

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

**Change in Preferred Drug List Status
for Immunosuppressives, Oral Drug Class Takes Effect Feb. 12**

Background:

The manufacturer of brand name Rapamune products has confirmed these products were discontinued on Dec. 31, 2023, and some supplies of the products will remain available until early 2024.

Key Details:

HHSC will remove the non-preferred status from the generic sirolimus products on the preferred drug list (PDL). The preferred status of brand name Rapamune products will not change. This will allow existing stock of these medications to be used.

Action:

HHSC will remove the non-preferred status for the drugs in the attachment, effective Feb. 12, 2024. These changes will allow providers to prescribe the generic sirolimus products without requiring a PDL prior authorization and continue accessing necessary medication for clients.

UnitedHealthcare Community Plan of Texas will make this change **by Feb. 15, 2024**.

Resources:

List of Oral Immunosuppressives NDCs on page 2.

Questions?

Please contact your physician advocate or call UnitedHealthcare Provider Services at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.

List of Oral Immunosuppressives NDCs

Feb. 13, 2024

NDC	Label Name
16714018701	SIROLIMUS 0.5 MG TABLET
16714018801	SIROLIMUS 1 MG TABLET
16714018901	SIROLIMUS 2 MG TABLET
55111065301	SIROLIMUS 1 MG TABLET
55111065401	SIROLIMUS 2 MG TABLET
59762100101	SIROLIMUS 0.5 MG TABLET
59762100201	SIROLIMUS 1 MG TABLET
59762100301	SIROLIMUS 2 MG TABLET
60505619702	SIROLIMUS 1 MG/ML SOLUTION
66689034702	SIROLIMUS 1 MG/ML SOLUTION
67877074601	SIROLIMUS 0.5 MG TABLET
67877074701	SIROLIMUS 1 MG TABLET
67877074801	SIROLIMUS 2 MG TABLET
68382035101	SIROLIMUS 1 MG TABLET
68382035201	SIROLIMUS 2 MG TABLET
68382052001	SIROLIMUS 0.5 MG TABLET
68462068201	SIROLIMUS 0.5 MG TABLET
68462068301	SIROLIMUS 1 MG TABLET
68462068401	SIROLIMUS 2 MG TABLET
69238159403	SIROLIMUS 1 MG/ML SOLUTION