

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

Removal of National Drug Codes from Medicaid, CHIP Formularies

Background:

Certain drug and over-the-counter products were added in error to the Medicaid and CHIP formularies. Corrections are in place to remove these NDCs from the affected formularies effective Jan. 5, 2026.

Key Details:

HHSC will terminate the OTC products listed below from the CHIP formulary effective Jan. 5, 2026:

NDC	OTC Product Name
00536141220	ADAPALENE 0.1% GEL
00536141226	ADAPALENE 0.1% GEL
00904742646	LORATADINE 10 MG TABLET
00536144370	CLOTRIMAZOLE 1% SOLUTION

HHSC will terminate the drug NDCs listed below from the Medicaid and CHIP formularies effective Jan. 5, 2026:

NDC	Drug Name
25021022320	CYTARABINE 2 G/20 ML VIAL
25021022905	CYTARABINE 100 MG/5 ML VIAL
25021079810	FOSPHENYTOIN 500 MG PE/10 ML

Action:

MCOs should comply with this status removal as of Jan. 5, 2026.

Questions?

For additional questions, please contact **UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.**