

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

**Change in Preferred Drug List Status for the Androgenic Agents,
(topical), Antiviral, (oral/nasal), and Growth Hormone Drug Classes**

Background:

HHSC is aware of a drug shortage for the brand name Androgel Pump in the Androgenic Agents, Topical drug class due to the discontinuation of the product, as well as generic valganciclovir solution due to a change in manufacturer of the brand name Valcyte solution in Antiviral (oral/nasal) drug class, and brand name Norditropin and Genotropin in the Growth Hormone drug class due to a manufacturing delay of Norditropin by the manufacturer, Novo Nordisk and increased demand of the product. We received reports of these issues from MCOs, which the manufacturers verified.

Key Details:

In response to the shortage of the preferred brand name products Androgel, Norditropin, Genotropin, and Valcyte solution, HHSC removed the non-preferred status from the generic testosterone gel products, and generic valganciclovir solution as well as the Omnitrope vial, Skytrofa on the preferred drug list (PDL).

The preferred status of the brand name Androgel products (NDC 00069-0468-56, 00069-0471-03, 00069-0469-56), Genotropin and Norditropin products (NDC 00013262681, 00013264681, 00013264902, 00013265002, 00013265102, 00013265202, 00013265302, 00013265402, 00013265502, 00013265602, 00013265702, 00013265802, 00169770321, 00169770421, 00169770521, 00169770821), and brand name Valcyte solution (NDC 00004003909) will not change to allow for any existing stock available to be utilized. HHSC removed the non-preferred status for the drugs in the attached document, effective Oct. 16, and HHSC will reflect these changes in the daily formulary file for MCOs.

These changes will allow providers to prescribe the generic testosterone pump, generic valganciclovir solution, Omnitrope vial, and Skytrofa cartridges without requiring a PDL prior authorization and continue accessing necessary medication for clients.

Questions?

Please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.

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Androgenic Agents, Topical

NDC	Generic Drug Name
00591292418	Testosterone 1.62% Gel Pump
16714096701	Testosterone 1.62% Gel Pump
24979007815	Testosterone 1.62% Gel Pump
45802075401	Testosterone 1.62% Gel Pump
68180094111	Testosterone 1.62% Gel Pump
69238101302	Testosterone 1.62% Gel Pump
70700011221	Testosterone 1.62% Gel Pump

Antivirals, oral/nasal

NDC	Generic Drug Name
00591257920	Valganciclovir HCL 50 mg/mL solution
27241015919	Valganciclovir HCL 50 mg/mL solution
31722083710	Valganciclovir HCL 50 mg/mL solution
70010005140	Valganciclovir HCL 50 mg/mL solution
70069081001	Valganciclovir HCL 50 mg/mL solution

Growth Hormones

NDC	Generic Drug Name
00781400436	Omnitrope 5.8 mg vial
73362000301	Skytrofa 3 mg cartridge
73362000401	Skytrofa 3.6 mg cartridge
73362000501	Skytrofa 4.3 mg cartridge
73362000601	Skytrofa 5.2 mg cartridge
73362000701	Skytrofa 6.3 mg cartridge
73362000801	Skytrofa 7.6 mg cartridge
73362000901	Skytrofa 9.1 mg cartridge
73362001001	Skytrofa 11 mg cartridge
73362001101	Skytrofa 13.3 mg cartridge