Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 22-0033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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

November 23, 2022

Maureen Corcoran State Medicaid Director Ohio Department of Medicaid P.O. Box 182709 Columbus, Ohio 43218

Dear Maureen Corcoran,

The CMS Division of Pharmacy team has reviewed Ohio's State Plan Amendment (SPA) 22-0033 received in the CMS Medicaid & CHIP Operations Group on September 30, 2022. This SPA approves language specifying that the Single Pharmacy Benefit Manager (SPBM) will follow Ohio's Unified Preferred Drug List.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0033 is approved with an effective date of October 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Ohio's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,

Cynthia R. Denemark, R.Ph. Acting Director Division of Pharmacy

cc: Rebecca Jackson, State Plan Team, Ohio Department of Medicaid Sean Eckard, State Plan Team, Ohio Department of Medicaid Gregory Niehoff, State Plan Team, Ohio Department of Medicaid Christine Davidson, Ohio Medicaid State Lead, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2 2 — 0 3 3 OH
STATE PLAN MATERIAL	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	10/01/2022
DEPARTMENT OF HEALTH AND HUMAN SERVICES	ASSOCIATE TRANSPORTED PROFESSION AND ASSOCIATED ASSOCIATED AND ASSOCIATED AND ASSOCIATED AND ASSOCIATED ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCIAT
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0
42 USC 1396r-8	b. FFY 2024 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Item 12-a, page 1	Attachment 3.1-A, Item 12-a, page 1 (TN 22-015)
9. SUBJECT OF AMENDMENT	
o. Cobbest Clarification	
Prescribed Drugs: Unified Preferred Drug List (PDL): Addition of reference to the Single Pharmacy Benefit Manager (SPBM)	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The State Medicaid Director is the Governor's designee
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	시 2011년 전 기회(전한 기업
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
11. SIGNATURE OF STATE AGENCY DEFICIAL	13. RETORN TO
	Greg Niehoff
12. TYPED NAME MAUREEN M. CORCORAN	Ohio Department of Medicaid P.O. BOX 182709
13. TITLE STATE MEDICALD DIRECTOR	Columbus, Ohio 43218
STATE MEDICAID DIRECTOR	Secretalise en contracte de manifestation de la contracte de l
14. DATE SUBMITTED	
September 30, 2022	HICE ONLY
16. DATE RECEIVED	17. DATE APPROVED
September 30, 2022	November 23, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	
October 1, 2022	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.	Acting Director, Division of Pharmacy
22. REMARKS	

12. <u>Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.</u>

a. Prescribed drugs

Coverage of prescribed drugs meets all reporting requirements and provisions of section 1927 of the Social Security Act, including the following requirements as found in Section 1927(d)(5) of the Act:

The prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request.

The prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug in an emergency situation.

PREFERRED DRUG LIST

Pursuant to 42 U.S.C. Section 1396r-8 the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. Prior authorization may be established for certain drug classes, particular drugs or medically accepted indication for uses or doses. Effective October 1, 2022, the Single Pharmacy Benefit Manager (SPBM) contracted with the Ohio Department of Medicaid (ODM) will follow the preferred drug list established by ODM.

SUPPLEMENTAL REBATES

Based on the requirements in Section 1927 of the Social Security Act, the state has the following policies for the supplemental rebate program for Medicaid recipients:

Supplemental rebates will be accepted from manufacturers according to the supplemental drug-rebate agreement. Supplemental rebates received pursuant to these agreements are only for the Medicaid program and will be collected from manufacturers based on drug utilization for both fee-for-service and managed care entity participants.

All drugs covered by the program, irrespective of the requirement to be prior authorized, will comply with the provisions of the national drug rebate agreement.

CMS has authorized Ohio to enter into "the Sovereign States Drug Consortium (SSDC)" Medicaid multi-state purchasing pool. The updated "Ohio Medicaid Supplemental Rebate Agreement" between the State and participating manufacturers for drugs provided to the Medicaid program, submitted to CMS on May 13, 2022 supersedes the "Ohio Supplemental Drug Rebate Agreement" approved in OH SPA TN 19-023. CMS has authorized the updated agreement. The updated agreement applies to drugs dispensed effective July 1, 2022.

The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(d) of the Social Security Act.

Supplemental drug rebates received under this agreement by the state that are in excess of those required under the National Drug Rebate Agreement will be shared with the federal government on the percentage basis required by law.

TN: <u>22-033</u> Approval Date: <u>11/23/2022</u>

Supersedes TN: <u>22-015</u>

Effective Date: 10/01/2022