

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

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
10/13/17		Table of Contents	11	Added Tasimelteon (Heltioz®) under 37.5 Covered Services, Limitations, and Exclusions.
10/13/17	37.5	Covered Services, Limitations and Exclusions	124	<p>Changes have been proposed to add:</p> <ul style="list-style-type: none"> Glecaprevir/Pibrentasvir (Mavyret®) to the listing of Hepatitis C Virus (HCV) direct-acting antiviral (DAA) agents on page 61; Reflect the reduction from the current Morphine milligram equivalent (MME) limit of 120 MME per day to 90 MME per day beginning on page 117; and Reference to the use Opioid Analgesic Worksheet to override for doses greater than 90 MME per day on page 119.
10/13/17	37.11	Public Health Services 340B Drug Pricing Program	3	Revisions have been made to the reimbursement methodology section on page 1 of 37.11 - Public Health Services - 340B Drug Pricing Program for covered entities.
10/13/17	Appendix F	Forms	1	Added link to the Opioid Analgesic Worksheet