An Important Message from

The Texas Health and Human Services Commission (HHSC)

Removal of Over-the-Counter Products from CHIP Formulary, Effective Aug. 26, 2026

Background:
Over the counter (OTC) drugs were added to the CHIP Formulary in error.

Key Details:
The NDCs below were added to the CHIP formulary in error. As a result, HHSC will remove them effective Aug. 26, 2026, as OTC drugs are not a payable CHIP benefit.

NDC	Generic Name	Product Name
00023663420	CARBOXYMETHYLCELLULOSE-GLYCERIN (PF) OPHTH SOLN 0.5-0.9%	REFRESH RELIEVA PF
00536144540	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	OLOPATADINE HYDROCHLORIDE
00904756160	ACETAMINOPHEN TAB ER 650 MG	8 HR ARTHRITIS PAIN RELIE
16571088205	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	OLOPATADINE HYDROCHLORIDE
68001067492	OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	OLOPATADINE HYDROCHLORIDE
69367025810	SODIUM BICARBONATE TAB 650 MG	SODIUM BICARBONATE
70677100902	FEXOFENADINE HCL TAB 180 MG	FT ALLERGY RELIEF 24 HOUR
70677112201	ASPIRIN TAB DELAYED RELEASE 325 MG	FT ENTERIC COATED ASPIRIN
70677112501	DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	FT ARTHRITIS PAIN
70677129201	PHENYLEPHRINE-COCOA BUTTER SUPPOS 0.25-88.44%	FT HEMORRHOIDAL
72603030204	POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	POLYETHYLENE GLYCOL 3350
82568001204	GUAIFENESIN LIQUID 100 MG/5M	TUSSIN MUCUS & CHEST CONG
82568001703	SIMETHICONE SUSP 40 MG/0.6ML	SIMETHICONE INFANTS GAS R
83745018804	CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)	CETIRIZINE HYDROCHLORIDE

Action:
MCOs should be in compliance with this status removal as of Aug. 26, 2026.

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