
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES



Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/27/17	37.5	Covered Services, Limitations and Exclusions	119	Revised to add policy for Lumacaftor/Ivacaftor (Orkambi®) beginning on page 66. Revised to add policy for Tasimelteon (Hetlioz®) beginning on page 84.