

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-009	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 June 3, 2013	
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: Section 1927 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0.00 b. FFY 2014 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5eb of Attachment 3.1.A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5eb of Attachment 3.1.A	
10. SUBJECT OF AMENDMENT: Prescribed Drugs - Limitations			

11. GOVERNOR'S REVIEW (Check One):		16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 8046 Harrisburg, Pa. 17105	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT			<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Public Welfare
<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>Beverly Mackereth</i>			
13. TYPED NAME: Beverly D. Mackereth			
14. TITLE: Acting Secretary of Public Welfare			
15. DATE SUBMITTED: <b>MAY 21 2013</b>			

FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <b>MAY 21 2013</b>		18. DATE APPROVED: <b>JUN 07 2013</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>June 3, 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>For Fran McLaughlin</i>	
21. TYPED NAME: <b>MICHAEL CLEARY FOR FRAN McLAUGHLIN</b>		22. TITLE: <b>ACTING PROGRAM BRANCH MANAGER</b>	
23. REMARKS:			