

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES****REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/19		Table of Contents	12	Updated Table of Contents to include revisions to the sections because of the Manual Restructure Project.  Revised to add drug updates to the section concerning covered services.
07/01/19	37.0	Overview	3	Information concerning general Pharmacy Program information and the Medicaid Management Information System (MMIS) added that was formerly located in Section 37.1 – General Program Information.
07/01/19	37.1	Covered Services, Limitations and Exclusions	111	<b>Renamed from Section 37.1 - General Program Information.</b> Contents moved to Section 37.0 – Overview.  Revisions were made throughout the document to: <ul style="list-style-type: none"> <li>• Add references and links to the Louisiana Medicaid Single PDL for Fee-for-Service and Managed Care Organizations (MCOs) and the Louisiana Uniform Prescription Drug Prior Authorization Form and its instructions.</li> <li>• Criteria/limitations added/revised for <ul style="list-style-type: none"> <li>• Acne agents;</li> <li>• Anticoagulants;</li> <li>• Aripiprazole;</li> <li>• Risperidone</li> <li>• ADD/ADHD;</li> <li>• Buprenorphine;</li> <li>• Oral contraceptives;</li> </ul> </li> </ul>

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
				<ul style="list-style-type: none"> <li>• Cytokine and cell-adhesion (CAM) antagonists;</li> <li>• Epinephrine injections;</li> <li>• Granulocyte Colony Stimulating Factor (GCSF) Agents;</li> <li>• Growth hormone;</li> <li>• Incretin Mimetic/Enhancers;</li> <li>• Lipotropics: Lomitapide (Juxtapid®), Mipomersen (Kynamro®), Alirocumab (Praluent®), and Evolocumab (Repatha®);</li> <li>• Monoclonal Antibodies (Respiratory): Benralizumab Injection (Fasenra®), Mepolizumab Injection (Nucala®), Omalizumab (Xolair), and Reslizumab Injection (Cinqair®);</li> <li>• Multiple Sclerosis (MS) Treatment Agents;</li> <li>• Pyrimethamine (Daraprim®);</li> <li>• Methadone;</li> <li>• Perampanel (Fycompa®);</li> <li>• Roflumilast (Daliresp®);</li> <li>• Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combination Products;</li> <li>• Tezacaftor/Ivacaftor (Symdeko®);</li> <li>• Diagnosis codes for IncobotulinumtoxinA (Xeomin®);</li> <li>• Diagnosis codes for Sickle Cell crisis;</li> <li>• Opioid quantity and MME limit exemptions;</li> </ul>

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/19	37.3	Reimbursement	6	<p><b>Renamed from Section 37.3 – Medicaid Recipient Eligibility.</b> Contents obsoleted because it is covered in Chapter 1 – General Information and Administration.</p> <p>Revisions were made throughout the document to:</p> <ul style="list-style-type: none"> <li>Revised section to change the pharmacy ingredient cost reimbursement methodology from average acquisition cost (AAC) to the national average drug acquisition cost (NADAC).</li> <li>Revised section to change the maximum allowable overhead cost to the professional dispensing fee.</li> <li>Revised section concerning co-payments and co-payment exemptions.</li> </ul>
07/01/19	37.5	Reserved	1	<p><b>Renamed from Section 37.5 - Covered Services, Limitations and Exclusions.</b> Contents moved to Section 37.1 - Covered Services, Limitations and Exclusions.</p>
07/01/19	37.6	Reserved	1	<p><b>Renamed from Section 37.6 - Reimbursement.</b> Contents moved to Section 37.3 – Reimbursement.</p>
07/01/19	Appendix A	Forms and Links	1	<p><b>Renamed from Appendix A – List of Drugs Payable on Drug File.</b> Contents incorporated into table.</p> <p>Revised section to add links from obsoleted appendices to simplify manual because of Manual Restructure Project.</p>

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/19	Appendix A-1	Reserved	1	<b>Renamed from Appendix A-1 – List of Drugs with Average Acquisition Rates.</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix B	Claims Related Information	12	<b>Renamed from Appendix B – List of Desi Drugs by National Drug Code.</b> Contents incorporated into table in Appendix A.  Claims related information moved from Appendix J and updated to reflect technical changes and reflects change from “Molina” to DXC Technologies”.
07/01/19	Appendix C	Glossary	8	<b>Renamed from Appendix C – Medicaid Drug Federal Rebate Participation Pharmaceutical Companies.</b> Contents incorporated into table in Appendix A.  Definitions/acronyms moved from Appendix M and revised to reflect updates.
07/01/19	Appendix D	Contact Information	1	<b>Renamed from Appendix D – Point of Sale User Guide.</b> Contents incorporated into table in Appendix A.  Contact information moved from Appendix N and revisions made to updates information and links.
07/01/19	Appendix E	Louisiana Medicaid Single Preferred Drug List (PDL) Fee- For –Service and managed Care Organizations	1	<b>NEW</b> Louisiana Medicaid Single PDL for Fee-for-Service and Managed Care Organizations (MCOs) and the Louisiana Uniform Prescription Drug Prior Authorization Form and its instructions.

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/19	Appendix E-1	Reserved	1	<b>Renamed from Appendix E-1 – Products with Quantity Limits.</b> Contents obsoleted and section reserved.
07/01/19	Appendix E-2	Reserved	1	<b>Renamed from Appendix E-2 – Products with Maximum Daily Dosages.</b> Contents obsoleted and section reserved.
07/01/19	Appendix F	Reserved	1	<b>Renamed from Appendix F – Forms.</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix G	Reserved	1	<b>Renamed from Appendix G – NCPDP Universal Claim Form and Instructions.</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix H	Reserved	1	<b>Renamed from Appendix H – Form 211 – Drug Adjustment Form.</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix I	Reserved	1	<b>Renamed from Appendix I – PA-01 Form – TPN Prior Authorization Form</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix J	Reserved	1	<b>Renamed from Appendix J - Claims Filing.</b> Contents moved to Appendix B. Section reserved.
07/01/19	Appendix L	Reserved	1	<b>Renamed from Appendix L – Tamper Resistant Prescription Criteria and Examples.</b> Contents incorporated into table in Appendix A and section reserved.
07/01/19	Appendix M	Reserved	1	<b>Renamed from Appendix M – Glossary and Acronyms</b> Contents moved to Appendix C. Section reserved.

---

**CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/19	Appendix N	Reserved	1	<b>Renamed from Appendix N – Contact Information.</b> Contents moved to Appendix D. Section reserved.
07/01/19	Appendix O	Reserved	1	<b>Renamed from Appendix O – Louisiana Medicaid Single Preferred Drug List (PDL)/Prior Authorization List.</b> Section link moved to Appendix E. Section reserved.
07/01/19	Appendix P	Reserved	1	<b>Renamed from Appendix P – Diagnosis Chart.</b> Contents incorporated into table in Appendix A and section reserved.