



PO Box 733
Elk Grove Village, IL 60009-0733

October 29, 2002

Dear Provider,

This is an important message from YouthCare HealthChoice Illinois (YouthCare).

YouthCare would like to inform you that the status of the **metformin** listed below will be changing on December 1, 2022, for members under the care of the Department of Children and Family Services. The medicine will require **form CFS 431-A** (also known as a consent form) to be submitted to DCFS when prescribed within 100 days of the below medications

Aripiprazole	Olanzapine Pamoate
Aripiprazole Lauroxil	Olanzapine-Fluoxetine
Asenapine Maleate	Olanzapine-Samidorphan L-Malate
Asenapine TD Patch	Paliperidone
Brexipiprazole	Paliperidone Palmitate
Cariprazine HCL	Quetiapine Fumarate
Clozapine	Risperidone
Iloperidone	Risperidone Microspheres
Lumateperone Tosylate	Ziprasidone HCl
Lurasidone HCl	Ziprasidone Mesylate
Olanzapine	

Please fax form CFS 431-A to **312-814-7015**.

Note: Active consent for these medications will not be affected.

If you have any questions, please call YouthCare Provider Services at **844-289-2264**.

Sincerely,

YouthCare HealthChoice Illinois