LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

02/06/20

CHAPTER 25: PHARMACY BENFITS MANAGEMENT SERVICES

MANUAL

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
02/06/20	37.3	Reimbursement	6	Revisions made to update co-payment schedule.
02/06/20	37.1	Covered Services	108	Revised section to clarify drug coverage and diagnosis codes.