

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-023

2. STATE  
Pennsylvania

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
October 17, 2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 (\$46,301)  
b. FFY 2013 (\$54,764)

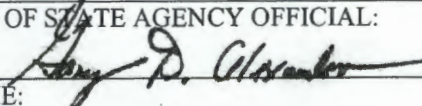
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Page 5ea of Attachment 3.1A and  
Page 5eb of Attachment 3.1A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Page 5ea of Attachment 3.1A and  
Page 5eb of Attachment 3.1A

10. SUBJECT OF AMENDMENT:  
Changes to Pharmaceutical Payment Policy/Prior Authorization of Drugs

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Public Welfare  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Gary D. Alexander

14. TITLE:  
Secretary of Public Welfare

15. DATE SUBMITTED:

**DEC 27 2011**

16. RETURN TO:  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Policy, Budget and Planning  
P.O. Box 8046  
Harrisburg, Pa. 17105

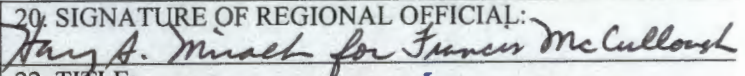
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
Dec. 27, 2011

18. DATE APPROVED:  
March 19, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 17, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME:  
Francis McCullough

22. TITLE:  
Associate Regional Administrator

23. REMARKS: