



To: Indiana Medicaid Health Partners

From: CareSource®

Subject:

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Xofluza	Baloxavir	20 mg, 40 mg	
Yupelri	Revafenacin	175 mcg/3 mL	
Azedra	Iobenguane I 131	555 MBQ/mL	
Daurismo	Glasdegib	25 mg, 100 mg	