

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

1. TRANSMITTAL NUMBER:  
13-001

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  
January 1, 2013

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(d)(2) and 1935(d)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 (\$949,900)  
b. FFY 2014 (1,605,600)

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

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Page 5eg of Attachment 3.1.A.1

10. SUBJECT OF AMENDMENT:  
Prescribed Drugs - Limitations on Payment

11. 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: Review and approval authority has been delegated to the Department of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Beverly D. Mackereth*

13. TYPED NAME:  
Beverly D. Mackereth

14. TITLE:  
Acting Secretary of Public Welfare

15. DATE SUBMITTED:  
MAR 22 2013

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 22, 2013

18. DATE APPROVED:  
April 19, 2013

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:  
*[Signature]*

21. TYPED NAME

23. REMARKS