LOUISIANA MEDICAID PROGRAM

ISSUED: 07/01/21

CHAPTER 37: PHARMACY BENFITS MANAGEMENT SERVICES MANUAL

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/01/21	37.1	Covered Services, Limitations and Exclusions	134	Revised to clarify date of service criteria.
07/01/21	37.5.3	Glossary and Acronyms	8	Revisions made to incorporate technical edits and include a Date of Service definition.