

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

NDCs Removed From CHIP Formulary, Effective March 12, 2025

Background:

VDP will remove over-the-counter NDCs added to the CHIP formulary in error.

Key Details:

VDP will remove the NDCs below from the CHIP formulary, effective March 12, 2025. These NDCs were added in error and do not qualify for program coverage based on the [State Child Health Plan under Title XXI of the Social Security Act](#) because they are over-the-counter.

NDC	OTC PRODUCT NAME
00904539561	FERREX 150 CAPSULE
28595080416	HISTEX-DM SYRUP
46122010846	LICE TREATMENT 1% CREME RINSE
51672212002	TRIPLE ANTIBIOTIC OINTMENT
51991018142	FERROCITE TABLET
51991020311	FERREX 150 CAPSULE
70000000601	NIGHT SEVERE COLD-COUGH PKT

Action:

MCOs must remove these NDCs from the CHIP Formulary in their system by Wednesday, March 12, 2025.

Questions?

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