

From: [Marie Luback-Neves](#)
To: [Pharmacy Services](#)
Subject: Caplyta formulary request for the 6-24-2021 medicaid meeting
Date: Friday, June 4, 2021 3:47:12 PM

Good afternoon,

Please add Caplyta to the unrestricted preferred drug list for your participants. Many clients I serve have benefitted from this medication already. If you have any questions, please let me know. Thank you.

Dr. Marie Luback-Neves DNP, MBA, APRN, FNP-C, PMHNP-BC
Well Care Behavioral Health Services
Alliance Mental Health Services
m.luback-neves@wellcareservicesreno.com
775-538-6700

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