

LOUISIANA MEDICAID PROGRAM
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES
MANUAL

ISSUED: 05/06/24

REVISION HISTORY LOG				
Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
05/06/24	37.	Title Page	1	Revisions to remove “Provider Manual” from title.
05/06/24	37.1	Covered Services, Exclusions, and Limitations	152	Revisions made to incorporate new non-covered drug coverage and covered drug coverage criteria throughout manual as well as updating older criteria. Incorporating gender inclusive language throughout section.
05/06/24	37.2	Provider Requirements and Participation Guidelines	19	Revisions made to incorporate gender inclusive language throughout the section.
05/06/24	37.3	Reimbursement	6	Revisions made to incorporate new non-covered drug coverage and covered drug coverage criteria throughout manual as well as updating older criteria. Incorporating gender inclusive language throughout section.
05/06/24	37.5.6	Prescribers	2	Revisions made to incorporate gender inclusive language throughout the section.
05/06/24	37.5.8	Claims Submission and Processing Payments	23	Revisions made to incorporate gender inclusive language throughout the section.
05/06/24	37.5.10	Total Parenteral Nutrition	13	Revisions made to incorporate gender inclusive language throughout the section.

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05/06/24	37.5.11	Medication Administration	3	Revisions made to incorporate gender inclusive language throughout the section.
05/06/24	37.5.13	Lock-In Program	3	Revisions made to incorporate gender inclusive language throughout the section.