPA) 07-006 received in the Denver Regional Office on June 1, 2007. This amendment would allow Utah to enter into The Sovereign States Drug Consortium (SSDC) Medicaid Multi-State Purchasing Pool in order to collect supplemental rebates from participating drug manufacturers and establish a Preferred Drug List. We believe that this SPA is consistent with the objectives of the Medicaid program.

We have made the pen and ink change which you requested at box number seven of the CMS 179. The FFY 2007 impact which you originally had indicated to be \$1,560,615 savings has been corrected to \$0.

Based upon the information provided, we are pleased to inform you Utah's SPA 07-006 is approved, effective August 1, 2007. Approval of Utah's SPA 07-006 extends only to Utah's Supplemental Rebate Agreement (SRA) with its Attachments and the SSDC Member States' Addendum as submitted to CMS on August 14, 2007. If changes are made to the SRA, Attachments or the Addendum approved by CMS on this day, a new SPA and the revised documents should be submitted to CMS for review and approval.

The Denver Regional Office will forward to you a copy of the CMS 179 with the pen and ink change, as well as the pages approved for incorporation into the Utah State Plan. If you have any questions regarding this amendment, please call Madlyn Kruth at (410)786-3239.

Sincerely,

A handwritten signature in black ink, appearing to read "Deirdre Duzor".

Deirdre Duzor
Director, Division of Pharmacy

Exhibit C

cc: Barbara Richards, Acting ARA, Denver Regional Office
Diane Dunstan, Denver Regional Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

| | | | |
|--|--|--|-------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: 0 7 — 0 0 6 | 2. STATE: Utah |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE August 1, 2007 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.120 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2007 \$[1,560,615] b. FFY 2008 \$[6,375,070] | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Attachment #12a, Pages 1b & 1c Attachment 3.1-B, Attachment #12a, Pages 1b & 1c Attachment 3.1-A, Attachment #12a, Pages 1 and 1a Attachment 3.1-B, Attachment #12a, Pages 1 and 1a | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Attachment #12a Pages 1 and 1a Attachment 3.1-B, Attachment #12a Pages 1 and 1a | |
| 10. SUBJECT OF AMENDMENT: Preferred Drug List Implementation | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>David N. Sundwall M.D.</i> | | 16. RETURN TO: Craig Devashrayee, Manager Technical Writing Unit P O Box 143102 Utah Department of Health 288 North 1460 West Salt Lake City, UT 84114-3102 | |
| 13. TYPED NAME: David N. Sundwall, M.D. | | | |
| 14. TITLE: Executive Director, Utah Department of Health | | | |
| 15. DATE SUBMITTED: May 31, 2007 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: June 1, 2007 | | 18. DATE APPROVED: 08.06.07 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 08-01-07 | | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>Jackie L. Glaze</i> | |
| 21. TYPED NAME: Jackie L. Glaze | | 22. TITLE: Acting Associate Regional Administrator | |
| 23. REMARKS: POSTMARK: May 30, 2007 | | | |