

From: [CHILKUR](#)
To: [Pharmacy Services](#)
Subject: CAPLYTA FORMULARY REQUEST 6/24/2021
Date: Wednesday, June 9, 2021 8:38:49 AM

To Whom it may concern.

I am asking to that you add CAPLYTA to Nevada Medicaid Preferred drug list. I had the opportunity to use CAPLYTA on a few patients at CTRMC BHS, and had seen a great success. I feel it will be a valuable addition to the Nevada Medicaid Formulary list.

Dr.Vuppalapati
NV 10804