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OFFICE OF GOVERNOR RONNIE MUSGROVE  
INTEROFFICE MEMORANDUM

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**TO:** GOVERNOR  
**FROM:** SMITH  
**SUBJECT:** MEDICAID STATE PLAN AMENDMENT #2003-06/PREFERRED DRUG LIST  
**DATE** 5/15/03  
**CC:** FILE

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The Division of Medicaid has requested your signature on the attached state plan amendment.

State Plan Amendment #2003-06 is being filed as a result of the issuance of the Preferred Drug List. It also reduces the co-payment of preferred brand name drugs from \$3.00 to \$2.00 to encourage the use of lower cost drugs.

Please **check approved, date and sign the attached document.**