



## MEMORANDUM

**TO:** Valued STAR and CHIP Providers

**FROM:** El Paso Health

**DATE:** 6/17/2024

**RE:** Drugs Added to Medicaid, CHIP Formularies on June 6, 2024

Vendor Drug Program (VDP) added new National Drug Codes (NDC) to the Medicaid and CHIP formularies on June 6, 2024.

VDP added the new drugs in the spreadsheet below, effective June 6, 2024. HHSC is working with Gainwell Technologies, working to correct the defects in the various formulary files.

<b>NDC</b>	<b>Drug Name</b>	<b>PDL Status</b>
62135099260	ZIPRASIDONE HCL 40 MG CAPSULE	PDL (preferred)
62135099160	ZIPRASIDONE HCL 20 MG CAPSULE	PDL (preferred)
62135099360	ZIPRASIDONE HCL 60 MG CAPSULE	PDL (preferred)
62135099460	ZIPRASIDONE HCL 80 MG CAPSULE	PDL (preferred)
62135004190	FOSINOPRIL SODIUM 10 MG TAB	PDL (preferred)
69097099205	DILTIAZEM 24H ER(LA) 120 MG TB	NPD (non-preferred)
69097099305	DILTIAZEM 24H ER(LA) 180 MG TB	NPD (non-preferred)
69097099405	DILTIAZEM 24H ER(LA) 240 MG TB	NPD (non-preferred)
59651008314	DIMETHYL FUMARATE DR 120 MG CP	PDL (preferred)
59651071999	DICYCLOMINE 10 MG CAPSULE	No status
62135072620	DOXYCYCLINE MONO 100 MG TABLET	NPD (non-preferred)
65862074860	LACOSAMIDE 100 MG TABLET	PDL (preferred)
65862075060	LACOSAMIDE 200 MG TABLET	PDL (preferred)
70700017785	JOYEAUX-28 TABLET	No status
27241022230	VENLAFAXINE HCL ER 75 MG TAB	NPD (non-preferred)
27241022130	VENLAFAXINE HCL ER 37.5 MG TAB	NPD (non-preferred)
27241022330	VENLAFAXINE HCL ER 150 MG TAB	NPD (non-preferred)
27241022430	VENLAFAXINE HCL ER 225 MG TAB	NPD (non-preferred)
64764010821	ENTYVIO 108 MG/0.68 ML PEN	No status



**El Paso Health**  
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If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at [ProviderRelationsDG@elpasohealth.com](mailto:ProviderRelationsDG@elpasohealth.com).