
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
11/17/16	TOC	Table of Contents	11	Revised to update drugs covered by the Medicaid Program.
11/17/16	37.5	Covered Services, Limitations and Exclusions	126	Changes have been proposed add information for the below drugs: <ul style="list-style-type: none">• Aristada® (page 49);• Belsomra® (page 88);• Invega Trinza® (page 82); and• Rexulti® (page 55).